



Alone but connected? Digital (in)equalities in care work and generational relationships among older people living alone

Policy report Latvia

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1. Introduction

This report looks at the intersection of digital and care policies aimed at older people and especially those living alone. The report is a part of a larger EQualCare project that looks at age and gender inequalities amid digitalizing systems of care by analyzing the cultural, policy and socio-economic contexts in four different countries – Latvia, Finland, Germany and Sweden - presenting different demographic and political backgrounds. This report first offers a general description of the aging-related demographic, welfare, work data and policy-making context in Latvia. In the second part, we proceed to national and municipal policy analysis in welfare, education, cultural and other sectors. Methodology-wise, first, a set of national and selected municipal policy documents were identified through desktop research and a semi-structured interview with a representative of the ministry of Regional development and environment, responsive for the policy area. Secondly, policy documents were analyzed using a critical and discourse analysis approach.

Digitalization is seen as a strategic goal and a means of improving quality of life as well as a solution for challenges at work, health, welfare, governance and service sectors in Latvian national policy. At the same time, a major challenge is that digitalization is not equally available to everyone and digital solutions have impact on relationships between people, state institutions, for-profit and non-profit organizations, and contribute to shifts in cultural understandings of aging and care as well as in intergenerational relations. Since the advent of the Covid-19 pandemic in 2020, the use of digital technologies by the elderly has increased and technologies are used to maintain personal relationships and to continue receiving many services not available in person under lock-down. Elderly persons living alone are the group to whom digitalization holds both a potential for a greater inclusion as well as risks for further marginalization. In this context, digitalization policies targeting the elderly aging can have positive as well as unexpected effects in creating new inequalities and challenges.

2. Background

2.1. Demographic background

2.1.1. Population and gender structure 60+

As of the beginning of 2021, there were 527 220 persons older than 60 years in Latvia (27,8% of all population) - of them 189 497 men and 337 723 women (CSB, IRD040). Retirement age in 2022 is 64 years and 3 months, retirement age being raised until it reaches 65 for both genders. Looking at the group of retired persons above 65, there are 393 698 persons (20,8% of the population), including 131 105 men and 262 593 women (CSB, IRD080).¹ There is a remarkable gender disparity in Latvian society, especially towards later years: according to 2021 data, the gender proportion in the age group above 60 there were 64,1% of women and 35,9% of men.

At the beginning of 2017, 66% of men and only 28% of women over 65 were married; 44% of women were widows and 20% were divorced. 15% of senior men were widowers, while 13% were divorced. 2% of total marriages in 2017 were among persons aged 65 and older (CSB 2017, 6).

2.1.2. Remaining life expectancy at age 60 and expected healthy years

According to OECD/European Observatory on Health Systems and Policies (2017), life expectancy at birth in Latvian population was 74,8 years in 2015, which is nearly six years lower than in the EU average (80,6 years) and also the gender gap in life expectancy in Latvia is among the highest in the EU: life expectancy at birth for men (69,7 years) is on average almost ten years lower compared to women (79,5 years). In 2021 life expectancy at birth was 75,1 years: 70,4 for men and 79,5 for women. Remaining life expectancy for a person aged 60+ was 16,97 for men and 22,62 for women; in age group 70+ it was 11,14 for men, 14,68 for women; in group 80+ - 6,54 for men, 7,89 for women in 2020.

There is also a considerable gap between life expectancy and healthy life years in Latvia²: those were 51 for men and 53,7 years for women in 2018. CSB (19.06.2020) online publication has noted that the EU average indicator is considerably higher both

¹ Most statistics collected in Latvia are available for people older than 65. Only a few indicators are available for groups 60 and older. It is related to the shifting retirement age. Therefore, we will use those indicators that are available.

² Disability-free life expectancy is the number of years that a person is expected to continue to live in a healthy condition

for men and women – 63.7 and 64,2 years respectively. This means that even if life expectancy is relatively high, the quality of life due to health conditions at old age is low in Latvia. In the self-assessment of health, only 14,8% of people over 65 rate it as good or very good, 52,7% rate it as average, and 32,6% consider it bad or very bad. 17,7% of men believed that their health is good or very good, 52,2% - average, but 30,2% - bad or very bad. Women's self-assessment of health was less optimistic: 13,3% evaluated their health as good or very good, 52,9% as average and 33,9% as bad or very bad (CSB, IVP040). The gender gap in self-assessment of health can be related to the fact that women live longer and are more critical towards their health condition.

2.1.3. Shifting retirement age

The retirement age in Latvia is changing slowly. From 1 January 2014, the Law “On State Pensions” defined that the retirement age has been increased by three months each year. In January 2025 it will reach 65 years. In order to be entitled to a pension, a social insurance period of 15 years is required, but from 1 January 2025 this period is extended to 20 years. One can claim a preliminary old-age pension - two years before reaching the statutory retirement age provided that the length of insurance in this case must be at least 30 years, however, retirement pension in this case is 50% from the full amount.

2.1.4. Living alone

The proportion of households composed of persons over 65 living alone has increased during the last 20 years. People older than 65 living alone composed 11.9% of all households in 2005, 14.9% in 2010, 16.3% in 2015 and 15.9% in 2020. In cities the proportion of seniors living alone is higher (12.7% in 2005 and 16.5% in 2020) and lower in the countryside (10.0% in 2005 and 14.2% in 2020). The proportion of these households increased in urban as well as in rural areas (CSP, MVE060).

2.1.5. Geographical areas

In Latvia, the Law on Administrative Territories and Populated Areas (Saeima, 2020) divides territories in:

- (1) National cities (10 in total) and
- (2) municipalities (counties), which are further divided into
 - (2.1) towns (68 in total) and
 - (2.2) rural territories, which include
 - (2.2.1) villages,
 - (2.2.2) *mazciemi* (from Latvian - micro-villages) and
 - (2.2.3) farmsteads.

The population size of national cities ranges from 21 629 in Jēkabpils to 80 627 in Daugavpils with the capital Riga standing out with 614 618 inhabitants (CSB, IRS030). In the current legislation, a village can demand the status of a town when it has at least 5000 residents. However, most (42 out of 67) current towns have less than 5000 residents (CSB, IRS030) and have received their status under historically distinct legislative and population size circumstances. Nevertheless, according to this division, 68.2% of the inhabitants in Latvia at the beginning of 2021 lived in urban areas, but 31.8% in rural areas (CSB, IRD070). Urban-rural differentiated age statistics are not collected, but rural areas in popular discourse are often imagined as emptying and increasingly inhabited primarily by the elderly (Dzenovska, 2012).

In a broader regional context, six statistical regions are distinguished based on four historical regions (Kurzeme, Zemgale, Vidzeme and Latgale in respectively western, southern, northern and eastern parts of Latvia), Riga and Pierīga (the municipalities surrounding Riga). The largest share of residents aged 65 and older at the beginning of 2021 were in Latgale (22,7%) followed by Kurzeme (21,7%), Vidzeme (21,6%) and Zemgale (20,1%), but the lowest in Pierīga (18,1%) (CSB, IRD010), which is the only region where population has increased during the last 20 years, largely due to suburbanization. The average age of the population is highest in Latgale (45) with 41,5 for men and 48,0 for women, the lowest - in Pierīga (40,7) with 38,1 for men and 43,0 for women (CSB, IRD030). Among the national cities, Daugavpils has the highest share of residents 65 and older (23.7%) with share in Riga also being slightly above (21,4%) average (20,8%).

2.2. Income in age group 60+ (relative poverty rates and number of people living below the poverty level)

Seniors and especially those who live alone are at higher risk of poverty compared to other age groups. The average risk-of-poverty rate over the age of 60 was 37,4%; 31,2% for men and 40,9% for women. At the age of 65+, the risk of poverty increases to 46,7%; 40,5% for men and 49,7% for women. In 2020, the poverty risk for this group increased to 51,2%; 41,6% for men and 55,6% for women (CSP, NNR030). To compare, in 2019, the average risk of poverty in age group 50 to 64 was 22%. At retirement the poverty risk increases significantly.

The risk of poverty differs across regions in Latvia. In age group 65+ it was lower in the capital Riga (35,9%) and its vicinity (36,9%) and higher in Vidzeme (39,8%), Kurzeme (48,9%), Zemgale (42,7%), Latgale (49,6%) (2019). The risk of poverty for women is average 10% higher than that of men in all regions. In 2020 the poverty risk has increased in Vidzeme (51,9%), Kurzeme (56,2%), Zemgale (49,9%), Latgale (56,1%)

while lightly decreasing in Riga (35,8%) and its vicinity (35.3%). In 2019 the poverty risk for single person household in age group 65+ was 71,7% (CSP, NNR040).

2.3. Work and welfare structure

The share of persons aged 60+ who are officially employed has been steadily increasing both in absolute numbers and in the proportion of this group in the workforce. Among persons aged 55-64 116.7 thousand were employed (13,7% of the workforce) and in the 65-74 age group there were 21.9 thousand employed persons (2,6% of the workforce) in 2010 (CSB, NBL020). In 2020, in the age group 55-64 years the number of employed persons had grown to 182.5 thousand (20,4%) and in the group 65-74 years - to 40.8 thousand (4.6%) (CSB, NBL020). On average, wages in the age group 65-74 were 22.6% lower (average 984 euro; 1073 euro for men, 911 euro for women) compared to age group 15-64 (average 1206 euros) (CSB, DSS240). In 2018, the average bruto wage in Latvia was 1195 euros, but in the age group 60-69 years it was 997 euros, 70-74 years - 920, but 75+ years 1099 euros (CSB, DSS240).

In the 1st quarter of 2021, there were 443 432 pensioners in Latvia (CSP, SD010c). In 2020, the average pension in Latvia was 367.05 EUR, showing a significant gender gap: the average pension for women was 353,83 euros, but for men – 392,62 euros (CSB, SDG030). At-risk-of-poverty threshold for a one-person household was 441 euros in 2019 (CSP 2021, 5). According to statistics, in 2019, 317,637 pensioners received pensions below 400 euros (CSP, SDG040). There is no data, however, on how many of them live alone.

The indexation of pensions takes place once a year to compensate for the inflation. The State social insurance agency informs that the average pension has increased by 25% in six years. However, there is a dispersion in the structure of pensions. An increase in pensions by a decile, the increase in the smallest pensions does not cover inflation, while the increase in the largest pensions has been by 47% on average.

According to statistics, in 2020 persons aged 65+ and living alone most often occupied small apartments: 68.8% lived in a building with 10 and more apartments, 22% lived in a separate house or farmstead; 1.4% - in a part of a row house, while 7.8% lived in a house with up to 9 apartments. The average number of rooms for one-person household was 2.2 (CSP, MAA020). Concerning the quality of housing, 12.3% mention noise from neighboring apartments, staircases, streets or outdoors, 15.2% mention environmental pollution, dust, and other environmental problems, but 5.8% - violence and crime rate in the neighborhood (CSP, MAA010). In situations where there are

restrictions to leave the house because of Covid-19 pandemic, it can create additional psychological and physical challenges for the elderly.

2.4. How is elderly care organized (supporting people to live at home)

There were 13 912 pensioners who received care at home in 2020 (CSP, SDG140). Municipalities are responsible for providing social services as stated in the law On social services and social assistance (*Sociālo pakalpojumu un sociālās palīdzības likums*) (Saeima, 2002). The costs of the services are covered by the local government in cases when the income of the person who needs care at home or their relatives living together do not exceed 430 euros per person per month. According to the Civil Law (Art 188, part 1) children are obliged to provide for their parents and grandparents should elderly require assistance. In cases when the income is above this threshold, the municipality can provide a partial financial support. The official rate for care services is 4,44 euros per hour which is below market value (Dārziņa, 13.07.2020). Alternatively, relatives might assume a caretaker position and receive monetary support from 14.23 to 56.91 euros per month (ibid) depending on the number of hours of care required.

A contract between the person who needs care (or a legal representative) and the service provider is signed. Sometimes municipalities contract social service provider organizations, for example, the "Latvian Samaritan's Association". The amount of care is determined based on a doctor's recommendations, conversations with relatives or with the persons in need of care themselves. An application, a certificate of health, documents certifying the income of the person in need of care and their family members must be submitted to the municipal social service. A hospital social worker can also be involved in arranging care. Once all the documents have been submitted, the municipal social service staff evaluates them, visits the person in need of care, determining the involvement of family members and a care plan. Each municipality has a somewhat different basket of services as some municipalities had developed a network of home services while others did not offer any. Since the territorial reform during summer of 2021, the number of local governments was reduced from 119 to 43. Some of the smaller municipalities that did not have the capacity to provide services are now included in territories with bigger infrastructural centers, however, also territorial distance to the services has increased.

2.5. Organization of policy structure

2.5.1 Fluid boundary between state /private / civil society / family levels

Latvia is a parliamentary republic. The parliament (Saeima) consists of 100 members elected in proportional elections for a four-year period. The President nominates the Prime Minister from one of the parties elected in Saeima, to create the government. The candidate for Prime Minister invites ministers from partner parties to form the Government. The President is elected by Saeima vote.

Currently care for elderly is a direct responsibility of the Ministry of Welfare of Latvia and overlaps with the field of responsibilities of the Ministry of Health. Social work in Latvia is defined by the Law on Social Services and Social Assistance which determines the obligation of local governments to provide social support to certain groups of population, either in form of financial benefits or services. While most benefits are precisely defined by the state, the minimum basket of services is not, therefore services can vary from municipality to municipality. Municipalities can also provide their own system of assistance. These payments and services can be organized by, for example, municipal branch of social service, private companies or non-governmental organizations (Red cross, Samaritans etc.) that provide these services according to their special guidelines. Therefore, even if the general terms for services or benefits are defined by the state they vary at the local level. Recipients of the support usually do not recognize the difference between state and municipality-offered support. This specific policy structure is the reason why it is important to also analyze local municipalities, non-profit organizations and private companies implementing policies to support seniors.

Digital policy, in turn, is a horizontal national priority. It is coordinated by the Ministry of Environmental Protection and Regional Development of the Republic of Latvia but implemented by all ministries in Latvia in their respective fields. As a result, digitalization policy is fragmented, encompassing a range of activities in different sectors, for example, digitalization in the healthcare sector and social care sector have followed separate pathways. Digitalization in municipalities is influenced by the market, where only some private companies offer specific solutions to municipalities that result in different solutions for document and data management in municipalities. Private companies also offer digital solutions for implementing social work. When a specific solution was used by most of the municipalities, the Ministry of Welfare suggested it be used in all municipalities. Introduction of a unified system allows for better collaboration between municipalities and collecting better statistics and standardized information. It also demonstrates the role of the private sector in provision of digital solutions.

2.5.2. Impact of Covid-19 pandemics and digitalization

Covid-19 pandemics have significantly influenced the turn towards digitalization in Latvia, but not so much in the care policy offered to seniors that live alone. First, in terms of care policy, it was acknowledged that seniors and chronically ill people are most affected by Covid-19. At the beginning of the pandemic, seniors were encouraged not to leave their homes and special “senior hours” were promoted by supermarkets. Nevertheless, there was little support to practice epidemiological safety measures without loss of autonomy or quality of life.

The support was available only to those who also had either health problems or were in need of welfare support before. The main concern of the state institutions during the most pressing waves of pandemics was directed at seniors living in nursing homes, where there were deadly outbreaks. Lonely seniors without health problems during this period were supported by their family members, neighbors, NGOs or other volunteers, for example, a volunteer movement ViegliPalīdzēt which provided groceries and other services to seniors and isolated persons during lockdown.

At the beginning of the vaccination campaign in early 2021, seniors and persons with chronic diseases were declared a priority group. Vaccination rate for seniors in November 2021 was not higher than in other age groups. As of 1 November 2021, vaccination in the age group 50-59 years was 59%, in the age group 60+ - 54%, in age group 70+ - 50%. As of 1 February 2022, vaccination rates in all groups had increased: in the age group 50-59 - 79%, in age group 60+ - 78%, in the age group 70+ - 67% (CSB, RIG101). There is no information on the 80+ age group. As of 1 November 2021, in the age group 60+ vaccination rate was higher among ethnic Latvians (63%) and lower among other ethnic groups (43%). Regionally the vaccination rate is lower in Eastern part Latgale (39%) where the proportion of ethnic Latvians is low. As of 1 February 2022, the vaccination rates in all regions were higher but regional and ethnic disbalance still remains.

In October 2021, 100-euro support was provided to vaccinated seniors to promote vaccination. The payment is given in smaller amounts over several months (20 euro per 5 months). Journalist investigation on vaccination of seniors (Springe, Liepiņa, 2022) shows that responsible institutions have not conducted any evaluation concerning the low rate of senior vaccination but their investigation show that, firstly, seniors could not request the vaccination due to absence of digital tools to do so and phone lines were accessible with difficulties – there was a long waiting time and dialing the help line was not possible with dexterity of older people and older phones with a dial disc older population still had. Secondly, when seniors managed to register for vaccination, they had to wait for home visits for months due to lack of vaccines and later capacity of vaccinators. Seniors had been addressed by information slips attached to their

pensions, gradually general practitioners were allocated extra-funding for calling their patients and a call-centre has been established. Even the minister of health personally called seniors as a part of his public communication campaign encouraging vaccination. Efficacy of these measures is not known. Journalists claim that these targeted measures were applied late, and the government did not have a detailed plan for communication with seniors. Journalists also claim that the main reason for seniors to vaccinate has been a pressure and support of family members in arranging vaccination. When digital certificates were introduced and used for limiting access to particular services, seniors without a digital ID and smart phones again had difficulties to acquire such certificates even if they had been vaccinated.

During the Covid-19 pandemic most state institutions moved their services to the digital environment creating similar obstacles to seniors as described above concerning vaccination. Pandemics has been a key driver for the development of various digital services and some of the services would remain to be provided only in a virtual environment after the pandemics. This trend coincides with the national priorities for development of digital services and reduction of the costs of public service.

There is little data on the impact of digitalization of public service. Eurostat data (2021) shows that internet access in households has grown from 58% in 2009 to 90% in 2020 in Latvia. In 2019, the main reason for not having internet in one-person households was financial: internet was too expensive (19%) and equipment was too expensive (24%) (EUROSTAT: ISOC_PIBI_RNI). CSB data shows that use of the internet in the age group 65–74 is increasing but is relatively lower than for other age groups in many areas. While 40,1% of seniors used internet regularly in 2018, 47,4% of them in 2019 and 56,2% in 2020 (CSP, DLM010.) 42,5% in this age group used e-mail, 29,0% - instant messaging, 37,0% - searched for information about goods and services, 50% - read or downloaded news, newspapers and magazines online, 4,5% - used internet bank, 1,7% - sold goods or services online by using, for example, eBay auctions, 10,5% - shared or published created content (such as videos, photos, music, text, etc.), 28,6% - were involved in social networks, 10,6% - booked a doctor's appointment, 10,8% - accessed personal medical information, 11,9% - listened to music, 26,2% - watched videos on shared sites according to 2020 data (CSP, DLM020).

To sum up, the elderly population in Latvia is characterized by higher risk of poverty compared to other age groups, experience inequality by gender, ethnicity, region and household type and face health problems more often than the rest of the population. While there is an increasing trend to relocate services online and the elderly citizens are increasingly participating in a variety of digital activities, the data reveal that they are nevertheless also at risk of inaccessibility of services and insufficiencies of care.

Additionally, seniors are not often considered as a group with particular needs when policies involving digitalization are designed.

3. Methodology

This document is based on policy analysis of senior's access to digitalization in Latvia covering areas from telemedicine and remote social services to accessibility of digital skills and infrastructure. Our main research question was to disclose how policy planning documents frame digitalization and care work related to seniors and what digital services the state and municipalities offer to seniors or set to be provided by non-state actors.

The policy analysis follows a critical approach, in which the problems policy documents address, are not considered objective entities, but rather discursively produced knowledge that render visible some parts of the problem which is to be solved at the same time excluding other possible perspectives (Bacchi 2009) and critical frame analysis (Dombos et. al 2012). Daly et al. (2015) includes the following components in constituting the elements for critical frame analysis:

- 1) context (cultural, social, economic, policy, institutional);
- 2) forms/modalities of policy and provision (mode of operation and ways of working, target/focus, conditions of access, resources, providers, level of intervention, connections to other policies, strategic planning, sustainability, matching resources and outcomes, degree of reliance on informal resources, governance, monitoring and evaluation);
- 3) outcomes/impact (short- and long-term, resources and practices, situation at family, community, and national levels);
- 4) driving influences (precipitating problem, use of evidence, role of state, role of international organizations, role of civil society, role of family).

Critical frame analysis has initially been used mostly in comparative gender policy studies and is sensitive to diversity of meanings ascribed to the subject of analysis. As Verloo, Lombardo (2007: 31-32) notes, frames refer to “different representations that sociopolitical actors offer about the problem (..) and about the solutions to the latter”. This approach would allow us to see digitalization, aging and care not only as practical but also as a discursive event which creates certain results and conditions for future realities. E.g., effects of services to the elderly might be different depending whether conceptualization of the elderly is based on prioritizing autonomy. Additionally, the conceptualization might differ among the actors and policy levels. Critical frame analysis can contribute assigning modality to the factors we analyze, extending the context not only to areas of elderly policy but also to nuances of how elements of our analysis are expressed.

To sum up, we applied these questions in document analysis, using comparison between diagnostic (situation and problem description) and prognostic (action plan) parts, paying close attention to

- 1) Target groups and modality are presented (active/ passive, presentation of the group: specific/generic).
- 2) Responsible actors (division of responsibility, activity/passivity, cross-sectoral collaboration).
- 3) Correspondence between the scope of policy in diagnostic and prognostic parts.
- 4) Funding allocation for proposed actions (special/general, adequacy for proposed action, short/long term).

Additionally, in every policy document we aimed to locate the framing of problems related to seniors and digitalization and identify how the situation, ageing, seniors, care, and digital solutions were described in this context. Thus, we analyze policy documents as processes in which definitions of care work and digital (in)equalities are circulated, translated, and negotiated between the respective institutions and agencies as well as at the EU level. Where it was possible, therefore, we also locate responsible institutions for the solution and funding strategies and periods.

Scope of review. We based our selection of documents on a review of major policy documents of ministries and local municipalities available at their homepages and the Policy planning documents database (POLSYS). In these documents, we traced references to other policy guidelines governing digitalization, ageing and care in Latvia. To identify local municipality services aimed at seniors, we overviewed their homepage content tracing digital and remote capacity building and solutions. We guided our analysis by searching for such primary keywords as "seniors", "ageing", "care", "digital skills", and "home". Since a significant part of services are provided by the private and non-governmental sector and the policy documents describe them as an important player in the national strategy, we also include the most important private actors that offer digital services and training to seniors in our report.

4. National development plan

The National development plan for 2021.-2027 (*Latvijas nacionālās attīstības plāns 2021.-2027 gadam*) (NAP2027) year is the main strategic document in Latvia that sets direction for future development in the next seven years.

4.1. Aging, digital transformation

Aging of the society in the National development plan is seen as a problem impending the building of an inclusive society, especially in two Eastern regions of Latvia - Latgale and Vidzeme - where population aging rate is higher. Care for the elderly and aging in this context is framed as an obstacle to an “individual's growth”: *Age or concern for the elderly should not be an obstacle to an individual's growth, isolated from participation in the labor market, society or education.* (Cross-sectoral Coordination Center 2020, 14).

A change in perspective on aging is proposed as a solution, supporting the involvement of older people in the economy and other areas of social life. The improvement of seniors' digital skills could be considered a part of this paradigm shift, although it is not explicitly stated in the document.

At the same time, perspective on aging in the document is problematic and stigmatizing old age. Seniors and their digital skills are instrumentalized to achieve national development aims. Apropos aging, the plan lists two tasks:

- *“Access to personalized social services and the provision of social innovation services to priority groups, in particular people with disabilities, palliative care patients and seniors, promoting the maintenance or improvement of independent living opportunities and quality of life.*
- *Improvement of the motivation system of social work specialists and social service providers and strengthening of professional competence and strengthening of specialization for the provision, improvement and provision of accessibility of innovative, client-based social services corresponding to demographic trends and the needs of the population in the regions.”* (ibid., 26)

Care for the elderly is envisioned as individual, personalized and formalized care, albeit described in blissful terms, such as ‘innovation.’ Though not directly connected to aging, digitalization is perceived to be a key component for solving these and other challenges, especially related to fostering seniors’ independence. It is expected to provide for a broader solution to economic problems and improvement of social services. For

example, the plan states: “*Digital transformation is the key to productivity, economic growth, the well-being of the individual and society. The knowledge society not only understands, adapts and makes full use of the new reality transformed through digitalization, but is a motivated, skilled and intelligent driver of a comprehensive digital transformation of Latvia*” (ibid., 8).

Within this frame, digitalization is portrayed as a progressive and educational mission placing knowledge at the center of decision-making and used both by state institutions and responsible citizens capable of accessing and using state services and databases for their own benefit. Digitalization is also conceived as a “new reality”, meaning that state governance, services and communication are about to change, and it will ask for yet unexpected adaptation by the citizens.

The strategic goals of “digital transformation” set out in NAP are detailed and elaborated in the lower-level policy document - cross-sectoral strategy “Digital Transformation Guidelines for 2021-2027” (DTG) (*Digitālās transformācijas pamatnostādnes 2021.-2027.gadam*). Overseen by the Ministry of Environmental Protection and Regional Development (VARAM), but developed in collaboration with other ministries, the DTG divides areas of ministerial responsibilities and defines areas of synchronization in state digitalization with a total budget of 882 442 143 EUR from EU instruments and 68 748 910 EUR from the state budget. The strategy locates opportunities to respond to economic, health and demographic challenges, to advance state services, foster economic growth, increase participation in governance and to “*improve the quality of life for every citizen and society in general*” (ibid.; 16). Importantly, the benefits of digitalization are aimed to be shared equally among citizens in all stages of life.

Two of five key directions of the DTG are explicit about questions of ageing: “Digital skills and education”, and “Digital transformation of national economy (incl. Public administration)”, whereas “Digital security and trust” and “Accessibility of telecommunications and computing” cover areas relevant to the elderly. In this analysis, we cover each section in context of other sectoral policies, such as welfare and education as each were developed by the responsible ministry that accordingly oversees the allocated funding.

4.2. The development of public services and access to the Internet

Alongside digitalization priority NAP lists specific directions in developing “Technological environment and services” where one of the goals is:

“Latvia has achieved a high level in the field of digital public services offered by public administration, although there are some shortcomings in terms of quality and availability of open data.” (Cross-sectoral Coordination Center, 2020, 63).

Digital skills and public awareness of cybersecurity without mentioning specific age groups have been identified as challenges to achieve this goal. DTG, however, also includes more specific programmes for different age groups, for example, digital education for seniors. It is described later in this report.

NAP includes plans to transfer state and municipal services to the IT environment as it sees making the services cheaper and more flexible. Two activities presented in NAP to achieve the goals:

- *“Introduction of modern technologies and rational, resource-efficient, user-oriented and open governance to provide high-quality public services - primary digital;*
- *Increasing the availability and accessibility of the physical and digital environment in the state and municipal infrastructure, as well as promoting the use of digital solutions by increasing the digital skills of the population, improving the electronic identification and secure electronic signature system and ensuring the accessibility of quality services.” (Cross-sectoral Coordination Center, 2020, 66)*

Section “Justice and Governance”, indicates that public administration services are to be personified by the opportunities provided by the digital age and cross-sectoral coordinated action (2020, 85):

- *“Implementing smart, efficient and open governance in all public administration processes, focusing on human needs and proactive national action, implementing evidence-based solutions and cross-sectoral coordinated cooperation, using new methods and digital opportunities, providing comprehensible and accessible information to government, enabling people to participate in policy and achieving a balanced representation of social groups.”*

Digitization plays an important role in the plan symbolizing the state's future development path. However, this plan is general and lacks analysis of specific target groups and estimation of digital skills among the population. Risks related to digitalization, social and technological, are not considered at all. The risks for the seniors, e.g., could include problematic accessibility to digital skills, devices, ability to use the devices as well as general accessibility of public services when those are digitized.

DTG addresses access to the Internet and electronic devices. It recognizes that access to good quality Internet at an affordable price in Latvia is a challenge for the elderly living alone in more sparsely populated locations. While fixed broadband prices in Latvia are the sixth cheapest in the EU, only 64% of households use it (DTG: 54) lacking both interest and regional accessibility. On the one hand, Latvia already has a 99% connectivity range for 4G (DTG: 54) and the DTG declares a rights-based approach to Internet accessibility aiming to reduce regional disparities and providing access to at least 100 Mb/s Internet to all residents until 2027. On the other hand, the strategy acknowledges that for sparsely populated territories it is not economically viable for telecommunication service providers to increase fixed broadband coverage and alternative solutions are needed, albeit those are not listed in the DTG.

These solutions are modeled in the next level policy document titled Electronic communications sector development plan for 2021-2027 (*Elektronisko sakaru nozares attīstības plāns 2021. - 2027.gadam*) overseen by the Ministry of Transport to be approved soon. DTG allocates 50 865 000 EUR to increase the regional coverage. All in all, to increase accessibility, priority is allocated to projects that increase the quality of connection for socioeconomically essential infrastructure, such as libraries and hospitals (DTG: 55) and could also be accessed by seniors, or projects that have the potential to cover a larger number of households. Seniors, however, are not singled out as a target group, potentially being a group with less opportunities to gain Internet access. Data on age-specific Internet availability is not included in the plan, even if statistics are available.

4.3. Health sector digitalization

The DTG sees digitalization as the means to unify currently divided health and welfare services through the development of secure, easy-to-use and interconnected information systems that service providers and citizens can effectively use to monitor and improve their health, quality of life and increase their lifespan (DTG: 101). Thus, the datafication of health care is seen both as an opportunity to increase seniors' agency in demanding quality care services as well as a tool for better surveillance (DTG: 101) and pre-emptive state care. This document noted, that currently, both welfare and health care information systems are fragmented between the state and municipal institutions as well as service providers have little or non-secure inter-institutional data sharing system. For example, access to a digital patient's card/history of disease is seen as crucial in critical health situations (DTG: 106).

Digitization and digital tools are also mentioned in the Ministry of Health's operational strategy for 2019-2021 (*Veselības ministrijas darbības stratēģija 2019.-2021. gadam*). It

is a document that sets priorities, directions of action, goals to be achieved in all areas of competence of the Ministry of Health in close cooperation between the structural units of the Ministry of Health, subordinate institutions and other involved institutions. The main mission recognized in this document is to: *“improve human health by educating the public about the importance of a healthy lifestyle, providing targeted disease prevention measures, ensuring availability of high-quality health care services according to the needs of each individual, as well as promoting the development of medical education and science”* (VM, 2019, 8). Two main goals are included: (1) To strengthen public confidence that health is a value and (2) The Ministry of Health is the No. 1 employer in the public administration sector. The first aim is based on Eurobarometer data, that health is the most important value for Latvia citizens. As the main results, that ministry want to achieve is to increase life expectancy at birth duration (years) from 79,6 to 80 for females and 69,8 (2016) to 72 (2023) males in 2023, remote mortality/ medically amenable mortality (up to 74 years) per 100,000 inhabitants from 309 (2017) to 154-200 (2023), reduce potentially lost years of life from 83 944 (2017) to 75 023 (2023) and increase healthy life years (average years) from 54,9 (2016) to 60 (2020) for females and from 52,3 (2016) to 52,3 (2016) males. (VM, 2019, 8-9)

Seniors as a group is mentioned 6 times in this document, in all cases in the context of vaccination, pensioners - 4 times. Only once the group of seniors was mentioned in the context of care. Pensioners are described as group at poverty risk not being able to afford health care services. This conclusion is based on Europe Commission and WHO reports. It also mentioned that direct payments of groups at poverty risks were too high and had negative impact on the access to health care services and medication. (VM, 2019, 33) The policy document plans to solve this problem by increasing the involvement of local governments. The document addresses aging in two instances: mentioning it as a problem affecting morbidity rates (VM, 2019,12) and a problem requiring major changes in health care systems (VM, 2019, 25).

Digitalization is mentioned 2 times in this document. The digitalization was framed as an opportunity to improve access to health care for various socially excluded groups and those at risk of poverty (VM, 2019, 38).

Document also emphasizes the need to use the potential of new digital technologies to strengthen disease prevention and healthcare. More specific tasks are also indicated:

- It is necessary to further develop information and communication technologies used in the health sector, as well as to promote their widespread use.
- Improvements need to be made to the e-health system to eliminate the identified shortcomings and ensure its maximum convenience and speed.

- In the future development of the e-health system, it is critical to involve the users of the e-health system in both projects for the improvement of existing functionalities and the development of new functionalities.
- Improve health infrastructure and resource management.
- To promote the digitization of health sector data and convenient processing of patient data in state information systems. Ensure effective management of the sector's ICT development. (VM, 2019, 38)

Responsible institutions for the tasks are health care institutions, Health inspection, Ministry of Health, Disease Control and Prevention Centre. The following aims are included:

1. *“We will centralize and modernize the ICT resources used by the Ministry of Health”* (VM, 2019, 11, 53); To achieve this goal the task is to *“carry out a survey to find out the opinion of VM employees about the ICT used by VM, the “convenience” and relevance of the tools in the performance of day-to-day duties (incl necessary tools)”*, to *“create and conduct training for ICT users, including through videos”*, and start an active use of e-meetings (VM, 2019, 38). Ministry of Health and ITN are responsible for the realization of these aims with no additional financing.
2. Promote the digitization of health sector data and convenient patient data processing national information systems. Ensure effective industry ICT development management (VM, 2019, 47). Ministry of Health and ITN are responsible for the realization of these aims with no additional financing.

To sum up, solutions do not match identified problems in health ICT systems and no funding has been allocated. Seniors in this context are not mentioned as a specific target group.

The Public Health Guidelines for 2021-2027 (PHG) (*Pamatnostādņu projekts “Sabiedrības veselības pamatnostādnes 2021.-2027.gadam*) is a medium-term policy planning document that sets out Latvia's public health care policy for 2021-2027. The goal of public health care policy is to improve the health of the Latvian population by prolonging life in good health, preventing premature mortality and reducing health inequalities (VM, 2021, 7). The key priorities for the next seven years have been identified - cardiovascular diseases, oncology, mental health, maternal and child health (perinatal and neonatal) care, rare diseases, palliative care, medical rehabilitation (VM, 2021, 8).

Seniors as a specific group are mentioned 4 times in the context of: (1) dietary recommendations for different groups in society including seniors (VM, 2021, 20), (2) oral and dental health issues, (3) flu vaccination, where seniors are described as a high-

risk group (two times). Pensioners are not mentioned in this document; however, aging is mentioned two times, in the context of risk assessment to a long-term development and economic growth in the health care sector and in activity section: implementation of information and education activities for various groups in society on mental health issues by organizing events / support groups to strengthen mental and emotional health on different topics including active aging. Responsible institutions: Ministry of Health, Disease Control and Prevention Centre, local governments. The funding is not allocated, note that additional funding needed is attached.

Digitalization is mentioned 6 times in this document. The document includes more specific content on digital technologies, indicating that the Covid-19 pandemics has significantly increased the use of digital technologies in the health care sector, but their application in health care could be wider. Looking at solutions, specialist consultations through digital technologies are prescribed where availability of health care services is limited due to various reasons, lack of transport, specific situation for patients, Covid -19 restrictions, etc.

The guidelines also mention specific tasks related to digitalization:

- develop state-paid remote health care services or telemedicine services as an alternative way of receiving health care services;
- develop quality and safety requirements for these services;
- develop the infrastructure necessary for the provision of services;
- ensure the education of medical personnel;
- as well as measures to tackle the digital divide by ensuring equal access to the internet and digital literacy programs.

The document notes that solutions must be found to make digital medicine accessible to citizens who do not have access to appropriate technologies and equipment, for example, by creating equipped and confidential premises in municipalities to receive services in time of registration. (VM, 2021, 55). No funding has been allocated for these tasks. Responsible institutions are the National Health Service and the Ministry of Environment protection and regional development.

Digitalization in this document is also described in relation to evaluation of patients' experience. Here following tasks are included:

- *“Introduce a digital solution for assessing patients' experiences with healthcare, including the introduction and development of patient information indicators in healthcare and the possibility of linking them to payment for services” (VM, 2021, 106).*

The source of funding for this activity is Europe Commission Technical Support Instrument, TSI project “Support for the development of patient-reported experience measures to assess the functioning of the health system in Latvia” (*“Atbalsts pacienta ziņotās pieredzes pasākumu izstrādei veselības sistēmas darbības novērtēšanai Latvijā”*). There are also mentioned that need for additional funding is mentioned, source coming from European Regional Development Fund. The required amount is not specified. Disease Control and Prevention Centre, National Health Service, medical institutions and patient organizations are responsible institutions.

One more activity related to digitalization in the context of care is: *“To develop digital solutions for the provision of patient-centered healthcare, including telemedicine at all levels of healthcare, the patient's electronic health record in the e-health system, and cross-border e-health solutions.”* (VM, 2021, 112). Funding for this activity is allocated from a project NoSRSS/2018/01/FWC/002 supported by the European Commission's Directorate-General for Structural Reform “Further development of hospital services, telemedicine and integrated care”. There is a remark about the need for additional funding. Responsible institutions named are: Ministry of Health, National Health Service, Ministry of Environment protection and regional development. (VM, 2021, 112-113) The required amount is not specified, but it can be found in a different document. The DGT for the Ministry of Health has allocated 44 322 076 EUR of national funding specifically for this goal and 26 100 000 from the EU funded instruments for developing digital healthcare solutions, including telemedicine. In this document telemedicine is framed in the relation to seniors. DTG also aims to expand the regional availability of telemedicine with the goal to increase accessibility of care at place of residence for seniors. The responsibility for developing such solutions is placed on the state since individual service providers cannot bear the costs for developing the required IT infrastructure, and individual undertaking could increase fragmentation in service (DTG: 105). As with inter-institutional data synchronization, the technology is expected to increase the immediacy of specialist response to critical changes in health care. Therefore, we can identify those activities listed in PHD and DTG are the same, but DTG includes a more specific information on funding. The framing of the problem in these two documents can differ.

The PHG includes also the activity digitization of patient outpatient and inpatient health care data (e.g., dentistry, examinations, vaccinations). There is specified that:

- *“Centralized availability in the patient's electronic health record in the e-health system should be promoted”, including the exchange of data between e-health system and medical institutions. Systems need to find a solution for data exchange with social information systems to ensure the availability of data necessary for the provision of social services and social assistance in municipal*

social services, as well as information for health care professionals on the provided social services. In addition, it mentions that patients should be able to store health and lifestyle data from mobile applications in their electronic health record in the e-health system” (VM, 2021, 56).

To achieve this, the e-health system needs to be modernized, which would promote the digital transformation of the health sector and allow Latvia to join the European Health Data Area. Responsible institutions are the Ministry of Environment Protection and Regional Development, NHS. In terms of funding there is a note that additional funding from the European Regional Development Fund or European Recovery and Resilience Facility is needed, amount not specified (VM, 2021, 112-113). The DTG allocates 10 000 000 EUR from the EU funds, specifically the Fund or European Recovery and Resilience instrument.

Despite the aim to further digitize patient data, the document also points out that the potential of health data already accumulated in the health sector for both patient care and public administration functions and tasks, as well as for research, remains underused (VM, 2020, 101).

An analysis of health sector policy documents shows that digitization and digital e-services are seen as the future of the health sector. Building digital systems is costly and mostly covered by the EU funds.

Digitalization activities do not address specific needs of some groups, describe potential digital data users or evaluate quality of digitalization, but there are plans to develop new Health care digitization guidelines document in the future where more precise information can be added. Developing the guidelines, specific needs of different target groups should be included.

5. Welfare and social support for seniors

5.1. Legal framework

Law on Social Services and Social Assistance is the main document regulating care services. According to this law, its target group is called “clients” - any person who is qualified to receive support from the state. The uses additional description when further speaking of different types of clients, for example, “a person of older age” or “a person who cannot take care of oneself”.

The document mentions seniors as a target group in the following contexts:

- 5) *“home care - services at home to meet the basic needs of those persons who, due to objective circumstances, are unable to take care of themselves;”*
- 6) *“day care center - an institution that provides social care and social rehabilitation services, development of social skills, education and leisure opportunities for persons with mental disorders, the disabled, children from needy families and families with unfavorable conditions for the child's development during the day, as also for persons who have reached the age which gives the right to receive a state old-age pension (hereinafter - for persons of retirement age);”*
- 7) *“long-term social care and social rehabilitation institution - a social institution that provides housing, full care and social rehabilitation to a person who is unable to take care of himself or herself due to his or her age or health condition, as well as to orphans and children left without parental care” (Saeima, 2002).*

The underlying principle of social assistance is to provide social services near to persons place of residence for as long as it is possible. In case such support is insufficient, social care and social rehabilitation is provided in a long-term care and social rehabilitation institutions. The state social services are provided to the person based on the assessment of their material resources - income and property assets. If a person or their children or grandchildren have income or assets, they are held responsible for the payment of care. At least once clients' situation should be reevaluated.

This law also delegates the responsibility to provide social services to municipalities using two types of social support: services and benefits. Municipalities that have not established the necessary basket of services are obliged to contract other social service providers in their territory (NGO or private companies) or other municipalities. These social services can be fully or partially financed from the municipal budget. The purpose

of the social care services is to ensure that the quality of life does not decrease for a person who, due to age or functional impairment, cannot provide it on his or her own.

The local government has to assess the possibilities of providing the necessary care by family members living with the person in the same household. If family members can provide care to persons that cannot take care of themselves, they can claim support from local government (psychologically by counseling and training them and, if necessary, also materially). If a person is living alone or family members are unable to provide the necessary care due to their age, health condition or employment, the person has the right to receive social care services from the municipality.

In case the elderly encounter long-term or permanent functional disorders or anatomical defects they have the right to receive technical aids services, provided medical practitioners sign off on such services.

As mentioned above, pensioners have the right to use day care institutions that provide care and the opportunity to engage in physical and mental activities.

Seniors have the right to also use long-term social care in institutions that provide the client with housing, the necessary level of social care. The institution of long-term social care and social rehabilitation may also ensure the fulfillment of a treatment plan specified by the medical practitioner for the client. Seniors can use long-term services, if the required amount of assistance exceeds the amount specified for home care or a daycare. (Saeima, 2002, article 28.) While living in long-term care institutions, seniors can take decisions independently insofar as this does not restrict the rights and freedoms of others or endanger persons (Saeima, 2002, article 29).

Seniors also have the right to receive social assistance in the form of benefits. The purpose of social assistance is to provide material support to low-income households to ensure income at the level of the guaranteed minimum income threshold and to cover expenses related to the use of housing, as well as to provide support for the payment of certain expenses and in crisis situations. There are three different levels of poverty that determine kind and amount of social support:

- 8) The guaranteed minimum income threshold is 109 euros.
- 9) Household qualifies as poor when income is € 272 for the first or only person in the household and then further € 190 for other people in the household.
- 10) Each local government is entitled to set the income threshold of a low-income household not higher than 436 euros for the first or only person in the household and 305 euros for other persons in the household, but not lower than the income

threshold for a poor household specified in Paragraph two of this Section (Saeima, 2002, article 33).

Each category of clients can receive different benefits, that includes support for housing expenses, medication expenses, etc. Municipal social service units individually assess the qualification for the services. There are also set methods and guidelines for calculating the amount and number of benefits, and evaluation of eligibility to services.

Looking at the role of different actors, we see that “clients” are mostly seen as passive agents which could be entitled and eligible for services. The only aspect their agency is taken into account is evaluation of their financial capacity and assets – here clients and their children are seen as self-responsible persons. The legal procedures, guidelines as well as municipal social service units along with private sector service providers are pictured as active agents.

As mentioned, according to national legislation, municipalities further regulate social services in their territories. Riga is the largest municipality and here we examine Procedure for Receiving and Paying for Social Services Provided by Riga City Municipality (*Rīgas pilsētas pašvaldības sniegto sociālo pakalpojumu saņemšanas un samaksas kārtība, Rīgā 2020. gada 6. martā* (prot. Nr. 2, 7. §) (Rīgas dome, 2020). Its declared aim is to improve the quality of life of citizens and to ensure the right of a person to live as independently as possible in their own environment, to provide social support in accordance with the level of the person's functioning abilities. This document states that municipality support is given only to persons registered in the municipality. The document lists following services:

1. home care
2. care for residence service
3. companion - assistant service
4. "Security button" service
5. video visit service
6. home delivery of hot lunch
7. day care center service
8. boarding facilities.

The regulation stipulates evaluation of the capacity of family members to provide support to a senior. Family members are seen as the primarily responsible supporters of aged relatives. In case when the family is unable to provide support, it becomes the responsibility of a municipality. To claim support, the client should write an application. The client's house is inspected by a social service unit employee, their specific situation is examined and evaluated.

Riga municipality offers home care for 35 hours a week (140 hours per month) for people living in their own homes. The care service at home – social care-related services, including accommodation adjustments, technical aid and staff – is also provided for people who need more than 35 hours a week of home care but who choose to continue living at their place of residence. It can be organized as a service or as a financial support. In order to receive home care services in the form of financial support, the client or the person that provides the care to the client and the social service unit enter into an agreement on the provision of home care to the person. If it is established that a person's health is endangered due to health and/or unsanitary conditions, the social service unit may provide a one-time cleaning of the person's living space.

The Assistant service provides physical and informative support to persons who lack communication skills and require the presence of an accompanying person or who have difficulty moving outside of the home in order to visit state, municipal or health care institutions.

The "Safety Button" service is available 24 hours a day for people who are at risk of becoming helpless due to age or functional impairment.

The video-on-call service provides remote monitoring and day-to-day communication for persons receiving home care with the aim of letting individuals maintain a lifestyle as independent as possible and it provides psychological support.

Hot lunch delivery at home is provided to persons who due to physical or mental disorders or living conditions where they cannot prepare hot food themselves.

The day care center provides social care and social rehabilitation of persons during the day, development of social skills, education and leisure opportunities, participation of clients and their relatives in solving specific social problems and provides psychosocial assistance to clients' relatives. The right to receive this service is for adults with mental disorders, persons with disabilities, persons who have reached the age that gives the right to receive a state old-age pension, persons with dementia, as well as other target groups of adults. The person with dementia is obliged to visit the selected social service provider for one to five days to check his / her ability to adapt to the care center environment.

Long-term social care services in the institution and social rehabilitation services for adults are also offered.

To compare, in Rēzekne municipality in Latgale, Eastern part of Latvia, there are fewer social services offered to seniors. The services are defined in the document “Assigning status of an economically vulnerable or poor as well as social assistance benefits to a family or a separately living person in Rēzekne city municipality” (*Par ģimenes vai atsevišķi dzīvojošas personas atzīšanu par trūcīgu vai maznodrošinātu un sociālās palīdzības pabalstiem Rēzeknes pilsētas pašvaldībā - Rēzeknes pilsētas domes saistošie noteikumi Nr. 5*) (Rēzeknes pilsētas dome, 2020)

This document lists the types of benefits, social assistance, determines the conditions for receiving social assistance as well as establishes the procedure for granting the benefits. It does not define the particular services. Support can be received by families or persons who live alone and whose place of residence is registered in the territory of Rēzekne city municipality. The residents have the right to receive municipal social assistance to satisfy their basic needs and request to improve their situation. A family (a person) is considered to be low-income if the average monthly income of each family member (person) during the last three months does not exceed 242 euros for a person living alone or 330 euros for a person living alone and unable to work.

Benefits that can be relevant to seniors include food providing services for a family (a person) in need and housing benefits (payment for energy bill up to 250 euros, expenses for solid fuels up to 150 euros, apartment house management expenses up to 185 euros, cold water and sewerage costs up to 40 euro per year). Meals for a family (a person) in need are granted in the form of lunch (soup and bread) all year round on weekdays and in the form of lunch (main course, hot drink, pastry) during the Easter period and Christmas period. Even though the aforementioned document does not define social services in Rēzekne city municipality, municipality homepage provides information that the municipality provides social care services at the place of residence and home care: *“home care provides the basic needs of a person, assistance with household chores and personal care for persons who have objective difficulties in caring for themselves due to age or functional impairment. A person who is living alone or with family members living with that person is unable to provide the needed care due to his or her age, state of health or employment.”* This illustrates the minimum care available for a person and the assessment of each person's ability to take care of themselves. To receive care services, a person should submit documents to the social worker who visits the person's place of residence and makes the decision based on evaluation. The amount of support is not included in this description. Long-term social care and social rehabilitation for adults and temporary social care and social rehabilitation in an institution for old age adults is also provided (care beds for health improvement up to 3

months). Temporary social care and social rehabilitation in an institution is often a transition from home care to long term social care in the institution.

To sum up, municipal care is provided in cases when a person is unable to take care of themselves. National document lists basic principles of assistance but the service basket depends on particular municipalities. In practice the basket of care services differs along place of residence. Another feature of Latvian social care system at older age is placing primary responsibility not only on seniors but also their family members. Even municipalities provide services, their funding primarily depends on seniors and their descendants.

The EU Recovery and Resilience Plan of Latvia (*Eiropas Savienības atveseļošanas un noturības mehānisma plāns Latvija 2021-2026*) include activities related to welfare as well as digitalization in the context of care. That is a plan including activities on how to prevent the economic and social damage caused by the COVID-19 pandemic and a list of different activities in all areas.

Pensioners in this plan were mentioned in one case as a group which faces high poverty risk - 53% (MK 2021, 19). To reduce risk for this group the minimum pension has been increased from 80 to 136 euros per month as well as minimum threshold for municipal support was increased in 2021.

The changes are also planned in the area of social inclusion and access to social services. There are changes in framing policy: the document distances itself from institutional social services and supports care in family environment and self-care solutions. Institutional care is to be substituted by creating a family-friendly service for persons of retirement age with the aim of preserving independence as long as possible and reducing the burden on family members.

Slow change in municipal care institutions is described as a problem in the document:

- *“A significant risk currently faced by care institutions is compliance with epidemiological requirements to ensure human safety and not escalate the epidemiological situation. In municipalities, the transition from institutional care to community-based care for seniors, including seniors with dementia, is relatively slow. To stimulate the reform of services organized by local governments, investments are needed to bring services to seniors closer to the family environment and to maintain the possibilities of self-care of persons as much as possible” (MK 2021, 148).*

The plan includes activities to create a new family-oriented environment institution for the provision of services for at least 850 seniors (MK 2021, 30), it includes the construction of at least 71 buildings in 18 municipalities by 2024 (MK 2021, 148). This plan also includes implementation section. Two tenders for open project applications would be announced - one for improvements in long-term care institutions facing epidemiological threat situations, the other for the establishment of new care institutions close to the family environment till 2021.

More activities are included in this plan to maintain personal independence of seniors: adjustment of homes, improving the accessibility (lift, equipped exits, etc.) (MK 2021, 148). 2024 is the deadline for projects which would improve independence of, 259 people living in individual houses and 63 state and local municipality houses. New local municipal transport purchases are obliged to take into account seniors' needs (MK 2021, 37). For the whole activity section of social challenges budget line is 111 610 000 euro, no specific budgets for single activities are specified.

Digitalization is mentioned 1028 times in this document and described as a solution to Covid raising economic crises only in some cases in relation to seniors. The instrument estimates that at least 20% or 330 000 000 EUR will be used for digital transformation. The document based on the EU recommendations which recognizes the low digital skills as a problem for future development. European Commission in the 2019 report on Latvia suggests: *“to benefits from the digitalization for citizens, businesses and governments, Latvia has:*

- *Improve and accelerate eGovernment, system interoperability and open data availability;*
- *Increase information and communication technology, i.e., sk. support infrastructure and implementation of services;*
- *Increase the provision and deployment of e-services, with a special focus on rural areas, the elderly and the cross-border context.”* (MK 2021, 18).

To solve these problems, they create the digitization plan and digital transformation activities, that include centralized solutions. The aim is to increase the number of people using e-services, and the number of people with digital skills (MK 2021, 73). The document sees e-governance as the main principle in communication with state and municipality (MK 2021, 88). Therefore, a lot of attention is focused on the digitization of various state services.

Seniors are mentioned as a group with low digital skills, they are a target group for activity improvement of digital skills (MK 2021, 109). That means state digital e-solutions can be unavailable to seniors before they improve their digital skills. The

document recognizes this problem, because the plan also includes activity focused on creation of specific centers around Latvia for persons with low digital skills (MK 2021, 37), but those could be used by persons that do not have access to digital technologies. This activity is further described in the section on municipality support.

The document does not name digital services as the possibility to bring services closer to the family environment and ensure self-care solutions.

5.2. Welfare and digital social services for seniors

The Ministry of Welfare makes less reference to digitization in its policy guidelines but is currently offering several of its services digitally. For example, the State Social Insurance Agency offers seniors a choice to apply for pension in person or electronically. Pensions can be applied for electronically on the web page Latvija.lv only to seniors with an active electronic signature or internet banking account.

Municipalities in cooperation with the Ministry of Welfare also offer some social services digitally, for example video visits or safety buttons. These services monitor seniors remotely and provide face-to-face support when it is needed.

The new digital social services are mentioned in Digital Transformation Guidelines, where IT solutions are promoted as opportunities for socialization:

Developing social networks for seniors, websites for communication, video conferencing by interest groups, intellectual games in virtual environments, e-learning environments with appropriate content (e.g., cooking, handicrafts, travel, historical facts, etc.) can prolong a person's active life cycle by maintaining active brain function and emotional happiness, reducing the demand for medical services and social care (DTG: 108).

Here IT tools are viewed in a broader context of active aging with senior-guided online socialization and platform use providing health benefits. One of the results of the DTG, for example, is the development of an online gaming platform for seniors that specifically improves brain function.

Private companies are an important stakeholder in the social care sector. For example, private company “Home care service” offer video visits to seniors, which provide not only remote care, but also offer socialization functions. It is an opportunity to communicate with relatives and other users of these services, as well as in some periods, provide nurse and doctor consultations (medical gymnastics, occupational

therapy, bibliography or book reading) (retrieved from homepage: *Mājas aprūpe* 18.08.21) Benefits from visit through video in their homepage are listed as:

- Remote care, considering not only what is said, but also the visual appearance.
- Socialize for at least 20 minutes every day.
- Ability to communicate with one of your relatives or other users of this service.
- Opportunity to participate in classes and receive specialist consultations on request.
- Removes a person from a social care center or nursing home.
- The service is available throughout Latvia.
- No prior knowledge of tablet use is required.
- Fully provided technical equipment (easy-to-use tablet and unlimited internet) and service.” (Homepage: *Mājas aprūpe* 18.08.21)

With help of a specially equipped tablet the senior can communicate and consult a specialist, which can assess the client's mood, state of health, and needs for any other help. The specialist can remind the senior about taking medication, visiting a doctor or other things related to the daily routine. This video visit also has a socialization function. Tablets can turn on themselves at a specific time if a person is not capable of turning it on themselves (Šķēle, 2020).

Some new digital social services have been developed because of Covid -19. During the period when the strongest restrictions were announced in the country because of Covid 19 and seniors were not allowed to meet with their relatives to limit the spread of the infection, in some private nursing homes virtual meetings with relatives were offered as a solution and managed by nursing home staff.

6. Digital education for seniors: state policy and private sector initiatives

Digital education for seniors is included in several policy documents and implemented by various institutions with primary responsibilities allocated to the Ministry of Education and Science, the Ministry of Environmental Protection and Regional Development. Additionally, training and capacity building is addressed to librarians, health care and welfare service providers as well as government employees whose primary skills training institution is the State Administration School. The three main important documents on education for seniors are: the Digital Transformation Guidelines 2021-2027, the Education Development Guidelines 2021-2027 (*Izglītības attīstības pamatnostādnes 2021.-2027. gadam*) and The EU Recovery and Resilience Plan of Latvia 2021-2026.

Digital transformation guidelines implement an age-sensitive approach to digital skills training proposing its integration in all forms of educational programmes and describing seniors as one of the target groups suffering from the digital skills gap. According to the strategy, seniors are to be reached by NGO's and the network of so-called 'digital agents', mostly consisting of national library network librarians. While the digital agents are to provide state guided individualized support to seniors and other groups at risk of digital exclusion, the central role in forming educational programmes is given to the non-governmental sector. Supported by NGO's, seniors are to organize and receive courses that are "adjusted to their perception" (DTG: 21) to shape them as more active citizens, allow them to embrace digital commerce and to receive remote health care and welfare services. All in all, basic digital skill development responsibilities and funding is allocated from the EU policy instruments between the Ministry of Environmental Protection and Regional Development (14 277 800 EUR) and the Ministry of Education and Science (3 000 000 EUR). There is no more clear information on how this budget will be spent.

Digital exclusion is also addressed concerning service provision, where state digital platforms need to be transformed to provide a better user experience and service providers are to be better trained in aiding people with insufficient digital skills. To improve the digital skills of public administration employees the State Chancellery has allocated 2 000 000 EUR for the development of a state e-learning platform, but the Ministry of Environmental Protection and Regional Development - 8 250 000 EUR for developing the plan and monitoring of digital skills in public administration, both from the EU funding instruments. Importantly, the strategy recognizes the lack of ease-of-use of

numerous state platforms, from electronic identification to the health care system, and the Ministry of Environmental Protection and Regional Development allocates 8 352 000 EUR from the EU funds for platform improvement. Nonetheless, ease-of-use is not described as increasing the digital gap, but a problem of its own.

The EU Recovery and Resilience Plan of Latvia also includes activities aimed at digitizing various areas and services for the development of society. The word ‘digital’ in this document is mentioned 96 times. Seniors are mentioned as a specific target group. So, reform No. 2.3.2.r. “Digital skills for the digital transformation of society and government” sets a goal:

- *“Within the framework of the reform, it is planned to invest in the society's basic digital skills, where the beneficiaries will be broad groups of society, including social risk groups, seniors, people with a low level of education, who have been identified as groups with the lowest digital skills. The program also pays special attention to the development of young people's technological creativity. At the same time, it is planned to develop the digital competencies and abilities of state and local government employees” (2021, 82).*

To achieve this goal a specific programme is created, and the responsible institution is the Ministry of Environmental Protection and Regional Development in collaboration with the Ministry of Education and Science and social partners and municipalities. The funding is allocated from the Recovery and Resilience Facility. The purpose of the activity is to decrease the digital gap for vulnerable groups and in educational institutions and the budget planned for it is 15 000 000 EUR. The responsible institution for this activity is not mentioned in the document.

Two Ministry of Education and Science sub-institutions offer seniors computer skills. National Center for Education offers section “Professional development and courses” on their webpage. The webpage search engine at the time of preparing this report finds three courses for seniors, only one in Riga. All of them require a self-funded fee but the price is relatively low, 15-20 euros for 18 hours of training. Other opportunities to learn at any age are offered by the State Education Development Agency. It offers a Lifelong Learning Program, which includes different courses available in all Latvia, some of them also include digital education. These programs also ask for some self-funded share, but most expenses are covered by the state.

Digital education for all Latvian residents, including seniors, is already offered by State Employment agency. The State Employment Agency has an active program titled "Competitiveness Enhancement Measures", which offers various free of charge courses without age limit, and does not require unemployment status. Their homepage includes

information about e-learning: *“Every interested person has the opportunity to learn one of the e-learning modules at the desired time to increase competitiveness without a face-to-face visit to the SEA. The e-learning module is available at:*

<https://cvvp.nva.gov.lv/#/pub/> by logging in the internet portal Latvija.lv.” (State Employment Agency of Latvia, 2020). E-education includes theoretical explanation, audio-visual materials and independent examination possibilities. To finalize the training, a test must be taken. The time is not limited, and the test can be repeated several times.

To promote digital education the Latvia Ministry of Education and Science established a "Sun Boat" traveling award to highlight the importance of adult education and to honor the pioneers of non-formal education. The winner of 2020 is SIA "Baltijas Datoru akadēmija" that offers digital education also for seniors (Luksa, 2021).

Various private companies play an important role in the development of digital skills for seniors with digital training being a part of their marketing activities. Digital education for seniors increases the customer base or users of certain services. Senior training is mostly provided by banks and telecommunication companies.

For example, senior education has been actively pursued for a state-owned company Lattelecom, now TET. They have an extensive senior training project “Connect, Latvia!” which was implemented from 2008. The aim of the project is to help seniors to bridge the digital divide and fully integrate into the information society. Social initiative "Connect, Latvia!" has become a national project supported also by the Ministries of Welfare, Education and Science, the State Employment Agency, the Representation of the European Commission in Latvia, the Latvian Information and Communication Technology Association and the Union of Local Governments of Latvia. In this program they educated more than 20 000 seniors (LSM, 2014). At the registration process everyone can choose one of the three levels of training offered, according to the participant's previous experience and skills. The first level is designed for those who come into contact with a computer for the first time, while the third level includes in-depth training on how to use programs, e-services and process data.

While telecommunications companies initially offered seniors special phones with large buttons and no internet connection, in recent years strategy changed and seniors are trained in smartphone use, focusing on specific programs such as Whatsapp and Skype. There have also been ads targeted at seniors, which include information on use of certain applications.

Banks individually train seniors how to use Internet banking applications and make electronic transfers. The bank websites also contain articles and information on how

and why seniors should use Internet banking. Swedbank representative Jānis Krops says that seniors' digital skills are improving. The bank has about 250 thousand senior customers, which is about a quarter of all seniors in Latvia. Swedbank offers training for older people on the use of digital tools and safety on the Internet (Dēvica, 2020). In addition, the number of bank branches has been reduced due to digitalization. (Dēvica, 2020). Swedbank provides training on installation of apps for internet banking, radio and news portal, as well as an application that reminds people to take medicine (Swedbank 1). Swedbank offers for seniors an e-skill school to learn using Internet banking, as well as bank cards and telephone banking under the guidance of experienced teachers. Training is offered in Latvian and Russian and organized in cooperation with regional libraries, schools and municipal institutions (Swedbank 2). Homepage of the bank also offers a list of other opportunities to learn digital skills for seniors. SEB bank representatives inform that they have more than 80 thousand customers over the age of 65, which is one-fifth of the market. About 80 percent of them use bank payment cards. Almost every customer also has access to Internet banking, even seniors are less active internet bank users. At the same time Bank of Latvia representatives claim that seniors seldom use digital tools and are digitally rejected since 70,000 seniors still choose to receive pensions at home rather than at the bank despite paying extra for these services (Dēvica, 2020).

Private companies (banks, phone companies) also collect information and analyze statistics on their clients to provide more appropriate services. They also use this information for marketing publishing information on their clients' senior digital skills often offering possibilities to improve them.

In general, seniors have opportunities to improve their digital skills. Although in some cases digital training requires a small co-payment from seniors, a free digital tutorial is available. The private sector plays an important role in digital training in Latvia, this is a strategy to attract seniors as clients to their companies. An important driver of the digital learning process is the EU, which funds a large part of the activities.

7. Ministry of Culture and their services

One of the large-scale digitization projects in Latvia dates back to 2007 when a public campaign and a project called 'Third Father's Son' was launched. It was a Public Library Development Project coordinated by the Cultural Information Systems Center. Latvia had received a grant of USD 2 million from the Bill and Melinda Gates Foundation to expand access to new technologies in libraries and to train librarians (Dienas Bizness, 03.12.2008). The grant was signed by the Minister of Culture of the Republic of Latvia at the time, Helena Demakova. In the initial stage of the project 874 Latvian public libraries received new hardware and software, a broadband internet connection and access to wireless internet (ibid). In addition to that, the campaign attempted to increase the prestige of libraries and informed people about the available resources. Even though the project did not focus on elderly population in particular, it is likely that seniors were the group that have benefited greatly from the project considering that libraries, as documented in our municipality webpage overview, were the places that were the most frequently mentioned to offer services for seniors.

The Ministry of Culture has developed cultural policy guidelines with a subtitle 'Development strategy for the digital cultural heritage' (KM, 2015) for the period from 2014 to 2020 which were created in accordance with the Sustainable Development Strategy of Latvia by 2030. Within this document the greatest emphasis is on strengthening the creative and cultural opportunities for people in rather general terms and it states that people are the most important capital of the state. However, throughout the document a greater emphasis is put on strengthening the opportunities of young people and children. There is no categorization of seniors as a separate group, but the document repeatedly mentions inclusion of 'everybody', it is stated that the goal is the personal development of 'every inhabitant', and that 'communication between generations and social inclusion' (p. 26) is a significant political goal.

One of the central keywords is 'lifelong learning' which is referred to in all of the most important sections of the document starting with the preamble. The context in which lifelong learning is presented as an important direction of development is related to competitive market and culture services. There is a recognition that lifelong learning has been well integrated in such institutions as museums and libraries, however it also concludes that there is potential for growth and that there could be more cooperation between different institutions.

In general, the cultural policy guidelines greatly focus on libraries and local cultural centers which, according to the presented data (p. 69), are the most frequently visited

cultural institutions. These are probably the most accessible institutions for older generations who might choose to use the local resources more than other social groups, thus care that is addressed at local cultural institutions might have a positive impact on seniors too.

Digital Cultural Heritage Development Strategy (MK 2021) voices the issue of access to digitized cultural heritage, its visibility and the strengthening of interest about the history and culture of Latvia. One such example is the National Cinema Centre database of the movie heritage (filmas.lv). This document targets youth especially, but it also emphasizes the opportunities for 'everybody' or 'equality of access to information' (p. 4). Special attention is paid to people who work in such institutions as libraries, museums and other cultural institutions and the strengthening of their capacities to work in digital environments.

Cultural policy guidelines for 2021.-2027 (MK, 2021) addresses the cultural issues more broadly. The document recognizes the problem of accessibility to cultural resources for some target groups. On average the figure of accessibility of cultural services in Latvia is lower (32%) than in the EU (36%), however, in the target group of 65 and older population it is 41% and in the low-income target group 46% (p. 25) Additionally, seniors among other more vulnerable groups of society are seen as a significant target audience for cultural activities organized by NGOs (p. 37).

In general, the Ministry of Culture policy documents do not identify seniors as a specific target group but unlike younger generation and school children mostly seen as an integrated part of the general adult population. The care is formulated in the framework of general welfare and economic development, therefore for promotion of digital services for seniors a more specific strategy would be necessary.

8. Municipal policies

An overview of development plans, local online newspapers and annual reports provided by local municipalities in Latvia gives an insight of what are the available resources for the senior population in the regions.

Seniors as a target group can be found in very different sections on municipality webpages, e.g., society, education, and social care. Usually, the seniors are addressed generally or even within a broader category of adults. Single seniors living alone are sometimes mentioned as the group of people that should be integrated in the broader society with the help of, for example, children. Schools sometimes organize events that bring seniors and juniors together, but not in connection with communication technologies. There are, however, reports on municipality webpages on seniors learning technology skills from the younger generation in organized events, but these kinds of events usually reach already active and socially integrated senior groups.

Municipal annual reports often address pensioner group needs generally (for example, housing conditions), but those may also include computer training and digital intelligence, but without a more specific description of what it entails. When the reports do specify the situation with digital technology skills, the local government offer is largely related to libraries. Librarians assist with computers and work in digital environments, such as creating e-mail accounts, paying bills, printing and scanning options etc. Librarians are often specially trained for providing support. Most libraries keep track of how many people they have helped with computer counseling, which may be an additional motivator for counseling.

Many municipalities use offers of state-organized or training companies when it comes to lifelong learning. In recent years, studies for adults (<https://www.macibaspieaugusajam.lv>) organized by the State Education Development Agency are actively advertised on municipal websites (for example, in Liepāja, Kandava, Pļaviņas and ten others. Side note: many of the small municipalities are included in larger regions now since 2021). This offer is aimed at employed people, but it includes people of retirement age as well. As a result, the range of education available to retirees who continue to work is wide, and during the pandemic, distance learning has become even more accessible, if people already have the skills to work in the digital environment.

Municipal annual reports (e.g., by Valka, Ikšķile, Tērvete, Naukšēni municipalities before territorial reform in 2021) mention the State and Municipal Joint Customer Service

Center as a consultative unit for digital tools. The Ministry of Environmental Protection and Regional Development homepage (<https://www.varam.gov.lv/lv/vpvkac>) lists such services as assistance in applying for e-services, in working with computers and the internet, remote and personalized consultations in relation to state services. The intention is to help with governmental websites however the topics listed are formulated quite broadly:

- Requesting a working COVID-19 vaccination, testing or disease certificate;
- Providing a "client's workplace", technically equipped with a computer, internet connection, provides the possibility to copy, print and scan small-scale documentation related to public administration services, there is also free internet access to work with a personal computer;
- Informing about the most requested services of public administration institutions;
- Assistance and training in e-services available on the public administration services portal <https://www.latvija.lv>;
- Providing telephone consultations on the portal <https://www.latvija.lv>; etc.

This is one of the ways in which the municipalities initiative in cooperation with the Ministry for Environmental Protection and Regional Development seeks for a solution for the inequality that rises from digitalization of public services, lack of digital or other skills that impact a person's ability to apply for some services.

Information about opportunities for senior training can be found in very different sections of the municipality websites: education, society, NGOs, culture, projects. Each of these can potentially involve some form of support for seniors. Also, various interest groups - senior theater, dance, choirs, also sections aimed at fishing, hunting, religious organizations, can potentially serve as a kind of support groups.

A separate section on municipality websites for "seniors" or "pensioners" can be found relatively seldom. If it is provided, it either contains information on various sports opportunities or entertainment activities, or it simply provides contact information for local pensioners' associations. In contrast, municipal websites provide a lot of information for young people as a target group, and the education section is mainly targeted at school-age children. Education services sometimes have a section on 'adult education' and 'lifelong learning'. Training for computer skills is usually mentioned among various other activities (handicrafts, cooking, excursions).

Care for seniors most commonly appears in the context of social work. Social work usually targets people with special needs, but in some cases also seniors in general.

Services for seniors can also be found in the health section of municipality webpages, but digital technologies were not yet integrated as a helping tool to reach the people in need for medical services.

Relatively much attention was paid to seniors 6-8 years ago. It was mainly initiated by Swedbank's campaign "Connect, Latvia!" (2014). This bank still has a good section for seniors in the context of digitization (<https://blog.swedbank.lv/karjera/macibas-senioriem-71>).

9. Age-based digitalization statistics

Policy planning documents that focus on digitization are mostly based on data from Eurostat, the CSP (Central bureau of statistics) or the Digital Economy and Society Index (DESI) Open Data. In most cases, data on digitalization in political documents were used in the age group up to 64 years, ignoring the older group at all. But that doesn't mean that these statistics are not collected in Latvia.

Eurostat offers a database of digital economy and society. There are several statistics that are used in policy analysis in Latvia, for example Level of internet access - households. There are 19 indicators on internet use and e-commerce as well as e-governance, but information on specific age groups is not available (Eurostat, 2021).

CSP (The Central Statistical Bureau) provides a relatively small amount of regularly collected statistics on Information Technology and senior digitization. One of the indicators is the use of computers and the Internet. There is data on *Population who have experienced security-related incidents via the internet, Citizens' activities on the Internet, which have been deterred by various security-related considerations in 2015-2019* and *Management of Personal Information on the Internet*. Additionally, there is information on cloud computing and purchases on the internet which also includes information on seniors.

Digital Economy and Society Index (DESI) Open Data summarizes indicators on Europe's digital performance and tracks the progress of EU countries, it includes five dimensions:

- 1) Connectivity: The deployment of broadband infrastructure and its quality.
- 2) Human Capital: The skills needed to take advantage of the possibilities offered by a digital society.
- 3) Citizen use of the Internet: The variety of activities performed by citizens already online.
- 4) Integration of Digital Technology: The digitization of businesses and development of the online sales channel.
- 5) Digital public services: The digitization of public services, focusing on eGovernment.

Digital Economy and Society Index (DESI) summary about Latvia includes information about digital development, but not on specific age groups.

Statistics in policy documents are used to justify the need for further development of digitalization. Numbers are mostly used to show the need to cover broader digital reach, use and skill. It is perceived as a possibility to offer cheaper and more effective governance that allows to reduce costs for services while boosting the growth of the digital economy. Age-specific data is rarely analyzed, not allowing to discover specific needs and problems of specific age groups in the digital economy. While many indicators on digitalization do not contain information on age groups, another issue is that Eurostat and CSB divide age groups differently. Eurostat considers the group from 55 to 74, but CSB from 65 to 75. As a result, the data cannot be compared.

10. Conclusions

Digital transformation is one of the key strategic goals for Latvia until 2027 expressed in the National Development plan and Recovery and Resilience Plan. The ministry responsible for the coordination of digitization policy in the state is the Ministry of Environmental Protection and Regional Development (VARAM). At the same time, other ministries have their own policy that promotes state digitization projects described in their sectoral strategies. Seniors' needs are mostly recognized in educational, health and welfare strategies. Similar situations we can identify in municipalities - seniors as a target group are included in different categories of municipal policy. While the Recovery and Resilience Plan and the Digital Transformation Guidelines allocate an impressive amount of funding to digital transformation, it is hard to identify how much of it will serve seniors' needs. Clearly, however, digital skills training is more of a priority for the youth and working-age population with ages over 65 often excluded from the documents and mentioned statistics.

In the documents we analyzed, digitalization is seen as a condition for the further development of the country and the making of responsible knowledge-seeking and collecting citizens in the form of well-developed, integrated and accessible databases. It is also envisioned as an opportunity to provide cheaper services closer to people's home fostering seniors' independence, but also active aging in the form of digital games and social tools. These services are described as promoting human wellbeing, being more personalized and to be used in places where other services are not available. Simultaneously, the strategies also envision data as the basis of surveillance-based governance that can proactively monitor people's health, welfare, digital use and make automatic decisions without people actively demanding state services.

Major strategies in Latvia portray aging as one of the challenges to be solved by digital technologies. Aging is seen as an obstacle to the development of the country and a problem in the context of new digital services because of limited digital skills. We do not find social designing elements or deep analysis of senior needs in those documents, even if the state and EU collect statistics that allow us to analyze seniors as a specific target group in a context of digitalization. The collected age-related digitalization statistics are not without fault, however, and of limited use for comparison. As a result, seniors are rarely seen as a specific target group that need specific digital services or specifically designed services, but a group that needs to learn digital skills. Seniors in this context are described as a passive group that do not have voice in the context of digitalization with services envisioned for seniors mostly covering health.

At the same time, an important role for digital skill development for seniors is the private and the NGO sector, that offers support to learn how to use specific services that offer specific companies, but also educate about safety on the internet etc. Private sector also develops some specific social services that support seniors' well-being and independence, for example, safety buttons.

Analysis of the latest social policy documents allows us to recognize that the understanding of care for seniors is currently changing. The changes are directed towards safeguarding the independence of seniors by providing support that allows staying at home. Besides, the ideology of care in institutions is changing as well and they have become more family oriented. There is also evidence of inclusive activities directed at ensuring seniors' more active participation in social events and encouragement to receive state and municipality services. At the moment this policy is included in the plan, but it is not been implemented yet.

Digitalization as well as new definitions of community-based and family-oriented care stem mostly from the EU and international policy framework. Activities in this area are mostly covered by the EU funds and/or deal with reallocating more responsibility to municipal level and budgets.

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