The Social Protection Committee

The Secretariat

SPC/2013.03/5

Strategic Social Reporting 2013

Guidance

1. Introduction

At its February meeting (20-21 February 2013) the SPC agreed on the main reporting deliverables for 2013 (see SPC/2013.02/3) and asked the Secretariat to adjust the complementary questionnaire. This complementary questionnaire can be used by all Members to report on a social protection reform launched or agreed in their countries since the National Social Report 2012.

Member States which have reported reforms as part of the country surveillance on the implementation of 2012 Council recommendations do not need to repeat the same information in the questionnaire. They are invited to mark 'please see reporting tables'.

Concerning the in-depth questionnaire on selected social benefits (design and conditionality), the Secretariat checked the available information and sources and concludes that at this stage there is no need for further reporting from Member States.

Member States are invited to consult the national stakeholders according to their national practice before submitting their Strategic Social Reporting **by 30 April 2013**.

2. Complementary questionnaire (LATVIA)

1. What are the challenges your country faces in the areas of competence of the social OMC?

Stakeholders from Social Inclusion Policy Coordination Committee[1] established under Ministry of Welfare as a consultative body were invited to comment on prepared information. Replies / comments were received from Latvian Pensioner's Federation, Ministry of Economics, Ministry of Health and the Ministry of Justice and the information has been accordingly updated.

[1] In the Committee there are delegated members from various NGOs (Crises Center "Skalbes", Social Integration Center "Gaisma ceļā", Association "Baltā māja", Foundation "Roma", Free Trade Union Confederation of Latvia, Employers' Confederation of Latvia, Association of Rural Women of Latvia, The Latvian Umbrella Body for Disability Organisations SUSTENTO, Latvian Federation of Pensioners, Latvian Children's Fund,), ministries (Ministry of Economics, Ministry of Transport, Ministry of Health, Ministry of Education and Science, Ministry of Culture, Ministry of Agriculture, Ministry of Justice, The Ministry of Environmental Protection and Regional Development, Ministry of Foregn Affairs), other state institutions (Central Statistical Bureau, State Police, The Road Transport Administration**,)**, Parliament, municipalities (The Latvian Association of Local and Regional Governments, representatives from regional municipalities - Vidzeme, Latgale, Kurzeme, Zemgale).

1.1 Social inclusion

Low income still remains the main challenge for people in accessibility to necessary goods and services. Though a number of poor people is gradually decreasing, the high material deprivation rates remain the key challenge in social inclusion field requiring reforms in various fields, mainly tax, wage a.o. income related policies.

Please see also the reporting tables.

1.2 Pensions

As in the whole EU, the main issue is the society ageing and thus the sustainability of pension system.

Please see also the reporting tables.

1.3 Health

Data from the European Union Statistics on Income and Living Conditions (EU-SILC) survey indicate that Latvians were much more likely than other EU citizens to forgone medical examination or treatment because it was too expensive. In 2010, 13.5% of Latvian respondents said that they had forgone care because it was too expensive, while this number was below 1% in Estonia, Lithuania, Slovenia and most other EU member states. When examining the trend over time, it is clear that the percentage of people not obtaining care because of costs increased greatly since the start of the financial and economic crisis in Latvia.[2] The lowest life expectancy at birth, the shorter expected lifespan in good health, highest mortality rates and one of the lowest shares of GDP spent on health comparing to other countries in the EU still remain the key challenges in Latvia that affect the health accessibility, quality and adequacy.
However, also in 2013 poor people (according to national legislation - needy person which income does not exceed 90 LVL per month per person) continue to receive state covered patient contributions, co-payment compensation, stationary service for 24-hours, and compensation of expenditures for medicine or medical equipment.

1.4 Long-term care

Development of deinstutionalisation remains the key challenge in long-term care field while the essential issues in this process are not only related to the availability of community-based services but also to the availability of housing for persons with disability who leave long-term care institutions, the accessibility of infrastructure, qualified specialists and the change of society's attitude towards persons with mental health disorders. Until 2020 it is planned to reduce about 21 % of client places in the state social care centres.

[2] Health Systems in Transition, Vol.14 No.8 2012 Latvija. Health System Review. U.Mitenbergs, M.Taube, J.Misins, E.Mikitis, A.Martinsons, A.rurane, W.Quentin

2. What reforms (legislative or other) did your country take or will take in 2013 to address the above-mentioned challenges?

2.1 Social inclusion

Information is included in NRP and CSR self-reporting tables.

Shortly on planned reforms and initiatives which are mentioned in NRP and CSR:

1) Reduction of income inequality (taxes, wages and benefits, including study by the World Bank);
2) Support measures for families with children (social protection and related services);
3) Ex-ante assessments in the fields of social assistance and social work;
4) Reduction of long-term unemployment risks;
5) Establishment of effective social policy monitoring mechanism.

Information not included in either of reports or informative materials.
There are also planned two reforms/initiatives to promote housing availability:

1) to elaborate common criteria for reception of the housing benefit;
2) to develop the state program for new parents to provide them with the first housing thereby addressing the problems of housing exclusion and promoting the social inclusion of families with children.

2.2 Pensions

Information is included in NRP, CSR self-reporting tables and Convergence programme of Latvia 2013-2016.
Shortly on planned reforms and initiatives:

1) Gradual increase of retirement age;
2) Increase of minimum insurance length;
3) Relieve of special insurance budget.

2.3 Health and long-term care

Health care

Information about health is included in NRP and Convergence programme of Latvia 2013-2016. Shortly on planned reforms and initiatives:

1) The reform of health care financing system - implementation of compulsory health insurance system.
2) The reforms to improve the health of the heart and circulatory system (Cardiovascular Health Improvement Action Plan for 2013 – 2015 to be approved in 2013). Minister of Health of Latvia has announced 2013 as *the Year of the Health of Heart.*
3) The reforms to improve the health of mother and child (the Maternal and Child Health Improvement Plan 2012 – 2014 approved in 2012).
4) Reforms of primary health care system aimed to improve the accessibility and

quality of primary health care services, the continuity of care, especially for persons with chronically conditions and to increase the role of primary health care in health prevention and early detection.

5) Improvements in secondary health care - development of day hospital services to improve the accessibility and promote the effective use of health care resources.
6) Reforms aimed to increase the efficiency of inpatient health care – to introduce a DRG-based hospital payment system by 2014.

Long-term care

From July, 2012 the drafting of guidelines for the development of social services in 2014–2020 is under process aimed to reach effective, qualitative and sustainable system of social services with community-based, inclusive services according to the needs of inhabitants, setting three planned directions for the period of 2014-2020:

1) Deinstitutionalisation by ensuring community-based services to clients;
2) Social services which are community-based, successive and suitable for individual needs of clients;
3) Efficient management of social services.

In connection with the development of alternative care services in municipalities and the implementation of deinstitutionalisation the Ministry of Welfare made proposals for measures for the European Union 2014–2020 Programming period of Structural funds to implement the activity "Transition of persons with mental health disorders from long-term social care institutions to life in community". Thereby it is planned that with the increased support to municipalities in implementation of community-based services till 2020 the number of client places in state social care and social rehabilitation institutions will be reduced.

To restrict the time period for which children left without parental care can be left in a social care and social rehabilitation institution, in 2013 the Ministry of Welfare launched amendments in Law on Social Services and Social Assistance. At the same time with previously mentioned amendment it is planned to restrict the range of adult persons with severe mental impairments who have rights to receive long-term social care and social rehabilitation services financed from the state budget. Mentioned amendments of will facilitate extra-familial care in family-oriented surrounding for children of age 0-3, also will prevent the situation that arise when adult persons who have indications to receive service of long-term social care and social rehabilitation, but there are possibilities to replace the above mentioned services with alternative services, are nevertheless committed to long-term care institutions.

In 2012 - 2013 the work is aimed to develop social care and social rehabilitation (with elements of health care) suitable for persons individual needs and functional disorder and to establish a legal framework with the aim to ensure in one place social care and social rehabilitation and health care. In collaboration with Ministry of Health, work is in progress on regulation intended to give possibility to create „health points” in long-term social care and social rehabilitation institutions, thereby improving the accessibility of health care services for persons living in mentioned institutions. Also new amendments are drafted in law on Social Services and Social Assistance that will include provisions to give possibility to integrate the above-mentioned model in long-term social care and social rehabilitation institution work.

Because social care centres accommodate persons with mental disabilities of various age groups, the range of clients is diverse. Some of them could live by themselves

if individual support and social services were provided in the place of residence. Still there reside persons who require *24 hour* support. To determine the minimum number of employees necessary to provide a quality service able to meet the basic needs of the clients, a pilot project „Proposals for grouping of clients and determination of the necessary scope of service" is on-going at a number of state social care centres in 2013. On the basis of results of above mentioned pilot project will be secured the elaboration of further mentioned measures:

- Development of standards for grouping of clients in care levels;
- Developed of provided service for each group, determined the necessary amount of service and necessary resources – number of employees and their qualification, material technical base for ensuring service for clients in accordance with the group of care level;
- Realized practical training (in 2 stages) for employees of state social care centre in grouping of clients and in providing of service in accordance with the descriptions of service;
- Developed methodology and established indicators for determination of quality service;
- Developed documentation (blank/ form) (by adding with details for care or social rehabilitation and for use of health care elements) for family doctors, psychiatrists and social service offices for assignment of long-term social care and social rehabilitation service which is financed from the State budget service.

After the conclusion of the pilot project the issue of the implementation of new approach in practise will be addressed, thereby improving the quality of life for clients who live in social care and social rehabilitation institutions.