

A deep dive into the European Child Guarantee in Lithuania

Literature review

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Glossary

AROPE	At risk of poverty or social exclusion.
BMI	Body mass index is a measure indicating nutritional status in adults. It is defined as a person's weight in kilograms divided by the square of the person's height in metres.
ECG	European Child Guarantee.
Children in need	Persons under the age of 18 years who are at risk of poverty or social exclusion. This refers to children living in households at risk of poverty, those experiencing severe material and social deprivation, or in households with very low work intensity.
Children in families at social risk	Children living in families that are at risk due to various social factors, such as substance abuse, domestic violence, mental health problems; also, children living in segregated areas with high levels of economic deprivation and crime/violence and low education levels, as well as certain specific groups, such as Roma children.
Circular municipality	A regional municipality around one of the biggest Lithuanian cities – Vilnius, Kaunas, Klaipėda, Šiauliai, Panevėžys and Alytus
ECEC	Early childhood education and care
Energy poverty	Inability to maintain an adequate level of warmth at home due to low household income, the high costs of energy, or due to the low energy efficiency of buildings.
EU-SILC	EU Statistics on Income and Living Conditions
EPSR	European Pillar of Social Rights
Full-day school	A schooling programme with a strategy of reducing the time spent outside school and providing extra time for education and learning
HBSC	Health Behaviour in School-aged Children
Housing cost overburden	The percentage of the population living in a household where total housing costs represent more than 40 per cent of the total disposable household income
Housing deprivation	Refers to poor amenities in a household, such as a leaking roof, no bath/shower and no indoor toilet, or a dwelling considered to be too dark.
Housing overcrowding	Occurs when less than one room is available in each household: for each couple in the household; for each single person aged 18 or over; for each pair of people of the same gender between 12 and 17; for each single person between 12 and 17 not included in the previous category; and for each pair of children under age 12.
Large rural municipality	All the municipalities of smaller Lithuanian cities, other than the largest cities
Low birth weight	Low birth weight has been defined by the WHO as a weight at birth of <2,500g (5.5lb).
Low-income households	Households with income below 60 per cent of the national mean equivalised disposable income
Out-of-home care	Accommodation and care of children who are unable to live with their parents. In most cases, children in out-of-home care are on a care and protection order. In the Lithuanian context, out-of-home care includes: (1) Alternative care for children

without parental care divided into family-based care and community-based children care homes, (2) Out-of-home placements provided for children under parental care. This includes children who are cared for in socialisation centres overseen and special educational schools overseen by the Ministry of Education, as well as institutional care for children with disabilities overseen by the Ministry of Social Security and Labour.

Precarious family situation	A concept that captures various risks that could lead to poverty or social exclusion. For children, this includes living in a single-earner household; living with a parent with disabilities; living in a household where there are mental health problems or long-term illness; living in a household where there is substance abuse or domestic violence; children of a European Union citizen who has moved to another Member State while the children themselves remained in their Member State of origin; children having a teenage mother or being a teenage mother; and children having an imprisoned parent;
SSI	State supported income
SEN	Special educational needs, which refers to learning difficulties or disabilities that make it harder for children with these needs to learn than others of the same age
SES	Socio-economic status, which encompasses not just income but also educational attainment and financial security.
WHO	World Health Organization

Introduction

In the EU, child poverty has been increasingly understood as a **context-specific, rights-based, multidimensional** phenomenon that goes beyond the common association of poverty with a lack of financial resources.¹ While monetary poverty, the most widely applied conceptualisation of poverty, focuses on the lack of financial resources and assets, the multidimensional notion of child poverty highlights the multiple factors that contribute to child's well-being, such as health, education, care, nutrition, living environment and protection. As such, it is closely intertwined with **social exclusion** and informed by **children's right** to an adequate standard of living and to be free from deprivations across crucial aspects of their lives.² Also, monetary poverty and child poverty are closely interlinked: monetary poverty is a key driver of multidimensional child poverty, and children living in multidimensional poverty are more likely to face monetary poverty as adults.³

In 2019, 25.8 per cent of children in Lithuania were at risk of poverty and social exclusion. Despite a substantial improvement in the situation since 2015, this proportion remained the sixth highest in the EU27 (Eurostat, 2019). In addition, 22.7 per cent of children in Lithuania (or 112,000) lived below the poverty rate, defined as 60 per cent of median equivalised income after social transfers (Eurostat, 2019). The most recent available data show that in 2020, more than half (51 per cent) of those households comprising a single adult with dependent children experienced risk of poverty and social exclusion, compared with 20.4 per cent for all households with dependent children (Statistics Lithuania, 2021).

The Council of the European Union's Recommendation establishing a European Child Guarantee, adopted on 14 June 2021⁴, recommends that Member States guarantee **effective and free access to high-quality early childhood education and care, education and school-based activities, effective and free healthcare**, and at least **one healthy meal each school day**, as well as **effective access to healthy nutrition and adequate housing**.⁵

'Effective access' means a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them.

'Effective and free access' means a situation in which services are readily available, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them, and provided free of charge, either by organising and providing such services or by adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access.

Source: Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. <http://data.europa.eu/eli/reco/2021/1004/oj>

The aim of the Recommendation establishing a European Child Guarantee is to prevent and combat social exclusion by guaranteeing the access of **children in need** to a set of key services as well as to nutrition and housing, thereby also contributing to upholding the rights of the child by combatting child poverty and fostering equal opportunities.

¹ Commission Recommendation of 20 February 2013 Investing in children: breaking the cycle of disadvantage (2013/112/EU).

² UNICEF. 2007. Global Study on Child Poverty and Disparities 2007-2008 Guide. Global Policy Section Division of Policy and Planning.

³ UNICEF. 2017. A world free from child poverty. A guide to the tasks to achieve the vision.

⁴ Council of the European Union, Recommendation establishing a European Child Guarantee. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021H1004&from=EN>.

⁵ Ibid.

Children in need are persons under the age of 18 years who are at risk of poverty or social exclusion. This refers to children living in households at risk of poverty, or experiencing severe material and social deprivation, or with very low work intensity.

Member States are **recommended to identify children in need and within this group take into account**, wherever appropriate in designing their national integrated measures, **specific disadvantages experienced**, in particular, by:

- (a) homeless children or children experiencing severe housing deprivation;
- (b) children with disabilities;
- (c) children with mental health issues;
- (d) children with a migrant background or minority ethnic origin, particularly Roma;
- (e) children in alternative, especially institutional, care;
- (f) children in precarious family situations.

Source: Council of the European Union, Recommendation establishing a European Child Guarantee.

Furthermore, the recommendation asks “with a view to most effective targeting of measures to children in need and taking into account national, regional and local organisations and circumstances, involve relevant stakeholders in identifying children in need and barriers they face in accessing and taking up the services covered by this Recommendation”.

Against this background, and with a view to making specific recommendations regarding sound governance, monitoring and reporting on the implementation of the Council Recommendation, this **deep-dive analysis identifies children in need and the barriers they face** in accessing and taking up the services covered by the Recommendation, and thus contributes to the preparation of the **Child Guarantee National Action Plan for Lithuania**.

Within nine months from the adoption of Council recommendation, an action plan, covering the period until 2030, to implement this recommendation, taking into account national, regional and local circumstances as well as existing policy actions and measures to support children in need. The action plan should include, in particular:

- (i) targeted categories of children in need to be reached by corresponding integrated measures;
- (ii) quantitative and qualitative targets to be achieved in terms of children in need to be reached by corresponding measures, taking into account regional and local disparities;
- (iii) measures planned or taken in implementing this Recommendation, including at regional and local level, and the necessary financial resources and timelines;
- (iv) other measures planned or taken to address child social exclusion and to break intergenerational cycles of disadvantage, based in particular on enabling the policy framework;
- (v) a national framework for data collection, monitoring and evaluation of this Recommendation, also with a view to establishing a common monitoring framework.

Source: Council of the European Union, Recommendation establishing a European Child Guarantee.

This report identifies children in need with a view to the most **effective targeting of measures towards those children** that could benefit the most from the Child Guarantee. It analyses available evidence on the unmet needs of children and the barriers to accessing services. On the basis of this, further analysis of national and subnational attempts to increase access and the identification of programmes, policies and projects that work, are presented in the main report that is part of this deep dive.

In this report, we have used several criteria for assessment, aimed at identifying the target groups of children in need. These include, but are not limited to:

- gaps/differences compared with non-AROE children;
- gaps/differences compared with the EU27 average for particular groups of children in need;
- gaps/differences compared with other groups of children that do not face barriers to access and/or have unmet needs;
- discrepancies between the national support system (policies) and the needs of children;
- discrepancies in access to services among children and their families living in urban and rural areas;

-
- trends and changes over time, newly arising challenges in meeting the needs of particular groups of children and their access to services;
 - several studies and reports mentioning groups of children in need.

Sources for the desk research included statistical and administrative data, literature, and available research evidence on children in need with a particular focus on access to the five policy areas covered by the ECG. The desk research considered relevant documents produced by international organisations, EU institutions and Lithuanian national and regional institutions and bodies, as well as academic literature, relevant studies, publications, databases, administrative data, etc.

The structure of the desk research report reflects the policy areas and services covered by the ECG. Chapters 1–5 provide the results of our analysis in the area of children’s access to high-quality ECEC, quality education and school-based activities as well as healthcare services, healthy nutrition and adequate housing. In each chapter, we elaborate on the take-up of services covered by the ECG, as well as unmet needs and barriers faced by children in need to access such services. At the end of each of these chapters, we provide a brief summary of our analysis emphasising the groups of children in need identified, the estimated size of each group, areas of concern, and data gaps. The final chapter of the report presents findings and conclusions on the key issues identified and the groups of children in need to be prioritised when implementing the ECG at national level.

1. Free and effective access to quality early childhood education and care services

EARLY CHILDHOOD EDUCATION AND CARE (ECEC)

“Provision for children from birth through to compulsory primary education, that falls within a national regulatory framework, i.e., which must comply with a set of rules, minimum standards and/or undergo accreditation procedures”. In Lithuania, early childhood education and care is referred to as preschool education for children from birth to 5 years old, “pre-primary education” is for children of an age of 6, and compulsory primary schooling begins at the age of 7. In Lithuania, both public and private profit ECEC services are available.

Source: European Commission. https://eacea.ec.europa.eu/national-policies/eurydice/content/key-data-early-childhood-education-and-care-europe-%E2%80%93-2019-edition_en and OECD iLibrary, https://www.oecd-ilibrary.org/education/education-in-lithuania/early-childhood-education-and-care-in-lithuania_9789264281486-6-en

The European Pillar of Social Rights (EPSR) states that all “Children have the right to affordable early childhood education and care of good quality”. Nevertheless, even the richest countries, mostly due to policy priorities, fail to offer comprehensive childcare solutions to all families, especially during the COVID-19 pandemic.⁶ The case of Lithuania is especially complicated, due to a long history of political attention being directed towards stay-at-home mothering.⁷ As in all post-Soviet countries, the nuclear family type has always been considered to be of the highest value, and family policies aimed to encourage the formation of such families via such political tools as generous parental leave benefits. As a result, insufficient political attention has been paid to the development of ECEC services, and there is therefore an extreme shortage and inflexibility of ECEC services in Lithuania today, especially for children between the ages of 0 and 2.

Take-up

Like most post-Soviet welfare states, which rely heavily on informal childcare, Lithuania does not possess a well-developed system of ECEC.⁸ For children between ages 0 and 5, there is no guarantee of placement in public ECEC establishments.⁹ During the academic year 2020-2021, a total of 132,501 children were enrolled in pre-school and pre-primary education in Lithuania¹⁰, and only slightly more than 20 per cent of children aged 3 years old or younger attended formal ECEC, while 60 per cent were taken care of solely by their parents.¹¹ All in all, only 44.2 per cent of

⁶ Gromada, A., and D. Richardson. 2021. Where do rich countries stand on childcare? UNICEF. Available at: <https://www.unicef-irc.org/publications/pdf/where-do-rich-countries-stand-on-childcare.pdf>.

⁷ Skubiejūtė, G. 2020. Vienų motinų šeimos Lietuvos šeimos įstatymų kontekste. Available at: <https://www.zurnalai.vu.lt/STEPP/article/download/15392/17002/29938>.

⁸ Šerikova, A., et al. 2008. Šeimos politika ir gimstamumas. Available at: <https://etalpykla.lituanistikadb.lt/object/LT-LDB-0001:j.04~2008~1367161905536/j.04~2008~1367161905536.pdf>.

⁹ European Commission. 2019. Eurydice Brief: Key Data on Early Childhood Education and Care in Europe. Available at: <https://www.education.ie/en/The-Education-System/International/Eurydice/eurydice-brief-key-data-on-early-childhood-education-and-care-in-europe.pdf>.

¹⁰ Ikimokyklinis ir priešmokyklinis ugdymas. 2021. Švietimo valdymo informacinė sistema. Available at: <http://svis.emokykla.lt/ikimokyklinis-ir-priesmokyklinis-ugdymas/>.

¹¹ Eurostat. 2021. How do parents organize childcare in the EU? Available at: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210330-1>.

children aged 0-2 attended ECEC, and 90.3 per cent of those aged 3-6.¹² In this regard, Lithuania ranks as the country with the fifth-lowest take-up in the EU after Bulgaria, Latvia, Slovakia, and Hungary. The proportion of children up to 4 years old attending ECEC did not reach the EU average.¹³ With regard to childcare attendance among children aged between 4 and 6 years old, the numbers are better - statistics show that in 2021 the number of children attending ECEC between the ages of 4 and 6 was 93.14 per cent. However, this take-up rate did not meet the goal of the Lithuanian Education Plan (95 per cent of all children by 2020), and is far below the goal set by the Commission's Communication on achieving the European Education Area by 2025, which proposed a target of having 98 per cent of children between the ages of 3 and the beginning of compulsory primary education attending ECEC by 2030.

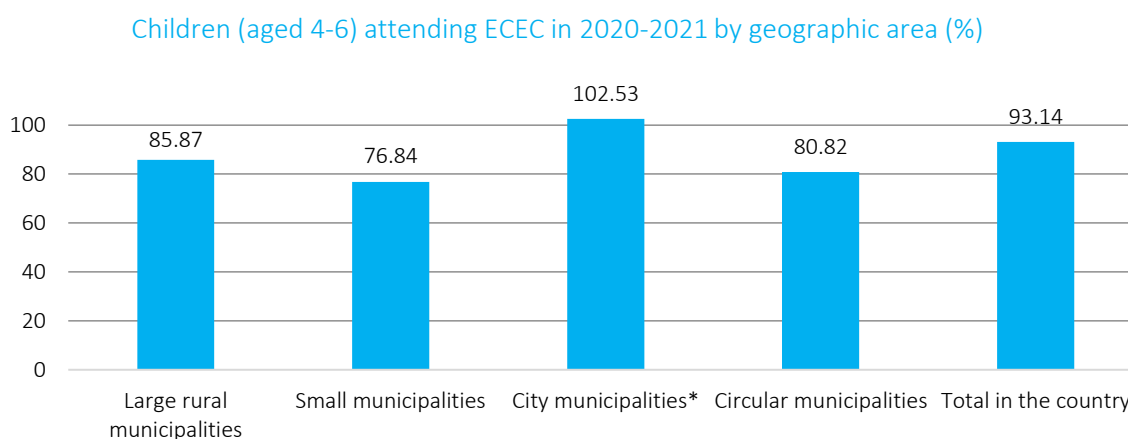
TABLE 1. NUMBER AND PERCENTAGE OF CHILDREN (0-5 YEARS OLD) ATTENDING ECEC

LEVEL OF URBANISATION	2020-2021		
	Children (0-5 years old) attending ECEC	Total number of children (0-5 years old) in Lithuania	Percentage of children (0-5 years old) attending ECEC
Total in country	105,345	170,213	61.9%
Urban areas	88,871	119,981	74.1%
Rural areas	16,474	50,232	32.8%

Source: Education Management Information System. <http://svis.emokykla.lt/ikimokyklinis-ugdymas/>.

As shown in the table above, the rate of attendance for ECEC in urban areas is twice that in rural areas, distinguishing children living in **rural areas** as a vulnerable group in terms of attendance at ECEC services. The data show that children in rural areas more often tend to experience poverty and social exclusion. Attending ECEC is therefore especially important in reducing negative socio-economic impacts on a child's development and academic achievements, as research shows that ECEC improves socio-economic competences and cognitive abilities among those children who attend.¹⁴

FIGURE 1. ECEC ATTENDANCE RATES IN DIFFERENT GEOGRAPHICAL AREAS 2020-2021



Source: Education Management Information System. <http://svis.emokykla.lt/ikimokyklinis-ugdymas/>.

Figure 1 shows that city municipalities have higher attendance rates at ECEC, with the attendance rate exceeding 100 per cent due to the attendance of children from rural areas at ECEC facilities in cities. City regional municipalities

¹² Ikimokyklinis ir priešmokyklinis ugdymas. 2021. Švietimo valdymo informacinė sistema. Available at: <http://svis.emokykla.lt/ikimokyklinis-ir-priesmokyklinis-ugdymas/>.

¹³ Švietimo, mokslo ir sporto ministerija. 2019. Švietimo būklės apžvalga. Available at: <http://www.nmva.smm.lt/wp-content/uploads/2019/10/Svietimo-bukles-apzvalga-2019-web.pdf>.

¹⁴ OECD. 2017. Education in Lithuania Highlights. Available at: <https://www.oecd.org/education/school/Education-in-Lithuania-2017-highlights.pdf>.

include the regional municipalities of the largest Lithuanian cities – Vilnius, Kaunas, Klaipėda, Šiauliai, Panevėžys and Alytus. The large rural municipalities include the municipalities of smaller Lithuanian cities, such as Druskininkai and Biržai. Depending on the municipality, attendance among children between the ages 0 and 6 ranges from 14 to 66 per cent.¹⁵ Sixty-six per cent of children attend ECEC in cities, and the lowest attendance rates are in small municipalities. In 2018, nine municipalities had an insufficient number of places in ECEC, and 30 municipalities could not meet parents' preferences regarding the location and preferred providers of ECEC services. Statistics show that more ECEC places are available in ECEC in the regions rather than the cities. Cities experience an extreme shortage of ECEC, although ECEC attendance is greater in the big cities – in 2019, 90 per cent of children aged 3-5 attended ECEC in the big cities (Vilnius, Panevėžys, Kaunas, etc.); 84 per cent of children in big-city regions; 82 per cent in large rural municipalities (Telšiai, Jonava, Anykščiai, etc.); and 78 per cent in small rural municipalities (Skuodas, Rietavas, Pagėgliai, etc.).¹⁶ Smaller numbers appear in the statistics when measuring attendance among younger children.

The second part of ECEC provision in Lithuania is a compulsory year of pre-primary education. Children must start pre-primary education in the calendar year during which they turn 6. Parents can opt to send their children to pre-primary education a year earlier, but not before they are 5 years old. Pre-primary education lasts for one year and aims to prepare children for primary education. As pre-primary education is compulsory, every child (from around the age of 6) is guaranteed a place in a state or municipal educational institution. The total number of children in pre-primary education during the academic year 2020-2021 was 17.9 per cent lower than in the academic year 2018-2019 (see Table 2), though according to national statistics the population of six-year-old children did not change significantly between 2019 and 2021.¹⁷ No accurate, ready-to-use data exist regarding the percentages of children living in urban and rural areas that are educated under pre-primary education curricula. However, our own calculations¹⁸ show potential discrepancies in children's attendance in pre-primary education. In 2018-2019, only 61.3 per cent of six-year-old children living in rural areas were educated under pre-primary education curricula, compared with 113.7 per cent in urban areas. These rates were even lower in 2020-2021, when restrictions were applied due to COVID-19 pandemics. Only 55.6 per cent of children in rural areas and 90.6 per cent in cities attended pre-primary education, either in pre-school establishments or in general schools.

TABLE 2. NUMBER OF CHILDREN IN PRE-PRIMARY EDUCATION

			2018-2019	2019-2020	2020-2021
Number of children educated under pre-primary education curricula	Urban and rural areas	Pre-school establishment	18,682	17,318	13,499
		General school	9,798	9,680	9,920
	Urban areas	Pre-school establishment	17,175	15,948	11,719
		General school	6,121	6,230	6,714
	Rural areas	Pre-school establishment	1,507	1,370	1,780
		General school	3,677	3,450	3,206

Source: Official Statistics Portal. 2021. https://osp.stat.gov.lt/en_GB/statistiniu-rodikliu-analize/

¹⁵ Valstybinio audito ataskaita. 2019. Ar išnaudojame ikimokyklinio ugdymo galimybes sėkmingesnei vaikų atečiai užtikrinti? Available at: file:///C:/Users/VPVI/Downloads/VA-7_Ataskaita-ikimokyklinis.pdf.

¹⁶ Švietimo, mokslo ir sporto ministerija. 2020. Kaip padidinti ikimokyklinio ugdymo aprėptį Lietuvoje? Available at: <https://www.nsa.smm.lt/wp-content/uploads/2020/12/Ikimokyklinio-ugdymo-apreptis.pdf>.

¹⁷ Official Statistics Portal. 2021. https://osp.stat.gov.lt/en_GB/statistiniu-rodikliu-analize/

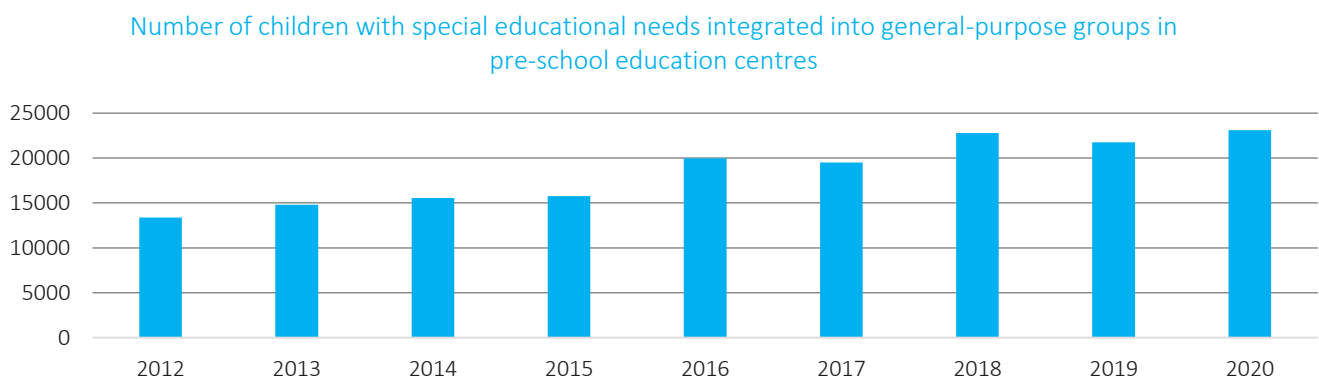
¹⁸ Own calculations were based on data on the resident population (aged 6) at the beginning of the year, accessible at the Official Statistics Portal. https://osp.stat.gov.lt/en_GB/statistiniu-rodikliu-analize/

Unmet needs

The literature shows that quality ECEC can yield substantial beneficial effects, even lasting through to adolescence, as it plays an important role in creating children's positive attitudes towards learning.¹⁹ Quality can be measured through inputs, such as teachers' qualifications and children-to-staff ratio, as well as in the activities provided for children. In 2018, 36 per cent of public ECEC centres did not meet hygiene requirements due to the size of their groups of children, which were larger than specified in the national recommendations (which specify not more than 20 children per teacher).²⁰ Moreover, although there is a requirement for municipalities to provide ECEC educators with five days qualification courses per year, the data shows that 35 per cent of ECEC providers do not have enough budget to fulfil this requirement, and that 63 per cent of ECEC providers did not guarantee five days of qualification courses in 2018.²¹ Another important aspect affecting the professionalism of ECEC educators is the lack of attractiveness of the profession due to low salaries, challenging working conditions, and a lack of opportunities for further professional development. Nevertheless, there are also some improvements taking place such as a raise of salaries. Since 2020, ECEC teachers (pre-school and pre-primary education) are paid the same amount of money as primary school teachers.

The quality and preparedness of staff is particularly important where children have emotional, physical, social, mental or/and learning impairments. Pre-primary and pre-school education staff should identify these impairments and assist families in accessing early intervention services²². In 2020, 23,123 **children with special educational needs** were integrated into general-purpose groups within ECEC centres.²³ This is the largest number of such children to be integrated in Lithuanian history.

FIGURE 2. NUMBER OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS INTEGRATED INTO GENERAL-PURPOSE GROUPS IN PRE-SCHOOL EDUCATION CENTRES



Source: Official Statistics Portal. <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=6efa7f73-0c20-48c3-b296-02f343763cc0#/>.

In 2020, 56 out of 716 ECEC settings provided targeted services to children with special educational needs in specialised groups integrated into mainstream ECEC facilities.²⁴ All of these ECEC centres were located in cities. Groups of children with disabilities attending these ECEC settings included those with mental impairment (3 ECEC settings), impaired vision (1), impaired hearing (3), physical disabilities and neurological disorders (6), impaired

¹⁹ Peeters, J. 2018. Improving the quality of ECEC services in Ukraine. Available at: <https://biblio.ugent.be/publication/8653084/file/8653091>.

²⁰ Valstybinio audito ataskaita. 2019. Ar išnaudojame ikimokyklinio ugdymo galimybes sėkmingesnei vaikų atečiai užtikrinti?

²¹ Ibid.

²² OECD. 2021. Starting Strong VI: Supporting Meaningful Interactions in Early Childhood Education and Care. Available at: https://www.oecd-ilibrary.org/sites/f47a06ae-en/1/3/1/index.html?itemId=/content/publication/f47a06ae-en&_csp_=dd82f616450cabb36e84807345747f7&itemIGO=oecd&itemContentType=book.

²³ Official Statistics Portal. 2021. Children with special educational needs integrated into general purpose groups of pre-school education schools. Available at: <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=6efa7f73-0c20-48c3-b296-02f343763cc0#/>.

²⁴ Official Statistics Portal. 2021. Number of pre-school establishments with special groups. <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=ec2083e6-0114-439d-a934-a41f9482015c#/>.

speech and language (18), complex disorders (32), and other cases (3). The number of children with special needs in ECEC is growing – since 2015, the number has risen by 28 per cent.²⁵ Other children with special educational needs and disabilities either stay at home under the care of their relatives or attend special day centres. At these day centres, children receive special transportation services, food and play various games and learn, as well as receive psychological help. Overall, these centres are much better equipped to work with children with special needs and disabilities, but such segregation cause children to be excluded from the mainstream system and society.

TABLE 3. NUMBER OF CHILDREN WITH SPECIAL NEEDS ATTENDING ECEC, AND PERCENTAGE IN RELATION TO TOTAL NUMBER OF CHILDREN ATTENDING ECEC

	2015		2016		2017		2018		2019		2020	
	Number	% of all children	Number	% of all children	Number	% of all children	Number	% of all children	Number	% of all children	Number	% of all children
Total	17,372	15	18,388	15.7	20,920	17.5	24,092	19.9	22,964	NA	24,296	NA
Urban areas	15,342	15.2	15,722	15.5	18,359	17.7	21,221	20.2	20,238	NA	21,672	NA
Rural areas	2,030	13.6	2,666	17.4	2,561	16.4	2,871	18.2	2,726	NA	2,624	NA

Source: Education Management Centre, 2021. <https://www.svis.smm.lt/ikimokyklinis-ugdymas/>. Ministry of Education, Science and Sport. 2019. Overview of the state of education. <http://www.nmva.smm.lt/wp-content/uploads/2019/10/Svietimo-bukles-apzvalga-2019-web.pdf>

As the number of children between the ages of 3 and 6 with special needs who attend general ECEC has grown, the number of children attending special education ECEC centres has fallen.

TABLE 4. NUMBER OF CHILDREN ATTENDING SPECIAL EDUCATION CHILD CARE CENTRES

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Number of children attending special education childcare centres	693	655	598	620	592	578

Source: Education Management Centre, 2021. <https://www.svis.smm.lt/ikimokyklinis-ugdymas/>.

This change relates to improved methods for identifying needs as well as the improved inclusion of children with special educational needs into mainstream education. Moreover, it is expected that from 2024 all children should be able to attend ECEC in the area in which they live, regardless of their special needs and/or disabilities. In 2018, 88.7 per cent of all children with special educational needs attended mainstream ECEC centres. The most common reason for children not attending general ECEC was a lack of learning support staff.²⁶ While there are psychologists, special pedagogues and speech therapists working in ECEC, there are still not enough of them – particularly speech therapists and psychologists in rural areas. There are two main reasons for this shortage of professional support staff – insufficient training, and a reluctance to work in rural areas. ECEC providers in the public sector do not have sufficient financial capacity to provide educators with the necessary training, including support specialists. There is also a lack of specialised workshops and training in certain parts of the country, as well as lack of training capacity and costs are too high compared with the funding available.²⁷ A lack of the necessary workshops and training in smaller Lithuanian municipalities is one of the reasons why there are fewer support specialists in rural areas and smaller towns. Nevertheless, even in the biggest cities, the inclusion of children with special educational needs

²⁵ Švietimo būklės apžvalga.

²⁶ Ibid.

²⁷ Eurofound. 2020. Access to care services: Early childhood education and care, healthcare and long-term care. Available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20015en.pdf.

remains a challenge. In 2018, the education of children with special educational needs was problematic in 22 per cent of primary and nursery schools in the capital, Vilnius.²⁸

TABLE 5. NUMBER OF SUPPORT SPECIALISTS IN ECEC

	TOTAL IN COUNTRY		URBAN AREAS		RURAL AREAS	
	2015	2018	2015	2018	2015	2018
Special pedagogues	75	81	72	81	3	-
Speech therapists	551	588	514	540	37	48
Psychologists	45	61	44	60	1	1

Source: Education Management Centre, 2021. <https://www.svis.smm.lt/ikimokyklinis-ugdymas/>.

TABLE 6. NUMBER OF CHILDREN PER SUPPORT SPECIALIST IN ECEC

	TOTAL IN COUNTRY		URBAN AREAS		RURAL AREAS	
	2015	2018	2015	2018	2015	2018
Special pedagogues	1,541	1,492	1,399	1,297	4,958	-
Speech therapists	210	206	196	195	401	328
Psychologists	2,568	1,981	2,289	1,751	14,875	15,763

Source: Education Management Centre, 2021. <https://www.svis.smm.lt/ikimokyklinis-ugdymas/>.

ECEC is also a powerful tool to support **refugee, immigrant and minority-language** families, in terms of familiarisation with the culture and system, and to support parents' transition into the labour force.²⁹ ECEC has even greater benefits for children from these backgrounds compared with native children – their science grades improve dramatically in comparison to children with migrant backgrounds who have not attended ECEC. In 2018, there were 91 ECEC centres providing education in another language.³⁰ These languages included Russian, Polish, Belarusian, Yiddish and other languages such as English. In the 2016-2017 academic year, there were 25 Lithuanian returnee children registered in ECEC centres, and a total of 800 foreign students receiving both ECEC and school education services in Lithuania.³¹ Unfortunately, the research shows that ECEC educators lack sufficient skills to work with children in other languages, and not enough ECEC facilities provide services in foreign languages.³² The same issue applies to returnee children. ECEC centres lack adequately prepared educators, as well as educational tools and methodology, to work with immigrant children. Moreover, there is an insufficient number of psychologists who would be able to help children to adjust more quickly to the new culture and learning system.

TABLE 7. NUMBER OF CHILD CARE CENTRES PROVIDING SERVICES IN FOREIGN LANGUAGES

ECEC LANGUAGE	2015-2016	2016-2017	2017-2018	2018-2019
Russian	16	16	17	12
Polish	8	8	8	7
Multiple	68	68	65	72

Source: Education Management Centre, 2021. <https://www.svis.smm.lt/ikimokyklinis-ugdymas/>.

²⁸ Eurofound. 2020. Access to care services: Early childhood education and care, healthcare and long-term care. Available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20015en.pdf.

²⁹ Švietimo būklės apžvalga.

³⁰ Ibid.

³¹ PPML. 2018. Švietimo paslaugų sugrįžusiems asmenims poreikio savivaldybėse tyrimas. Available at: https://www.smm.lt/uploads/documents/svietimas/%C5%A0vietimo%20paslaugos%20sugr%C4%AF%C5%BEusiems_galutin%C4%97%20ataskaita_20181120.pdf.

³² Ibid.

Barriers to access

One of the main barriers to accessing ECEC in Lithuania is affordability. There is a divide in ECEC between private for-profit providers, and public sector. In public ECEC facilities, there is a lack of places for children of all ages, but especially those aged between 0 and 2. In cases where children do not obtain places in public ECEC, some municipalities provide EUR 100 compensation for children to attend private ECEC.³³ Nevertheless, this amount is not enough. Fifty per cent of the general population report that they cannot afford ECEC services for children aged 0 to 2 years old. This is especially troubling for working mothers, and even more so for single mothers due to that fact that childcare burden tends to fall on women in Lithuanian society.³⁴ **Single parents** experience difficulty in accessing ECEC services as they experience a higher burden of additional costs such as children's daily meals, and have very limited time in their schedules to take their children to ECEC centres, especially when these are located far from home.³⁵ Unfortunately, single parents usually do not receive any priority over the enrolment of their children into ECEC centres (depends on the ECEC centre's policy), or state support for transportation and discounts relating to ECEC services. Moreover, in certain municipalities they actually are in even more disadvantageous situation compared to nuclear families, as priority over ECEC places goes to those children who have both parents registered in the same city.³⁶ In the cases when single mothers do get priority over enrolment to ECEC, additional requirements might follow, such as mandatory entering of father on the child's birth certificate. In most cases, when single mothers do not obtain a place for their children in public ECEC facilities, they cannot afford services in private ECEC centres. As previously mentioned, some of Lithuanian municipalities provide EUR 100 support in such cases, but this is insufficient, as the price of ECEC services can cost twice or even five times more than this figure, depending on the city. Moreover, although single parents are supposed to get alimony from the parent living apart, the research shows that not all of them receive this money from the parent living apart³⁷. In these cases, the Government provides benefits from the child's support fund but this amounts to only 1,5 of basic social benefit (EUR 40)³⁸. In difficult financial situations, when single parents do not receive public ECEC places, they have to either rely on the support of their non-formal social network, or the parent must give up their job. This is an extreme disadvantage, as single-parent families experience the highest risk of poverty compared with other types of families in Lithuania. Even when children are enrolled into ECEC single parents experience a higher family-work balance burden, as they are the only care givers in cases of child's illnesses and other inconvenient situations. Therefore, in the Lithuanian Labour Code, there are a few exceptions foreseen to single parents: they have a priority over selecting working and holiday schedule, they have a possibility for longer holiday, have a possibility to work not a full day and to work partly from home³⁹. Unfortunately, these exceptions are not financially supported by the Government, and become employers' burden. Therefore, the research shows, that these exceptions solely depend on employers' interest to help parents and in some cases can rather become a source of employers' and colleagues' dissatisfaction towards single parents who seek to receive these exceptions⁴⁰. Moreover, such exceptions as possibility to work part of the time from home might not be applicable depending on the work's nature. All in all, the exceptions foreseen in the Labour Code, although a good initiative, are not widely applied in practice.

Regarding affordability, one of the most vulnerable groups is those families who live in rural areas. More families with children living in rural areas reported finding it difficult to afford ECEC services compared with families with

³³ Key data on early childhood education and care in Europe.

³⁴ Eurofound. 2013. 3rd European Quality of Life Survey. Available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1361en.pdf.

³⁵ Skubiejūtė, G. 2020. Vienų motinų šeimos Lietuvos šeimos įstatymų kontekste.

³⁶ Kauno miesto savivaldybės taryba. 2019. Available at: <http://www.kaunas.lt/wp-content/uploads/sites/13/2015/07/mokescio-tvarkos-aprasas-naujas-2020-2.pdf>.

³⁷ Skubiejūtė, G. 2020. Vienų motinų šeimos Lietuvos šeimos įstatymų kontekste.

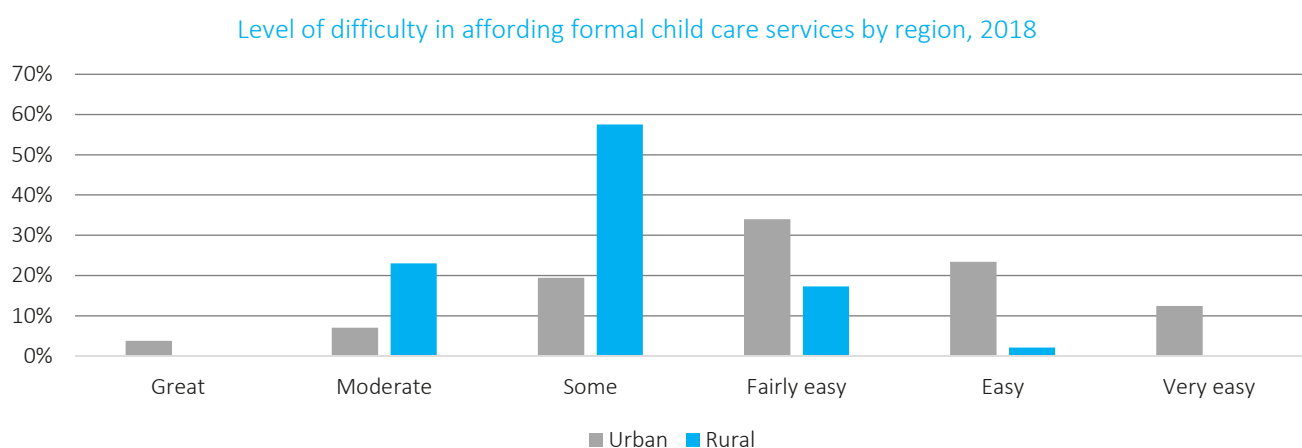
³⁸ Lietuvos Respublikos Seimas. 2006. Lietuvos Respublikos vaikų išlaikymo išmokos įstatymas. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.289714>

³⁹ Lietuvos Respublikos Seimas. 2016. Lietuvos Respublikos darbo kodekso patvirtinimo, įsigaliojimo ir įgyvendinimo įstatymas. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/10c6bfd07bd511e6a0f68fd135e6f40c>

⁴⁰ Skubiejūtė, G. 2020. Vienų motinų šeimos Lietuvos šeimos įstatymų kontekste.

children living in cities.⁴¹ According to EU SILC 2016 ad hoc module data, 57.5 per cent of families in rural areas experience some difficulty in affording ECEC, compared with 47.5 per cent of families living in cities. These affordability difficulties include transport costs, stationary, clothing and food costs. Nevertheless, Figure 3.3 shows that although there were few such cases, it was only in urban areas that families reported experiencing great difficulty in affording ECEC services. Another barrier to access for families living in rural areas was the lack of capacity by municipalities to offer transportation for children living in remote locations. Overall, 14.5 per cent of families in rural areas reported distance and a lack of transportation to be a barrier to access – the second most significant barrier to access after cost.⁴² In 2018, 23 out of 60 municipalities did not provide a shuttle service for children to reach ECEC locations.⁴³

FIGURE 3. DIFFERENCES BETWEEN CITY AND RURAL AREAS IN FORMAL CHILD CARE AFFORDABILITY, 2018



Source: Eurobarometer. <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>.

Statistics show that the higher the parents' income, the more likely they are to make use of child care services for children under 3 years old. Only 7 per cent of AROPE children up to the age of 3 attended ECEC in 2016, compared with 20 per cent of non-AROE children. The European average for AROPE children's participation in ECEC is over 20 per cent.⁴⁴ In 2016, 75 per cent fewer children under 3 years old from **low-income families** attended ECEC compared with their peers.⁴⁵ Only around 5 per cent of children from low-income families attended ECEC services before they turned 3 years old, compared with 25 per cent of children from middle-income families, and around 35 per cent of children from high-income families.⁴⁶ Meanwhile, **low-income families (considered to be those families who receive less than 125 euros per month per family member) living in rural areas** experience a double disadvantage, and have even greater difficulty in affording any ECEC services – in 2016, 57.5 per cent experienced some difficulty, and 23 per cent experienced moderate difficulty.⁴⁷

Low ECEC attendance rates, among children before mandatory pre-primary education, are recorded among children living in **families at social risk**. In 2020, only around 64 per cent of these children attend any form of ECEC. The main reasons for their reduced attendance at ECEC are their parents' reluctance to send their children to ECEC, lack

⁴¹ Eurobarometer. Available at: <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>.

⁴² Eurostat. 2016. Children by household type, income group, degree of urbanization and main reasons for not meeting needs for childcare services. Available at: <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>.

⁴³ Ar išnaudojame ikimokyklinio ugdymo galimybes sėkmingesnei vaikų ateičiai užtikrinti?

⁴⁴ European Commission. 2019. Education and Training Monitor 2019. Available at: <https://ec.europa.eu/education/sites/default/files/document-library-docs/volume-1-2019-education-and-training-monitor.pdf>.

⁴⁵ Ibid.

⁴⁶ Gromada, A. and D. Richardson, Where do rich countries stand on childcare?

⁴⁷ Eurostat. 2020. Children receiving formal childcare services by household type, income group, degree of urbanization and level of difficulty to afford formal childcare services. Available at: <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>.

of available transport, and lack of services for children with special educational needs.⁴⁸ Insufficient attention is paid to the needs of these families and the provision of information to them, as the research results show that in the cases where social workers are involved, parents tend to support children's attendance at ECEC centres. Starting from September 2021, compulsory ECEC to children living in families at social risk has been introduced and additional financing was granted to the municipalities which have assigned children from families at social risk to ECEC⁴⁹. Children from families at social risk are provided with transport, free meals, learning equipment, families' monitoring by The Child Welfare Commission and parents' counselling about the benefits of ECEC. In 2020-2021 there were 75 children from families at social risk attending ECEC and it is expected to raise this number to at least 1 500 in 2024.⁵⁰ The data available show that since the increase of financing in September 2021, there were 413 children from families at social risk attending ECEC (there are around 4000 children between ages of 0 and mandatory pre-primary education living in families at social risk in Lithuania, but the attendance rate (413 children) is counted only among children between ages of 3 and mandatory pre-primary education)⁵¹. It is expected that with this additional funding for the school year 2021-2022, about 1000 children at social risk (i.e. 25%) will start attending ECEC.

TABLE 8. ATTENDANCE RATES AND AFFORDABILITY AMONG DIFFERENT GROUPS OF CHILDREN

NON-AROE CHILDREN	GENERAL POPULATION	CHILDREN FROM MIDDLE-INCOME FAMILIES	CHILDREN FROM HIGH-INCOME FAMILIES	CHILDREN FROM LOW-INCOME FAMILIES IN RURAL AREAS	CHILDREN LIVING IN CITIES	AROE CHILDREN	CHILDREN AT SOCIAL RISK
20% of non-AROE children between the ages of 0 and 3 attend ECEC	50% cannot afford ECEC for children between the ages of 0 and 2	25% of middle-income children between ages of 0 and 3 attend ECEC	35% of high income children between ages of 0 and 3 attend ECEC	5% of children between the ages of 0 and 3 attend ECEC 57% experience some difficulty in affording any ECEC, while 23% experience moderate difficulty	47.5% of families experience difficulty in affording ECEC	7% of AROE children between the ages of 0 and 3 attend ECEC	75% fewer children at social risk between the ages of 0 and 3 attend ECEC compared with their peers, and 25% fewer children between ages of 3 and 6. 64% of children aged five or younger attend ECEC

Source: compiled by the authors.

On the whole, the main barriers to access include a lack of places in public ECEC, affordability, transportation, and insufficient services for children with special educational needs. The most difficult situation is that regarding children between ages of 0 and 5, as not enough places exist in public ECEC for this age group. The children who are most affected by the above barriers are those living in rural areas, as well as children living in low-income families,

⁴⁸ Ar išnaudojame ikimokyklinio ugdymo galimybes sėkmingesnei vaikų atečiai užtikrinti?

⁴⁹ Lietuvos Respublikos socialinės apsaugos ir darbo ministerija. 2021. Dėl Privalomojo ikimokyklinio ugdymo nustatymo ir skyrimo tvarkos aprašo patvirtinimo. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.423753/asr>

⁵⁰ Lietuvos Respublikos Vyriausybė. 2021. XVIII Vyriausybės programos nuostatų įgyvendinimo planas. <https://lsadps.lt/images/20210302VPNPprojektas-skelbimui.pdf>

⁵¹ Švietimo valdymo informacinė sistema. 2021.

single-parent families, and families at social risk. Children living in low-income families in rural areas experience a double disadvantage, and have the lowest ECEC attendance rates among all children.

Table 9 provides a summary of information on the most vulnerable children's groups identified, the estimated sizes of such groups, their barriers to access, data gaps and policy responses.

TABLE 9. EFFECTIVE AND FREE ACCESS TO ECEC – GROUPS IN NEED

VULNERABLE GROUP	ESTIMATED SIZE OF THE GROUP	STATISTICS – AREAS OF CONCERN	DATA GAP	POLICY RESPONSE
Children in low-income families	17.1% ⁵² of households are at risk of poverty	Lack of places in public ECEC High cost of private ECEC	No data are available regarding how many children from single-parent families attend private ECEC, compared with children from two parent families	Sufficient number of places in mandatory pre-primary education Cost reductions School shuttle buses and other transport compensations for pre-primary ECEC
Children living in precarious family situations	17,430 ⁵³ (children of all ages)	Lack of places in public ECEC High private ECEC costs Restricted access to ECEC (transportation) Low parental motivation	No data are available regarding the number of successful cases involving social workers	Sufficient number of places in pre-primary education Cost reduction School shuttle buses and other transport compensations for pre-primary ECEC Mandatory attendance of pre-primary education Involvement of social workers
Children living in rural areas	50,232	Less frequent and shorter attendance in ECEC Restricted access to ECEC (transportation) Lack of learning support specialists	Insufficient data are available regarding the reasons for reduced attendance	Mandatory pre-primary ECEC attendance School shuttle buses and other transport compensations for pre-primary ECEC
Children with special needs and disabilities	24,962	Lack of learning support specialists Non-customised services Lack of knowledge on the part of educators	No data are available regarding the success of the integration of children with special needs and disabilities into general ECEC	Law requiring all ECEC centres to include children with special needs and disabilities in mainstream education Raised requirements for the education and preparation of carers Guaranteed transport services

⁵² Official Statistics Portal. 2021. At-risk-of-poverty rate in households with children. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=dd312b7c-edc3-4ad3-81ce-534c500cce98#.

⁵³ Official Statistics Portal. 2021. Number of children in families at social risk at the end of the year. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=a6aa8592-975f-4a14-9377-108b4114dca2#.

Children of a migrant background	Returnee children – 976 ⁵⁴ Immigrant children – 1,007 ⁵⁵	Reduced integration due to language and cultural barriers		ECEC services are available in Russian, Polish, Belarusian, Yiddish and other languages such as English Children of all backgrounds are entitled to attend public Lithuanian ECEC services under the same conditions as local children
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Source: compiled by PPML.

⁵⁴ Švietimo paslaugų sugrįžusiems asmenims poreikio savivaldybėse tyrimas.

⁵⁵ Official Statistics Portal. 2021. Emigrants and immigrants by age group and sex. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=c7fd5ee9-3c03-4f2d-96b6-b0e5c0c9b3b4#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=c7fd5ee9-3c03-4f2d-96b6-b0e5c0c9b3b4#/)

2. Free and effective access to quality education

Principle 1 of the EPSR states that: “Everybody has the right to quality and inclusive education, training and life-long learning”. Therefore, all EU member states must ensure free and effective access to quality education to all children, and must provide them with equal opportunities. Accordingly, in this chapter, we explore how well the Lithuanian educational system has responded to this requirement, and what challenges still remain to be solved. We begin by looking at the take-up of educational services, followed by an analysis of the main unmet needs and the barriers to access that hinder the fulfilment of these needs.

Take-up

Not all children in Lithuania attend school and receive education. In the 2020-2021 academic year, 15,865 children out of 593,319 school-aged children (7 to 16 years old), or 3.7 per cent of children in Lithuania, did not attend school.⁵⁶ Although almost half of these children did not attend school due to emigration (12,497), which means that they probably attended schools abroad, the rest of the reasons include social, psychological and other reasons (1,726) and unspecified reasons (3,139).⁵⁷ The research shows, that mostly children do not attend schools due to a lack of parents’ involvement and interest in children’s education, which reduces children’s motivation, their self-esteem; children might also be reluctant to attend school due to bullying and various psychological difficulties⁵⁸. No significant difference can be seen between boys and girls: 8,103 boys dropped out of school in 2020-2021, compared with 7,762 girls. Children might also be registered as school attendants, but receive a homeschooling (lit. *namų mokymas*), education by parents (lit. *mokymasis šeimoje*), or independent learning (lit. *savarankiškas mokymasis*). Homeschooling is organized for children who have various learning difficulties (including reluctance to attend school), illnesses or traumas⁵⁹. These children receive individual learning plans and teachers’ consultations, as well as physical visits. Independent learning can be obtained by all children regardless of the reasons, as long as they have satisfactory trimesters’, semesters’ or annual assessments’ results⁶⁰. These children are also supervised by schools, receive consultations and individual plans, they pass individual assessment exams organised by school’s commission. Only children who show satisfactory academic achievements can continue individual learning and the contract is renewed yearly. Education

⁵⁶ Official Statistics Portal. 2021. School-age children not attending school by municipality. Available at: <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=c1dda6d6-f1c1-49d6-983c-0be25911eb0a#/>.

⁵⁷ Ibid.

⁵⁸ Sadauskaitė, L. 2013. Mokyklos nelankymo priežastys ir pasekmės. <https://www.vdu.lt/cris/handle/20.500.12259/114239>

⁵⁹ Mokymosi namuose organizavimo tvarka. http://sjm.lt/wp-content/uploads/2019/07/mokymo_namuose_organizavimo_tvarka_171129.pdf

⁶⁰ Lietuvos Respublikos švietimo ir mokslo ministras. 2007. Įsakymas dėl savarankiško mokymosi tvarkos aprašo patvirtinimo. http://www.mazeikiupm.lt/images/teise/SAVARANKISKO_MOKYMOSI_TVARKOS_APRASAS.pdf#:~:text=1.%20Savaranki%C5%A1ko%20mokymosi%20tvarkos%20apra%C5%A1as%20%28toliau%20%E2%80%93%20Tvarkos,profesin%C4%97je%20mokymo%20tvark%C4%85.%20%20Tvarkos%20apra%C5%A1e%20vartojamos%20s%C4%85vokos%3A

by parents in also organized under similar conditions, and additionally there is an assessment of children's socialization, and there are only certain schools that agree to organize and supervise this type of schooling⁶¹.

One of the most vulnerable groups with regard to free and effective access to quality education is **children with special educational needs**. Fortunately, the number of children with **special needs** attending general schools has increased, but the number of children learning in special schools has increased as well, to a different extent than in special ECEC day centres. In 2018, 1.13 per cent of children learned in special schools, compared with 0.99 per cent in 2013.⁶² In 2020, meanwhile, 13.37 per cent of children with special needs learned in mainstream schools. In 2020-2021, there were a total of 459,525 pupils learning in schools, and 1.56 per cent of them had behavioural and emotional disorders. In 2018-2019 there were 3,685 children with special learning needs studying in mainstream education schools – 679 in Vilnius, 593 in Šiauliai, 196 in Panevėžys, 111 in Mažeikiai, 314 in Klaipėda, 503 in Kaunas and the rest in the smaller cities and their regions. In 2021 there were 40,968 children with special educational needs, including behavioural problems, hearing issues, speech impairment, blindness, intellectual challenges and more.⁶³ In 2018, across Lithuania, 98.83 per cent of children were enrolled in inclusive secondary education settings, indicating placement in a mainstream class.⁶⁴ This number is above Europe's average (96.88 per cent), but the European Agency for Special Needs and Inclusive Education notes that having high levels of children with SEN enrolled in mainstream classes does not mean that a sufficient quality of education is ensured. According to the 2021-2030 education development programme, it is anticipated that all schools will be able to properly include children with SEN by the year 2024. The programme also pays a great deal of attention to non-formal, after-class, in-school activities, which are recognised as being an important part of education for all children, including children with SEN. In 2019, 30 per cent of children with special educational needs attended non-formal education; by 2030, it is expected that 50 per cent of children with SEN will attend non-formal education in Lithuania.⁶⁵ Like children living in rural areas, children with SEN experience a lack of variety in the non-formal education activities available. Lack of non-formal education options is identified as one of the main barriers to access that reduce children's participation.

Data from European countries show that **children with a migrant and other nationality background also** are at a great disadvantage. Migrant children may experience difficulties in adjusting to new countries, local languages, cultures and school systems. Children of other nationalities face challenges in combining family and school life, having to choose between schooling in their native language and Lithuanian schools. Children may experience difficulties when they speak their mother tongue at home and study using another language in school. In 2020-2021, there were 90 migrant children studying in Lithuanian schools in the Lithuanian language.⁶⁶ Nevertheless, children with different ethnic backgrounds can study in non-Lithuanian-speaking schools.⁶⁷ The most common schools are Russian

⁶¹ Lietuvos Respublikos Vyriausybė. 2020. Dėl ugdymo šeimoje įgyvendinimo tvarkos aprašo patvirtinimo. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/cbbe42649b6411eaa51db668f0092944>

⁶² Švietimo valdymo informacinė sistema. 2021. Švietimo stebėsenos rodikliai.

⁶³ Švietimo valdymo informacinė sistema. 2021. Specialiųjų ugdymosi poreikių turintys mokiniai bendrojo ugdymo mokyklų bendrosiose klasėse. Available at: <http://svis.emokykla.lt/1-mokykla/>.

⁶⁴ European Agency for Special Needs and Inclusive Education. 2018. EASIE Dataset Cross-Country Report. Available at: <https://www.european-agency.org/data/cross-country-reports>.

⁶⁵ 2021. 2021-2030 m. švietimo plėtros programa.

⁶⁶ Specialiųjų ugdymosi poreikių turintys mokiniai bendrojo ugdymo mokyklų bendrosiose klasėse.

⁶⁷ Švietimo, mokslo ir sporto ministerija. 2018. Lietuvos tautinių mažumų švietimo būklės analizė. Available at: https://www.smm.lt/uploads/documents/tyrimai_ir_analizės/2019/Lietuvos%20tautinių%C5%B3%20ma%C5%BEum%C5%B3%20%C5%A1vietimo%20b%C5%ABkl%C4%97s%20analiz%C4%97_.pdf.

and Polish, which are available in 10 Lithuanian municipalities – in Vilnius and its surrounding region, in Šalčininkai and Trakai regions, in Visaginas, Klaipėda, Kaunas, Šiauliai, and the regions of Širvintos and Švenčionys. During the academic year 2020-2021, there were 31,502 children studying in minority schools (Russian, Polish and others), and in 2021, 1,710 foreign children began attending schools in Lithuania. The largest share of children attending non-Lithuanian-speaking schools were studying in Vilnius – 4,152 in Polish schools; 7,918 in Russian schools; and 3,701 in schools using other languages. In Kaunas, 1,032 children learned in a language other than Lithuanian; 3,126 children in Klaipėda learned in Russian schools; and 2,212 children in Šalčininkai learned in Polish schools. All in all, there are 46 Polish schools, 27 Russian schools and 20 schools using other languages in Lithuania. Non-ethnically Lithuanian children also have the option to participate in after-school activities at their schools in their mother tongue.⁶⁸ Since 2015, when the government and local municipalities provided every student with a financial basket for non-formal education activities, the number of children from other ethnic backgrounds who attend after-school activities has doubled. In 2018, there were 20 non-formal education centres in languages other than Lithuanian (Russian, Polish, Belarusian), providing services for 5,320 children.

One of the most marginalised groups in Lithuania consists of **Roma children**. These children suffer from language and other cultural barriers, extreme deprivation, and discrimination. They tend to drop out of school at a very young age, and only a small share of Roma children graduate from secondary or even elementary school.⁶⁹ Although Lithuania has achieved high results in children's attendance and graduation from school regarding the population as a whole, in 2015 only 27 per cent of Roma children completed primary education and only 2 per cent attained secondary education.⁷⁰ Eight per cent of Roma children are illiterate. In 2019, a total of 432 Roma children attended mainstream schools, with the largest share of these being in Vilnius (110), Panevėžys (59) and Jonava (46), where the majority of Lithuanian Roma live.⁷¹ No data are available on the total number of Roma children this year who are of school age, and therefore the percentage attendance of this group is not clear. Data from 2015 show that Roma children show higher rates of participation in after-school activities compared with school attendance – 33 per cent of Roma children attended after school activities in 2015.⁷² These activities take place at day care centres in Vilnius and Panevėžys that focus in particular on the preservation of Roma culture and the integration of Roma children.

Lithuania is trying to solve the problem of low attendance, not only in formal but also in non-formal education. In 2015, the Lithuanian government provided every child with a 'financial basket for non-formal education', which gives a certain amount of money for every child to attend non-formal education activities of their preference. These activities can take place either within or outside the school. Since 2015, when this basket was introduced, the numbers of children attending non-formal education have doubled – in 2015, 45,271 children participated in non-formal education activities, while in 2016 the number had increased to 88,840.⁷³ This number grew steadily until it reached a peak in 2019, when there were 93,948 children attending non-formal education activities. Unfortunately, the number dropped to 88,851 in 2020. This may be related to the COVID-19 pandemic, as many activities were held

⁶⁸ Lietuvos tautinių mažumų švietimo būklės analizė.

⁶⁹ Kontvainė V. 2020. Romų tautybės asmenų padėtis 2020 m. Available at: www.romuplatforma.lt/wp-content/uploads/2020/10/Rom%C5%B3-pad%C4%97tis-2020_TYRIMO-ATASKAITA_patikslinta-10-21.pdf.

⁷⁰ Romų platforma. 2021. Švietimas. Available at: <http://www.romuplatforma.lt/svietimas/>.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Švietimo valdymo sistema. 2021. Neformaliojo vaikų švietimo ir formalųjį švietimą papildančio ugdymo mokyklos. Available at: <https://www.svis.smm.lt/>.

online and not all children wanted to or could participate in this way, especially in households where children did not have enough personal space. Furthermore, although non-formal education attendance has doubled, it still represents only 61.71 per cent of children attending non-formal education in Lithuania. Surprisingly, non-formal education attendance rates are higher in rural areas than in cities – 66.47 per cent of children attended non-formal education in rural areas in 2020, compared with 60.74 per cent of children in cities.⁷⁴ By 2030, it is expected that 75 per cent of children in Lithuania will attend non-formal education.⁷⁵

Unmet needs

There are still many problems relating to physical access in general education schools, as well as a lack of quality support and individual attention for children with special learning needs. Although all mainstream schools in Lithuania should be able to include children with SEN by 2024, in 2019 there were still 44 special education schools open, with a total of 3,800 pupils. Although there is no plan to eliminate all special education schools, according to data from the Education Management Information System, the biggest problem regarding children's with SEN integration into mainstream schools is a lack of educational support specialists in mainstream schools – in 2018, 9 per cent of mainstream schools had no learning support specialists, 53 per cent of schools did not have psychologists, and 28 per cent of schools had no special needs educators or speech therapists.

With regard to children with a **migrant background**, the data show that there are not enough books available in their native languages (Russian, Polish, Belarusian) for minority children who study in non-Lithuanian schools in Lithuania.⁷⁶ Those books that are available are out of date and much more expensive compared with school books in Lithuanian. Between 2008 and 2017, only seven new school books were published in Polish, four in Russian, and none in Belarusian. Moreover, there is a lack of laboratories in non-Lithuanian schools, particularly in rural areas.⁷⁷ In 2017, more than half of non-Lithuanian schools had no laboratory, with the percentage being even greater in rural areas. These tendencies are similar to all schools in Lithuania, where the lack of laboratories is one of the greatest issues, especially in rural areas. In cities, 41.7 per cent of Polish schools, 54.4 per cent of Russian schools and 44 per cent of schools in other languages had laboratories in 2017. Meanwhile, in rural areas, only 14.3 per cent of Polish schools, 50 per cent of Russian schools and 16.7 per cent of schools in other languages had laboratories. Meanwhile **migrant children** and **returnee children** who face language barriers are not provided with sufficient language courses, especially in relation to virtual learning. There is also a lack of psychological support for migrant or returnee children, and insufficient preparation of teachers for working with children with migrant backgrounds.^{78,79} Schools that do not have relevant experience and tools for working with children with migrant backgrounds also hesitate to enrol such children, who therefore experience discrimination.

⁷⁴ Švietimo valdymo informacinė sistema. 2021. Neformalus vaikų švietimas. Available at: <http://www.svis.smm.lt/neformalus-vaiku-svietimas-2/>.

⁷⁵ Švietimo, mokslo ir sporto ministerija. 2021. 2021-2030 m. švietimo plėtros programa. Available at: [https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/pletros%20programos/protokolai/%C5%A0PP%20projektas%20\(2020-08-17\).pdf](https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/pletros%20programos/protokolai/%C5%A0PP%20projektas%20(2020-08-17).pdf).

⁷⁶ 2021-2030 m. švietimo plėtros programos pagrindimas. Available at: [https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/pletros%20programos/protokolai/%C5%A0PP%20pagrindimas%20\(projektas_2020%2011%2013\).pdf](https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/pletros%20programos/protokolai/%C5%A0PP%20pagrindimas%20(projektas_2020%2011%2013).pdf).

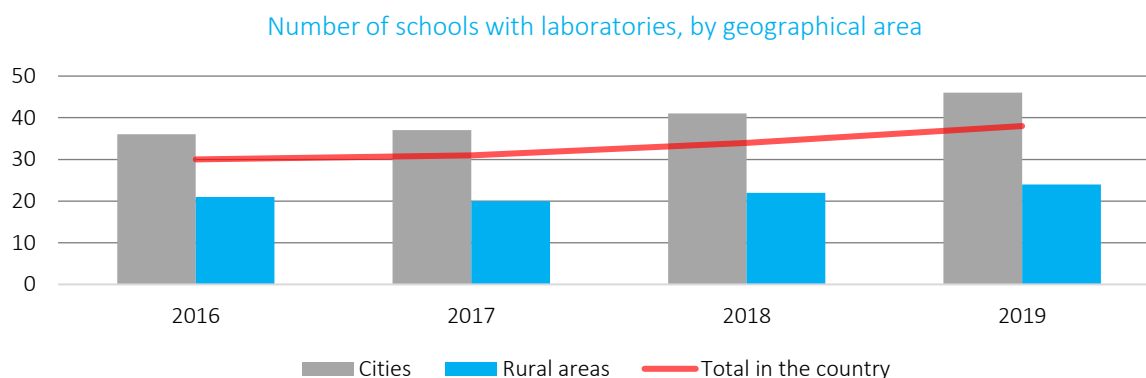
⁷⁷ Lietuvos tautinių mažumų švietimo būklės analizė.

⁷⁸ Švietimo paslaugų sugrįžusiems asmenims poreikio savivaldybėse tyrimas.

⁷⁹ 2021-2030 m. švietimo plėtros programos pagrindimas.

Children living in **rural areas** also experience greater challenges in access to education, particularly with regard to accessing after-school activities, as no transport is provided. School transport is scheduled according to formal school opening and closing times, so children need to have alternative transport available if they want to participate in after-school activities. Although, as previously mentioned, a higher percentage of children in rural areas now attend non-formal education activities compared with children in cities, transportation still remains a major barrier. Solving this problem could increase participation rates still further. Children in cities have various venues available to them, while children in rural areas have fewer options for activities in their free time; therefore, accessibility and variety of non-formal education is especially important. Children in rural areas tend to have a narrow range of choices for after school activities, usually relating to music and sports.⁸⁰ Overall, children in rural areas receive a lower quality of education, due to a shortage of teachers and other specialists, joint classes, a lack of choice in (and reduced opportunities to attend) after-school activities, and a lack of available technology. In addition, there is a lack of laboratories in rural areas, with only one-fifth of schools in rural areas having laboratories compared with two-fifths in city schools. Moreover, the number of schools in rural areas with laboratories is barely growing. As a result of these disadvantages, children living in rural areas demonstrate lower academic achievements.⁸¹

FIGURE 4. NUMBER OF SCHOOLS WITH LABORATORIES, BY GEOGRAPHICAL AREA



Source: Ministry of Education, Science and Sport, 2020. Achievement of urban and rural students in Lithuania: differences, their reasons, and possible ways to overcome them. <https://www.nsa.smm.lt/wp-content/uploads/2020/12/Miesto-ir-kaimo-mokiniu-pasiekimai.pdf>.

The use of technology during classes at public schools across Lithuania is not well developed. In 2017, city schools in Lithuania had an average of 5.3 projectors per 100 children and 2.5 interactive boards per 100 children.⁸² In rural areas there were only 1.9 interactive boards per 100 children, but surprisingly higher number of projectors compared with schools in cities, at 7.5 per 100 children. Moreover, compared with the European average, Lithuania has a significantly lower percentage of digitally equipped and connected secondary schools. In 2019, just 39 per cent of lower-secondary schools were highly digitally equipped (EU average: 52 per cent), while 53 per cent of upper secondary schools were highly digitally equipped and connected (EU average: 72 per cent).⁸³ The rest of the schools were only

⁸⁰ PPMI. 2020. Projekto 09.2.2-ESFA-V-729-01-0001 "Neformaliojo vaikų švietimo paslaugų plėtra" gerosios patirties ir finansavimo modelio panaudojimas mokymosi visą gyvenimą srityje.

⁸¹ 2021-2030 m. švietimo plėtros programos pagrindimas.

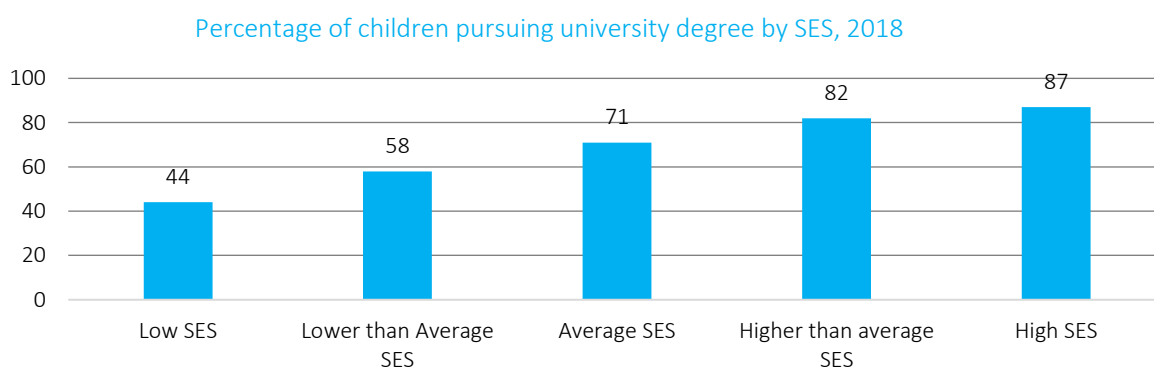
⁸² Lietuvos tautinių mažumų švietimo būklės analizė.

⁸³ European Commission. 2019. 2nd Survey of Schools: ICT in Education.

partially equipped. Moreover, the share of students in Lithuania who use a computer at school on a weekly basis was also lower than the EU average. In lower-secondary schools, 49 per cent of children used computer at school on a weekly basis (EU average: 52 per cent), while 52 per cent of children did so in upper secondary schools (EU average: 59 per cent). According to the consultation with stakeholders and interview data, a lack of IT education was a significant barrier during the COVID-19 pandemic. Many children – especially those living in lower-SES families – did not know how to properly use computers during home schooling and could not receive support from their parents, who were also not IT literate.

Another vulnerable group whose educational needs are unmet is children in low-income families. Children in **low-income families** also attain lower academic achievements compared with their peers. Lithuanian PISA tests from 2018 identified that 15-year-old children from disadvantaged backgrounds performed less well at school compared with their better-off peers. Aspects of students' backgrounds that were examined included migration background, cultural, social, and economic status. In Lithuania, as in all countries and economies, **socio-economically disadvantaged children** have the lowest level of academic achievement. In addition, they show half as much motivation towards achieving university education compared with their more socio-economically advantaged peers.⁸⁴ Children from low-income families enrol in vocational schools twice as often as their better-off peers. Moreover, children from low-income families are less likely to acquire a professional qualification, and 1.7 times more likely not to complete high school compared to their peers.⁸⁵

FIGURE 5. CHILDREN PURSUING UNIVERSITY DEGREE BY SES, 2018



Source: MOSTA. 2018. Overview of the states of science, research and innovation in Lithuania. <https://strata.gov.lt/images/tyrimai/bukle-2018-web.pdf>.

Barriers to access

Although compulsory schooling in Lithuania is free of charge in terms of tuition fees, there are still associated costs relating to education including books, school trips, canteen costs, and transport to school.⁸⁶ According to the Law on Social Assistance for Pupils, school supplies mean individual learning

⁸⁴ OECD. 2015. PISA 2015 Results. Available at: <https://www.oecd-ilibrary.org/docserver/9789264273856en.pdf?expires=1626261132&id=id&accname=guest&checksum=7756E3998D4D502249058B6F53B8BD19>.

⁸⁵ MOSTA. 2018. Lietuvos mokslo, studijų ir inovacijų būklės apžvalga. Available at: <https://strata.gov.lt/images/tyrimai/bukle-2018-web.pdf>.

⁸⁶ European Commission. 2021. Study on the economic implementing framework of a possible EU Child Guarantee Scheme including its financial foundation. Final Report.

aids (exercise books, calculators, writing, drawing, painting and other learning aids used individually by a pupil), sports clothes and footwear, clothes and other supplies essential for the education of a pupil that are not supplied to pupils, following the procedure laid down by the Law of the Republic of Lithuania on Education and other legal acts. Other 'hidden' costs of education include school trips and cultural events, IT equipment, books and more. Average annual costs for these items per child amount to EUR 240-280, towards which low-income families receive EUR 80 in benefits. In 2016, 29 per cent of households in Lithuania found it very difficult or moderately difficult to cover the costs of formal education.⁸⁷ Among **low-income families**, this figure was 42 per cent, rising to 61 per cent among **single-parent households**.

Inequalities between households also reproduce inequalities of opportunity among children and their academic achievements. A lack of financial resources and a paucity of role models can undermine the aspirations of disadvantaged students, with negative consequences on the effort they invest at school.⁸⁸ Moreover, such disadvantages as a lack of technological resources, lack of personal space for studying at home, complicated relationships with parents and a lack of parental involvement in the study process, all play a role in reducing school achievements.⁸⁹ This became especially evident during the COVID-19 pandemic. At this time, the Lithuanian government provided 35,000 computers to disadvantaged families. But even when provided with technological equipment, the children did not attend online classes or still suffered especially challenging conditions for learning, such as studying in bed or on the floor with other people in the room.⁹⁰ Moreover, the data show that children from low-income families have tended to drop out of education system more often, and it has been more challenging to ensure their return to schools after the pandemic.

There is a lack of financial support in rural schools, including funds for non-formal education, especially for **children with special needs** who require individualised learning.⁹¹ There is a lack of psychologists, social and special pedagogues, as well as teaching assistants who could help children with special needs to better integrate into both formal and non-formal education. In 2017, for example, each special pedagogue provided services to approximately 55.45 children, when the recommended ratio is one special pedagogue for 50 children. For children with special needs, there is also an initiative that allows them to attend school during the school holidays, where they participate in specially organised activities.⁹² Such an option was also available during the COVID-19 pandemic: children with special educational needs were allowed to study in schools. Although this proved helpful to parents, it may lead to the segregation of such children by reducing their inclusion among peers still further.

FIGURE 6. NUMBER OF SCHOOLS WITH NO LEARNING SUPPORT SPECIALISTS, BY GEOGRAPHICAL AREA

⁸⁷ European Commission. 2020. Feasibility Study for a Child Guarantee.

⁸⁸ PISA 2015 Results.

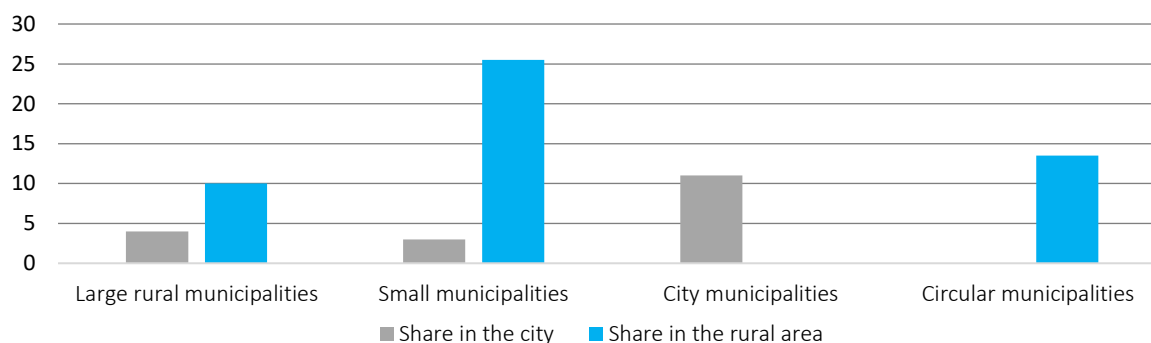
⁸⁹ Švietimo, mokslo ir sporto ministerija. 2020. 2021-2030 m. investicijų poreikio į švietimo sistemą žemėlapis. Available at: https://www.smm.lt/uploads/documents/es_parama/Svietimo%20zemelapis.pdf.

⁹⁰ Švietimo, mokslo ir sporto ministerija. 2021. Mokykla COVID-19 pandemijos sąlygomis: pamokos, sprendimai, perspektyvos. Available at: https://www.smm.lt/uploads/documents/tyrimai_ir_analizes/2021/Mokykla-COVID-19-salygomis.pdf.

⁹¹ 2021-2030 m. švietimo plėtros programos pagrindimas.

⁹² Ugdymo sodas. 2020. Mokyklos per mokinių atostogas gali organizuoti užimtumą specialiųjų ugdymosi poreikių turintiems mokiniams. Available at: <https://sodas.ugdome.lt/naujienos/perziura/61202>.

Number of schools with no learning support specialists, by geographical area



Source: Ministry of Education, Science and Sport. 2020. Achievements of urban and rural students in Lithuania: differences, their reasons, and possible ways to overcome them. <https://www.nsa.smm.lt/wp-content/uploads/2020/12/Miesto-ir-kaimo-mokiniu-pasiekimai.pdf>.

Figure 6 shows that rural areas have less learning support specialists regardless the type of municipality. Large rural municipalities and small municipalities include both rural and city areas and the figure shows that in both cases rural areas have twice less support specialists compared to city areas.

Rural areas also have more joint classes. Joint classes are most common in primary education, when one teacher works with children in different grades, for example the 2nd and 3rd grades. Joint classes are not necessarily a negative phenomenon in cases when they are used to promote student progress – for example, in Finland such classes are used to better integrate migrant children. Unfortunately, in the case of Lithuania such classes are the result of a lack of teachers and a decreasing number of children, especially in rural areas and in small cities. These classes represent a great challenge to teachers, and significantly reduce the quality of teaching. Joint classes are one of the main reasons for reductions in learning quality and children's academic achievements.⁹³

With regard to migrant children, the most complicated situation arises in relation to the children of illegal **migrants**, who do not enjoy the same right to effective and free education as Lithuanian children.⁹⁴ Children who do not have a sufficient level of Lithuanian language to study in mainstream education attend special educational groups. In these groups, children learn the Lithuanian language as well as other major subjects such as maths, English and science. Children can study in these groups for up to two years. Nevertheless, teachers are insufficiently prepared for working with migrant children. In 2020, only 34.7 per cent of teachers reported feeling sufficiently able to work with migrant children. Moreover, teachers do not have the necessary teaching materials, and there is a lack of learning support specialists. As a result, not only are the formal education needs of such children not well met, but also their social and emotional needs.

There is a lack of data and research analysing what are the main access barriers that prevent **Roma children** from attending schools. However, data from the stakeholder consultation and interviews carried out to inform this literature review show that the main reasons include cultural attitudes, as education is not seen as one of the main values in Roma culture. In addition, children may experience

⁹³ Švietimo, mokslo ir sporto ministerija. 2020. Lietuvos miestų ir kaimų mokinių pasiekimai: skirtumai, jų priežastys, galimi įveikos būdai. Available at: <https://www.nsa.smm.lt/wp-content/uploads/2020/12/Miesto-ir-kaimo-mokiniu-pasiekimai.pdf>.

⁹⁴ Švietimo, mokslo ir sporto ministerija. 2020. Migrantų integravimas bendrojo ugdymo mokyklose. Available at: https://www.smm.lt/uploads/documents/tyrimai_ir_analizes/2020/S%C5%A0PA%20Migrant%C5%B3%20integravimas%20bendrojo%20ugdymo%20mokyklose%202020%20Nr%207%20lapkritis%202020-11-30.pdf.

stigmatisation and discrimination in schools, they may be slower than their peers due to language barriers and a lack of experience regarding certain school subjects. Roma children do not usually attend ECEC facilities and do not study the basics with their parents as Lithuanian children usually do, and therefore have lower levels of school achievement and decreased motivation to learn.

One solution that could help to reduce inequalities in learning achievement, and to better include children with special education needs, children living in families at social risk and other vulnerable children, are 'full-day' schools, which are not currently common in Lithuania. Full-day schools are schools that organise additional activities for children outside the hours of official classes. Usually, these activities include help with homework, various educational games and field trips, and they end around 6pm. The purpose of such schools is to help parents to balance work and family responsibilities and at the same time to keep children safe. These services are especially beneficial to single-parent families. In 2017, a study on demand for full-day schools showed that 50 per cent of parents would like to use such services for children in pre-primary and primary education; 35 per cent of parents would like to use such services for children with special educational needs at all ages; and 30 per cent of parents would like to use such services for children of all ages living in families at social risk.⁹⁵ Full-day school was recognised as an early intervention that could improve children's inclusion and grades.⁹⁶ In 2018-2019, a pilot full-day school project was therefore carried out in 38 schools. Of the schools that participated in this project, 87.5 per cent reported it to be successful or very successful, and noted that such services would indeed be very useful. Nevertheless, schools also faced certain challenges – some of them lacked suitable premises, methodology and tools (such as educational games, sports equipment and more) to effectively run full-day schools. Due to the previously mentioned issues and a lack of financing, full-day schools have not yet been developed in Lithuania, but the goal remains to expand these services. Currently such services are available at some schools for primary-aged pupils between grades 1 and 4 (the majority in Vilnius and other cities). However, the quality of such services is not yet assured, as most of the activities revolve around help with doing homework and simply providing children with safe space and adult supervision during their after school time.

Another important initiative contributing to inclusive education and integration of service provision to children are day care centres operating across Lithuania. These centres can be either run by municipalities or NGOs, and are part of after-school education scheme. As previously mentioned, these centres are very important for Roma children who can learn and spend their time safely in an environment that is friendly towards their culture. These centres are also important for children living in families at social risk.⁹⁷ The centres aim to help families not to lose custody of their children and seek to build their capacity to take the best care of them. Moreover, day care centres help children to enjoy their childhood, develop social skills and receive the help and support they need socially, psychologically and academically. Moreover, these centres provide children with daily meals. Thus, the scheme addresses two main purposes: daily services for children in the short term, and the well-being of vulnerable families in the long term. From a wider perspective, these services help to fight exclusion, and enable the more successful growth of the younger generation, and thus contribute to the social and economic well-being of society. In 2019 there were 9,320 attending day care centres. In 2020, there were 426 day care centres operating across the country. However, only 357 of these day care centres have

⁹⁵ 2021-2030 m. švietimo plėtros programa.

⁹⁶ Lietuvos Respublikos švietimo ir mokslo ministras. 2018. Dėl Rekomendacijų dėl visos dienos mokyklos kūrimo ir veiklos organizavimo patvirtinimo. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/128eb961797811e89188e16a6495e98c?jfwid=bkaxlhjs%20%20https://duomenys.ugdome.lt/?/tinklai/vdm/med=154>.

⁹⁷ Study on the economic implementing framework of possible EU Child Guarantee Scheme including its financial foundation.

official accreditations. Moreover, there are not enough day care centres, with estimates suggesting around 120 more day care centres are needed in Lithuania to meet the needs of all children.⁹⁸ Interviews have shown that the currently available day care centres are overcrowded, and not all of the children who need such services are catered for. There is also the issue of transportation, as children living in remote areas may not have a means of transport to return home from such centres.

Overall, although education is intended to be universal, accessible and free to all children in Lithuania, some of the children still experience difficulties in accessing both formal and non-formal education. The most vulnerable groups of children are those living in rural areas, children living in families with low socio-economic status, children from minorities (especially Roma children) and those with migrant backgrounds (especially illegal immigrants), as well as children with special needs and disabilities.

TABLE 10. FREE AND EFFECTIVE ACCESS TO QUALITY EDUCATION – GROUPS IN NEED

VULNERABLE GROUP	ESTIMATED SIZE OF THE GROUP	STATISTICS – AREAS OF CONCERN	DATA GAP	POLICY RESPONSE
Children in low-income families	22.7% of children are at risk of poverty (112,000)	High burden of 'hidden costs' Restrictions on access to non-formal education Low motivation towards academic achievement	Data are now available, disaggregated by ECG	Compensation for school supplies costs Free school meals Free non-formal education activities
Roma children	1,03699 (children of all ages)	Low rates of school attendance and high levels of drop-out Illiteracy	As with the population as a whole, insufficient data are available on the reasons for school drop-out	Mandatory pre-primary, primary and general education
Migrant and returnee children	Returnee-children – 412100 Immigrant – 3,303101	Language and culture adaptation Psychological vulnerability Discrimination		Lithuanian language courses Psychologist services in schools Laws requiring schools to enrol every child
Children from non-Lithuanian ethnic backgrounds	31,502102	Lack of up-to-date books and laboratories		Higher education financing than the European average

⁹⁸ NVO vaikams akreditacija. 2021. Vaikų dienos centrų žemėlapis, akreditacija. Available at: <http://www.nvovaiikamskonfederacija.lt/2020/12/22/vaiku-dienos-centru-zemelapis-akreditacija/>.

⁹⁹ Petrušauskaitė, V. 2016. Romų situacijos Lietuvoje apžvalga. Available at: <https://www.upc.smm.lt/naujienos/romai/diena2016/Romu-situacijos-apzvalga-2016.pdf>.

¹⁰⁰ Švietimo paslaugų sugrįžusiems asmenims poreikio savivaldybėse tyrimas.

¹⁰¹ Emigrants and immigrants by age group and sex.

¹⁰² Education management information system. 2021. Available at: <http://svis.emokykla.lt/bendrasis-ugdymas-2/>.

Children living in rural areas	53,510	<p>Lower education quality and lack of laboratories</p> <p>Restrictions on access to both formal education and non-formal school-based activities</p> <p>Joint classes</p> <p>Lower socio-economic status</p> <p>Lack of special and social pedagogues as well as psychologists</p>		<p>Increased financing to attract psychologists and social and special pedagogues, as well as various teachers</p> <p>Increased requirements for teachers</p> <p>School shuttle buses and other transport compensations</p> <p>Free school meals</p> <p>Compensation for the cost of school supplies</p> <p>Improved collaboration between schools and other institutions and organisations</p>
Children with special needs and disabilities	4,873	<p>Lack of special and social pedagogues as well as psychologists</p> <p>Not all children are integrated into general education schools</p> <p>Lack of individualised learning and qualified teaching assistants</p> <p>Barriers to physical access to general education schools</p> <p>Small choice of non-formal education activities</p>	<p>No statistical data are available on parental resistance to accepting children with special needs and disabilities into their children's classes</p>	<p>Increased requirements for teachers and their assistants</p> <p>Improved collaboration between schools and other institutions and organisations</p> <p>School shuttle buses and other transport compensations</p> <p>Free school meals</p> <p>Increased financing to attract psychologists, and social and special pedagogues</p> <p>Law requiring all schools to integrate children with special needs and disabilities into general education</p> <p>Promotion of individualised learning</p> <p>Law requiring all schools to enable physical access for all children with all kinds of disabilities</p>

Source: compiled by PPML.

3. Free and effective access to health care

Access to high-quality health care and services is an important part of children's well-being that helps them to achieve their full potential.¹⁰³ According to the Feasibility Study for a Child Guarantee¹⁰⁴ the most vulnerable groups of children in Lithuania regarding access to health care are children from low-income families and children with a migrant background. Children from low-income families and of a migrant background might experience additional access barriers, such as transportation costs, lack of various necessary specialists in the public sector or in the case of migrant children, different rights to access public healthcare. Therefore, we begin this chapter by first analysing the take-up of health care services in relation to the children's socio-economic background. This information will then be followed by an analysis of children's main unmet medical needs, and the barriers to access that reduce their take-up of health care services.

Take-up

Socio-economic disadvantages negatively influence children's health.¹⁰⁵ Children from **low-income families** are classified as a health risk group.¹⁰⁶ Children living with wealthier parents receive better health services and eat healthier food. Moreover, children in wealthier families can receive a wider variety of services that have positive effects to their health, such as going to swimming pools or horse riding, as well as to receive a broader selection of necessary healthcare services in the cases of mental, developmental, or other disorders. The interviews have shown that not all services to children with autism and other impairments as well as disabilities, are available (or an insufficient number of sessions is provided) in the public sector, and only some families can afford buying such services in the private sector or even abroad, when necessary services are not available in Lithuania. Another important factor is parents' education. Well educated parents have more knowledge about healthy lifestyle and its importance, therefore take care of their children's medical needs more. Meanwhile, parents with lower levels of education, lower income and who live in **rural areas** tend, for instance, to take care of their children's dental needs less – these children brush their teeth and visit the dentist less frequently.¹⁰⁷

No data are available in Lithuania about homeless children, but a review by the European Commission in 2021 shows that there is higher prevalence of physical and mental health issues among homeless children.¹⁰⁸ They have a higher probability of contacting infectious diseases, are more likely to

¹⁰³ UNICEF. 2021. Health and child development.

¹⁰⁴ Feasibility Study for a Child Guarantee.

¹⁰⁵ Higienos Instituto Sveikatos Informacijos Centras. 2020. Lietuvos vaikų sveikatos būklės pokyčiai ir netolygumai https://hi.lt/uploads/pdf/leidiniai/Informaciniai/Vaiku-sveikatos-leidiny_2020.pdf.

¹⁰⁶ Ibid.

¹⁰⁷ Razmienė, J., 2013. Lietuvos Ikimokyklinės Įstaigos Lankančių 4–6 Metų Amžiaus Vaikų Burnos Higienos Būklė, Dantų Pažeidžiamumas Eduonimi, Jo Ryšys Su Šeimos Socioekonominė Padėtimi. Available at: <https://www.lsmuni.lt/cris/bitstream/20.500.12512/91019/2/DISERTACIJA%20--%20Jaune%20Razmiene%20-%20%5B2013-11-11%5D.pdf>.

¹⁰⁸ European Commission. 2021. Homeless children and young people. A review of interventions supporting access to healthcare services.

experience food insecurity, they generally have poorer oral health, and are at a higher risk of experiencing abuse.

According to EU-SILC 2017 data, 4.2 per cent of children in families with below 60 per cent of the median equivalised income had unmet needs in terms of medical examination or treatment, compared with 1.7 per cent of children in families with income above 60 per cent of the equivalised median. The discrepancies are even greater among children in rural areas, where 5.4 per cent of children in low-income families experienced unmet medical needs. Overall, according to Lithuania's Official Statistics Portal, in 2017, 1.4 per cent of all children in Lithuania received no medical treatment or advice (compared with 2.8 per cent of children living in precarious family situations), and 1.5 per cent received no dental treatment or advice, despite it being seriously needed¹⁰⁹. All in all, in 2017 around 2.3 per cent of children had unmet medical needs, amounting to 11,789¹¹⁰ children out of a total child population in 2017 of 512,577.

Moreover, according to PISA 2018 survey results, children from families with higher income were twice as likely to report being satisfied with their life compared with children from low-income families.¹¹¹ Children from low-income families reported less satisfaction with both their physical and mental health.¹¹² In 2017, the percentage of all children in Lithuania living in households declaring unmet general medical needs for at least one child was 2.3 per cent, while the figure for children living in **low-income households** was over 4.2 per cent.¹¹³

TABLE 11. SOCIO-ECONOMIC STATUS AND SATISFACTION WITH PHYSICAL AND MENTAL HEALTH

	VALUE	% SATISFIED WITH PHYSICAL HEALTH	% SATISFIED WITH MENTAL HEALTH
Socio-economic class	Lowest income quartile	84.6%	63.1%
	Middle income quartile	87.6%	69.2%
	High income quartile	90.3%	74.0%

Source: Lithuanian University of Health Sciences: <https://www.lsmu.lt/media/dynamic/files/19012/lukoseviciutejuste.pdf>.

Between 2014 and 2018, around 40 per cent of pupils in 5th, 7th and 9th grades (between the ages of 10 and 15) reported feeling apathy, almost a quarter of students reported feeling anxiety, worry, anger and sadness, and a third of students reported their mood to be lower than average.¹¹⁴ The proportions were higher among girls than boys. For example, 31 per cent of girls and 16 per cent of boys reported having suicidal thoughts. Overall, 701.5 per 10,000 children in 2018 had mental and behavioural disorders.¹¹⁵

TABLE 12. PSYCHOLOGICAL AND BEHAVIORAL DISORDERS PER 10,000 CHILDREN

¹⁰⁹ Statistics Lithuania. 2017. EU-SILC module: Health and Children's Health. Households of Children under the Age of 16 Years, by satisfaction of children's health examination or treatment needs. <https://osp.stat.gov.lt/sveikata>

¹¹⁰ Rigby, M.J. 2020. Potentially over 3 million children in EU Europe believed not to be receiving medical and dental treatment – and parent's reasons why. Wiley.

¹¹¹ PISA 2018 Results.

¹¹² Kalėdienė, R., et. al. 2019. Konferencijos Tezių Knyga. Visuomenės Sveikata Gerovės Valstybei. Available at: https://lsmuni.lt/media/dynamic/files/18986/vs_konferencijos_teziu_knyga_2019-12-04.pdf.

¹¹³ Eurostat. 2011. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_hch14&lang=en.

¹¹⁴ HBSC (2018). Lietuvos moksleivių gyvenimo ir sveikata: 2018 m. situacija ir tendencijos. Retrieved from: <http://hbsc.lt/wp-content/uploads/2020/04/2018reportLT.pdf>.

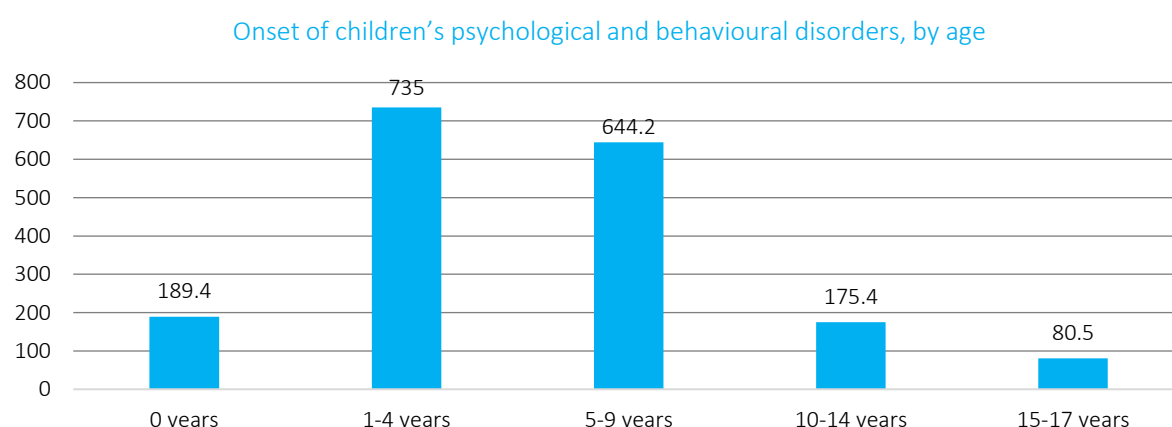
¹¹⁵ Lietuvos vaikų sveikatos pokyčiai ir netolygumai.

GROUP OF DISORDERS	CASES PER 10,000 CHILDREN
Mental retardation and developmental disorders	436.7
Emotional and behavioural disorders	208.0
Mood disorders	12.2
Depressions	11.4
Anxiety disorders	111.4
Psychological and behavioural disorders due to alcohol intoxication	2.6
Psychological and behavioural disorders due to intoxication with other psychotropic substances	2.7
Schizophrenic disorders	2.7

Source: Institute of hygiene, Health Information Centre. 2020. Changes in the health of Lithuanian children. https://www.hi.lt/uploads/pdf/leidiniai/Informaciniai/Vaiku-sveikatos-leidinys_2020.pdf.

There are large differences between the psychological and behavioural disorders suffered by children from different age groups. Most children who develop these disorders do so between the ages of 1 to 4, and between the ages of 5 to 9.

FIGURE 7. ONSET OF CHILDREN'S PSYCHOLOGICAL AND BEHAVIOURAL DISORDERS, DISTRIBUTION BETWEEN AGE GROUPS



Source: Institute of hygiene, Health Information Centre. 2020. Changes in the health of Lithuanian children. https://www.hi.lt/uploads/pdf/leidiniai/Informaciniai/Vaiku-sveikatos-leidinys_2020.pdf.

Children who belong to the 15-17-year-old age group report the greatest cases of psychological and behavioural issues due to alcohol (13.3 per cent) and intoxication from other psychotropic substances (13.7 per cent). In 2020, nine cases of suicide were recorded – two in the group of children aged 10 to 14, and seven in the group aged 15 to 17. Six of these children lived in urban areas and three lived in rural areas.¹¹⁶ In general, the prevalence of mental health issues is recorded as being higher in urban areas compared with rural areas. In 2020, there were 11,346 children recognised as having mental disorders for the first time in urban areas, compared with 4,824 children in rural areas.¹¹⁷ Although more children

¹¹⁶ Official Statistics Portal. 2021. Deaths of child. Available at: <https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=248902ac-9b55-41e7-9fc1-48b25c500fb5#/>.

¹¹⁷ Official Statistics Portal. 2021. Child recognised by mental and behavioural disorders for the first time. Available at: <https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=da9cd8ba-52a4-4ab1-ab40-a2a5c42eb313#/>.

live in cities in general, this trend shows that children living in rural areas are less frequently diagnosed as having mental health disorders.

In 2020 there were also 70 deaths of children recorded as being due to health complications.¹¹⁸ Of these deaths, 30 were due to perinatal period diseases; 22 were due to congenital malformations; deformations and chromosomal abnormalities; four were due to diseases of the circulatory system; three were due to diseases of the respiratory system; three were due to symptoms, signs and abnormal clinical and laboratory findings not classified elsewhere; one was due to endocrine, nutritional and metabolic disease; and one was due to disease of the nervous system. Of these deaths, 26 were recorded in rural areas and 44 in urban areas.¹¹⁹

In 2020, there were also 7,700 new cases of communicable diseases reported – 258 due to salmonella infection; 1,334 due to bacillary dysentery; 5,602 due to chickenpox; 144 due to ascariasis; and 415 due to *Enterbius vermicularis*.¹²⁰ There were also 18 new cases of tuberculosis identified in 2020 – 12 of them in urban areas, and five in rural areas.¹²¹

Unmet needs

One of the most important tools in medicine for reducing the prevalence of diseases among children and the rest of the society is vaccinations. The provision of immunisation against the major infectious diseases is part of the national immunisation programme that sets Lithuania's objectives regarding the vaccination of its population. Vaccinations in Lithuania are not mandatory (parents' consent is required), but are strongly recommended. All recommended vaccinations included in the national immunisation scheme are free of charge. Nevertheless, the number of children vaccinated is not sufficient, and fails to meet the 95 per cent vaccination target recommended by the WHO for the population to benefit from herd immunity. Unfortunately, the reasons for insufficient vaccination among children in Lithuania are not clear. The research only shows that there is no correlation in Lithuania between parental education and income, and their refusal to vaccinate their children.¹²²

Among **Roma children**, the numbers are slightly different – and much worse. Only 80 per cent of Roma children are vaccinated against tuberculosis, and just 56.4 per cent are vaccinated during their first year.¹²³ Meanwhile, the number of Roma children vaccinated against infection by *Haemophilus influenzae* is just 14.4 per cent (including all children up to 18 years old). The majority of them receive their vaccines at the age of two (42 per cent), whereas the recommendation in Lithuania is to vaccinate children when they are 4 months old.¹²⁴ Vaccinations against Hepatitis B should be carried out during the first 24 hours of a newborn's life, but most Roma children (68.4 per cent) are vaccinated at the age of 17. Only 28.2 per cent of Roma children are vaccinated during the first year after birth. Overall, the

¹¹⁸ Official Statistics Portal. 2021. Infant deaths by sex and cause of death. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=ce56f55b-af54-461b-9b29-06ad844cbffd#.

¹¹⁹ Official Statistics Portal. 2021. Infant deaths by age and place of residence. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=736c97c5-9b68-4583-8f07-a60747306314#.

¹²⁰ Official Statistics Portal. 2021. Child morbidity from communicable diseases. Available at: https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=e8438d63-c13b-45ef-b39a-f5f50a246ac9#.

¹²¹ Official Statistics Portal. 2021. Child recognised as new cases of active tuberculosis. Available at: https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=5a3d055e-4c4f-4f17-9fd4-33a041697e8e#.

¹²² Urbonaitė, R. 2018. Tėvų atsisakymo skiepyti vaikus priežasčių analizė. Available at: <https://www.lsmuni.lt/cris/bitstream/20.500.12512/105044/1/Skiepai%20BMD%20R%C5%ABta%20Urbonait%C4%97.pdf>.

¹²³ Užkrečiamųjų ligų ir AIDS centras. 2018. Tikslinės grupės vaikų skiepijimo apimčių tyrimo duomenų analizė. Available at: <http://skiepai.ulac.lt/upload/files/2019/05/06/skiepu-leidinys-5.pdf>.

¹²⁴ Ibid.

number of Roma children vaccinated against Hepatitis B is insufficient. With regard to whooping cough, only 28.2 per cent of Roma children are vaccinated (with the first vaccine) during their first year, and 63.3 per cent are vaccinated against diphtheria. Not only are Roma children insufficiently well vaccinated, but they also report worse general health indicators. In 2017, 40.3 per cent of children were reported as having very good health, 55.1 per cent good health, 3.1 fair health, 1.5 per cent bad health and 0.1 per cent very bad health.¹²⁵ In 2020, 14 per cent of Roma children reported having chronic diseases, 6 per cent reported that their physical activity was limited due to their health, and 31 per cent reported having their physical activity slightly limited. According to the results of our interviews with experts, Roma children receive inadequate nutrition and health care treatment due to the lower interest of their parents in this area, as well as their lack of knowledge and finances. Since ECEC and school attendance rates are very low among Roma children, their health is not checked as often as other children in Lithuania, so it is harder to recognise their health conditions and unmet needs.

Another vulnerable group of children with regard to vaccinations is **refugee children**. Due to the constant change of children in refugee centres in Lithuania, no data are available that could help to assess the prevalence of vaccination among refugee children. However, there is data demonstrating that refugee children are attended and vaccinated, but not necessarily enough. In 2018, at Rukla Refugee Centre there were 60 children under 18 years old. These children were vaccinated at the ages of 1, 2, 6 and 15 years old.¹²⁶ Health care for **children with migrant backgrounds** is less accessible in general. Only 11 EU Member States are fully compliant with this obligation for all groups of children. Lithuania is not one of them. In Lithuania, children seeking asylum have equal rights to nationals with regard to coverage and cost, but enrolled in a parallel health care system, children of irregular third-country migrants and children of irregular migrants from other EU countries have restricted entitlements compared with nationals.

Issues also exist with regard to the lifestyles of children in Lithuania. In 2017, 46 per cent of children were reported to spend zero hours on physical activity (excluding working) during a typical week. The research shows that this is partly affected by a lack of interest by parents, or by the adults in the household not having enough time to supervise the children in their day-to-day activities and habits. Finance also plays an important role – as was noted in the section on education, not all parents can afford to enrol their children into after-school activities, therefore children receive insufficient meaningful leisure services and spend their time at home. In this regard, the children who are particularly vulnerable are those who live with only one of their parents, who report that their children spend a lot of time on their own, usually accompanied by the computer or TV, eating pre-prepared frozen foods, as parents have to work long hours and children have no access to any of the necessary services for after school activities.

Barriers to access

Children's medical (or dental) needs may be unmet due to various reasons, such as an inability to afford treatment, long waiting lists, long travel times or no means of transport, as well as lack of time due to work or having to care for family members or others. In the EU-SILC 2017 ad-hoc module 'Health and Children's Health', the highest frequencies for the modality '**too far to travel**' (46.3 per cent) as a reason

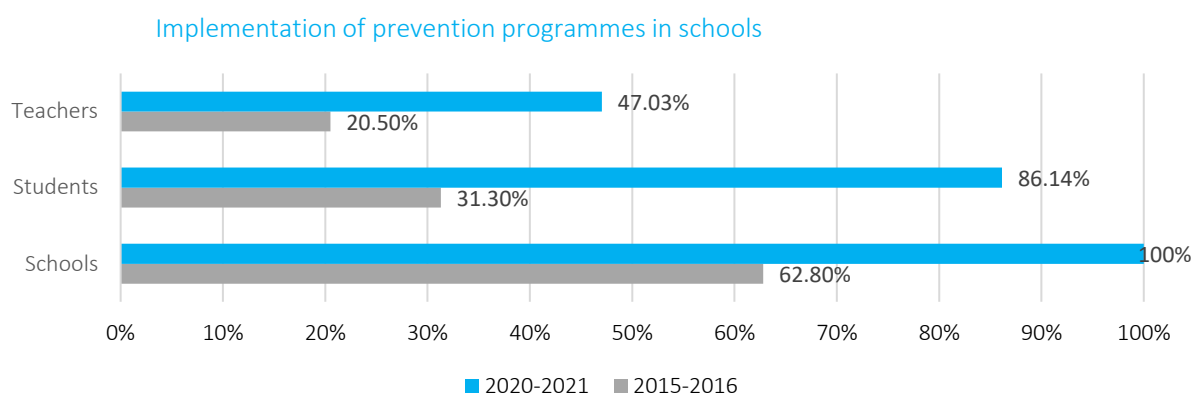
¹²⁵ Eurostat. 2021. Children by level of general health, household composition, quantile and age. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_hch12&lang=en.

¹²⁶ Tikslinės grupės vaikų skiepijimo apimčių tyrimo duomenų analizė.

for children's medical needs being untended-to was found in Lithuania.¹²⁷ The most frequent reason for children's dental needs not being met were reported to be '**waiting list**' (83.9 per cent) and '**too expensive**' (9 per cent).¹²⁸

To reduce children's risk behaviours such as smoking, abusing drugs and alcohol or having sex at a very young age, the country has 44 open youth centres and 66 open youth spaces where social workers, psychologists and social pedagogues work with young people. In 2019, these services were attended by 10,158 young people. Unfortunately, like day care centres, these centres are usually only attended by children living in families at social risk, and the centres are not available across the whole country – no such infrastructure exists in Biržai and Kaišiadorys municipalities. In Lithuania, to reduce children's risk behaviours, schools are also required to ensure that pupils participate in at least one long-term prevention programme to develop social and emotional competencies, covering the prevention of violence, alcohol, tobacco and psychoactive substance use, and the encouragement of a healthy lifestyle. Schools are also involved in sex education, providing psychological counselling and social learning, and teaching about healthy lifestyles and personal development.¹²⁹

FIGURE 8. IMPLEMENTATION OF PREVENTION PROGRAMMES IN SCHOOLS



Source: Education news. 2021. The project 'Creating a safe school environment II' has finished – what next? <https://www.svietimonaujienos.lt/projektas-saugios-aplinkos-mokykloje-kurimas-ii-baigesi-kas-toliau/>.

As shown in the diagram above, all schools provide prevention programmes, as required by law. Nevertheless, not all students attend these programmes – and so too do a small number of teachers. All schools were included in the programme 'Creating a safe school environment II' (Lithuanian: *Saugios aplinkos mokykloje kūrimas II*), and learned how to implement prevention programmes. At the moment, there are 11 prevention programmes accredited in Lithuania. However, children's attendance in these programmes is insufficient, as well as teachers' preparation – teachers have reported that they do not feel adequately equipped to effectively implement preventive programmes.

¹²⁷ Eurostat. 2019. 2017 EU-SILC Module Health and Children's Health. Available at: <https://ec.europa.eu/eurostat/documents/1012329/8706719/2017+Assessment+of+health+and+children+health.pdf/3478c66e-7874-50c4-4fe7-d91857875adb>.

¹²⁸ 2017 EU-SILC Module Health and Children's Health.

¹²⁹ Lietuvos Respublikos švietimo ir mokslo ministras. 2016. Įsakymas dėl sveikatos ir lytiškumo ugdymo bei rengimo šeimai bendrosios programos patvirtinimo. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/285853b09aee11e68adca1bb2f432d17?fwid=-wd7z8q07r>.

Universal and free early rehabilitation for children with developmental disorders is also available to all children in Lithuania.¹³⁰ These services are free in all cases to children up to 7 years old, with priority being given to children up to the age of 4 years old. Outpatient and/or inpatient personal health care is provided by a team of specialists including social workers, psychologists, psychiatrists and others. Care services exist for the early detection of developmental disorders in children, and comprehensive assistance is available for children with developmental disorders or their risk factors, as well as their parents or other representatives of the child. Nevertheless, there is an insufficient number of rehabilitation places available for children. In 2016, there were 14,700 children in Lithuania with disabilities who needed complex social, medical and other help.¹³¹ Between 2013 and 2015, the above services were provided to just under 13,000 children. In 2016, there were 45 rehabilitation institutions providing services in 34 municipalities. The waiting period for placement in rehabilitation institutions exceeds the norm, and while the average waiting time is 25 days, the longest waiting time is 118 days (five times longer than the recommended norm). Waiting for early rehabilitation takes around 150 days, as not all institutions provide such services. Moreover, there is a lack of specialists working in rehabilitation hospitals.

Families raising children with disabilities report having limited access to certain treatments their children need – they receive around 65 hours of medical and social support each month, including visits to a children’s development centre, visits to hospitals and rehabilitation centres, special schools, and day care facilities.¹³² These parents also report that not all of the treatments and services their children need are free of charge; for some of them, they have to pay all or part of the price out of their own budget. An absolute majority of parents raising children with disabilities rely on their non-formal network (96 per cent) to provide their children with all of the treatments and services they need, as the government fails to respond to all of their needs. The situation is especially complicated when families experience a double disadvantage – for example, mothers who raised children with disabilities alone reported being unable to afford many paid services and treatments, as they can only work for shorter hours of employment due to their children’s disabilities. As the entire family burden falls on their shoulders, they also experience extreme burn-outs that negatively affect their children, as they are unable to respond to all of their children’s needs, especially emotional.¹³³

In Lithuania, children living in out-of-home care are not specified as a separate group and receive the same healthcare services as all children and go through the same process to receive necessary services. Social workers, working in out-of-home care facilities, monitor their health and play the role of parents rather than state. Separate out-of-home care providers might have their own psychologists, but this is not mandatory. There might be a higher frequency of healthcare service (especially psychiatric) users among children in out-of-home care, but this data is not specified and provision of services to children in out-of-home care is not specifically monitored.

A complicated situation can also be seen with regard to the accessibility of mental health services. There are long queues before children receive necessary help, and families are compensated for only 30 psychologist consultations each year (there can be 10 extra consultations provided in the cases when

¹³⁰ Sveikatos apsaugos ministerija. Vaikų raidos sutrikimų ankstyvoji reabilitacija. Available at: <https://sam.lrv.lt/uploads/sam/documents/files/VRSAR.pdf>.

¹³¹ Valstybinė kontrolė. 2016. Ar ankstyvosios reabilitacijos paslaugos ir įtraukusis ugdymas atitinka neįgalių vaikų poreikius ir užtikrina jų socialinę integraciją.

¹³² Varnienė, H. 2021. Kokybinio tyrimo ‘Teikiamos pagalbos dėl šeimos narių su ilgalaikė negalia masto šeimoms ir šeimose vertinimas’. Kiekybinio tyrimo ‘Teikiamos pagalbos dėl šeimos narių su ilgalaikė negalia masto šeimoms ir šeimose vertinimas’. Ataskaita. Available at: <https://www.lnf.lt/wp-content/uploads/2021/07/Tyrimas.pdf>.

¹³³ Skubiejūtė, G. 2020. Vienu motinų šeimos Lietuvos šeimos įstatymų kontekste.

recommended so by the doctor). In 2018, there were 114 institutions providing mental care services, but as many as one-third of them did not provide services on time, had a lack of places and had too few specialists.¹³⁴ The data also show that children do not receive the necessary treatment on time – in 2015, in one-third of mental health centres, the waiting time for services was between one and five days. In one-fifth of mental health centres, the waiting time was between one and two weeks.¹³⁵ The lack of availability and continuity of psychological counselling is especially problematic to children living in low-income families such as single-parent families. Research shows that parents on low incomes cannot afford the services of private psychologists for their children, and in the cases where children require continuous and consistent counselling, they simply do not receive such treatment.¹³⁶

In 2018, the Minister of Health signed an order implementing psychosocial rehabilitation services for children and expanding day care hospital services (Lithuanian: *dienos stacionaras*) across all municipalities in Lithuania.¹³⁷ Before that, day care hospitals were available in only a few institutions, leading to an extreme shortage of places and requiring people to travel long distances, as well as services not being accessible to all. However, evidence regarding the effect of these changes and progress towards their implementation is lacking.

To sum up, under Lithuanian law, medical health care is free and accessible to all children in Lithuania. Lithuanian children have poorer health indicators compared with the European average, and while medical care is universal and free, not all children receive the treatment they need. The main groups of children who experience challenges are children living in low-income families and precarious family situations, Roma children, and refugee and migrant children. Refugee and migrant children are the only children whose access to free health care in Lithuania is limited. There is still a serious lack of data regarding children's access to health care, the barriers to such access, and children's unmet needs. Although sufficient data is available on health indicators in general, it is not connected to children's socio-economic background, and it is therefore difficult to measure the prevalence of the problem.

TABLE 13. CHILDREN'S ACCESS TO FREE HEALTHCARE – GROUPS IN NEED

VULNERABLE GROUP	ESTIMATED SIZE OF THE GROUP	STATISTICS – AREAS OF CONCERN	DATA GAP	POLICY RESPONSE
Children in low-income families	22.7% of children are at risk of poverty (112,000)	Restrictions on access to health care (e.g. transport) Children in low-income families are at greater risk of not receiving necessary health treatments	No data have been elaborated on restrictions regarding access to health care o specific data are available on the	Health care is universal and free to all children, including dental services and rehabilitation services

¹³⁴ Švietimo, mokslo ir sporto ministerija. 2018. Gerės psichikos sveikatos priežiūros paslaugų prieinamumas. Available at: https://www.smm.lt/web/lt/pranesimai_spaudai_naujienos_1/geres-psichikos-sveikatos-prieziuros-paslaugu-prieinamumas.

¹³⁵ Izokaitis, M., et al. 2015. Psichikos sveikatos priežiūros paslaugų prieinamumo vaikams, turintiems psichikos, elgesio ir emocijų sutrikimų, Lietuvoje apžvalga. Available at: [https://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2015.3\(70\)/VS%202015%203\(70\)%20LIT%20A%20Psichikos%20sveikatos%20prieziura.pdf](https://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2015.3(70)/VS%202015%203(70)%20LIT%20A%20Psichikos%20sveikatos%20prieziura.pdf).

¹³⁶ Skubiejūtė, G. 2020. Vienų motinų šeimos Lietuvos šeimos įstatymų kontekste.

¹³⁷ Lietuvos Respublikos sveikatos apsaugos ministerija. 2019. Gerėja vaikų ir paauglių psichiatrijos paslaugų prieinamumas.

			reasons for medical needs being unmet	
Children living in precarious family situations	17,430 ¹³⁸ (children of all ages)	They are at the highest risk of not receiving necessary health treatments and of experiencing abuse	There are unknown reasons of why not all the children deliver their annual health check-up certificates to schools No specific data are available regarding the reasons for medical needs being unmet	Schools and ECEC providers are highly involved in detecting, monitoring and educating on health and health issues, as well as identifying and reporting abuse
Roma children	1,036 ¹³⁹ (children of all ages)	Roma children have the worst rates of poor health and are the least-often vaccinated group of children		Universal and free health care Free vaccinations
Migrant and refugee children	4,310	Limited access to free healthcare	No data are available on vaccination rates	Children receive universal free health care when they have the status of asylum seeker
Children with disabilities	14,289 ¹⁴⁰ (2017)	Long queues to receive rehabilitation services		
Children with mental illness	701.05 per 10,000 children ¹⁴¹ (2018)			
Children in single-parent families		They are at the higher risk of not receiving necessary health treatments, especially when paid services are needed		Health care is universal and free to all children, including dental services and rehabilitation services

Source: compiled by PPML.

¹³⁸ Number of children in families at social risk at the end of the year (statistics).

¹³⁹ Romų situacijos Lietuvoje apžvalga.

¹⁴⁰ NVO vaikams konfederacija. Bendruomeninių paslaugų link. Paslaugų prieinamumas neįgaliams vaikams bendruomenėje. Available at: http://www.nvovaiamskonfederacija.lt/wp-content/uploads/2018/01/Straipsnis_1_tiksl.pdf.

¹⁴¹ Higienos instituto sveikatos informacijos centras. 2020. Lietuvos vaikų sveikatos pokyčiai ir netolygumai. Available at: https://www.hi.lt/uploads/pdf/leidiniai/Informaciniai/Vaiku-sveikatos-leidiny_2020.pdf

4. Effective access to healthy nutrition

Access to adequate nutrition is important for children's development, from infancy throughout their school years. If school-age children are hungry, they will not learn successfully. Inadequate nutrition and obesity will have an impact on the physical and mental health and well-being of children throughout their lives¹⁴². In the European Child Guarantee, all Member States including Lithuania are invited to guarantee effective access to healthy nutrition for children in need¹⁴³.

This chapter is oriented towards the current situation regarding children's healthy nutrition in Lithuania. It presents the data regarding the take-up of services, unmet needs and barriers to access for children in need and their families across the country. Each subsection consists of information on nutritional status indicators such as breastfeeding, low birthweight, underweight/overweight and healthy eating habits.

Take-up

Breastfeeding during the first six months is crucial to ensuring the optimal growth and development of newborns. The WHO recommends that infants should be exclusively breastfed for the first six months¹⁴⁴. According to data published by Statistics Lithuania¹⁴⁵, the percentage of breastfed children under 1 year of age who underwent preventive examinations has remained stable over the past few years. In 2020, only 49 per cent of children were breastfed up to six months, with a small increase since 2017 (46.7 per cent of all newborns), with 69 per cent of children being breastfed up to only three months. The Hygiene Institute of Lithuania has published similar data regarding the low percentage of mothers breastfeeding their children up to six months. In 2019, only 37.8 per cent of mothers breastfed their infants up to six months, although this share represents an increase from 32 per cent in 2015.¹⁴⁶ In Lithuania, counselling on breastfeeding¹⁴⁷ is one of the requirements for baby-friendly hospitals.¹⁴⁸

In comparison with other EU Member States, the breastfeeding rate in Lithuania has been relatively high. Among the world's regions, the WHO's European Region has the lowest rates of exclusive breastfeeding at the age of six months, with the figure of around 25 per cent showing that there is

¹⁴² Bradshaw, J. and G. Rees. 2019. Feasibility Study for a Child Guarantee.

¹⁴³ Council Recommendation (EU) 2021/1004 OF 14 June 2021 establishing a European Child Guarantee.

¹⁴⁴ World Health Organization. 2020. Breastfeeding. Available at: https://www.who.int/health-topics/breastfeeding#tab=tab_1.

¹⁴⁵ Statistics Lithuania. 2020. Number of pupils receiving free school meals by municipality. Retrieved from: https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=ad24092c-6d85-4cda-b8b5-83330a5abb22#.

¹⁴⁶ Lietuvos Respublikos sveikatos apsaugos ministerija. 2021. Vaikų Mityba. Available at: <https://sam.lrv.lt/lt/veiklos-sritys/visuomenes-sveikatos-prieziura/mityba-ir-fizinis-aktyvumas-2/vaiku>.

¹⁴⁷ Stacionarių asmens sveikatos priežiūros įstaigų vertinimo pagal naujagimiams palankios ligoninės reikalavimus tvarkos aprašas.

¹⁴⁸ WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI). Retrieved from: <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>.

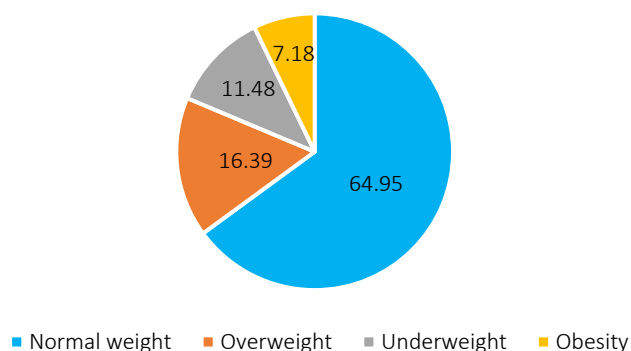
substantial room for increases in breastfeeding rates among EU Member States.¹⁴⁹ However, one of the challenges is that data on the EU breastfeeding rates are not readily available, or are outdated.

Another indicator that is relevant to nutrition and child health outcomes is low birthweight¹⁵⁰, which contributes to a range of poor health outcomes. In addition, low-birthweight infants have a greater risk of death, require a longer period of hospitalisation after birth, and are more likely to develop significant disabilities later in life.¹⁵¹ Data show that Lithuania has one of the lowest rates of low birthweights in the EU. Babies with a low birth weight accounted for 4.6 per cent of all births in 2019.¹⁵² In the EU, low birthweight rates of less than 4.5 per cent occur only in Sweden, Finland, and Estonia. Bulgaria, Cyprus, Hungary, Portugal, Greece, Romania and Spain, meanwhile, have rates of more than 8 per cent.¹⁵³ However, these data are not disaggregated by socio-economic characteristics.

On 1 May 2020, assessment thresholds of body mass index (BMI) for children in Lithuania between the ages of 2 and 18 came into force and were integrated into each student's certificate of annual health examination.¹⁵⁴ As a result, only 0.2 per cent of children who receive this health certificate do not have the indicator of BMI. Data for the academic year 2019–2020 show that 64.95 per cent of children (aged 7-17) had normal weight, 16.39 per cent of children were overweight, 11.48 per cent were underweight, 7.18 per cent were obese (see Figure 9).

FIGURE 9. EVALUATION OF LITHUANIAN CHILDREN (AGE OF 7-17) BMI IN 2019-2020

Evaluation of Lithuanian children's (aged 7-17) BMI in 2019-2020



Source: Gadžijeva, U. and I. Židonienė. 2019. Children's Health. Retrieved from: https://hi.lt/uploads/pdf/leidiniai/Statistikos/Vaiku_sveikata/Vaik%C5%B3%20sveikata%202019.pdf.

¹⁴⁹ World Health Organization. 2015. WHO European Region has lowest global breastfeeding rates. Available at: <https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2015/08/who-european-region-has-lowest-global-breastfeeding-rates>.

¹⁵⁰ Low birth weight has been defined by WHO as weight at birth of <2500 g (5.5 pounds).

¹⁵¹ OECD. Infant health. Retrieved from: <https://www.oecd-ilibrary.org/sites/ea7e9e6a-en/index.html?itemId=/content/component/ea7e9e6a-en>.

¹⁵² OECD. 2020. Infant Health. Available at: <https://stats.oecd.org/index.aspx?queryid=30118>.

¹⁵³ Feasibility Study for a Child Guarantee.

¹⁵⁴ Dėl Lietuvos Respublikos sveikatos apsaugos ministro 2004 m. gruodžio 24 d. įsakymo Nr. V-951 „Dėl statistinės apskaitos formos Nr. 027-1/a „Vaiko sveikatos pažymėjimas“ patvirtinimo“ pakeitimo: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a667901076f911e99ceae2890faa4193>.

To promote healthy eating habits that relate directly to children's normal weight, financial support is provided in Lithuania for the provision of free school meals for children. Pupils have the right to free school meals if the average income for family members is less than 1.5 of the state-supported income (SSI) (the amount of the SSI in 2019 was EUR 122 per month; EUR 125 per month in 2020; EUR 128 per month in 2021). However, issues have been found with the policy of providing free meals at school to eligible students at implementation stage. Children and school employees highlighted that the quality of food has been low, the options for dishes are limited, and in 2016 the segregation of children receiving free meals in queues perpetuated isolation.¹⁵⁵ In 2018, new requirements regarding the quality and nutritional value of children's school meals were accredited at national level.¹⁵⁶ The participants of the first consultation with stakeholders expressed contradictory approaches towards the results of these changes. According to some opinions, the quality of free meals has improved since then; however, robust and/or representative data as to the improved quality of school meals are lacking.

In **smaller and/or urban municipalities**, free meals were received by a larger share of vulnerable children (from families with a low income of less than 1.5 of the SSI) compared with either major cities or their respective county municipalities during the academic year 2019-2020. For instance, Vilnius had the lowest rate, with only 2.7 per cent of children receiving free meals; Klaipėda, 3.4 per cent; Palanga, 4.3 per cent; and Kaunas, 4.4 per cent. In smaller or/and rural counties, this indicator is higher. For example, 29.5 per cent of children received free meals in Joniškis district; 29.8 per cent in Pakruojis district; 30.7 per cent in Ignalina district; and 38.2 per cent in Alytus district. These disparities can largely be attributed to the better socioeconomic conditions in larger municipalities and major cities – lower unemployment rates, higher incomes, fewer children in each household, etc.¹⁵⁷

Between 1 January and 31 August 2020, a pilot project took place across Lithuania: entitlement to a free lunch without the family's income being assessed was granted to pre-schoolers studying at schools in which meals were organised. Since 1 September 2020, free lunches have been provided to all children in pre-primary education and pupils in Grade 1.¹⁵⁸ From 1 September 2021, free lunches are also provided to all pupils in Grade 2. This change is expected to reduce the financial burden for disadvantaged families, as well as reducing children's stigmatisation. In the context of the COVID-19 pandemic, the provision of free meals to children studying remotely was carried out by providing food or prepared meals (if necessary) to their homes.¹⁵⁹

After the introduction of quarantine in Lithuania, pupils began to receive dry rations or proper meals at home instead of daily lunches at school. The process of organising catering during quarantine was carried out in accordance with the requirements for the activities of catering companies established in

¹⁵⁵ Kairienė, D., et al. 2016. 'Social Equality as Groundwork for Sustainable Schooling: The Free Lunch Issue' Available at: <https://sciendo.com/abstract/journals/jtes/18/1/article-p127.xml>.

¹⁵⁶ Lietuvos Respublikos sveikatos apsaugos ministro įsakymas dėl Lietuvos Respublikos sveikatos apsaugos ministro 2011 m. lapkričio 11 d. įsakymo nr. V-964 „Dėl maitinimo organizavimo ikimokyklinio ugdymo, bendrojo ugdymo mokyklose ir vaikų socialinės globos įstaigose tvarkos aprašo patvirtinimo“ pakeitimo. 2018.

¹⁵⁷ Higienos Instituto Sveikatos Informacijos Centras. 2020. Lietuvos vaikų sveikatos būklės pokyčiai ir netolygumai. Retrieved from: https://www.hi.lt/uploads/pdf/leidiniai/Informaciniai/Vaiku-sveikatos-leidiny_2020.pdf; Kalvaitis, A. 2021. Ikimokyklinio ugdymo plėtros galimybės Lietuvos savivaldybėse. Retrieved from: <https://www.nsa.smm.lt/wp-content/uploads/2021/03/Ikimokyklinio-ugdymo-pletros-galimybes.pdf>.

¹⁵⁸ The European Commission. 2020. Early Childhood and School Education Funding. Retrieved from: https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-and-school-education-funding-44_en.

¹⁵⁹ Ministry of Social Security and Labour. Socialinė parama vaikams. <https://socmin.lrv.lt/lt/veiklos-sritys/seima-ir-vaikai/socialine-parama-seimoms-ir-vaikams/socialine-parama-mokiniams>.

the decision of the Minister of Health of the Republic of Lithuania - Head of State Emergency.¹⁶⁰ To ensure the continuity of free meals for pupils during emergencies and quarantine, a working group including representatives of the Ministry of Social Security and Labour; the Ministry of Health; the Ministry of Education, Science and Sport; the Association of Local Authorities of Lithuania; and of the municipalities, prepared methodological recommendations for the organisation of free meals for pupils during emergencies, extreme events and/or quarantine. The Description of the Procedure for Organising Children's Catering approved by the Minister of Health defined the concept of a food ration, established the conditions under which food rations could be issued, and provided the recommended composition of a food ration. During the emergency and quarantine period, free meals were provided to pupils in all 60 municipalities.

As national statistics show, 47,258 children (13.7 per cent of all children attending school) received free meals in 2019; 92,575 children (26.4 per cent of all schoolchildren) in 2020; and 95,347 (27.3 per cent) so far in 2021.¹⁶¹ Thus, there has been a significant increase in children's enrolment in the free school meals scheme.

Unmet needs

As the national data show, in 2020 around 30 per cent of children who underwent preventive examinations were not breastfed at all, and 51 per cent were not breastfed for longer than six months.¹⁶² The high percentage of non-breastfed children in Lithuania indicates children's unmet needs for effective access to healthy nutrition. Data indicate that the number of children with an **unmet need to receive healthy nutrition through breastfeeding** in 2020 was approximately 10,000 (see Table 14).

In terms of body weight, 34.1 per cent of Lithuanian children at the age of 7-17 **did not meet the standard for normal weight**. In total, 22.4 per cent of children were overweight or obese during the academic year 2019-2020.¹⁶³ Data from the Hygiene Institute of Lithuania show **a decrease over the years in the number of children deemed to be of normal body weight**, as well as an increase in children regarded as overweight and in obesity rates.¹⁶⁴ The number of overweight and obese children increased by 1.8 percentage points (p.p.), and the proportion of children with normal body weight decreased by 2.1 p.p. over the past four years.¹⁶⁵ The number of underweight children has changed slightly – since the academic year 2016-2017, it has increased by 0.3 p.p. to reach 11.7 per cent last year. According to other research¹⁶⁶ in 2019-2020, **more girls** than boys were **underweight** (a difference of 2 p.p.) and **more boys**

¹⁶⁰ LR Socialinės apsaugos ir darbo ministerija. LR Švietimo, mokslo ir sporto ministerija. Dėl mokinių nemokamo maitinimo organizavimo ekstremaliosios situacijos, ekstremaliojo įvykio ir (ar) karantino metu metodinių rekomendacijų papildymo: <https://socmin.lrv.lt/uploads/socmin/documents/files/veiklos-sritys/seima/pinigine-parama/Rekomendacijos%20d%C4%97l%20nemokamo%20maitinimo%20galutinis.docx>.

¹⁶¹ Data received from the Ministry of Education, Science and Sport.

¹⁶² Breastfeeding (WHO).

¹⁶³ Hygiene Institute of Lithuania. 2020. Mokinių Kūno Masės Indekso Įvertinimo Ir Dantų Bei Žandikaulių Būklės Apžvalga 2019–2020 mokslo metų duomenys. Retrieved from: <https://www.hi.lt/news/1684/1246/Pristatomi-mokiniu-KMI-ivertinimo-ir-dantu-bei-zandikauliu-bukles-duomenys.html>.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Gadžijeva U., and I. Židonienė. 2019. Vaikų sveikata. Retrieved from: https://hi.lt/uploads/pdf/leidiniai/Statistikos/Vaiku_sveikata/Vaik%C5%B3%20sveikata%202019.pdf

than girls were **overweight** (by 0.7 p.p.) or obese (by 1.9 p.p.) than in the academic year 2016/2017 in Lithuania.¹⁶⁷

Indicators relating to body mass index are very much linked to children's access to adequate nutrition. Adequate nutrition is also of great importance for children's growth, physical and cognitive development, social and emotional well-being, and performance at school.¹⁶⁸ When it comes to eating habits in particular, eating well – and regularly – can have an impact on students' well-being and health (e.g. by avoiding obesity, diabetes, etc.).¹⁶⁹ Over the past few years, the practice of regular healthy breakfast has diminished among children in Lithuania. The HBSC study (2018) shows that 48 per cent of schoolchildren in Lithuania do not have breakfast every day, and 22 per cent do not to eat breakfast at weekends.¹⁷⁰

A survey¹⁷¹ conducted by experts from the Centre for Health Education and Diseases Prevention confirmed that 37.9 per cent of Lithuanian students (age of 7-18) did not eat breakfast every day during 2018-2019. While 65.6 per cent of respondents said that they ate vegetables every day, one-third of children indicated that they ate vegetables only a few times a week, and 6.4 per cent replied that they practically never eat vegetables.¹⁷² The lack of healthy eating habits among children in Lithuania remains an issue that may have a direct impact on their weight. These compelling data allow us to recognise that a significant share of Lithuanian children **do not have access to healthy nutrition, and cannot learn and develop healthy eating habits.**

Barriers to access

Particular groups of children in Lithuania encounter specific barriers regarding their right to receive effective access to healthy nutrition throughout infancy and adolescence, and their ability to learn and maintain healthy eating habits while growing up.

The aggressive marketing and increasing use of synthetic breast milk substitutes are often cited as reasons for low breastfeeding rates at six months worldwide¹⁷³; however, no data on this topic is available with regard to Lithuania. Although there are no accurate data on the percentage of non-breastfeeding mothers and non-breastfed children who are affected by social and material deprivation, the results of research conducted in Lithuania emphasise that a woman's age and higher education are associated with positive breastfeeding practices and breastfeeding for longer.¹⁷⁴

Research data shows that in 2018, women with higher education (a bachelor's degree, ISCED level 5A) (75.1 per cent of women in Lithuania) and those who were employed¹⁷⁵ (69.6 per cent of women)

¹⁶⁷ Underweight, overweight and obesity rates for children were determined according to the national BMI rate which is approved for each age group of children (boys and girls separately): <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a667901076f911e99ceae2890faa4193>.

¹⁶⁸ PISA 2015 Results (Volume III).

¹⁶⁹ HBSC (2018). Lietuvos moksleivių gyvensena ir sveikata: 2018 m. situacija ir tendencijos. Retrieved from: <http://hbcs.lt/wp-content/uploads/2020/04/2018reportLT.pdf>; PISA 2015 Results (Volume III).

¹⁷⁰ HBSC (2018) Lietuvos moksleivių gyvensena ir sveikata.

¹⁷¹ Bartkevičiūtė R., A. Barzda, G. Bulotaitė, R. Miliauskė, and V. Drungilas. 2020. *Mokyklinio Amžiaus Vaikų Mitybos Įpročių, Faktinės Mitybos Ir Fizinio Aktyvumo Įpročių Tyrimo (2019–2020) Ataskaita*. Vilnius. Retrieved from: smlpc.lt/media/image/Naujienuoms/2017%20metai/Mityba%20ir%20fizinis%20aktyvumas/Mokiniu_MI_FM_FA_ATASKAITA_galut.pdf.

¹⁷² Ibid.

¹⁷³ Breastfeeding (WHO).

¹⁷⁴ Baltranaitė, N. 2019. Veiksnių, susijusių su pagimdžiusių moterų žiniomis apie žindymą, požįuriu į jį ir ketinimu žindyti, vertinimas. Retrieved from: https://www.lsmuni.lt/cris/bitstream/20.500.12512/101962/1/Magistrinis_2019%20DONE.pdf.

¹⁷⁵ In this particular case, employed women are those women who have a job and a constant income.

possessed more knowledge about the breastfeeding process and its benefits, and had a more positive attitude towards it than those with lower levels education or who were not in employment.¹⁷⁶ Therefore, **less educated and unemployed mothers** are more likely not to breastfeed their children or to stop breastfeeding earlier. Research shows that the choice of breastfeeding and its duration are mostly determined by a woman's age (older women tend to breastfeed longer), education (women with a university degree tend to breastfeed longer), living conditions (women with higher incomes tend to breastfeed longer), and place of residence (women living in urban areas tend to breastfeed longer).¹⁷⁷

In addition, the need to return to work might be identified as one of the reasons for the early termination of breastfeeding.¹⁷⁸ However, it's worth mentioning that in Lithuania, breaks are provided at work for breastfeeding: in addition to a general break for rest and meals, breastfeeding employees must be provided with a break for breastfeeding of at least half an hour, at least every three hours. At the request of the employee, breaks for breastfeeding may be combined or added to the break for rest and meals or moved to the end of the working day, reducing the working day accordingly. Breastfeeding breaks are paid according to the employee's salary.¹⁷⁹

Income poverty impacts access to fruit, vegetables and proteins, and thus increases the risk of an enforced lack of nutrients due to reasons of affordability. According to the EU-SILC (2014), **income-poor, single-parent households and migrant children** face a higher risk of an enforced lack of nutrients. In Lithuania, approximately 7 per cent of all children live in households in which at least one child lacks fruit and vegetables daily for reasons of affordability. The share of children among low-income households (i.e. below 60 per cent of median equivalised income) is higher: approximately 19 per cent. In 2014, the percentage of Lithuanian children who lacked fruit and vegetables daily and those living in the income poor families was among the highest, compared with other EU Member States.¹⁸⁰

Socio-economic status and a household's lack of resources are significant factors determining children's effective access to healthy nutrition in Lithuania. Disposable equivalised income varies not only by the level of urbanisation (urban/rural areas), but also according to family composition. In 2019, equivalised disposable income was higher in urban areas than in **rural areas**. The lowest equivalised disposable income was in the households composed of a single person and in those comprising one adult with dependent children.¹⁸¹ Therefore, **children living in single-parent families, particularly in rural areas**, are more likely to experience poverty, which also determines their access to healthy nutrition and the formation of healthy eating habits.

Eurostat reports that in 2019 in Lithuania, 20.6 per cent of **low-income households with dependent children** – especially large families (38.7 per cent of low-income households) and single-parent families

¹⁷⁶ Baltranaitė, N. 2019. Veiksnių, susijusių su pagimdžiusių moterų žiniomis apie žindymą, požiūriu į jį ir ketinimu žindyti, vertinimas.

¹⁷⁷ Levinienė, G., E. Tamulevičienė, J. Kudzytė, A. Petrauskienė, A. Zaborskis, et al. 2013. Factors associated with breastfeeding duration. *Medicina (Kaunas)*, 49(9):415-21; Vingraitė, J., R. Bartkevičiūtė, and K.F. Michaelsen. 2000. A cohort study of term infants from Vilnius, Lithuania: feeding patterns. *Acta Paediatr.* 93:1349-1355.

¹⁷⁸ Stundžienė, R., D. Kalibatienė, and A. Vingras. 2010. Kūdikių mitybos ypatumai pirmaisiais gyvenimo metais. Medicines teorija ir praktika.

¹⁷⁹ LR darbuotojų saugos ir sveikatos įstatymas, 37 straipsnio 9 dalis; LR Darbo kodeksas. 40 straipsnio 5 punktas, 52 straipsnio 2 punktas, 75 straipsnio 1 punkto 1 papunktis, 108 straipsnio 2 punkto 6 papunktis, 114 straipsnio 3 punktas, 118 straipsnio 5 punktas, 158 straipsnio 1 punktas.

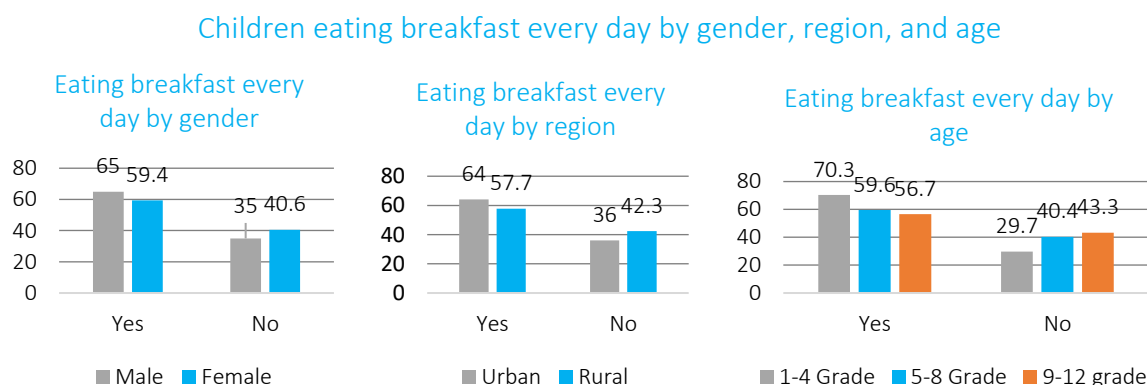
¹⁸⁰ Feasibility Study for a Child Guarantee.

¹⁸¹ Lietuvos Statistikos Departamentas (2020). Income and living conditions of the population of Lithuania. Retrieved from: <https://osp.stat.gov.lt/en/lietuvos-gyventoju-pajamos-ir-gyvenimo-salygos-2020/namu-ukiu-pajamos/disponuojamos-pajamos>.

(26.1 per cent in 2019) – were unable to afford a meal containing meat, chicken, fish or a vegetarian equivalent at least every other day. By contrast, only 9.1 per cent of all Lithuanian households with dependent children faced an enforced lack of proteins. The respective shares across the EU27 in 2019 were lower - 16.8 per cent for income-poor households with dependent children (15.9 per cent among large families; 19.7 per cent among single-parent families), and 5.8 per cent for all households with dependent children. In Lithuania, the groups in which the highest share of households could not afford such meals were **low-income households with large families and low-income single-parent households**, particularly in comparison with the EU27 average for these groups.¹⁸²

A survey¹⁸³ conducted by experts from the Centre for Health Education and Disease Prevention revealed that younger students have breakfast more frequently (70.3 per cent of students in Grades 1-4, 59.6 per cent in Grades 5-8 and 56.7 per cent in Grades 9-12). Differences between genders were also statistically significant: boys were more likely than girls to eat breakfast daily. Furthermore, breakfast was a more frequent habit among students living in urban areas (see Figure 10).¹⁸⁴ A slight difference is also seen between girls, who eat more vegetables than boys, as well as among children in urban areas, with a higher rate of eating vegetables than their rural peers.¹⁸⁵

FIGURE 10. CHILDREN EATING BREAKFAST EVERY DAY BY GENDER, TYPE OF AREA, AND AGE



Source: Bartkevičiūtė, R., et al. 2020.

As mentioned in the HBSC study of 2018, children with lower socio-economic backgrounds¹⁸⁶ were also more likely to have breakfast less frequently and have a less balanced dietary regimen.¹⁸⁷ As the interviewees in this study emphasised, a lack of healthy eating habits in a family also limits children's ability to learn and develop healthy eating habits.

¹⁸² EU-SILC SURVEY. 2019. Living conditions in Europe – material deprivation and economic strain. Retrieved from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe_-_material_deprivation_and_economic_strain&oldid=484559.

¹⁸³ Bartkevičiūtė, Barzda, Bulotaite, Miliauskė, Drungilas, Mokyklinio Amžiaus Vaikų Mitybos Įpročių, Faktinės Mitybos Ir Fizinio Aktyvumo Įpročių Tyrimo (2019-2020) Ataskaita.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ Socio-economic background is defined according to the Family Affluence Scale (FAS) which is a measure of material family wealth.

¹⁸⁷ Lietuvos moksleivių gyvenama ir sveikata.

The HBSC study (2018) conducted research on macronutrient-related nutrition issues among school children. The study revealed that school children in Lithuania do not consume enough fruit and vegetables. Only 66 per cent of students consume fruits and vegetables every day. Researchers emphasised that children's consumption of fruits and vegetables is largely impacted by socio-economic and demographic factors. As students grow older, their consumption of fruit and vegetables was found to decrease. Insufficient consumption of fruit and vegetables is particularly pronounced among the children from socio-economically poor families.¹⁸⁸ In general, girls tend to consume more fruit and vegetables than boys do.¹⁸⁹

Access by children to adequate nutrition in Lithuania is often analysed on the basis of a household's disposable income or access to adequate nutrition in schools. In addition, less is known about children of pre-school age, or those who do not attend typical educational institutions. No reliable data is available on the nutrition of children of pre-school age, as pre-school education is not compulsory in Lithuania (see Chapter 1 for more information).

Children who do not live in typical households, such as children in out-of-home care facilities, and the children of asylum seekers, are also not included in the available data. Furthermore, while the link between socio-economic background and patterns of nutrition has been acknowledged, little attention has been paid to the most socio-economically vulnerable groups such as Roma children. According to an interviewee who works directly with Roma children in Lithuania, most Roma children have unhealthy eating habits, which remain an important issue.

Overall, children of less educated mothers (those without higher education) and the children of unemployed mothers can be considered groups of children in need of effective access to healthy nutrition because these children are more likely not to be breastfed and to experience a lack of nutrition. In addition, children living in single-parent families, especially in rural areas, lack fruit and vegetables daily because their families often face financial issues and receive a low income. Research showed that large families with low incomes and low-income single-parent families cannot always afford healthy food and ensure their children's healthy eating habits. Families living in rural areas and/or smaller municipalities are at a higher risk of nutritional deprivation.

TABLE 14. CHILDREN'S EFFECTIVE ACCESS TO ADEQUATE NUTRITION – GROUPS IN NEED

VULNERABLE GROUP	ESTIMATED SIZE OF THE GROUP	STATISTICS - AREAS OF CONCERN	DATA GAP(S)	POLICY RESPONSE
Non-breastfed children	51% of all children (up to 6 months) in 2020 – approximately 10,000	Lack of work-life balance for mothers	Roma children who have been breastfed	Approval of an evaluation of health care institutions based on 'Infant Friendly Hospital' Standards'
	31 of all children (up to 3 months) in 2020 – approximately 6000	Knowledge about breastfeeding and its benefits	Migrant children who were breastfed	Counselling on breastfeeding in baby-friendly hospitals

¹⁸⁸ Socio-economic background is defined according to the Family Affluence Scale (FAS) which is a measure of material family wealth.

¹⁸⁹ Lietuvos moksleivių gyvensena ir sveikata.

Non-breastfed children of less educated mothers	Approximately 2,500 ¹⁹⁰ children of less educated mothers	(related to education and economic status)		
Non-breastfed children of unemployed mothers	Approximately 3,000 ¹⁹¹ children of unemployed mothers			
Non-breastfed children with single mothers (work-related)	-			
Low-income children who do not have normal weight	34.1% of all children in 2019-2020 – approximately 100,000	Lack of healthy eating habits in families Differences in the quality of free meals at school	There is insufficient data on the correlation between overweight or underweight children and socio-economic characteristics	WHO European Childhood Obesity Surveillance Initiative FEAD material assistance programme EU Action Plan on Childhood Obesity 2014-2020 The EU school fruit, vegetables and milk scheme Assessment thresholds of body mass index (BMI) for Lithuanian children ¹⁹² Student's certificate of annual health examination Free meals at school 'Approval of the Description of the Procedure for Organising Child Meals' Food policy standards and guidelines Universal child benefit Child maintenance benefit Lump-sum children's benefit to reduce the effect of COVID-19
Children in low-income families	Approximately 110,000 children in need who do not eat	Lack of healthy eating habits in families	Insufficient data on the access of pre-	The EU school fruit, vegetables and milk scheme FEAD material assistance programme

¹⁹⁰ The numbers are estimated by the authors of this report, based on the overall statistics of non-breastfed children in Lithuania and the results of other studies showing the percentage of particular groups of mothers who are not likely to breastfeed their children.

¹⁹¹ The numbers are estimated by the authors of this report, based on the overall statistics of non-breastfed children in Lithuania and the results of other studies showing the percentage of particular groups of mothers who are not likely to breastfeed their children.

Single-parent households (in rural areas)	fruit and vegetables every day (2019) Approximately 120 000 children in need who do not have breakfast everyday (2019)	Differences in the quality of free meals at school	school children to nutrition Access to nutrition among children's not attending educational institutions Roma children's access to nutrition Migrant children's access to nutrition Children with disabilities and health disorders	Healthy nutrition for children: The healthy future of Europe – Council conclusions (22 June 2018) Food policy standards and guidelines Adapted nutrition for children Free meals at school Universal child benefit Children maintenance benefit Lump-sum children's benefit to reduce the effect of COVID-19
Children in low-income large families				
Children in low-income single-parent families				
Children in rural areas and/or smaller municipalities ¹⁹³				

Source: compiled by PPML.

¹⁹³ This is an additional risk factor for all groups of children in need.

5. Effective access to adequate housing

This chapter provides an overview of the current situation regarding effective access to adequate housing in Lithuania for children and households with children. Its subsections present data on the take-up, unmet needs and barriers to access facing households with children in need across the country. The subsection on unmet needs covers various aspects of housing deprivation including housing cost overburden rate, economic problems such as arrears on mortgage or rent and utility bills as well as energy poverty, overcrowding and other measures of housing deprivation (leaking roof, damp walls, lack of some amenities, etc.), and so on. As the European Commission has pointed out, income inequality and poverty remain high in Lithuania, while the impact of social benefits on reducing poverty is critically low.¹⁹⁴ Income inequalities directly affect families' opportunities to effectively access adequate housing.

Take-up

The EU-SILC survey data (2019) shows that 35.5 per cent of low-income households with dependent children in Lithuania were the owners of their property, and 6.9 per cent of low-income families had a mortgage or loan for the property. In comparison, only 24.8 per cent of low-income households with dependent children across the EU27 owned their property, and 7.2 per cent of them had a mortgage or loan (see Table 15). Statistics on low-income households with dependent children also reveal that 7.7 per cent of low-income households in Lithuania lived as tenants, mainly renting a property at a reduced price – 6.3 per cent of them for free. The rate of tenancies among low-income households with dependent children across the EU27 in 2019 was much higher – 24.8 per cent overall (see Table 15). No significant differences were noted between different types of households with dependent children in Lithuania.

TABLE 15. DISTRIBUTION OF LOW-INCOME HOUSEHOLDS WITH DEPENDENT CHILDREN BY TENURE STATUS IN LITHUANIA AND IN THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Owner	40.5%	28.1%	37.6%	28.1%	33.7%	26.3%	30.2%	25.4%	35.5%	24.8%
Owner with mortgage or loan	2.6%	8.3%	2.5%	8.7%	2.4%	7.9%	3.1%	7.7%	6.9%	7.2%
Tenant	12.9%	26.2%	10.5%	26.0%	12.3%	26.3%	10.3%	26.2%	7.7%	24.8%
Tenant, rent at market price	1.6%	16.9%	0.9%	16.8%	1.3%	17.2%	1.4%	18.0%	1.4%	16.9%
Tenant, rent at reduced price or free	11.4%	9.4%	9.7%	9.2%	11.0%	9.2%	8.9%	8.2%	6.3%	7.9%

Source: EU-SILC survey 2019. Distribution of population by tenure status, type of household and income group [ilc_lvho02].

¹⁹⁴ European Commission. 2020. Country Report, Lithuania.

Those groups of families that cannot afford their own property or who rent a property, are eligible to apply for social housing. The key requirement for this focuses on annual income, with the whole process being regulated at national¹⁹⁵ and municipality level. National data shows that 11,000 families in Lithuania currently live in social housing. Experts from National Audit Office Lithuania have emphasised that the system of support for rented housing in Lithuania does not ensure that the most vulnerable people will be provided with housing more quickly, and investments in the development of social housing do not solve the problem of housing supply. The auditors also note that statistics in the country do not distinguish which groups of people have the greatest difficulty in finding housing on their own, and which of them are the most vulnerable.¹⁹⁶

In regard to children with disabilities, necessity of housing adaptation is also an issue for families in Lithuania, however, the government provides support to such families. Adaptations of housing for children with disabilities were carried out by 50 municipalities in 2020. Overall, 135 dwellings were adapted for children with severe disabilities, and technical assistance measures were implemented for 110 children with severe disabilities.¹⁹⁷

The housing arrangements for children without parental care in Lithuania is provided as part of the alternative care arrangements, which is overseen by the Ministry of Social Security and Labour and Ministry of Education.

Alternative care is provided to children in 2 situations:

- to children at risk who have been separated from their families due to child protection reasons, and
- to children who are placed on a voluntary basis (while parents continue to hold parental rights), usually for children with severe disabilities (Ministry of Social Security and Labour) and children with complex emotional needs /or complex behavioural issues (Ministry of Education, Science and Sports).

For separated children alternative care is organised both in residential and family-based care:

- Family-based alternative care includes care provided by relatives (kinship care, guardianship care) and care provided by foster families including professional foster parents. In Lithuania, foster care families or adopted parents are considered to be those families who have fully adopted children and have the same rights towards them as if these children were their biological children. Meanwhile, professional foster care parents are considered to be those guardians who foster children on temporary bases and do not have the same rights as to their biological children: children are left with the possibility to return to their biological families or to be adopted).
- Residential alternative care is provided through small community-based children care homes (lit. *bendruomeniniai vaikų globos namai*) and institutions (in the process of deinstitutionalization to be transformed into community-based homes).

¹⁹⁵ Lietuvos Respublikos paramos būstui įsigyti ar išsinuomoti įstatymo Nr. XII-1215 pakeitimo įstatymo projektas.

¹⁹⁶ National Audit Office of Lithuania. Valstybės kontrolė: socialinio būsto visiems neužteks. Available at: https://www.vkontrole.lt/pranesimas_spaudai.aspx?id=23127.

¹⁹⁷ Neįgalųjų reikalų departamentas prie Socialinės apsaugos ir darbo ministerijos. 2020 metų veiklos ataskaita: <http://www.ndt.lt/wp-content/uploads/Veiklos-ataskaitas-uz-2020-final.pdf>.

Children whose parents hold parental rights (in **voluntary placements**) are cared for and educated in 3 types of residential institutions:

- socialisation centres under the Ministry of Education, Science and Sports for children with complex emotional needs /with behavioural issues
- special schools under the Ministry of Education, Science and Sports for children with disabilities and children with special educational needs, and
- institutions for children with severe disabilities under the Ministry of Social Security and Labour.

In 2021, there were 6,622 separated children without parental care in alternative care arrangements:

1. **Residential care facilities:** a) 866 children were in institutional care; and b) 697 – in community-based care homes;
2. **Family-based care:** a) 2,959 were cared for by their family members (kinship and guardianship care); b) 307 in family-based residential facilities; c) 1,605 were in foster families; d) 188 in professional foster families.

Residential care is provided in large and smaller facilities:

- **(Small Scale) residential care** is usually defined by smaller groups of children placed together in one unit, usually 6-8. This care is provided in communities, in family-like environment. Community-based care is a type of care in which children live in homes, flats or cottages in a family-like manner, consisting of no more than eight children.¹⁹⁸
- **Institutional care** is usually provided in bigger institutional facilities, 4-6 children usually sharing a bedroom, with canteens and other common areas. As previously mentioned, deinstitutionalization is taking place in Lithuania and almost all of these institutions are abolished and all of them should be gone by 2023.

Alternative (family or community-based care) is preferred over institutional care, as every child in Lithuania is considered as having the right to live in a family or family-like home. Since 2014, deinstitutionalization has therefore taken place in Lithuania, and all institutional child care facilities were supposed to have been eliminated by 2020. However, the results of interviews show that not yet all institutions have been reformed. The interview data shows that some of the institutions have not been yet transformed into community-based care facilities due to complications while searching for new living facilities and adapting them. Institutions have encountered such problems as neighbours' resistance, resistance of landlords to rent their apartments to so many children (usually 6 to 8 children live in one apartment) and care providers' inability to quickly find ways how to utilize premises of institutional care homes. More to that, some of the new community-based facilities have to be renovated, which also takes time and therefore children have to temporarily keep living in institutions. Another issue that slowed down the process of deinstitutionalization is financing. Those institutions that have received investments from the EU Structural Funds for development of inpatient social services infrastructure in 2007-2013, and those institutions that have received financing from European Economic Space and Norwegian Financial Mechanism in 2004-2009, are

¹⁹⁸ Globa, Šeima. Bendruomenė. 2019. Bendruomeniniai globos namai visų pirma turi būti namai. Available at: <https://www.pertvarka.lt/naujienos/bendruomeniniai-vaiku-globos-namai-visu-pirma-turi-buti-namai/>.

entitled to provide institutional care and not to rearrange to community-based services until 2023¹⁹⁹. Even though community-based care is considered to be a much better care compared to institutional care, interviewees emphasised that even community-based children's care homes should be reorganised, and all children should be placed in professional foster care families, as the latter undoubtedly provides more favourable settings for children. Community-based services still keep strict routines, there are too many children and too little adults living in such facilities.

Children can also be assigned to temporary out-of-home placements when their parents experience various crises such as addictions. In these cases, team of specialists, including case workers, social workers, psychologists and more, work with children and their parents to ensure children's return home, to their biological families²⁰⁰. While parents are assisted in solving their various issues, such as addictions, unemployment, lack of parenting skills and insufficient living conditions to ensure children's safety, children are temporarily placed to community-based homes or professional foster care families. Usually, this type of intervention lasts up to one year and in the cases when families do not fulfil the criteria for their children to return home, after the year, children are enrolled into permanent foster care system. Nevertheless, there are various exceptions as the goal is for children to return to their biological families. These decisions are made in courts.

Meanwhile, previously mentioned socialization centres are for children with delinquent behavioural issues, who have committed crimes and are assigned to these centres by the legal bodies²⁰¹. Socialization centres are recognized as part of general education system, although children live in these institutions, are under constant monitoring are not allowed to leave the centres without workers' supervision. There are three socialization centres in Lithuania, two of them for boys and one for girls, and all of them are for children between 14 and 17 years old. In 2021, the modernization of these centres was started and the infrastructure is being renewed as well as more methodological tools are being introduced.

Special schools for children with special educational needs and disabilities have appropriated dormitories where children attending these schools usually live five days a week and return to their parents during the weekends. It is foreseen to reduce numbers of children living in such facilities by implementing more special education groups in general schools and improving children's with disabilities and special educational needs integration in general classes in all schools²⁰²²⁰³. These dormitories have been identified as becoming an alternative to community-based care facilities and

¹⁹⁹ Lietuvos Respublikos Socialinės Apsaugos ir Darbo Ministras. 2020. Įsakymas dėl Lietuvos Respublikos Socialinės Apsaugos ir Darbo Ministro 2007. M. vasario 20 d. įsakymo Nr. A1-46 "Dėl socialinės globos normų aprašo patvirtinimo" pakeitimo. Available at: <https://e-seimas.lrs.lt/portal/legalActPrint/lt?fwid=bkaxmg2c&documentId=72b50832833a11eaa51db668f0092944&category=TAD&fbclid=IwAR3KyaLmxPuVJzWRr3zbiXa9hUsXOuo4vxfbC9jdG6EnCw9boF6gj7Fr6m>

²⁰⁰ Valstybės vaiko teisių apsaugos ir įvaikinimo tarnyba prie Socialinės apsaugos ir darbo ministerijos. 2021. Globa (rūpyba). <https://vaikoteises.lt/veiklos-sritys/vaiko-globa-rupyba-ir-ivaikinimas/globa-rupyba/>

²⁰¹ Švietimo, mokslo ir sporto ministerija. 2020. Socializacijos centrai. https://socmin.lrv.lt/uploads/socmin/documents/files/Socializacijos%20centras_2020-06-08.pdf

²⁰² Švietimo, mokslo ir sporto ministerija. 2015. Tariamasi dėl socializacijos centrų ir specialiųjų mokyklų ateities: mažiau įstaigų, daugiau pagalbos vietose. https://www.smm.lt/lt/pranesimai_spaudai/naujienos_1/tariamasi-del-socializacijos-centru-ir-specialiuju-mokyklu-ateities-maziau-istaigu-daugiau-pagalbos-vietose

²⁰³ Švietimo, sporto ir mokslo ministerija. 2013. Dėl specialiųjų ir bendrojo ugdymo mokyklų, turinčių specialiąsias klases, bendrabučiuose gyvenančių vaikų skaičiaus ir pavėžėjimo. https://www.smm.lt/uploads/documents/veikla/Pazyma_bendrabuciai%5B1%5D.pdf

the need for intervention to families is recognised, as many of the families who enrol their children into these dormitories are recognised to have various social problems. Government seeks to ensure that children spend more time in their families rather than in such institutions, as living in families ensures meeting their emotional and social needs the best. There is also a lack of regulations regarding the staff of these dormitories and the number of the staff is insufficient²⁰⁴.

Unmet needs

The EU indicator of housing cost overburden is defined as the percentage of the population living in a household where the total housing costs (net of housing allowances) represents more than 40 per cent of the total disposable household income (net of housing allowances).²⁰⁵

Statistics reveal that in comparison to all types of households with children, **households of single parents with dependent children** were at higher risk in Lithuania – 10.8 per cent of this group experienced housing cost overburden in 2019. The EU27 average among this group also appeared to be higher – 16.6 per cent of households of a single adult with dependent children were overburdened by housing costs.²⁰⁶ EU-SILC survey data (2019) also show a significant decrease in the percentage of children (by 12 percentage points) who lived in **single-parent households** suffering housing cost overburden– from 22.8 per cent in 2018 to 10.8 per cent in 2019. In addition, there was a notable decrease in the percentage of **households consisting of two adults with three or more dependent children** who suffered from housing cost burden– from 11 per cent in 2015 to just 1.4 per cent in 2019 (see Table 16).

TABLE 16. HOUSING COST OVERBURDEN RATE BY HOUSEHOLD TYPE IN LITHUANIA AND IN THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Single person with dependent children	28.2%	23.0%	21.2%	20.0%	19.4%	18.4%	22.8%	18.9%	10.8%	16.6%
Two adults with one dependent child	6.8%	9.2%	6.2%	9.3%	2.6%	8.4%	2.0%	7.9%	4.6%	7.0%
Two adults with two dependent children	3.4%	8.3%	1.4%	7.9%	6.2%	7.1%	1.7%	6.2%	1.8%	6.5%
Two adults with three or more dependent children	11.0%	10.2%	4.3%	8.5%	4.1%	7.6%	5.5%	6.5%	1.4%	6.8%
Households with dependent children	7.4%	9.6%	5.5%	8.9%	5.6%	8.0%	4.8%	7.5%	3.6%	7.1%

Source: EU-SILC Survey. Housing cost overburden rate by household type. 2019. Housing cost overburden rate by household type [tessi166].

Although no accurate data are available on the distribution of households with dependent children experiencing housing cost overburden in rural/urban areas, a common tendency has been noted in relation to all households in Lithuania. It turned out that fewer rural residents complained of not being able to keep their home adequately heated or not being able to pay the rent, utility bills, housing or

²⁰⁴ Lietuvos Respublikos vaiko teisių kontrolieriaus įstaiga. 2016. Kontrolierė atliko tyrimą dėl mokyklų bendrabučiuose gyvenančių vaikų teisių ir teisėtų interesų užtikrinimo. <http://vtaki.lt/lt/naujienos/kontroliere-atliko-tyrima-del-mokyklu-bendrabuciuose-gyvenanciu-vaiku-teisiu-ir-teisetu-interesu-uztikrinimo>

²⁰⁵ European Index of Housing Exclusion 2021. Retrieved from: https://www.feantsa.org/public/user/Resources/reports/2021/CH3_EN.pdf.

²⁰⁶ Ibid.

other loans, or credit payments.²⁰⁷ Thus, housing costs including heating costs and another housing expenses appear to place a higher burden on households in **urban areas**.

According to the EU-SILC survey data (2019), 4.1 per cent of all children and 15.9 per cent of **children in low-income families** in Lithuania (below 60 per cent of the median equivalised income) were affected by housing cost overburden, compared with an EU27 average of 8 per cent of all children and 29.5 per cent of children in low-income families.²⁰⁸ (see Table 17). Thus, the data show that children living in low-income families suffer much more from housing cost overburden, both in Lithuania and in the other EU27 Member States. The housing cost overburden rate for all Lithuanian children, as well as for low-income children, has decreased over the years (from 10.1 per cent and 31.1 per cent respectively in 2015, to 4.1 per cent and 15.9 per cent in 2019); however, the difference between the rates among all children in Lithuania and low-income children in Lithuania still remains high. It is also worth mentioning that housing cost overburden in the EU27 decreased slightly over the years in comparison with data from Lithuania (see Table 17). **Migrant children**²⁰⁹ were also mentioned as one of the groups of children in need, however no accurate data on them are available.

TABLE 17. HOUSING COST OVERBURDEN RATE FOR CHILDREN (LESS THAN 18 YEARS OLD) IN LITHUANIA AND THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Below 60% of median equivalised income	31.1%	33.9%	26.2%	31.9%	25.1%	31.1%	27.4%	30.1%	15.9%	29.5%
All children	10.1%	10.7%	6.9%	9.7%	7.3%	8.8%	6.7%	8.1%	4.1%	8.0%

Source: EU-SILC survey 2019. Housing cost overburden rate by age group [ilc_lvho07a].

The latest national data confirms that in Lithuania, the most difficult situations occur in **households consisting of a single parent with dependent children** – 19.2 per cent of such households couldn't meet the expenses of mortgage, rent or utility bills (see Table 18). The data show that households consisting of **two parents with three or more children** (19.6 per cent of them) also face economic problems relating to housing costs, inability to keep the home adequately warm, etc. In this respect, households of single parents with dependent children and of two parents with three or more children were the most disadvantaged groups in 2020. National data show that they face economic problems including arrears on mortgage or rent, utility bills (electricity, water, gas) or hire purchase instalments (see Table 18).²¹⁰

TABLE 18. ARREARS ON MORTGAGE OR RENT, UTILITY BILLS (ELECTRICITY, WATER, GAS) OR HIRE PURCHASE INSTALMENTS BY HOUSEHOLD TYPE IN LITHUANIA (2015-2019)

	2015	2016	2017	2018	2019	2020
Households without children	7.0%	7.7%	6.1%	7.2%	6.7%	5.4%
Households with children	12.3%	13.6%	11.4%	13.5%	9.9%	9.1%
Single parent with dependent children	18.1%	27.9%	24.3%	21.0%	14.6%	19.2%
Two parents with three or more children	21.0%	18.1%	21.9%	21.7%	11.1%	19.6%

²⁰⁷ Official Statistics Portal. 2020. Income and living conditions of the population of Lithuania, 2020. Available at: <https://osp.stat.gov.lt/lietuvos-gyventoju-pajamos-ir-gyvenimo-salygos-2020/gyvenimo-salygos/materialiniai-nepritekliai>.

²⁰⁸ EU-SILC survey. 2019. Housing cost overburden rate by age group [ilc_lvho07a].

²⁰⁹ Feasibility Study for a Child Guarantee.

²¹⁰ Official Statistics Portal. Persons living in households facing economic problems: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=ea685f5d-197a-4709-859b-98f68b61525b#.

Source: Lithuanian Official Statistics Portal.

In 2019, 3 per cent of **low-income households** in Lithuania (those below 60 per cent of the median equivalised income) couldn't afford their mortgage or rent payments. Across the EU27, the average was significantly higher – 9.3 per cent. It is also worth mentioning that in relative terms, the rate in Lithuania was not high for all types of households with dependent children, including single-parent households and two-parent households with three or more children. Among the latter group, the rate in 2019 in Lithuania was 0 per cent (see Table 19).

TABLE 19. ARREARS ON MORTGAGE OR RENT PAYMENTS AMONG LOW-INCOME HOUSEHOLDS (BELOW 60% OF MEDIAN EQUIVALISED INCOME) WITH DEPENDENT CHILDREN IN LITHUANIA AND THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Households with dependent children	5.8%	13.2%	3.1%	12.1%	1.5%	11.0%	4.0%	10.8%	3.0%	9.3%
Single parent with dependent children	6.5%	14.8%	5.0%	11.7%	2.2%	12.8%	4.8%	11.8%	5.5%	10.6%
Two parents with three or more dependent children	9.3%	16.2%	0.0%	13.9%	2.4%	15.0%	6.9%	15.0%	0.0%	10.8%

Source: EU SILC survey 2019. Arrears on mortgage or rent payments [ilc_mdcs06].

The ability of a household to keep its home adequately warm is an indicator of energy poverty and is often linked with low household income, high energy costs, and homes with low energy efficiency.²¹¹ The financial inability to maintain an adequate temperature in housing affected 18.4 per cent of low-income households (below 60 per cent of median equivalised income) across the EU27 in 2019, having slightly decrease over the years (from 24.1 per cent in 2015 to 18.4 per cent in 2019) (see Table 20). In contrast to this trend, 11 countries saw the proportion of **low-income households** facing energy poverty increase significantly over the decade in question, including Lithuania.²¹²

In 2019, 35 per cent of households with dependent children in Lithuania were not able to keep their home adequately warm. Households consisting of a single parent with dependent children suffered even more – 41.8 per cent of such households in Lithuania were unable to adequately heat their homes, as well as 35.6 per cent of households consisting of two parents with three or more dependent children (see Table 20). Lithuania has the second largest number of children suffering from an inadequately warm home in the EU, particularly among those living in single-parent households and in low-income families.²¹³ Significantly fewer families complained of being unable to keep their home adequately warm among the rural compared with the urban population; likewise, slightly fewer complained of being unable to pay their mortgage, rent or utility bills (electricity, water, gas) or hire purchase instalments on time.²¹⁴

TABLE 20. INABILITY OF LOW-INCOME HOUSEHOLDS (BELOW 60% OF MEDIAN EQUIVALISED INCOME) TO KEEP THEIR HOME ADEQUATELY WARM IN LITHUANIA AND THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Households with dependent children	38.4%	24.1%	21.6%	22.2%	33.4%	19.0%	31.4%	19.4%	35.0%	18.4%

²¹¹ Feasibility Study for a Child Guarantee.

²¹² European Index of Housing Exclusion.

²¹³ Ibid.

²¹⁴ Income and living conditions of the population of Lithuania.

Single parent with dependent children	34.8%	22.6%	37.6%	20.6%	46.2%	18.7%	37.5%	18.7%	41.8%	18.4%
Two parents with three or more dependent children	35.8%	27.3%	4.3%	23.2%	29.7%	18.5%	21.0%	15.9%	35.6%	19.3%

Source: EU-SILC survey 2019. Inability to keep home adequately warm [ilc_mdcs01].

National data (2020) reveals that 30.1 per cent of Lithuanian households consisting of a **single parent with dependent children**, and 33.1 per cent of **two-parent households with three or more children** were unable to keep their home adequately warm.²¹⁵ Insufficient heating of the home can impair children's health. In addition, during hot periods, some of the population are unable to cool their housing down. For children with health problems, heat can make these problems worse. It seems that in the context of climate change, this problem can only increase.²¹⁶ Families who suffer energy poverty may be forced to allocate less financial resources to food, rent, transport, education, social or cultural activities. On the other hand, energy poverty is also linked to indebtedness because low-income people face difficulties in paying their bills on time, and are at risk of energy disruption and, in the worst cases, eviction.²¹⁷

Severe housing deprivation is defined at the EU level as: 1) living in an overcrowded household; and 2) exhibiting at least one of the following housing deprivation measures (leaking roof/damp walls/rot in windows, no bath/shower and no indoor toilet, or a dwelling that is considered too dark).²¹⁸ In the report on the survey conducted by the national network of organizations for poverty reduction in Lithuania, 56 per cent of children's day care centres²¹⁹ noted that disadvantaged families often do not have access to adequate housing and live in overcrowded dwellings with children sharing a room with several siblings or with parents or grandparents.²²⁰

EU-SILC data also show that **low-income households of two parents with three or more children** and **low-income households of two parents with two children** (below 60 per cent of median equivalised income) couldn't afford a property with a separate room for each person - the rates for the average number of rooms per person were 0.6 and 0.8, respectively.²²¹ The data show that the number of children in a household increases the risk of child deprivation in all countries.²²²

The rate of overcrowding in Lithuania in 2019 among children (under 18 years) was 50.2 per cent for **children in low-income families** (below 60 per cent of median equivalised income), compared with 37.3 per cent among all children. There has been almost no decrease in this area over the past five years. Rates for the EU27 as a whole are lower – 40.8 per cent of low-income children and 24.4 per cent of all children lived in overcrowded dwellings in 2019 (see

²¹⁵ Persons living in households facing economic problems (statistics).

²¹⁶ Nacionalinis skurdo mažinimo organizacijų tinklas. 2019. Skurdas ir socialinė atskirtis Lietuvoje, 2019: <https://www.smtinklas.lt/wp-content/uploads/simple-file-list/Metin%C4%97-skurdo-ir-socialin%C4%97s-atiskirties-ap%C5%BEvalga/Skurdas-ir-socialine%CC%87-atiskirtis-Lietuvoje-2019.pdf>.

²¹⁷ Ibid.

²¹⁸ Feasibility Study for a Child Guarantee.

²¹⁹ Children's day care centres organise and provide social care services for children from low-income families with social risk problems and children with disabilities, as well as their family members in order to develop their social and life skills, help realise their abilities, reduce their social exclusion or help to avoid social problems.

²²⁰ Nacionalinis skurdo mažinimo organizacijų tinklas. 2020. Skurdas ir socialinė atskirtis Lietuvoje, 2020. Available at: https://www.smtinklas.lt/wp-content/uploads/2020/10/Skurdas-ir-socialine-atiskirtis_2020.pdf.

²²¹ EU-SILC survey. 2019. Average number of rooms per person by type of household and income group from 2013.

²²² Feasibility Study for a Child Guarantee.

Table 21). The rate of overcrowding among the population as a whole was approximately half – 27.3 per cent of the whole population of Lithuania lived in overcrowded properties in 2019.²²³

TABLE 21. OVERCROWDING RATE AMONG CHILDREN (UNDER 18 YEARS) IN LITHUANIA AND THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Below 60% of median equivalised income	52.4%	42.9%	51.7%	43.2%	53.5%	40.1%	49.8%	40.2%	50.2%	40.8%
All children	40.1%	24.9%	34.3%	24.9%	36.7%	24.5%	36.3%	24.1%	37.3%	24.4%

Source: EU-SILC survey 2019. Overcrowding rate by age, sex and poverty status – total population [ilc_lvho05a].

The most overcrowded types of **households** in Lithuania were those **with dependent children** – 35.3 per cent in 2019. This figure is significantly different from the rate across the EU27 as a whole, which is much lower, at 24.5 per cent (see Table 22). In Lithuania, the types of household with the highest rates of overcrowding were **two-parent households with three or more dependent children** (49.7 per cent) and **single-parent households with dependent children** (47.5 per cent) (see Table 22).

TABLE 22. OVERCROWDING RATE BY HOUSEHOLD TYPE IN LITHUANIA (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Households with dependent children	38.9%	25.7%	34.6%	25.4%	37.2%	25.0%	35.5%	24.4%	35.3%	24.5%
Single adult with dependent children	46.4%	25.9%	45.2%	26.8%	43.1%	25.9%	44.7%	25.1%	47.5%	24.4%
Two adults with three or more dependent children	62.4%	30.7%	45.8%	30.3%	51.9%	30.6%	51.2%	31.1%	49.7%	32.4%

Source: EU-SILC survey 2019. Overcrowding rate by household type – total population.

In Lithuania, 28.8 per cent of **children in low-income households** (below 60 per cent of median equivalised income) were affected by housing issues such as a leaking roof; damp walls, floors or foundation; or rot in the window or floor. There was a significant difference between low-income children and all children in Lithuania, for whom the overall rate for the aforementioned housing problems was 15.2 per cent, revealing the unequal situation among children within the country. The rate among children in low-income families in Lithuania is much higher than the EU27 average of 21 per cent of low-income children experiencing poor living conditions (see

Table 23). In terms of households with dependent children, the group that was statistically worst affected in 2019 (45.6 per cent) was **children living in low-income households of two parents with three or more dependent children** and **low-income children living in single-parent households** (28.8 per cent).²²⁴

TABLE 23. CHILDREN (AGED 0 TO 17) LIVING IN A DWELLING WITH A LEAKING ROOF, DAMP WALLS, FLOORS OR FOUNDATION, OR ROT IN WINDOW FRAMES OR FLOOR IN LITHUANIA AND THE EU27 (2015-2019)

²²³ EU-SILC survey. 2019. Overcrowding rate by age, sex and poverty status – total population [ilc_lvho05a].

²²⁴ EU-SILC survey. 2019. Total population living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames or floor - EU-SILC survey [ilc_mdho01].

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Below 60% of median equivalised income	26.5%	27.0%	38.4%	28.2%	33.5%	22.4%	29.5%	23.5%	28.8%	21.0%
All children	16.7%	16.8%	19.7%	17.2%	18.2%	14.3%	15.5%	14.9%	15.2%	13.7%

Source: EU-SILC survey 2019.

According to EU-SILC data (2019), there were still 10.5 per cent of all children in Lithuania who did not have an indoor flushing toilet, and 10.4 per cent had neither a bath nor a shower in their dwelling. These rates are significantly higher than the EU27 average of just 1.9 per cent of children living without both a bath and a shower, and 2 per cent of children who did not have an indoor flushing toilet.²²⁵ In addition, 6.4 per cent of all Lithuanian children and 9.7 per cent of **children from low-income families** (below 60 per cent of median equivalised income) lived in households whose dwellings were considered too dark.²²⁶

In 2016, various types of households with children in Lithuania did not have certain amenities including central heating, piped water, piped water from the central supply, hot water, sewerage, an indoor toilet, bath and shower, or separate kitchen.²²⁷ Higher levels of deprivation of hot water from the central supply (between 36 and 62 per cent of households by family composition) were noted in 2016.²²⁸ It was noticed that **single-parent families** in comparison with couples raising children had lower rate of lacking amenities

EU-SILC data shows that 24.6 per cent of **children from low-income families** (below 60 per cent of median equivalised income) were affected by severe housing deprivation in Lithuania in 2019. At the same time, the rate of low-income children in the EU27 experiencing severe housing deprivation in 2019 was 14 per cent. A sizeable difference can be seen in Lithuania between the rate for all children (14.8 per cent) and that for low-income children (24.6 per cent), which shows that inequalities still remain. Over the past five years, the rate of severe housing deprivation among low-income children has slightly decreased (with several fluctuations both downwards and upwards), however, still remains fairly high in Lithuania (see Table 24). In terms of household types, **households with dependent children** suffered a higher rate of severe housing deprivation (12.8 per cent, in comparison to 3.2 per cent of all households), especially **households of parents with three or more dependent children** (22.8 per cent) and **single parents with dependent children** (18.8 per cent).²²⁹

TABLE 24. SEVERE HOUSING DEPRIVATION RATE AMONG CHILDREN IN LITHUANIA AND THE EU27 (2015-2019)

	2015		2016		2017		2018		2019	
	LT	EU27	LT	EU27	LT	EU27	LT	EU27	LT	EU27
Below 60% of median equivalised income	28.8%	19.2%	30.6%	18.8%	29.1%	14.2%	22.8%	15.0%	24.6%	14.0%
All children	14.9%	8.0%	13.4%	7.7%	13.9%	6.6%	12.0%	6.4%	14.8%	6.0%

²²⁵ EU-SILC survey. 2019. Children (aged 0 to 17) having neither a bath, nor a shower in their dwelling [ilc_mdho02c]; EU-SILC survey. 2019. Children (aged 0 to 17) not having indoor flushing toilet for the sole use of their household [ilc_mdho03c].

²²⁶ EU-SILC survey. 2019. Children (aged 0 to 17) living in households considering their dwelling as too dark [ilc_mdho04c].

²²⁷ Official Statistics Portal. Amenities in households' dwelling: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=9d1351c9-8b49-4e8b-8456-68dfe57180bc#.

²²⁸ Amenities in households' dwelling.

²²⁹ EU-SILC survey. 2019. Severe housing deprivation rate by household type [ilc_mdho06b].

Source: EU-SILC survey 2019. Severe housing deprivation rate by age, sex and poverty status [ilc_mdho06a].

National data shows that people with disabilities and their families are among the most deprived groups in Lithuania. **Lack of services for disabled children** often leads to a decrease in income for family members (most often mothers). In addition, the financial costs for families raising children with a disability are often higher than usual due to the need for medicines, technical tools, services, etc. These **costs** sometimes **exceed the real family income**.²³⁰ There is also a **lack of adapted housing** for families raising children with disabilities.²³¹ Although adaptations of housing for children with disabilities were carried out by 50 municipalities in 2020, the overall **needs for such housing adaptation were not met**, as only 58.4 per cent of requests were executed.²³² However, insufficient data are available on housing deprivation among children with disabilities.

It is extremely difficult to measure the housing conditions of children in out-of-home care, due to the lack of data and the diversity of settings. For some of these children, housing conditions are sometimes not of high quality and **may not offer a safe and caring environment**.²³³ However, as mentioned in one of the first interviews on alternative care, the physical conditions for children living in an alternative care (residential or family-based care) must meet the necessary legal requirements. As a result, the quality in most cases is high. Therefore, Government should continue its efforts of deinstitutionalisation and the transition from institutional to community- and family-based care. Children living in institutional care facilities experience various disadvantages compared with children living with their parents or children without parental care living in alternative care settings. These children are usually segregated and are not well integrated into society in many respects – they mostly socialise between themselves, and attend the same schools, day centres and other non-formal education activities within the children care institutions.²³⁴ Children living in such institutions have insufficient personal space, as they live in big rooms with several other children and eat in a canteen-like facilities.²³⁵ These children also lack personal attention and care from adults, and are therefore more often experience developmental delays and various psychological issues compared with children without parental care who are living in alternative care arrangements. More to that, the data show that children in institutional care are more prone to abuse both from their care givers and peers. In the past there were cases of sexual and physical abuse reported against children living in institutions^{236,237}. The situation improved in 2011 when the law against child abuse was introduced and the conditions dramatically improved: institutions were regularly audited, workers attended various seminars on how to identify abuse and how to regulate themselves in the health of the moment, children attended various workshops on how to identify abuse and are provided with information where to seek help, who to contact and report cases

²³⁰ Skurdas ir socialinė atskirtis Lietuvoje.

²³¹ Ibid.

²³² Neįgalųjų reikalų departamento 2020 m. veiklos ataskaita.

²³³ Feasibility Study for a Child Guarantee.

²³⁴ Žmogaus teisių stebėjimo institutas. 2016. Vaikų teisių padėtis Lietuvos stacionariose globos ir ugdymo įstaigose. Available at: http://www.hrmi.lt/uploaded/PDF%20dokai/TYRIMAI/Vaiko_teisiu_padetis.pdf.

²³⁵ Ibid.

²³⁶ Rašimienė, R. 2010. Prievartos pasireiškimas prieš vaikus ir jos prevencija skirtingo tipo ugdymo įstaigose. http://www.vaikystebesmurto.lt/_sites/paramosvaikamscentras/media/images/Biblioteka/2010_11_05_konf_prievartos_pasireiskimas_pries_vaikus_ir_jos_prevencija_skirtingo_tipo_ugdymo_institucijose.pdf

²³⁷ Children Support Centre. 2010. Vaikų iš globos namų apsaugos nuo smurto ir seksualinės prievartos Lietuvoje stiprinimas. Tarpdisciplininis požiūris. http://vaikystebesmurto.lt/_sites/paramosvaikamscentras/media/images/Biblioteka/2010_11_05_konf_seksualine_prievarta_prie_s_vaikus_is_globos_instituciju_tyrimo_pristatymas.pdf

of abuse to²³⁸. Nevertheless, some cases of abuse were highlighted by the media in 2015, which renewed the attention towards deinstitutionalization, which was originally started in 2003 but there were no systematic changes implemented until then²³⁹.

The results of the research carried out in 2020 on children who have been through the process of deinstitutionalisation show that their lives have dramatically improved since moving from big institutions into small community-based children care homes.²⁴⁰ Both the children and their social workers reported that the children had made more social connections, demonstrated better educational outcomes, found new hobbies, and learnt new skills especially in relation to taking care of their homes, laundry, cooking and more.²⁴¹ Some children reported that before moving to small community-based children care homes they did not know how to use a washing machine or cooking stove, and had no experience of grocery shopping, cooking and other activities. The children reported feeling much happier overall in small community-based children care homes, they enjoyed having their own personal space which they could decorate the way they wanted to. They enjoyed having the freedom to cook, eat or take showers whenever they want, to have more peaceful time, and to attend non-formal education activities outside their care home. Also, children feel much more like their peers; they reported having new friends, who they sometimes invite to their new care homes. Overall, 93 per cent of 212 interviewed children reported being happy about changing their living facilities from institutional care to community-based children care homes.²⁴²

Social workers report that these children became much happier, more confident and exhibited much less problematic behaviour, and that their relationships with their social workers became much closer. The results of the research show that even children's relationships with their biological parents have improved. According to social workers, parents feel more relaxed as they can come visit without any formal procedures, simply by informing the workers via a quick call.

Nevertheless, the issue of bullying still persists, and some children living in community-based children care homes experience bullying at school or in the neighbourhood.²⁴³ Children also reported that due to their change of living location, they had lost some of their older connections. Moreover, although community-based children care homes are supposed to make children feel as if they are living in the family, according to social workers some elements of institutional care still remain, such as very strict rules regarding the time at which they have to return home, strict daily routines, and strict housekeeping rules. Social workers also report having insufficient knowledge of psychology as they struggle to deal with children's crises, extreme behaviours, and other mental challenges. In community-based children care homes, there is usually one social worker working at a time, with no support staff on hand as there were when the children lived in institutions.²⁴⁴

In terms of Roma neighbourhoods, they are frequently **overcrowded, affected by a lack of water, gas, electricity and public services in most EU Member States**. Roma people also face **discrimination in**

²³⁸ Lietuvos Respublikos Seimas. 2011. Lietuvos Respublikos apsaugos nuo smurto artimoje aplinkoje įstatymas. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.400334>

²³⁹ European Commission. 2016. Resistance to the deinstitutionalization of the childcare system in Lithuania. Available at: <file:///C:/Users/VPVI/Downloads/ESPN%20-%20Flash%20Report%202016-15%20-%20LT%20-%20March%202016.pdf>

²⁴⁰ Contextus. 2020. Institucinės globos pertvarkos I-ojo etapo vertinimas. <https://www.pertvarka.lt/wp-content/uploads/2016/07/Pertvarkos-vertinimo-ataskaita.pdf>.

²⁴¹ Contextus. 2020. Institucinės globos pertvarkos I-ojo etapo vertinimas. <https://www.pertvarka.lt/wp-content/uploads/2016/07/Pertvarkos-vertinimo-ataskaita.pdf>.

²⁴² Ibid.

²⁴³ Institucinės globos pertvarkos I-ojo etapo vertinimas.

²⁴⁴ Ibid.

access to housing and segregation.²⁴⁵ However, insufficient information is available on the housing situation for Roma children in Lithuania. However, according to one of interviewee, the social housing provided to Roma families may not be of high quality, and may be overcrowded, leading to poor conditions, and is often difficult to keep adequately warm, etc.

The children of recent migrants and refugees also face general risks relating to affordability and the lack of adequate affordable housing stock. However, they are disproportionately affected by specific risks pertaining to the private rental market, where they often face discrimination regarding access to housing.²⁴⁶ During the period of integration into a Lithuanian municipality, persons who have been granted asylum are paid a monthly benefit for basic necessities (housing rental, public utilities, food, transport, etc.). In 2019, 458 foreigners benefited from integration support at the Refugee Reception Centre.²⁴⁷ No relevant data are available on migrants' challenges in obtaining adequate housing in Lithuania.

In Lithuania, homelessness is defined only in relation to living in temporary accommodation. As a result, those people living outdoors or in uninhabitable buildings do not fall within the statistics. According to the survey conducted by the national network of organisations for poverty reduction in Lithuania, specific attention should be paid to 'children in street situations' who work or live on the street, although it is unclear how many of such children there are in Lithuania, as they gather in different locations and many of them might not be recognised by street workers. Young people suffering homelessness in Lithuania are usually **children raised in the care system**. For them housing is one of the major issues. Studies have shown a relationship between living in an institution as a child/teenager and housing instability or homelessness later in life.²⁴⁸ Therefore, experts emphasise that it is necessary to follow the 'housing first' point of view, developing specialised services that do not presently exist for young people in homelessness.²⁴⁹ However, data on homeless families with children are insufficient, and no data exist with regard to 'children in street situations'. Lithuania is one of the only EU countries without a specific integrated homelessness strategy. Lithuania's national statistical agency (Statistics Lithuania) counts the number of people who use the services of homeless shelters and **emergency shelters for mothers and children** each year. In 2019, 4,015 homeless people were counted in total, a decrease of 16 per cent compared with 2018. Some 1,858 people were living in emergency/temporary accommodation and 2,157 people were accommodated in emergency reception centres for mothers and children. The **Roma community** in Lithuania is particularly vulnerable to homelessness.²⁵⁰ Roma comprise less than 1 per cent of Lithuania's total population yet in 2015, 75 per cent of Roma lived in poverty (nearly 40 per cent of Roma were unemployed), while the average for the country in that year was almost four times lower – around 20 per cent.²⁵¹

The pandemic did not lead to the opening of additional emergency accommodation spaces, despite instructions to self-isolate at home in the event of COVID-19 infection.²⁵² As a result, homeless people

²⁴⁵ Feasibility Study for a Child Guarantee.

²⁴⁶ Feasibility Study for a Child Guarantee.

²⁴⁷ Ministry of Social Security and Labour. Integration of foreigners: <https://socmin.lrv.lt/en/activities/social-integration/integration-of-foreigners>.

²⁴⁸ Feasibility Study for a Child Guarantee; Viner, R.M., and B. Taylor. 2005. Also: Montgomery, P., C. Donkoh, and K. Underhill. 2006.

²⁴⁹ Skurdas ir socialinė atskirtis Lietuvoje.

²⁵⁰ European Index of Housing Exclusion.

²⁵¹ Peseckytė, G. Lithuania's Roma struggle to find new homes after mass eviction: <https://www.aljazeera.com/features/2020/12/14/lithuanias-roma-struggle-to-find-new-homes-after-city-eviction>.

²⁵² European Index of Housing Exclusion.

could not access even temporary accommodation, and have become even more vulnerable in the face of the crisis. Housing assistance could not be provided to new people during quarantine, and a health certificate was required to gain even temporary accommodation services (often, medical clinics refused to organise appointments due to the pandemic). In addition, in cases where people had left housing, they were not allowed to return.²⁵³

Barriers to access

Across the EU27²⁵⁴, **single-parent families** spent a much **higher proportion of their income on housing** than any other group – 26.3 per cent in 2019, compared with 18.5 per cent among the general population. In Lithuania, 23.4 per cent of single parents experienced housing cost overburden, compared with 14.4 per cent among the general population.²⁵⁵ Most of these households consisted of **single mothers with children**.²⁵⁶ Due to the lack of work-life balance, it is much more difficult for mothers to find jobs. Therefore, they often take up lower-paid or part-time positions.²⁵⁷ EU-SILC survey (2019) data shows that households consisting of two parents with three or more dependent children were also one of the most affected groups (directly related to low income in the family).

According to Lithuanian data, **single-parent households** and **two-parent households with three or more children** had the lowest disposable monthly income per capita in 2019 – EUR 327 and EUR 350, respectively although these amount have consistently increased over the years.²⁵⁸ The results of a survey conducted by the national network of organizations for poverty reduction in Lithuania showed that the incomes of disadvantaged families decreased after the pandemic started, as some parents lost their jobs.²⁵⁹ Thus, **low income** and/or **unemployment** or difficult opportunities for parents to find a job may be considered barriers to families being able to afford effective access to adequate housing in Lithuania. In most cases, families with dependent children who lack good living conditions can apply for financial assistance at municipality level; however, financial help may not always be sufficient. Additional support is often provided by NGOs.

TABLE 25. AMOUNT OF MONTHLY DISPOSABLE INCOME PER CAPITA IN LITHUANIA (2015-2019)

	2015	2016	2017	2018	2019
Households without children	EUR 421	EUR 469	EUR 515	EUR 549	EUR 597
Households with children	EUR 324	EUR 337	EUR 357	EUR 414	EUR 461
Single parent with dependent children	EUR 219	EUR 241	EUR 241	EUR 284	EUR 327
Two parents with one child	EUR 365	EUR 414	EUR 459	EUR 502	EUR 598
Two parents with two children	EUR 372	EUR 343	EUR 370	EUR 428	EUR 448
Two parents with three or more children	EUR 212	EUR 228	EUR 2017	EUR 337	EUR 350

Source: Official Statistics Portal. Composition of monthly disposable income in cash.

²⁵³ Skurdas ir socialinė atskirtis Lietuvoje.

²⁵⁴ Estimations were made by the authors of this study based on the data of European Index of Housing Exclusion 2021.

²⁵⁵ European Index of Housing Exclusion.

²⁵⁶ Skurdas ir socialinė atskirtis Lietuvoje.

²⁵⁷ Ibid.

²⁵⁸ Official Statistics Portal. Average disposable income per household per month by type of household <https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=03dfa230-b24b-4dc8-9279-33175f76e84e#/>.

²⁵⁹ Skurdas ir socialinė atskirtis Lietuvoje.

As the data from 2019 shows, low income leads to financial deprivation due to housing expenditure. In particular, 16.7 per cent of **single-parent households with dependent children** suffered a heavy financial burden due to housing costs, and 65.6 per cent a slight financial burden. In comparison with data from previous years, the decrease in the percentage of households suffering a heavy burden (from 38.6 to 16.7 per cent) and the increase in those suffering a slight burden (from 46.7 to 65.8 per cent) could be seen as a significant improvement in the financial situations of most single-parent households.²⁶⁰ An increase was also seen in the percentage of single-parent families that were not financially overburdened at all (from 6.5 per cent in 2012 to 17.4 per cent in 2019). A heavy burden of housing expenditure also was noted in 22.2 per cent of households with **two parents with three or more children** (with a significant decrease of 10 per cent between 2015 and 2018), with 57.7 of these families suffering a slight burden.²⁶¹ Overall, the data indicate an insufficient improvement for children in need and their families, as the financial burden of housing costs, while decreasing, still remains high in Lithuania (mainly due low incomes and the difficulty of getting a job). High housing costs may also indicate issues with the low energy efficiency of homes and high energy costs.

In terms of social housing in Lithuania, approximately 10,000 people are currently on the waiting list. The largest numbers of **families waiting for social housing** are in big cities – Vilnius (16.1 per cent of those waiting for social housing), Kaunas (7.4 per cent), Klaipėda (6.4 per cent) and Šiauliai (5.2 per cent).²⁶² As mentioned by one interviewee, social housing may be overcrowded and/or offer poor living conditions. In addition, families with children who live in social housing often suffer energy poverty. Families living in social housing are also **stigmatised** in Lithuania, which remains an important issue not only physiologically affecting families with children but also having an impact on plans for the purchase and allocation of social housing. According to the latest survey by the Ministry of Social Security and Labour, residents with lower incomes and those living in smaller towns are more tolerant of the problems of disadvantaged families seeking social housing.²⁶³ Waiting times for social housing will be shortened to five years by 2024, and to three years by 2026. If, by the end of this period, a municipality has not been able to provide social housing for an individual or family, it will have to compensate the actual rental price of suitable housing in the market.²⁶⁴

For children with disabilities, there is **lack of adapted services** that often results in parents being unable to work full-time or obtain an adequate income. The **lack of adapted housing** for children with disabilities also remains an issue in Lithuania.

Regarding an issue of children care institutions, the data shows that they have not been yet entirely eliminated due to the insufficient number of alternative, family and community based services. For example, in 2021 the country had only 217 professional foster parents families.²⁶⁵ Not all institutions can be eliminated at this point due to such challenges as a lack of staff in community-based care homes, a shortage of temporary foster care families and professional foster parents, and a lack of homes, flats or

²⁶⁰ Official Statistics Portal. Burden of housing expenditure on household: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=5f4551ea-231a-4b63-8108-52af37043d64#/#/](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=5f4551ea-231a-4b63-8108-52af37043d64#/).

²⁶¹ Official Statistics Portal. Burden of housing expenditure on household: <https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=5f4551ea-231a-4b63-8108-52af37043d64#/#/>.

²⁶² ES investicijos. Ką daryti su socialinių būstų gyventojais: išstumti į užribę ar priimti į bendruomenę? <https://www.esinvesticijos.lt/lt/naujienos-1/naujienos/ka-daryti-su-socialiniu-bustu-gyventojais-istumti-i-uzribi-ar-priimti-i-bendruomene>.

²⁶³ Ibid.

²⁶⁴ LR Paramos būstui įsigyti ar išsinuomoti įstatymo pakeitimas. Projektas Nr. XIII P-4777(2).

²⁶⁵ OSP. 2021. Families (family care homes) and foster children in them by municipality. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=11d8e198-01d9-4255-a089-b8bc2970d140#/#/](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=11d8e198-01d9-4255-a089-b8bc2970d140#/).

cottages being available to rent. The research results show that Lithuanian people attach strong stereotypes towards children left without parental care, and tend to avoid having them in their neighbourhoods. It is therefore hard to find a location in which neighbours will not protest at having community-based care facilities in their area.²⁶⁶ Moreover, landlords too do not want to have so many children in their properties, which further complicates the issue of finding suitable residences. Nevertheless, the data show that after children move to new homes, the attitudes of neighbours and landlords change – hostility and suspicion are replaced by warmth, and children make good connections with local communities²⁶⁷. Moreover, some municipalities have already rented or purchased new facilities for community-based services but the facilities are still undergoing the process of renovation.

Overall, **single-parent households with dependent children** and **households of two parents with three or more dependent children (both in relation to low-income)** can be considered groups of children in need of effective access to decent housing, as they face the following issues more than other groups: burden of housing costs (although this has decreased over the years); difficulties in keeping the home adequately warm; poor living conditions such as a leaking roof, damp walls, rot in the windows and other problems; overcrowding; and severe housing deprivation. Households with dependent children (including single-parent households and two-parent households with three or more children) living in urban areas were also at a higher risk of suffering the burden of housing costs, particularly in relation to energy poverty.

TABLE 26. CHILDREN'S EFFECTIVE ACCESS TO ADEQUATE HOUSING – GROUPS IN NEED

INDICATOR	VULNERABLE GROUP	ESTIMATED SIZE OF THE GROUP	STATISTICS – AREAS OF CONCERN	DATA GAPS	POLICY RESPONSE
Burden of housing costs	Children in low-income families Children in single-parent families Large families (three and more children) Children living in rural areas Children with disabilities	4.1% of all children – approximately 20,000 children	Long waiting list for social housing Lack of good-quality social houses Stigmatisation of Roma families and families living in social houses	Lack of data on Roma children Insufficient data on children with disabilities Lack of data on migrant children	Universal child benefit Social benefits Support for the purchase or rent of housing. Financial social assistance (including water, heating expenses, etc.) for deprived people (families). Public housing schemes
Keeping home adequately warm (energy poverty)	Children in low-income families Children in single-parent families	26% of all children – approximately 600,000 children	Lack of adapted housing for children with disabilities	Lack of data on Roma children Insufficient data on children with disabilities	Universal child benefit Social benefits Financial social assistance (heating expenses)

²⁶⁶ Institucinės globos pertvarkos I-ojo etapo vertinimas.

²⁶⁷ Ibid.

	Large families (three or more children) Children living in urban areas		Lack of work-life balance for parents (especially mothers)		
Unfit housing and poor living conditions (severe housing deprivation)	Single-parent families Large families (three or more children) children Families raising children with disabilities	14.8% of all children – approximately 70,000 children	Low income Unemployment	Insufficient data on children with disabilities Lack of data on Roma children No data on the quality of housing in alternative care	Universal child benefit Social benefits Transformation of institutional care. Housing adaptation for families raising children with disabilities
Homelessness	Mothers with children (mostly victims of violence) Roma children Children after leaving alternative care	Approximately 2,000 mothers with children		Statistics do not include all homeless people No specific statistics regarding street youth	Universal child benefit Social benefits Temporary housing
	Children living in institutional or community-based care facilities I would suggest to keep this part as “children in care system”	6,622 children living in institutional or community-based care	Lack of places in foster families (for older children, children with behavioural issues etc.) Lack of knowledge on the part of social workers working in community-based facilities Requirement to provide ‘home-like’ child care services is not completely fulfilled Increased risk of homelessness		Legislation on the transition from institutional care to family and community services

Source: compiled by PPML.

Key findings and conclusions

1. Quality early childhood education and care services are least accessible to children below 3 years old, children from low-income families including single-parent families, children living in rural areas, and children with disabilities.

In 2021, only slightly more than 20 per cent of children of 3 years old and under attended ECEC, while 60 per cent were taken care of solely by their parents. Fifty per cent of the population find it difficult to afford ECEC for children between the ages 0 and 2 years old. Between the ages of 0 and 5, 61.9 per cent of children attended ECEC – 74.1 per cent in cities and 32.8 per cent in rural areas, making children in rural areas a vulnerable group. Families with children living in **rural areas** reported ECEC services being more difficult to afford and access logistically, compared with families with children living in cities - 23 out of 60 municipalities do not provide a shuttle service for children to attend ECEC. **Low-income families living in rural areas** experience even greater difficulty in affording ECEC services – 56.9 per cent experience moderate difficulty and 28.5 per cent experience some difficulty. Children under 3 years old from a **poor socio-economic background**, and children with **less educated mothers**, 75 per cent fewer children attend formal ECEC compared with their peers, and children from 3 to 6 years old attended ECEC services approximately 25 per cent less often. Just 64 per cent of those children between ages 0 to 5 living in **precarious family situations** attended child care services. The reasons the lack of involvement in ECEC of children living in precarious family situations is their parents' reluctance to enrol their children in ECEC, as well as municipalities' lack of capacity to transport children living in remote areas and to provide the necessary services for **children with special needs**. In 2020, 56 out of 716 ECEC settings provided targeted services to children with special educational needs in specialised groups integrated into general ECEC institutions. All of these ECEC institutions were located in big cities.

Public ECEC do not meet hygiene requirements, as the groups of children are too large and there are too many children to each educator – the recommended ratio is no more than one educator to 20 children. Moreover, single parents experience discrimination regarding access to public services - priority in the queue to get child care places goes to those children with both parents registered in the same city.

Policy response

To improve children's attendance, ECEC has been made mandatory for all children of 6 years old. To ensure the accessibility of these services, shuttle services and transport compensations have been provided and the provision of child care services has been expanded. Moreover, government has implemented mandatory ECEC attendance for children living in precarious family situations, when ordered to do so by municipality's administrative director.

To reduce the financial burden on families that cannot access public child care services, EUR 100 compensation has been made available in some municipalities (such as Vilnius and Kaunas) for children to attend private ECEC.

To ensure educators' qualifications, all teachers in Lithuania are required to hold a Bachelor's degree (four years, 240 ECTS) or Professional Bachelor's degree in Integrated Pedagogical Studies (three years, 210 ECTS), and to receive special training before starting work in ECEC settings.

Children can also attend day care centres, which are most common for children with special needs or disabilities and those living in families at social risk. These centres can be also used for older, school-age children, usually as an after-school activity. The government day care centre scheme addresses two

main purposes: daily services for children in the short term, and the wellbeing of vulnerable families (especially single parents) in the long term. In 2019 there were 9,320 attending day care centres. In 2020, there were 426 day care centres operating across the country.

2. Access to quality education is least available to children living in rural areas, children from low-income families including single-parent families, children with special education needs and disabilities, children with a migrant background or different ethnic background, especially Roma children.

Although compulsory schooling in Lithuania is free of charge in terms of tuition fees, there are still 'hidden' costs relating to education, including books, school trips, canteen costs and transport to school. Average annual costs per 'average child' amount to EUR 240-280. Almost 30 per cent of households in Lithuania find it very or moderately difficult to cover the costs of formal education, especially families living in rural areas. Over 40 per cent of **income-poor families** suffer from this problem, and over 60 per cent of **single-parent households**.

Lithuania's child population scored lower results in PISA tests compared with the European average, with the worst numbers recorded among children from **low-income families** – children with low SES lag behind their better-off peers by 24 points. A large gap in achievement also exists between children living in big cities and rural areas – the scores achieved in PISA tests by children in **rural areas** are roughly half those in big cities. Academic achievements in rural areas are lower due to large socio-economic differences and differences in education quality between rural areas and cities. Rural schools have fewer educational support specialists available, a lack of laboratories (only one-fifth of rural schools have such infrastructure) and hold joint classes. Joint classes are one of the main reasons for reduced learning quality and children's academic underachievement, and are most common in primary education. The main reason for such integration is an insufficient number of pupils, therefore the majority of such classes take place in rural areas.

Another issue related to a lack of educational support specialists is the insufficient integration of children with special needs and disabilities into general education schools. Although all children in Lithuania should be included in general education schools, in 2019 there were still 44 special education schools open, catering to 3,800 students. In 2018, 1.13 per cent of children learned in special schools, while in 2020, 13.37 per cent of children with special needs were included in general education schools. With regard to **special needs and disabilities**, many problems still exist in terms of physical access to general education schools and a lack of quality support and individual attention for children with special learning needs. In 2018, there were no learning support specialists in 9 per cent of general education schools, 53 per cent of schools did not have psychologists and 28 per cent of schools did not have special needs educators or speech therapists.

Minority children are also at a great disadvantage. Children learning in schools that use languages other than Lithuanian (e.g. Russian, Polish, Belarusian) do not have enough up-to-date schoolbooks, and also lack laboratories – only one-fifth of Polish-speaking schools have laboratories, and only half of Russian-speaking schools. **Migrant children** or **returnee children** are not provided with decent language courses, especially for virtual learning. There is also a lack of psychological support for migrant or returnee children, and teachers are insufficiently prepared for working with children with migrant backgrounds. Schools that lack the relevant experience and tools to work with children with a migrant background also hesitate to enrol these children, who therefore experience discrimination. Among the most marginalised groups are **Roma children**. Although Lithuania demonstrated the highest results in Europe with regard to children's attendance and graduation from school among the general population, in 2011 only 10 per cent of Roma children completed primary education, and only 3 per cent attained secondary education. Overall, 10 per cent of Roma children are illiterate.

Policy response

In 2010 and 2011, new laws were implemented that mandate that all schools must provide inclusive education and include all children with special educational needs, disabilities and all cultures and ethnic backgrounds into general education schools. Meanwhile, segregation into special education schools must be abolished. Moreover, interinstitutional communication is required in delivering complex services to children attending schools.

To improve the inclusion of children living in rural areas and children from low-socioeconomic backgrounds, school shuttle buses are provided, with compensation to cover transport costs as well as free school meals. In addition, compensation of EUR 78 to cover the cost of school supplies is available to low-income families. Children with different ethnic backgrounds studying in non-Lithuanian-speaking schools are also mandated to learn Lithuanian as a second language, to ensure their successful integration into Lithuanian society.

3. Effective access to free health care is least available to Roma children, refugee children, children from low-income households, and children with disabilities and mental disorders.

In 2017, around 50 per cent of children between the ages of 0 and 15 did not visit a medical doctor. The most common reason for children's medical needs being unmet was reported as "too far to travel" (46.3 per cent), while for unmet dental treatment it was "long waiting list" (83.9 per cent). Over 4.2 per cent of children in **low-income households** reported having unmet medical needs, compared with 1.7 per cent of their peers in households with incomes above 60 per cent of median equivalised income. Moreover, children from wealthy families were twice as likely to report being satisfied with their life compared with children from low-income families. Children from low-income families report less satisfaction with both their physical and mental health.

Meanwhile, children living in socially disadvantaged and **precarious family situations** are more likely to experience abuse. In 2018, 811 cases were reported of abuse against children aged 4 and under; 638 cases of abuse against children between 4 and 6 years old; 751 cases against children between 7 and 9 years old; 1,441 cases against children between ages of 10 and 14; and 836 cases of abuse against children between 15 and 17 years old. Children are mostly abused by their intoxicated parents. In addition, around 25 per cent of girls and 10 per cent of boys have experienced sexual abuse before they turn 18, although not necessarily within their families.

Another greatly disadvantaged group of children are **Roma children**. Only 80 per cent of Roma children are vaccinated against tuberculosis, 28.2 per cent against whooping cough, 63.3 per cent against diphtheria, and only 14.4 per cent against *Haemophilus influenzae* infection. The majority of Roma children receive this vaccination at the age of two (42 per cent), whereas the Lithuanian Health ministry recommends vaccinating children when they are 4 months old. Vaccinations against Hepatitis B should be given during the first 24 hours of a newborn's life, but most Roma children are not vaccinated until the age of 17 (68.4 per cent), and only 28.2 per cent are vaccinated during the first year after birth. Roma children also show worse general health indicators. In 2017, 40.3 per cent of Lithuanian children were reported to have very good health, 55.1 per cent good health, 3.1 per cent fair, 1.5 per cent bad and 0.1 per cent very bad. Meanwhile, 70 per cent of Roma children were reported to have good health, 22 per cent fair, and 8 per cent bad or very bad. In 2020, 14 per cent of Roma children were reported to have chronic diseases, 6 per cent reported having their physical activity limited due to their health, and 31 per cent reported having their physical activity slightly limited.

With regard to vaccination, another vulnerable group of children are **refugee children**. The data show that refugee children are attended and vaccinated, but not necessarily enough. In 2018, at Rukla Refugee Centre there were 60 children under 18 years old. They were vaccinated at the ages of 1, 2, 6 and 15

years old, which does not meet Lithuanian health recommendations. Moreover, while asylum-seeking children have equal rights to nationals with regard to coverage and cost of health care services but are enrolled in parallel health care system, children of irregular third-country migrants and children of irregular migrants from other EU countries have restricted entitlements compared with nationals.

Children with disabilities and mental disorders experience difficulties in accessing services. There are not enough places in rehabilitation centres, and very long waiting lists. In 2016, there were 45 rehabilitation institutions providing services in 34 municipalities. The waiting period for a place in rehabilitation institutions exceeds the norm, and while the average waiting time is 25 days, the longest waiting time is 118 days (five times the recommended norm). Waiting for early rehabilitation takes around 150 days, as 27 institutions do not provide such services. Moreover, there is a lack of specialists working in rehabilitation hospitals. A similar situation can be seen with regard to the accessibility of mental health services. Children face long waiting queue before they can receive the necessary help, and only 30 psychologist consultations are compensated every year for each child. In 2018, there were 114 institutions providing mental care services, but as many as one-third of them did not provide services on time, and suffered a lack of places and too few specialists. Children with disabilities generally do not receive all of the treatments and services they need in the public sector, as there are not enough hours of services available for children. Some services are not compensated or are only partly compensated, which makes it difficult for low-income families to afford such services.

Policy response

Health care is basically free to children in Lithuania, except for certain special treatments. Dental care, hearing aids, medical rehabilitation, as well as pharmaceutical products, are free to everyone under the age of 18. Sanatorium (secondary prevention) is compensated to a level of 90 per cent for children up to 7 years old and for children up to 18 years old who have disabilities. Regular health screenings are available for children in Lithuania – general health check-ups during post-natal period, early years and school years; dental check-ups are available to children during their early years and school years, and additional vision and hearing screening is carried out during the school years.

Schools play an important role in promoting child health and well-being. In Lithuania, mandatory health monitoring is carried out for school-age children – each year children must submit general health and dental health certificates to schools. Moreover, schools are required to ensure that pupils participate in at least one long-term prevention programme to develop social and emotional competencies. These cover the prevention of violence, alcohol, tobacco and psychoactive substance use, and the encouragement of a healthy lifestyle. Schools are also involved in sex education, provide psychological counselling and social learning, and teach about healthy lifestyles and personal development.

Universal and free rehabilitation is also available to all children in Lithuania with developmental disorders and disabilities. These services are free to children up to 7 years old, with priority being given to children up to 4 years old. Moreover, day hospitals are available for children who suffer from mental disorders. In 2018, the Minister of Health signed an order implementing psychosocial rehabilitation services for children and expanding day care hospital services (Lithuanian: *dienos stacionaras*) across all municipalities in Lithuania, to improve access to these services.

4. Access to healthy nutrition is least accessible to children from low socio-economic backgrounds and low-income families, including single mother families and less educated mothers, as well as children living in rural areas.

With regard to nutrition, breastfeeding and healthy eating habits are one of the most important factors. Statistics from Lithuania show that the country has a low breastfeeding rate, and not all children have access to healthy food. In 2020, only 49 per cent of children were breastfed up to 6 months. Breastfeeding

rates correlate with a mother's age, level of education, living conditions and location. Older mothers with higher education, higher financial income and who live in big cities are more likely to breastfeed their children and tend to do it longer. Meanwhile, mothers in **low-income families**, **single mothers** and **less educated mothers** breastfeed their children less frequently and for shorter periods of time, making these children a vulnerable target group. With regard to healthy eating habits, in 2018 only 48 per cent of children reported having breakfast every day, with lower numbers being reported among **families with lower socio-economic backgrounds** and those in **rural areas**. Moreover, 27.5 per cent of **income-poor households** in 2019 were unable to afford meals containing meat, chicken, fish or a vegetarian equivalent every second day. Furthermore, 15.6 per cent of **single-parent households** could not afford food containing protein. Malnutrition results in children developing health and weight disorders – in 2019-2020, 16.39 per cent of children between the ages of 7 and 17 were overweight, 7.18 per cent were obese, and 11.48 per cent were underweight.

Policy response

The Lithuanian government provides children from low-income families with free school meals. Children in smaller municipalities receive free meals more often than children in big cities, indicating that the former is a more vulnerable group. Nevertheless, in some cases the quality of free food has been reported to be insufficient, the options for dishes were limited, and the segregation into different queues of children who receive free meals results in perpetuates isolation. During the COVID-19 pandemic, food was provided to children at home. Free lunches are also served to all children in pre-primary education and during their 1st grade of studies. Starting 1 September 2021, free lunches will also be provided to all pupils in the 2nd grade. This change is expected to reduce the financial burden on disadvantaged families and reduce the stigmatisation of low-income children.

5. Access to adequate housing is least available to low-income families, including single-parent families (especially single-mother families), families consisting of two adults with three or more children, families with disabled children, children living in institutions, refugee children, and Roma children.

Approximately 16 per cent of **children in low-income families** in Lithuania were affected by housing cost overburden in 2019. **Households of single parents with dependent children** were at higher risk in Lithuania – 10.8 per cent of this group experienced housing cost overburden in 2019. Among single-parent families, 16.7 per cent reported experiencing a heavy financial burden of housing costs, 65.6 per cent reported a slight burden. Meanwhile, 22.2 per cent of families with three or more children reported experiencing a high burden and 57.7 per cent reported experiencing a slight burden. Lithuania has the third largest number of children suffering from inadequate home heating, compared with other EU countries. Particularly affected are children living in **single-adult households** (almost 40 per cent of whom have inadequately heated homes) and **income-poor families** (35 per cent). Due to heating costs, a bigger burden is experienced in **rural areas**. In addition, some of the population are unable to cool their housing during hot periods. For **children with health problems**, heat can make these problems worse. Families in rural areas also more likely to complain of being unable to pay their mortgage, rent, and utility bills. Inability to pay bills may cause families to be evicted.

Lithuania ranks above the EU average in terms of the level of severe housing deprivation – 14.8 per cent of the general population and 24.6 per cent of low-income households experience housing deprivation. Deprivation includes living in an overcrowded household, having a leaking roof, damp walls, no indoor bath/shower or toilet, or in a dwelling considered to be too dark. In Lithuania, children are more likely to share rooms with several siblings, their parents, or grandparents. Overall, 37.3 per cent of children in Lithuania live in overcrowded housing, with the majority of them belonging to families with three or more children. In 2016, various types of households with children in Lithuania lacked certain amenities.

These included central heating, piped water, piped water from the central supply, hot water, sewerage, an indoor toilet, bath and shower, and a separate kitchen. According to data from 2019, 10.5 per cent of all children in Lithuania still did not have an indoor flushing toilet, and 10.4 per cent had neither a bath nor a shower in their dwelling. In comparison to couples raising children, **single-parent families** had fewer amenities, and one in five such families inhabited housing in an unfit condition. **Roma** neighbourhoods are frequently overcrowded and affected by a lack of water, gas, electricity and public services. Children of recent **migrants** and **refugees** also face general risks relating to affordability and the lack of adequate affordable housing stock. They are also disproportionately affected by specific risks pertaining to the private rental market, where they often face discrimination regarding access to housing.

Another vulnerable group is **children left without parental care**. Although deinstitutionalisation is taking place in Lithuania, and children in alternative care are living in foster care families, are cared for by relatives or are cared for in small community-based children care homes, they still are at a higher risk of experiencing homelessness than other children. Young people in Lithuania suffering from homelessness are usually **children raised in the alternative care system**. Moreover, challenges still exist with regard to deinstitutionalisation, as not all child care institutions have been reformed into community-based facilities. Children living in institutions face many social, educational and psychological challenges, as they live more segregated lives, have less one-on-one time with social workers, lack personal space and various everyday skills. Children in community-based facilities in rural areas experience issues concerning transportation, and social workers in community-based facilities lack the knowledge of psychology needed to properly handle various critical situations with children. Meanwhile, children living in special education schools' dormitories lack adult's supervision, there is a lack of staff regulation and there are too little people working in these dormitories. Government seeks to ensure, that interventions to families are increased and children would receive all the necessary educational services close to their home, so there would be less children living in school dormitories as living in family can meet all of their needs, especially emotional, the best. Regarding intervention to families, another important initiative is children's temporary out-of-home placements. These placements are assigned to children whose parents experience various crises such as addictions, and are assisted by the team of specialists who help parents to solve their issues and to ensure a safe environment for children to return to. In cases when children are the ones who experience crises related to addictions and delinquent behaviour, they can be placed to socialization centres. There are three centres in Lithuania, and their infrastructure and working methodology is being improved, to ensure the best conditions for living and learning for these children, to ensure their overall behavioural improvement and return home.

Last but not least, not enough housing is available that is adapted to the needs of **children with disabilities**. The adaptation of housing for such children was carried out by 50 municipalities in 2020. However, the needs for such housing adaptation were not met, with only 58.4 per cent of requests being executed.

Policy response

In Lithuania, low-income families are provided with support from the state including social housing services, compensation for housing rent costs and housing loans partially reimbursed by the state. National data shows that 11,000 families in Lithuania currently live in social housing, and approximately 10,000 are on the waiting list. The largest numbers of families waiting for social housing are noted in big cities, with a waiting time of around three years. With regard to homelessness, especially of children raised in care institutions, experts emphasised that it is necessary to follow the

‘housing first’ point of view, developing more specialized services that currently do not exist to address homelessness among young people. Regarding deinstitutionalization, the Government establishes community-based facilities under the provision of the Ministry of Social Security and Labour and requires NGOs and other care institutions to change their institutional facilities to community-based facilities. Municipalities play a role in deinstitutionalization process and help care institutions to find apartments and to rearrange institutional facilities to serve other purposes. Moreover, it is required that children are enrolled to community-based facilities only in the cases when family-based care is not available.

In relation to refugee children, during their period of integration in Lithuania, persons who have been granted asylum are paid a monthly benefit for necessities (housing rental, public utilities, food, transport, etc.). In 2019, 458 foreigners benefited from integration support at the Refugee Reception Centre.

Bibliography

Nida Baltranaite. "Veiksnių, Susijusių Su Pagimdžiusių Moterų Žiniomis Apie Žindymą, Požiūriu Į Jį Ir Ketinimu Žindyti, Vertinimas". 2019. Available at: https://www.lsmuni.lt/cris/bitstream/20.500.12512/101962/1/Magistrinis_2019%20DONE.pdf.

Roma Bartkevičiūtė, Albertas Barzda, Gabija Bulotaite, Ramunė Miliauskė, and Vytenis Drungilas. "Mokyklinio Amžiaus Vaikų Mitybos Įpročių, Faktinės Mitybos Ir Fizinio Aktyvumo Įpročių Tyrimo Ataskaita 2019-2020". 2020. Available at: smlpc.lt/media/image/Naujienoms/2017%20metai/Mityba%20ir%20fizinis%20aktyvumas/Mokiniu_MI_FM_FA_ATASKAITA_galut.pdf.

Gintarė Bukauskaitė and Kamilė Donielaitė. "Kauno ir Skuodo miestų mokyklų mokytojų gebėjimo atpažinti ir turimų žinių apie vaiko žalojama elgesį palyginimas". 2017. Available at: <https://www.lsmuni.lt/cris/handle/20.500.12512/22251>.

Contextus. "Institucinės globos pertvarkos I-ojo etapo vertinimas." 2020. Available at: <https://www.pertvarka.lt/wp-content/uploads/2016/07/Pertvarkos-vertinimo-ataskaita.pdf>.

Council of the European Union. "Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee." *Official Journal of the European Union*. 2021. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021H1004&from=EN>.

Education management information system. 2021. Available at: <http://svis.emokykla.lt/bendrasis-ugdymas-2/>.

ES investicijos. "Ką daryti su socialinių būstų gyventojais: išstumti į užribį ar priimti į bendruomenę?" 2020. Available at: <https://www.esinvesticijos.lt/lt/naujienos-1/naujienos/ka-daryti-su-socialiniu-bustu-gyventojais-isstumti-i-uzribi-ar-priimti-i-bendruomene>.

Eurobarometer. 2021. Available at: <https://europa.eu/eurobarometer/screen/home>.

Eurofound. "Access to care services: Early childhood education and care, healthcare and long-term care". 2020. Available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20015en.pdf.

Eurofound. "3rd European Quality of Life Survey". 2013. Available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1361en.pdf.

European Agency for Special Needs and Inclusive Education. "EASIE Dataset Cross-Country Report". 2018. Available at: <https://www.european-agency.org/data/cross-country-reports>.

European Commission. "2nd Survey of Schools: ICT in Education." 2019. Available at: <https://digital-strategy.ec.europa.eu/en/library/2nd-survey-schools-ict-education-0>.

European Commission. "Recommendation of 20 February 2013 Investing in children: breaking the cycle of disadvantage (2013/112/EU)". *Official Journal of the European Union*. 2013. Available at: <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32013H0112>.

European Commission. "Early Childhood and School Education Funding." 2020. Available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-and-school-education-funding-44_en.

European Commission. "Education and Training Monitor 2019". *Luxembourg: Publications Office of the European Union*. 2020. Available at: <https://ec.europa.eu/education/sites/default/files/document-library-docs/volume-1-2019-education-and-training-monitor.pdf>.

European Commission. "Key Data on Early Childhood Education and Care in Europe". *Luxembourg: Publications Office of the European Union*. 2019. Available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/key-data-early-childhood-education-and-care-europe-%E2%80%93-2019-edition_en.

European Commission. "Šalies ataskaita. Lietuva 2020 (SWD(2020) 514 final)." 2020. Available at: <https://eur-lex.europa.eu/legal-content/LT/TXT/PDF/?uri=CELEX:52020SC0514&from=EN>.

European Commission. "Homeless children and young people. A review of interventions supporting access to healthcare services". *Publications Office of the European Union website*. 2021. Available at: <https://op.europa.eu/en/publication-detail/-/publication/6fccccdab-1507-11ec-b4fe-01aa75ed71a1/language-en>.

European Commission. "Resistance to the deinstitutionalization of the childcare system in Lithuania". 2016.

European Commission. "Feasibility Study for a Child Guarantee. Final Report". 2020. Available at: <https://op.europa.eu/en/publication-detail/-/publication/c312c468-c7e0-11ea-adf7-01aa75ed71a1/language-en>.

Eurostat. "Children by household type, income group, degree of urbanization and main reasons for not meeting needs for childcare services." 2016. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_ats04&lang=en.

Eurostat. "Children receiving formal childcare services by household type, income group, degree of urbanization and level of difficulty to afford formal childcare services." 2016. Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_ats03&lang=en.

Eurostat. "How do parents organize childcare in the EU?" 2016. Available at: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210330-1>.

Eurostat. "Children by level of general health, household composition, quantile and age." 2017. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_hch12&lang=en.

Eurostat. "Children with unmet needs for medical examination or treatment by income group, household composition and degree of urbanization." 2017. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_hch14&lang=en.

Eurostat. "2017 EU-SILC Module Health and Children's Health." 2017. Available at: <https://ec.europa.eu/eurostat/documents/1012329/8706719/2017+Assessment+of+health+and+children+health.pdf/3478c66e-7874-50c4-4fe7-d91857875adb>. Eurostat.. "Participation rate in non-formal education and training (last 4 weeks) by sex and age." 2017. Available at: <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>.

Eurostat. "Average number of rooms per person by type of household and income group from 2013 – EU SILC survey." 2019. Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_lvho04&lang=en.

Eurostat. "Children (aged 0 to 17) having neither a bath, nor a shower in their dwelling – EU-SILC survey." 2019. Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=ilc_mdho02c.

Eurostat.. "Children (aged 0 to 17) living in households considering their dwelling as too dark – EU-SILC survey." 2019. Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=ilc_mdho04c.

Eurostat. "Children (aged 0 to 17) not having indoor flushing toilet for the sole use of their household – EU-SILC survey." 2019. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho03c&lang=en.

Eurostat. "Housing cost overburden rate by household type - EU-SILC survey." 2019. Available at: <http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=tessi166&lang=en>.

Eurostat. "Overcrowding rate by age, sex and poverty status – total population – EU-SILC survey." 2019. Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_lvho05a.

Eurostat. "Severe Housing deprivation rate by household type – EU SILC survey." 2019. Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho06b&lang=en.

Eurostat. "Total population living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames or floor – EU-SILC survey." 2019. Available at: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_mdho01&lang=en.

Eurostat. "Housing cost overburden rate by age group - EU-SILC survey." 2020. Available at: <https://ec.europa.eu/eurostat/databrowser/view/tessi161/default/table?lang=en>.

FEANTSA and Fondation Abbé Pierre. "Sixth Overview of Housing Exclusion In Europe 2021", p. 78-120. *European Index of Housing Exclusion*. 2021. Available at: https://www.feantsa.org/public/user/Resources/reports/2021/CH3_EN.pdf.

Ugnė Gadžijeva and Indrė Židonienė. "Vaikų Sveikata". 2019. Available at: https://hi.lt/uploads/pdf/leidiniai/Statistikos/Vaiku_sveikata/Vaik%C5%B3%20sveikata%202019.pdf.

Globa. Šeima. Bendruomenė. "Bendruomeniniai globos namai visų pirma turi būti namai." 2019. Available at: <https://www.pertvarka.lt/naujienos/bendruomeniniai-vaiku-globos-namai-visu-pirma-turi-buti-namai/>.

Anna Gromada and Dominic Richardson. "Where do rich countries stand on childcare?" *Florence: UNICEF Office of Research – Innocenti*. 2021. Available at: <https://www.unicef-irc.org/publications/pdf/where-do-rich-countries-stand-on-childcare.pdf>.

A. C. Guio, H. Frazer, and E. Marlier. (eds). "Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation", Second phase of the Feasibility Study for a Child Guarantee (FSCG2): Final Report". *Brussels: European Commission*. 2021.

Higienos institutas. "Mokinių Kūno Masės Indekso Įvertinimo Ir Dantų Bei Žandikaulių Būklės Apžvalga: 2019–2020 mokslo metų duomenys." 2020. Available at: <https://www.hi.lt/news/1684/1246/Pristatomi-mokiniu-KMI-ivertinimo-ir-dantu-bei-zandikauliu-bukles-duomenys.html>.

Higienos Instituto Sveikatos Informacijos Centras. "Lietuvos vaikų sveikatos būklės pokyčiai ir netolygumai". Vilnius: Higienos institutas. 2020. Available at: https://www.hi.lt/uploads/pdf/leidiniai/Informaciniai/Vaiku-sveikatos-leidiny_2020.pdf.

Martynas Izokaitis, Vincentas Liuima, Loreta Stonienė, and Odeta Vitkūnienė. "Psichikos sveikatos priežiūros paslaugų prieinamumo vaikams, turintiems psichikos, elgesio ir emocijų sutrikimų, Lietuvoje apžvalga." *Visuomenės sveikata*. 2015. Available at: [https://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2015.3\(70\)/VS%202015%203\(70\)%20LIT%20A%20Psichikos%20sveikatos%20prieziura.pdf](https://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2015.3(70)/VS%202015%203(70)%20LIT%20A%20Psichikos%20sveikatos%20prieziura.pdf).

Children Support Centre. „Vaikų iš globos namų apsaugos nuo smurto ir seksualinės prievartos Lietuvoje stiprinimas“. 2010. Tarpdisciplininis požiūris. http://vaikystebesmurto.lt/_sites/paramosvaikamscentras/media/images/Biblioteka/2010_11_05_konf_seksualine_prievarta_pries_vaikus_is_globos_instituciju_tyrimo_pristatymas.pdf

Brigita Kairienė and Andrius Sprindžiūnas. "Social Equality as Groundwork for Sustainable Schooling: The Free Lunch Issue." *Journal of Teacher Education for Sustainability*, vol. 18, no. 1, pp. 127-139. 2016. Available at: <https://sciendo.com/abstract/journals/jtes/18/1/article-p127.xml>.

Albinas Kalvaitis. "Išimokyklinio ugdymo plėtros galimybės Lietuvos savivaldybėse". *LR Švietimo, mokslo ir sporto ministerija, Nacionalinė švietimo agentūra. Vilnius*. 2021. Available at: <https://www.nsa.smm.lt/wp-content/uploads/2021/03/Ikimokyklinio-ugdymo-pletros-galimybes.pdf>.

Ramunė Kalėdienė, Mindaugas Stankūnas, Vilma Jasiukaitienė, Paulius Vasilavičius, and Jurgita Vladičkienė. "Visuomenės Sveikata Gerovės Valstybei". *Vilnius: Lietuvos sveikatos mokslų universiteto Visuomenės sveikatos fakultetas*. 2019. Available at: https://lsmuni.lt/media/dynamic/files/18986/vs_konferencijos_teziu_knyga_2019-12-04.pdf.

Kauno miesto savivaldybės taryba. "Sprendimas Dėl Atlyginimo Už Vaikų, Ugdomų Pagal Ikimokyklinio Ir (Ar) Priešmokyklinio Ugdymo Programas, Išlaikymą Dydžio Nustatymo Ir Mokėjimo

Tvarkos Aprašo Patvirtinimo (Nr. T-454).” 2019. Available at: www.kaunas.lt/wp-content/uploads/sites/13/2015/07/mokescio-tvarkos-aprasas-naujas-2020-2.pdf.

Vita Kontvainė. “Romų tautybės asmenų padėtis 2020 m.” *Vilnius: Diversity Development Group*. 2020. Available at: [https://tmde.lrv.lt/uploads/tmde/documents/files/Rom%C5%B3%20pad%C4%97tis%202020_TYRIMO%20ATASKAITA_galutin%C4%97%20\(002\).pdf](https://tmde.lrv.lt/uploads/tmde/documents/files/Rom%C5%B3%20pad%C4%97tis%202020_TYRIMO%20ATASKAITA_galutin%C4%97%20(002).pdf).

Giedra Levinienė, Eglė Tamulevičienė, Jolanta Kudzytė, Aušra Petrauskienė, Apolinaras Zaborskis, Indrė Aželienė, and Liutauras Labanauskas.. “Factors associated with breastfeeding duration.” *Medicina*, 49(9), 415–421. 2015. Available at: <https://www.semanticscholar.org/paper/Factors-associated-with-breastfeeding-duration.-Levinien%C4%97-Tamulevi%C4%8Dien%C4%97/7d8387abf60f41dc3cb506117c57ef2a5d55f023>

Lietuvos Respublikos Seimas. “Lietuvos Respublikos darbo kodeksas”, No. XII-2603. 2016. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/10c6bfd07bd511e6a0f68fd135e6f40c>

Lietuvos Respublikos Seimas. “Lietuvos Respublikos darbuotojų saugos ir sveikatos įstatymas”, No. IX-1672. 2003. Available at: <https://e-seimas.lrs.lt/portal/legalActEditions/lt/TAD/TAIS.215253>

Lietuvos Respublikos Seimas. “Lietuvos Respublikos paramos būstui įsigyti ar išsinuomoti įstatymo Nr. XII-1215 pakeitimo įstatymas”. 2014. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/620cd9e0584311e49df480952cc07606>

Lietuvos Respublikos Seimas. „Lietuvos Respublikos apsaugos nuo smurto artimoje aplinkoje įstatymas”. 2011. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.400334>

Lietuvos Respublikos Seimas. “Lietuvos Respublikos darbo kodekso patvirtinimo, įsigaliojimo ir įgyvendinimo įstatymas”. 2016. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/10c6bfd07bd511e6a0f68fd135e6f40c>

Lietuvos Respublikos Seimas. “Lietuvos Respublikos vaikų išlaikymo išmokos įstatymas”. 2006. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.289714>

Lietuvos Respublikos sveikatos apsaugos ministerija. “Vaikų Mityba”. 2021. Available at: <https://sam.lrv.lt/lt/veiklos-sritys/visuomenes-sveikatos-prieziura/mityba-ir-fizinis-aktyvumas-2/vaiku>.

Lietuvos Respublikos socialinės apsaugos ir darbo ministerija. “Asmenų su negalia skaičius Lietuvoje.” 2020. Available at: <https://socmin.lrv.lt/lt/veiklos-sritys/socialine-integracija/neigaliuju-socialine-integracija/statistika-2>.

Lietuvos Respublikos Socialinės apsaugos ir darbo ministerija. Lietuvos Respublikos Švietimo, mokslo ir sporto ministerija. “Dėl mokinių nemokamo maitinimo organizavimo ekstremaliosios situacijos, ekstremaliojo įvykio ir (ar) karantino metu metodinių rekomendacijų papildymo.” Available at: https://socmin.lrv.lt/uploads/socmin/documents/files/veiklos-sritys/seima/pinigine-parama/Rekomendacijos%20%C4%97%20nemokamo%20maitinimo%20_galutinis.docx.

Lietuvos Respublikos socialinės apsaugos ir darbo ministerija. „Socialinė parama vaikams.“ 2021. Available at: <https://socmin.lrv.lt/lt/veiklos-sritys/seima-ir-vaikai/socialine-parama-seimoms-ir-vaikams/socialine-parama-mokiniams>.

Lietuvos Respublikos Socialinės Apsaugos ir Darbo Ministras. „Įsakymas dėl Lietuvos Respublikos Socialinės Apsaugos ir Darbo Ministro 2007. M. vasario 20 d. įsakymo Nr. A1-46 „Dėl socialinės globos normų aprašo patvirtinimo“ pakeitimo“. 2020. Available at: <https://e-seimas.lrs.lt/portal/legalActPrint/lt?jfwid=bkaxmg2c&documentId=72b50832833a11eaa51db668f0092944&category=TAD&fbclid=IwAR3KyaLmxPuVJzWRr3zbiXa9hUsXOuo4vxfbC9jdG6EnCw9boF6gj7Fr6mY>

Lietuvos Respublikos sveikatos apsaugos ministras. „Įsakymas Dėl Lietuvos Respublikos sveikatos apsaugos ministro 2004 m. gruodžio 24 d. įsakymo Nr. V-951 „Dėl statistinės apskaitos formos Nr. 027-1/a „Vaiko sveikatos pažymėjimas“ patvirtinimo“ pakeitimo (Nr. V-565).“ 2019. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a667901076f911e99ceae2890faa4193>.

Lietuvos Respublikos sveikatos apsaugos ministro įsakymas. „Dėl Lietuvos Respublikos sveikatos apsaugos ministro 2011 m. lapkričio 11 d. įsakymo nr. V-964 „Dėl maitinimo organizavimo ikimokyklinio ugdymo, bendrojo ugdymo mokyklose ir vaikų socialinės globos įstaigose tvarkos aprašo patvirtinimo“ pakeitimo.“ 2018. Available at: <https://www.bing.com/search?q=D%C4%97l+maitinimo+organizavimo+ikimokyklinio+ugdymo%2C+bendrojo+ugdymo+mokyklose+ir+vaik%C5%B3+socialin%C4%97s+globos+%C4%AFstaigose+tvarkos+apra%C5%A1o+patvirtinimo%E2%80%9C+pakeitimo&aqs=edge..69i57.28052j0j4&pglt=43&FORM=ANNAB1&PC=LCTS>

Lietuvos Respublikos sveikatos apsaugos ministras. „Įsakymas dėl stacionarių asmens sveikatos priežiūros įstaigų vertinimo pagal naujagimiams palankios ligoninės reikalavimus tvarkos aprašo patvirtinimo.“ 2013. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.463653?jfwid=bkaxmk46>.

Lietuvos Respublikos švietimo ir mokslo ministras. „Įsakymas dėl sveikatos ir lytiškumo ugdymo bei rengimo šeimai bendrosios programos patvirtinimo (V-941).“ 2016. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/285853b09aee11e68adcda1bb2f432d1?jfwid=-wd7z8q07r>.

Lietuvos Respublikos švietimo ir mokslo ministras. „Dėl Rekomendacijų dėl visos dienos mokyklos kūrimo ir veiklos organizavimo patvirtinimo.“ 2018. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/128eb961797811e89188e16a6495e98c?jfwid=bkaxlhjs%20https://duomenys.ugdome.lt/?tinklai/vdm/med=154>.

Lietuvos Respublikos švietimo ir mokslo ministras. „Įsakymas dėl savarankiško mokymosi tvarkos aprašo patvirtinimo“. 2007. Available at: http://www.mazeikiupm.lt/images/teise/SAVARANKISKO_MOKYMOSI_TVARKOS_APRASAS.pdf#:~:text=1.%20Savaranki%C5%A1ko%20mokymosi%20tvarkos%20apra%C5%A1as%20%28toliau%20%E2%80%93%20Tvarkos,profesin%C4%97je%20mokykloje%20tvark%C4%85.%202.%20Tvarkos%20apra%C5%A1e%20vartojamos%20s%C4%85vokos%3A

Lietuvos Respublikos vaiko teisių kontrolieriaus įstaiga. „Kontrolierė atliko tyrimą dėl mokyklų bendrabučiuose gyvenančių vaikų teisių ir teisėtų interesų užtikrinimo“. 2016. Available at:

<http://vtaki.lt/lt/naujienos/kontroliere-atliko-tyrima-del-mokyklų-bendrabuciuose-gyvenanciu-vaiku-teisiu-ir-teisetu-interesu-uztikrinimo>

Lietuvos Respublikos valstybės kontrolė. “Ar išnaudojame ikimokyklinio ugdymo galimybes sėkmingesnei vaikų ateičiai užtikrinti?”. 2019. Available at: <https://www.valstybeskontrole.lt/LT/Product/23792/ar-isnaudojame-ikimokyklinio-ugdymo-galimybes-sekmingesnei-vaiku-ateiciai-uztikri>.

Lietuvos Respublikos valstybės kontrolė. “Valstybės kontrolė: socialinio būsto visiems neužteks.” 2017. Available at: https://www.vkontrole.lt/pranesimas_spaudai_spausdinti.aspx?id=23127.

Lietuvos Respublikos valstybės kontrolė. “Ar ankstyvosios reabilitacijos paslaugos ir įtraukusis ugdymas atitinka neįgalių vaikų poreikius ir užtikrina jų socialinę integraciją” (Nr. VA-P-10-4-27). 2016. Available at: <https://www.valstybeskontrole.lt/LT/Product/23674/ar-ankstyvosios-reabilitacijos-paslaugos-ir-itraukusis-ugdymas-atitinka-neigaliu>.

Lietuvos Respublikos Vyriausybė. “2019 Metų Veiklos Ataskaita.” 2020. Vilnius. Available at: <https://lr.v.lt/lt/aktuali-informacija/xvii-vyriausybe/strateginis-valdymas/vyriausybes-veiklos-ataskaitos-seimui>.

Lietuvos Respublikos Vyriausybė. “Dėl nacionalinės neįgaliųjų socialinės integracijos 2013-2020 metų programos patvirtinimo.” 2012. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.437985/asr>.

Lietuvos Respublikos Vyriausybė. “Dėl ugdymo šeimoje įgyvendinimo tvarkos aprašo patvirtinimo”. 2020. Available at: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/cbbe42649b6411ea51db668f0092944>
Ministry of Social Security and Labour. “Integration of foreigners.” 2020. Available at: <https://socmin.lrv.lt/en/activities/social-integration/integration-of-foreigners>.

Ministry of Social Security and Labour. “Socialinė parama mokiniams”. 2021. Available at: <https://socmin.lrv.lt/lt/veiklos-sritys/seima-ir-vaikai/socialine-parama-seimoms-ir-vaikams/socialine-parama-mokiniam>.

Paul Montgomery, Charles Donkoh, and Kristen Underhill.. “Independent living programs for young people leaving the care system: The state of the evidence.” *Children and Youth Services Review*, 28, 1435-1448. 2006. Available at: <https://doi.org/10.1016/j.childyouth.2006.03.002>.

MOSTA. “Lietuvos mokslo, studijų ir inovacijų būklės apžvalga”. 2018. Available at: <https://strata.gov.lt/images/tyrimai/bukle-2018-web.pdf>.

Mokymosi namuose organizavimo tvarka. http://sjm.lt/wp-content/uploads/2019/07/mokymo_namuose_organizavimo_tvarka_171129.pdf

Nacionalinis skurdo mažinimo organizacijų tinklas. “Skurdas ir socialinė atskirtis Lietuvoje 2019.” 2019. Available at: <https://www.smtinklas.lt/wp-content/uploads/simple-file-list/Metin%C4%97-skurdo-ir-socialin%C4%97s-atskirties-ap%C5%BEvalga/Skurdas-ir-socialine%CC%87-atskirtis-Lietuvoje-2019.pdf>.

Nacionalinis skurdo mažinimo organizacijų tinklas. "Skurdas ir socialinė atskirtis Lietuvoje 2020." 2020. Available at https://www.smtinklas.lt/wp-content/uploads/2020/10/Skurdas-ir-socialine-atiskirtis_2020.pdf.

National Audit Office of Lithuania. "Valstybės kontrolė: socialinio būsto visiems neužteks." 2017. Available at: https://www.vkontrole.lt/pranesimas_spaudai.aspx?id=23127.

Neįgaliųjų reikalų departamentas prie Socialinės apsaugos ir darbo ministerijos. "2020 metų veiklos ataskaita." 2020. Available at: <http://www.ndt.lt/wp-content/uploads/Veiklos-ataskaitas-uz-2020-final.pdf>.

NVO vaikams akreditacija. "Vaikų dienos centrų žemėlapis, akreditacija." 2021. Available at: <http://www.nvovaiiamskonfederacija.lt/2020/12/22/vaiku-dienos-centru-zemelapis-akreditacija/>.

NVO vaikams konfederacija. "Bendruomeninių paslaugų link. Paslaugų prieinamumas neįgaliams vaikams bendruomenėje". 2017. Available at: http://www.nvovaiiamskonfederacija.lt/wp-content/uploads/2018/01/Straipsnis_1_tiksl.pdf.

OECD. "Health Status: Infant Health." 2020. Available at: <https://stats.oecd.org/index.aspx?queryid=30118>.

OECD. "Students' physical activities and eating habits", in *PISA 2015 Results (Volume III): Students' Well-Being*. Paris: OECD Publishing, 2017. Available at: <https://doi.org/10.1787/9789264273856-15-en>.

OECD. "Education in Lithuania, Reviews of National Policies for Education". *OECD Publishing*. 2017. Available at: <https://doi.org/10.1787/9789264281486-en>.

OECD. 'Infant health'. 2019. Available at: <https://www.oecd-ilibrary.org/sites/ea7e9e6a-en/index.html?itemId=/content/component/ea7e9e6a-en>.

OECD. "Starting Strong VI: Supporting Meaningful Interactions in Early Childhood Education and Care". *Starting Strong*. Paris: OECD Publishing. 2021. Available at: <https://doi.org/10.1787/f47a06ae-en>.

OECD. 2016. "PISA 2015 Results in Focus", *PISA in Focus*, No. 67. Paris: OECD Publishing. Available at: <https://doi.org/10.1787/aa9237e6-en>.

Official Statistics Portal. "Amenities in households dwelling". 2016. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=9d1351c9-8b49-4e8b-8456-68dfe57180bc#.

Official Statistics Portal. "Average disposable income per household per month by type of household". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=03dfa230-b24b-4dc8-9279-33175f76e84e#.

Official Statistics Portal. "Burden of housing expenditure on household". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=5f4551ea-231a-4b63-8108-52af37043d64#.

Official Statistic Portal. "Income and Living conditions of the population of Lithuania". 2020. Available at: <https://osp.stat.gov.lt/lietuvos-gyventoju-pajamos-ir-gyvenimo-salygos-2020/gyvenimo-salygos/materialiniai-nepritekliai>.

Official Statistics Portal. "Number of child care institutions and families at the end of year". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=e212da1b-2491-46d2-ab8a-2a260a3878c5#/.

Official Statistics Portal. "Persons living in households facing economic problems". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=ea685f5d-197a-4709-859b-98f68b61525b#/.

Official Statistics Portal. "Number of groups and children educated under pre-primary education curricula". 2021. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=609d9282-f37a-4c3c-9a53-a19c326eec7a#/.

Official Statistics Portal. "Number of school-age children not attending school by municipality". 2021. Available at: https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=c1dda6d6-f1c1-49d6-983c-0be25911eb0a#/.

Official Statistics Portal. 'Number of children that might have experienced abuse according to the age group 2014-2018'. 2021. Available at: https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=8c33647f-33d6-42d9-b94d-968735200487#/.

Official Statistics Portal. "Number of pupils receiving free school meals by municipality". 2020. Available at: https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=ad24092c-6d85-4cda-b8b5-83330a5abb22#/.

Official Statistics Portal. "Income and living conditions of the population of Lithuania". 2020. Available at: <https://osp.stat.gov.lt/en/lietuvos-gyventoju-pajamos-ir-gyvenimo-salygos-2020/namu-ukiu-pajamos/disponuojamosios-pajamos>.

Official Statistics Portal. "Persons living in households facing economic problems". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=ea685f5d-197a-4709-859b-98f68b61525b#/.

Official Statistics Portal. "Health.. 2020. Available at: <https://osp.stat.gov.lt/sveikata>.

Official Statistics Portal. "Burden of housing expenditure on household". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=5f4551ea-231a-4b63-8108-52af37043d64#/.

Official Statistics Portal. "Average disposable income per household per month by type of household". 2020. Available at: https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=03dfa230-b24b-4dc8-9279-33175f76e84e#/.

Official Statistics Portal. "Income and living conditions of the population of Lithuania". 2020. Available at: <https://osp.stat.gov.lt/lietuvos-gyventoju-pajamos-ir-gyvenimo-salygos-2020/gyvenimo-salygos/materialiniai-nepritekliai>.

Official Statistics Portal. "At-risk-of-poverty rate in households with children". 2020. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=dd312b7c-edc3-4ad3-81ce-534c500cce98#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=dd312b7c-edc3-4ad3-81ce-534c500cce98#/)

Official Statistics Portal. "Number of pre-school establishments with special groups". 2020. Available at: [https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=ec2083e6-0114-439d-a934-a41f9482015c#/.](https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=ec2083e6-0114-439d-a934-a41f9482015c#/)

Official Statistics Portal. "Children with special educational needs integrated into general purpose groups of pre-school education schools". 2020. Available at: [https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=6efa7f73-0c20-48c3-b296-02f343763cc0#/.](https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=6efa7f73-0c20-48c3-b296-02f343763cc0#/)

Official Statistics Portal. "Number of child care institutions and families at the end of year". 2020. Available at: [https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=f8b4e6eb-9a3b-4b1b-b1cd-7b66a3ccaba9#/.](https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=f8b4e6eb-9a3b-4b1b-b1cd-7b66a3ccaba9#/)

Official Statistics Portal. "Number of children in childcare institutions and families by sex". 2020. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=e212da1b-2491-46d2-ab8a-2a260a3878c5#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=e212da1b-2491-46d2-ab8a-2a260a3878c5#/)

Official Statistics Portal. "Number of children in families at social risk at the end of the year". 2018. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=a6aa8592-975f-4a14-9377-108b4114dca2#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=a6aa8592-975f-4a14-9377-108b4114dca2#/)

Official Statistics Portal. "Emigrants and immigrants by age group and sex". 2017. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=c7fd5ee9-3c03-4f2d-96b6-b0e5c0c9b3b4#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=c7fd5ee9-3c03-4f2d-96b6-b0e5c0c9b3b4#/)

Official Statistics Portal. "Amenities in households' of dwellings". 2016. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=9d1351c9-8b49-4e8b-8456-68dfe57180bc#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=9d1351c9-8b49-4e8b-8456-68dfe57180bc#/)

Official Statistics Portal. "Number of persons participating in non-formal education". 2021. Available at: [https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=9811048c-ff06-4f2b-818e-28f55619ee4e#/.](https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=9811048c-ff06-4f2b-818e-28f55619ee4e#/)

Official Statistics Portal. "Deaths of child". 2021. Available at: [https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=248902ac-9b55-41e7-9fc1-48b25c500fb5#/.](https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=248902ac-9b55-41e7-9fc1-48b25c500fb5#/)

Official Statistics Portal. "Child recognised by mental and behavioural disorders for the first time". 2021. Available at: [https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=da9cd8ba-52a4-4ab1-ab40-a2a5c42eb313#/.](https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=da9cd8ba-52a4-4ab1-ab40-a2a5c42eb313#/)

Official Statistics Portal. "Infant deaths by sex and cause of death". 2021. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=ce56f55b-af54-461b-9b29-06ad844cbffd#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=ce56f55b-af54-461b-9b29-06ad844cbffd#/)

Official Statistics Portal. "Infant deaths by age and place of residence". 2021. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=736c97c5-9b68-4583-8f07-a60747306314#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=736c97c5-9b68-4583-8f07-a60747306314#/)

Official Statistics Portal. "Child morbidity from communicable diseases". 2021. Available at: [https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=e8438d63-c13b-45ef-b39a-f5f50a246ac9#/.](https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=e8438d63-c13b-45ef-b39a-f5f50a246ac9#/)

Official Statistics Portal. "Child recognised as new cases of active tuberculosis". 2021. Available at: [https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=5a3d055e-4c4f-4f17-9fd4-33a041697e8e#/.](https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=5a3d055e-4c4f-4f17-9fd4-33a041697e8e#/)

Official Statistics Portal. "Families (family care homes) and foster children in them by municipality". 2021. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=11d8e198-01d9-4255-a089-b8bc2970d140#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=11d8e198-01d9-4255-a089-b8bc2970d140#/)

Official Statistics Portal. "Number of children in child care institutions and families by age group". 2021. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=6a61dd92-32ed-4875-bae3-cfa184a8e9cc#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=6a61dd92-32ed-4875-bae3-cfa184a8e9cc#/)

Official Statistics Portal. "Number of child care institutions and families at the end of year". 2021. Available at: [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=f8b4e6eb-9a3b-4b1b-b1cd-7b66a3ccaba9#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=f8b4e6eb-9a3b-4b1b-b1cd-7b66a3ccaba9#/)

Official Statistics Portal. "Child care institutions and children in them by municipality". 2021. [https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=39bde178-3216-4706-b615-59aaf268ac64#/.](https://osp.stat.gov.lt/EN/statistiniu-rodikliu-analize?hash=39bde178-3216-4706-b615-59aaf268ac64#/)

Jan Peeters. "Improving the quality of ECEC services in Ukraine". 2018. <https://biblio.ugent.be/publication/8653084/file/8653091>.

Giedrė Peseckytė. "Lithuania's Roma struggle to find new homes after mass eviction". 2014. Available at: <https://www.aljazeera.com/features/2020/12/14/lithuanias-roma-struggle-to-find-new-homes-after-city-eviction>.

Vita Petrušauskaitė. "Romų situacijos Lietuvoje apžvalga". 2016..

PPMI. "Švietimo paslaugų sugrįžusiems asmenims poreikio savivaldybėse tyrimas". 2018. Available at: https://www.smm.lt/uploads/documents/svietimas/%C5%A0vietimo%20paslaugos%20sugr%C4%AF%C5%BEusiems_galutin%C4%97%20ataskaita_20181120.pdf.

PPMI. "Projekto 09.2.2-ESFA-V-729-01-0001 "Neformaliojo vaikų švietimo paslaugų plėtra" gerosios patirties ir finansavimo modelio panaudojimas mokymosi visą gyvenimą srityje". 2020.

Jaunė Razmienė. "Lietuvos Ikimokyklinės Įstaigas Lankančių 4–6 Metų Amžiaus Vaikų Burnos Higienos Būklė, Dantų Pažeidžiamumas Ėduonimi, Jo Ryšys Su Šeimos Socioekonominė Padėtimi". 2013. Available at: <https://www.lsmuni.lt/cris/bitstream/20.500.12512/91019/2/DISERTACIJA%20--%20Jaune%20Razmiene%20-%20%5B2013-11-11%5D.pdf>.

Michael J. Rigby. "Potentially over 3 million children in EU Europe believed not to be receiving medical and dental treatment – and parent's reasons why". *Child: care, health and development*, 46(3). 2020. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/cch.12757>

Regina Rašimienė. „Prievartos pasireiškimas prieš vaikus ir jos prevencija skirtingo tipo ugdymo įstaigose.“ 2010. Available at: http://www.vaikystebesmurto.lt/_sites/paramosvaikamscentras/media/images/Biblioteka/2010_11_05_konf_prievartos_pasireiskimas_pries_vaikus_ir_jos_prevencija_skirtingo_tipo_ugdymo_institucijose.pdf

Romų platforma. "Švietimas". 2021. Available at: <http://www.romuplatforma.lt/svietimas/>

Greta Skubiejūtė. "Vienų motinų šeimos Lietuvos šeimos įstatymų kontekste". 2020. Available at: <https://www.zurnalai.vu.lt/STEPP/article/download/15392/17002/29938>.

Statistics Lithuania. "Number of pupils receiving free school meals by municipality". 2020. Available at: https://osp.stat.gov.lt/en/statistiniu-rodikliu-analize?hash=ad24092c-6d85-4cda-b8b5-83330a5abb22#/.

Statistics Lithuania. EU-SILC module: Health and Children's Health. Households of Children under the Age of 16 Years, by satisfaction of children's health examination or treatment needs. 2017. Available at: <https://osp.stat.gov.lt/sveikata>

Loreta Sadauskaitė. "Mokyklos nelankymo priežastys ir pasekmės". 2013. Available at: <https://www.vdu.lt/cris/handle/20.500.12259/114239> Rasa Stundžienė, Danutė Kalibaitienė, and Algimantas A. Vingras. "Kūdikų mitybos ypatumai pirmaisiais gyvenimo metais. Medicinos teorija ir praktika". *Medicinos mintis*, Vol. 16, No.4, p. 379-386 (2010).

Sveikatos apsaugos ministerija. "Vaikų raidos sutrikimų ankstyvoji rehabilitacija". 2020. Available at: <https://sam.lrv.lt/lt/veiklos-sritys/asmens-sveikatos-prieziura/motinos-ir-vaiko-sveikata/vaiku-raidos-sutrikimu-ankstyvoji-reabilitacija>.

Sveikatos apsaugos ministerija. "Gerėja vaikų ir paauglių psichiatrijos paslaugų prieinamumas". 2019. Available at: <https://sam.lrv.lt/lt/naujienos/gereja-vaiku-ir-paaugliu-psichiatrijos-paslaugu-prieinamumas>.

Anželika Šerikova, Vitalija Šimkienė, and Natalija Gordejeva. "Šeimos politika ir gimstamumas", *Ekonomika ir vadyba: aktualijos ir perspektyvos*, 3 (12). 329-336. 2008. Available at: <https://etalpykla.lituanistikadb.lt/object/LT-LDB-0001:J.04~2008~1367161905536/J.04~2008~1367161905536.pdf>.

Kastytis Šmigelskas, Justė Lukoševičiūtė, Agnė Slapsinskaitė, Tomas Vaičiūnas, Judita Bulotaitė, Monika Zemaitaitytė, Laura Salčiūnaitė, and Apolinaras Zaborskis. "Lietuvos moksleivių gyvensena ir sveikata. Pagrindiniai 2018m. HBSC Tyrimo Rezultatai". 2018. Available at: <http://hbcs.lt/wp-content/uploads/2020/04/2018reportLT.pdf>.

Švietimo valdymo informacinė sistema. "Bendrasis Ugdymas". 2021. Available at: <http://svis.emokykla.lt/bendrasis-ugdymas-2/>.

Švietimo valdymo informacinė Sistema. "Ikimokyklinis ir priešmokyklinis ugdymas". 2021. Available at: <http://svis.emokykla.lt/ikimokyklinis-ir-priesmokyklinis-ugdymas/>.

Švietimo valdymo informacinė Sistema. "Specialiųjų Ugdymosi Poreikių Turintys Mokiniai Bendrojo Ugdymo Mokyklų Bendrosiose Klasėse". 2021. Available at: <https://www.svis.smm.lt/bendrasis-ugdymas-2/>.

Švietimo valdymo informacinė sistema. "Švietimos stebėsenos rodikliai". 2021. Available at: <https://www.svis.smm.lt/valstybes-strateginiai-svietimo-stebesenos-rodikliai-2/>.

Švietimo, mokslo ir sporto ministerija. "Švietimo būklės apžvalga". 2021. Available at: <http://www.nmva.smm.lt/wp-content/uploads/2019/10/Svietimo-bukles-apzvalga-2019-web.pdf>.

Švietimo, mokslo ir sporto ministerija. "2021-2030 m. švietimo plėtros programa". 2021. Available at: [https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/potros%20programos/protokolai/%C5%A0PP%20projektas%20\(2020-08-17\).pdf](https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/potros%20programos/protokolai/%C5%A0PP%20projektas%20(2020-08-17).pdf).

Švietimo, mokslo ir sporto ministerija. "Socializacijos centrai". 2020. Available at: https://socmin.lrv.lt/uploads/socmin/documents/files/Socializacijos%20centras_2020-06-08.pdf

Švietimo, mokslo ir sporto ministerija. "Tariamasi dėl socializacijos centrų ir specialiųjų mokyklų ateities: mažiau įstaigų, daugiau pagalbos vietose". 2015. Available at: https://www.smm.lt/lt/pranesimai_spaudai/naujienos_1/tariamasi-del-socializacijos-centru-ir-specialiuju-mokyklu-ateities-maziau-istaigu-daugiau-pagalbos-vietose

Švietimo, sporto ir mokslo ministerija. "Dėl specialiųjų ir bendrojo ugdymo mokyklų, turinčių specialiąsias klases, bendrabučiuose gyvenančių vaikų skaičiaus ir pavėžėjimo". 2013. Available at: https://www.smm.lt/uploads/documents/veikla/Pazyma_bendrabuciai%5B1%5D.pdf

Švietimo valdymo sistema. "Neformaliojo vaikų švietimo ir formalųjį švietimą papildančio ugdymo mokyklos". 2021. Available at: <https://www.svis.smm.lt/>.

Švietimo valdymo informacinė sistema. "Neformalus vaikų švietimas". 2021. Available at: <http://www.svis.smm.lt/neformalus-vaiku-svietimas-2/>.

Švietimo valdymo informacinė sistema. "Švietimo stebėsenos rodikliai". 2021. Available at: <https://www.svis.smm.lt/>

Švietimo, mokslo ir sporto ministerija. "Kaip padidinti ikimokyklinio ugdymo aprėptį Lietuvoje?", *Švietimo Problemos Analizė*, No. 11 (189). 2020. Available at: <https://www.nsa.smm.lt/wp-content/uploads/2020/12/Ikimokyklinio-ugdymo-apreptis.pdf>.

Švietimo, mokslo ir sporto ministerija. "2021-2030 m. investicijų poreikio į švietimo sistemą žemėlapis". 2020. Available at: https://www.smm.lt/uploads/documents/es_parama/Svietimo%20zemelapis.pdf

Švietimo, mokslo ir sporto ministerija. "2021-2030 M. Švietimo Plėtros Programos Pagrindimas". 2020. Available at: [https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/potros%20programos/protokolai/%C5%A0PP%20pagrindimas%20\(projektas_2020%2011%2013\).pdf](https://www.smm.lt/uploads/documents/Administracine%20informacija/planavimo%20dokumentai/potros%20programos/protokolai/%C5%A0PP%20pagrindimas%20(projektas_2020%2011%2013).pdf).

Švietimo mokslo ir sporto ministerija. „Lietuvos miestų ir kaimų mokinių pasiekimai: skirtumai, jų priežastys, galimi įveikos būdai“. *Švietimo Problemos Analizė*, No. 5 (183). 2020. Available at: <https://www.nsa.smm.lt/wp-content/uploads/2020/12/Miesto-ir-kaimo-mokiniu-pasiekimai.pdf>.

Švietimo, mokslo ir sporto ministerija. "Lietuvos tautinių mažumų švietimo būklės analizė". 2018. Available at:

https://www.smm.lt/uploads/documents/tyrimai_ir_analizes/2019/Lietuvos%20tautini%C5%B3%20ma%C5%BEum%C5%B3%20%C5%A1vietimo%20b%C5%ABkl%C4%97s%20analiz%C4%97_.pdf.

Švietimo, mokslo ir sporto ministerija. "Migrantų integravimas bendrojo ugdymo mokyklose". 2020. Available at: https://www.smm.lt/uploads/documents/tyrimai_ir_analizes/2020/S%C5%A0PA%20Migrant%C5%B3%20integravimas%20bendrojo%20ugdymo%20mokyklose%202020%20Nr%207%20lapkritis%202020-11-30.pdf.

Švietimo, mokslo ir sporto ministerija. "Gerės psichikos sveikatos priežiūros paslaugų prieinamumas". 2018. Available at: https://www.smm.lt/web/lt/pranesimai_spaudai/naujienos_1/geres-psichikos-sveikatos-prieziuros-paslaugu-prieinamumas.

Švietimo, mokslo ir sporto ministerija. "Mokykla COVID-19 pandemijos sąlygomis: pamokos, sprendimai, perspektyvos". 2021. Available at: https://www.smm.lt/uploads/documents/tyrimai_ir_analizes/2021/Mokykla-COVID-19-salygomis.pdf

Ugdymo sodas. "Mokyklos per mokinių atostogas gali organizuoti užimtumą specialiųjų ugdymosi poreikių turintiems mokiniams". 2020. Available at: <https://sodas.ugdome.lt/naujienos/perziura/61202>.

UNICEF. "Global Study on Child Poverty and Disparities 2007-2008 Guide". 2008.

UNICEF. "A world free from child poverty. A guide to the tasks to achieve the vision". 2017. Available at: <https://www.unicef.org/reports/world-free-child-poverty>.

UNICEF. 2021. "Health and child development". 2021.

Rūta Urbonaitė. "Tėvų Atsisakymo Skiepyti Vaikus Priežasčių Analizė". 2018. Available at: <https://www.lsmuni.lt/cris/bitstream/20.500.12512/105044/1/Skiepai%20BMD%20R%C5%ABta%20Urbonait%C4%97.pdf>.

Užkrečiamųjų ligų ir AIDS centras. "Tikslinės grupės vaikų skiepavimo apimčių tyrimo duomenų analizė". 2018. Available at: <http://skiepai.ulac.lt/upload/files/2019/05/06/skiepu-leidiny-5.pdf>.

Valstybinio audito apskaita. "Ar išnaudojame ikimokyklinio ugdymo galimybes sėkmingesnei vaikų atečiai užtikrinti?". 2019.

Valstybinė kontrolė. "Ar ankstyvosios reabilitacijos paslaugos ir įtraukusis ugdymas atitinka neįgalių vaikų poreikius ir užtikrina jų socialinę integraciją". 2016.

Valstybės vaiko teisių apsaugos ir įvaikinimo tarnyba prie Socialinės apsaugos ir darbo ministerijos. "Globa (rūpyba)". 2021. Available at: <https://vaikoteises.lt/veiklos-sritys/vaiko-globa-rupyba-ir-ivaikinas/globa-rupyba/>

Henrika Varnienė. "Qualitative research "Teikiamos pagalbos dėl šeimos narių su ilgalaikė negalia masto šeimoms ir šeimose vertinimas". Quantitative research "Teikiamos pagalbos dėl šeimos narių su ilgalaikė negalia masto šeimoms ir šeimose vertinimas"". Report. 2021. Available at: <https://www.lnf.lt/wp-content/uploads/2021/07/Tyrimas.pdf>

Jovita Vingraitė, R. Bartkeviciūtė, and Kim F. Michaelsen. "A cohort study of term infants from Vilnius, Lithuania: feeding patterns". *Acta paediatrica*, 93(10), 1349–1355, (2014).

World Health Organization. "Breastfeeding". 2020. Available at: https://www.who.int/health-topics/breastfeeding#tab=tab_1.

World Health Organization. "Nutrition and Food Safety". 2021. Available at: <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>.

World Health Organization Regional Office for Europe. "Finding from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada". 2018. Available at: <https://apps.who.int/iris/bitstream/handle/10665/332091/9789289055000-eng.pdf>

World Health Organization. "WHO European Region has lowest global breastfeeding rates". 2015. Available at: <https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2015/08/who-european-region-has-lowest-global-breastfeeding-rates>.

Žmogaus teisių stebėjimo institutas. "Vaikų teisių padėtis Lietuvos stacionariose globos ir ugdymo įstaigose". 2020. Available at: http://www.hrmi.lt/uploaded/PDF%20dokai/TYRIMAI/Vaiko_teisiu_padetis.pdf.