

Development of community-based social service infrastructure in Riga

<u>Organisation(s):</u>	Welfare Department, Riga City Council, Latvia (https://ld.riga.lv/); Property Department, Riga City Council (https://ld.riga.lv/); association "Latvijas Kustība par neatkarīgu dzīvi", (https://www.lkndz.lv/); Riga Social Service (https://ld.riga.lv/pasvaldibas-iestades/rigas-socialais-dienests/)	
<u>Country:</u>	Latvia	
<u>Contact:</u>	policy@esn-eu.org (we will function as an intermediary between you and interested organisations who want to learn more about the practice)	
<u>Theme:</u> Choose at least one option	☐ Ageing & Care ☐ Asylum & Migration ☐ Young People ☐ Support for Children & Families ☐ Community Care ☐ Integrated Care & Support ☐ Co-Production ☒ Disability ☐ Housing & Homelessness ☐ Artificial Intelligence ☐ Digitalisation ☒ Quality Care	☐ Labour Market Inclusion ☐ Social Inclusion ☐ Technology ☐ Workforce and Leadership ☐ Social Benefits ☐ EU Funding ☐ Social Services' Resilience ☐ Mental Health ☒ Person-Centred Care ☐ Research & Use of Evidence ☐ Management & Planning ☐ Other, please specify:
<u>Principles of the European Pillar of Social Rights:</u> Which principles does your practice cover? Check the 20 principles here .	☐ 1. Education, training, life-long learning ☐ 2. Gender equality ☐ 3. Equal opportunities ☐ 4. Active support to employment ☐ 5. Secure and adaptable employment ☐ 6. Fair Wages ☐ 7. Transparent employment conditions ☐ 8. Social dialogue ☐ 9. Work-life balance ☐ 10. Healthy, safe work environment	☐ 11. Childcare and child support ☐ 12. Social protection ☐ 13. Unemployment benefits ☐ 14. Minimum income ☐ 15. Old age income and pensions ☐ 16. Health care ☐ 17. Inclusion of people with disabilities ☒ 18. Long-term care ☐ 19. Housing and assistance to homeless ☐ 20. Access to essential services
<u>Current status of the practice:</u>	☐ Concept and Design Phase ☐ Testing or pilot phase ☐ Temporary practice that has terminated ☐ Temporary practice that is ongoing and has a termination date ☒ Established and ongoing practice ☐ Scaling Up and Transformation Phase ☐ Other (please specify):	
<u>Summary:</u> Please summarise the practice in maximum 3 sentences. This	This project is the first of its kind in Riga, offering a modern, community-based alternative to institutional care for adults with severe intellectual disabilities. Developed through an innovative public–civil society partnership, it features a group home for 16 residents and a day care centre for 20 participants. The project	

<i>will be the disclaimer of your project on our website. Example here.</i>	introduces a family-like group housing model and a daily activity centre, built on universal design, person-centred care and normalisation principles.
<u>Context/ Social issues addressed</u> <i>Please explain the problem you attempt to solve with your practice.</i>	Adults with severe intellectual disabilities in Latvia - particularly those with very complex needs - have historically faced long-term institutionalisation, social isolation, and limited opportunities for self-determined living. Community-based alternatives have remained scarce where access to inclusive housing and tailored daily support services is limited. These individuals often live with ageing parents, leading to unstable care arrangements and increased pressure on families, many of whom are unable to participate in the labour market or live independently. To address the systemic absence of suitable services, the Municipality of Riga in partnership with an association "Latvijas Kustība par neatkarīgu dzīvi" initiated the development of an innovative social service infrastructure at Priedaines Street 11 in 2022. The project aimed to support the deinstitutionalisation process by providing a modern, dignified alternative: a group home for 16 adults and a day care centre for 20 individuals, built according to universal design principles and based on the “small group” model. This initiative addresses the critical shortage of high-quality, community-based support options and fills a systemic gap in Latvia's disability services. It also responds to the emotional and developmental risks caused by institutional settings, enabling a transition to life in the community that is empowering, personalised, and human-centred.
<u>Objectives:</u> <i>Please provide a maximum of three objectives in bullet points.</i>	1. To create a dignified, community-based alternative to institutional care for adults with severe intellectual disabilities. 2. To enhance autonomy, functional skills, and social inclusion through individualised support plans and occupational therapy. 3. To promote a sustainable care model through public–civil society partnership.
<u>Activities:</u> <i>Please describe the activities put in place to achieve the objectives (maximum 400 words).</i>	The project established a group home for 16 residents and a day care centre for 20 participants, representing the first modern, community-based alternative to institutional care in Riga for adults with severe intellectual disabilities. The project activities were structured around three pillars: infrastructure development, service design, and capacity building. Under infrastructure development, new facilities were constructed and equipped according to universal design standards, ensuring full accessibility and a home-like atmosphere. The group home was divided into four independent apartment units, each accommodating four residents to ensure privacy, emotional security, and close personal support. The adjacent day care centre was designed as a distinct environment to promote a balanced daily rhythm and apply the normalisation principle—separating “home” and “work” life. In service design, a multidisciplinary team—including social workers, occupational therapists, and support staff—developed individualised support plans based on functional assessments. These plans fostered the development of daily living skills, communication, emotional regulation, and social interaction. Occupational

	therapists played a central role, guiding residents in self-care routines, household activities, and creative tasks that strengthened autonomy and confidence. The public–civil society partnership model was a key innovation. Through a formal cooperation agreement, the municipality legally delegated certain service planning and implementation functions to the NGO partner. This ensured that disability advocates and families were directly involved in shaping the service and contributed professional expertise to its governance—a rare approach in Latvia’s social services.
Outcomes: <i>Please explain what the results were/are so far and how you evaluated this (i.e. statistics, a study, or feedback)</i>	Reports from: • Qualitative feedback from families, professionals, and residents, • Occupational therapy assessments tracking functional and behavioural changes, • Staff observation logs and reports show transformational outcomes in three areas: resident development, family well-being, and professional service practice. Resident impact: Residents with severe intellectual and multiple disabilities have shown notable improvements in autonomy, communication, and emotional well-being. Several individuals who previously displayed passive or withdrawn behavior began engaging actively in daily routines and social interactions. One young woman, initially dependent and emotionally attached to staff, gained confidence and initiative after participating in kitchen and cleaning tasks, later showing spontaneous leadership in these activities. Another resident with autism and a history of institutional care, who was non-verbal and disengaged, progressed to independently completing sorting tasks and initiating communication. His transition included learning to sit at a table, use fine motor skills, and follow routines, showing a clear development in functional and emotional regulation. Family impact: Families report reduced stress and growing emotional security, noting their adult children are safe, supported, and thriving. Initial fears about separation have given way to trust and even surprise – several parents shared that their children now prefer staying in the group home over visiting the family on weekends. This has eased long-standing anxiety about future care. Staff and service model: The integration of occupational therapy as a dominant method has enabled highly personalised support. Occupational therapists assess physical, sensory, and emotional needs, designing step-based interventions that foster independence. One youth who previously sat alone for hours began participating in tasks, showing emotional attachment and improved attention within months. Staff report better understanding of how to transform overcare into active support, promoting dignity and participation. The home-like environment, separation of living and working spaces, and small group model (four residents per unit) have been key to these outcomes. Early results show that this model facilitates social inclusion, autonomy, and emotional growth in a group previously considered “unfit” for community living. There is also growing demand for the service, measured in the waiting list: - 108 people are on the waiting list for the group home - 26 people are on the waiting list for the day care centre.

	A similar complex is planned to be built in Riga and an old building in Riga is being renovated and adapted for the provision of social services allowing for the creation of additional places in a group home for young people.
<u>Funding Source</u>	EU Funds: ESF+ ☐ INTERREG ☐ ERDF ☒ ERASMUS ☐ RRF ☐ other ☐ ☒ National Government Funds ☐ Regional Government Funds ☒ Local Government Funds ☐ Private Sponsorship / Public-Private Partnership ☐ Financial contribution of People using Services ☐ Other, please define
<u>Links to supporting documents:</u> e.g. project website or report of the practice, articles	https://www.riga.lv/lv/jaunums/riga-sak-stradat-dienas-aprupes-centrs-un-grupu-maja-samazinas-rindas-uz-pakalpojumu-personam-ar-smagiem-gariga-rakstura-traucejumiem https://www.lkndz.lv/slug_service/grupu-maja-dzivokli-priedaines-iela-11/
<u>Comments and tips</u> i.e. for people willing to implement your Practice in their service	- Collaborate closely with builders and architects during the building design process and involve people who understand the needs of the target group. Ideally, cooperation should be established right away with the service provider who will operate the group home and the day care centre. - Pay attention to details, including the placement of light switches, colour choices, and room sizes. - Pay attention to the selection of the target group, aiming to define it as precisely as possible (including needs and specific characteristics). This may influence the spatial layout, for example, by considering the needs of people on the autism spectrum. - Keep the client's needs at the centre and involve them in the process as much as possible. - Make sure you have a clear concept of the planned service content.