

Basis for a European Child Guarantee Action Plan in Lithuania



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1. Introduction

Child poverty has an immediate and long-term effects on both individuals and society. Due to particular needs of children, and the limited coping capabilities tied to their specific life stage, children are impacted more acutely by poverty, particularly at an early age. Poverty and deprivation during childhood impact an individual's health, educational attainment, employability and social connections, and increase the risk of future behavioural problems. Thus, poverty and social exclusion at a young age often extend into later stages of life, perpetuating intergenerational poverty and inequalities. Children's experiences of poverty and social exclusion depend not only on the extent of income poverty and material deprivation, but are also highly influenced by their immediate caregiving environment (e.g., family composition, foster care) and the characteristics of the local community (e.g. the level of access to public services).

This policy brief contributes to the drafting of the Lithuanian National Action Plan on reducing child poverty and identifies the key challenges to achieving the goals of the European Child Guarantee in Lithuania. It provides an overview of the policies currently in place and provides recommendations ranging from improving access to free early childhood education and care (ECEC), to education, health care, healthy nutrition, , and adequate housing. This policy brief is based on the findings and recommendations identified in the deep-dive analysis and consists of five parts, each covering a different policy area. Each part comprises three sections, dealing with the main access barriers to access, policy responses and recommendations for ECEC, education, health care, nutrition and housing services for children.

Key messages

- Effective access to quality **ECEC** services is one of the most important factors in ensuring equality in children's further development and academic achievements, as well as to ensuring children's safety. Meanwhile, in Lithuania, access to ECEC remains one of the biggest challenges especially for the youngest children. Not enough places are available in public centres, and private for-profit services are very expensive. In addition, 'hidden' costs (such as meals and transport) exist even in the public sector, thereby rendering access to ECEC especially problematic for the most vulnerable children, such as children from low-income families and families at social risk. Due to the large group sizes in public ECEC centres and a lack of learning support specialists, there is also a lack of inclusion with regard to children with SEN (Special Education Needs), disabilities, and children from minority groups.
- Effective access to **education**, first and foremost, requires equality among schools and regions within the country, which is currently lacking in Lithuania. Vulnerable children, such as children from low-income families, children from families at social risk, children in rural areas, and children from national minorities within Lithuania, receive a lower quality of education. The reason for this is that schools in rural areas and in certain parts of cities, as well as schools for national minorities, lack qualified teachers, necessary learning equipment, up-to-date books and methodologies. The issue of 'hidden' costs also applies, particularly in relation to access to non-formal education. Meanwhile, children with SEN and disabilities do not receive quality education due to teachers' lack of knowledge about working with such children, as well as a lack of adapted methodology, and a lack of learning support specialists. To reduce these barriers, all schools should be equipped with laboratories, IT equipment, highly qualified teachers, all necessary learning support specialists, up-to-date books, and adapted methodologies. Schools should also provide children with universal benefits and represent cultural diversity. Meanwhile, with regard to non-formal education, children must be provided with a wide range of activities that correspond to their individual needs and capacities, and transport should be provided for children with SEN and disabilities as well as children living in distant areas.
- Socio-economic disadvantages negatively influence children's access to the **healthcare** system in Lithuania due to families' inability to afford treatments, long waiting lists, long travel times or no means of transport, a lack of time due to parents' working commitments, etc. Effective access to free healthcare requires improved access to healthcare services for the most disadvantaged groups such as children in low-income families and precarious family situations; a greater focus on children with disabilities and special needs, as well as Roma and migrant children; the development of mental health services and the improvement of after-school opportunities for children's physical activity.
- A lack of effective access to healthy **nutrition** during infancy contributes to a range of poor health outcomes in future life, as well as impacting physical and mental well-being and cognitive functioning, and contributing to lower learning outcomes. The most vulnerable children in Lithuania are those from low-income families, families at social risk, and children living in remote rural areas. Parents with low incomes cannot afford healthy foods as these are often more expensive than less healthy alternatives. In addition, parents at social risk may lack knowledge regarding the importance of nutrition, and parents raising children in remote areas may face additional barriers of access due to a lack of transport or its cost. The most vulnerable period for children is during infancy, when they should be breastfed, and their nutrition relies on mothers' awareness as well as their eating habits. Tackling barriers to access such as the affordability of healthy foods, as well as addressing unhealthy eating habits by promoting and enabling healthy eating and ensuring that all children have at least one full healthy, balanced meal per day, are therefore particularly important in tackling food insecurity for AROPE children.
- **Housing** deprivation is a much bigger issue for children living in low-income families compared with other income groups of children in Lithuania. Effective access must be ensured to adequate housing and access to housing support services needs to be improved for the most disadvantaged groups in Lithuania: children in low-income households, children of single parents, children from large families, children with disabilities, Roma and migrant children. A greater focus should be placed on improving the income situation of families in Lithuania.
- **Social services and benefits in cash** significantly improve access to ECEC, education, health care, nutrition and housing. In Lithuania, some of these benefits include universal child benefits, social benefits, the 'family card', and one-time COVID-19 benefit and benefits for pregnant women. Other important programmes to improve the overall situation of the most vulnerable children include the action plan for complex services for families, the child well-being programme, case management and the policy of deinstitutionalization.



2. Free and effective access to ECEC

Main challenges experienced by children regarding ECEC in Lithuania

Access to ECEC services remains a challenge in Lithuania. As in most post-Soviet countries where policies have been shaped to support stay-at-home mothering and nuclear families, and where a clear division of gender roles exists between men and women, insufficient attention has been paid to expanding the ECEC system. Policy in Lithuania has traditionally focused on supporting the aforementioned gender roles, and inattention towards developing the ECEC system has led to a lack of available ECEC services and a lack of flexibility in those services that do exist (both in terms of working hours and the types of ECEC providers), particularly with regard to children aged 0 to 3 years old. In addition, there is insufficient inclusion and access to ECEC services for children with Special Educational Needs (SEN) and disabilities, children with migrant backgrounds and children living in families at social risk, especially when such children live in rural areas. Due to a lack of public services, parents have to rely on private for-profit services, which are very expensive. Most vulnerable families, such as single-parent families, cannot afford them. For single-parent families, the situation is extremely complicated: they may face long waiting lists for enrolment into ECEC, as most municipalities in Lithuania give priority in enrolment into ECEC to families in which both parents are registered in the same area. On top of this, even in public ECEC centres, 'hidden' costs constitute a great burden for low-income families. Meanwhile, in many cases, families with children living in rural areas cannot afford transport to and from ECEC services. Inequality between children in the education system is therefore present from a very early age.

Table 1 . Number of children requiring free and effective access to ecec

Vulnerable group	Estimated size of the group	Data source and year
Children in low-income families	21.6% (38, 000) of children up to 6 years old are at risk of poverty	Eurostat, 2020
Children living in families at social risk	17,430 (children of all ages)	Official Statistics Portal, 2018
Children living in rural areas	50,232	Education Management Information System, 2020-2021
Children with special needs and disabilities	24,962	Education Management Information System, 2020-2021
Children with migrant backgrounds	Returnee children: 976 Immigrant children: 1,007	Ministry of Education and Science, 2018 Official Statistics Portal, 2020

The policy responses to improve access to ECEC

To improve the availability of ECEC services, the Lithuanian government has established mandatory pre-primary education. Other tools include recognizing different forms of ECEC provision, providing children with transport, free meals and more.

The National Education Development Programme 2021-2030 foresees that by 2030, 95% of children between ages of 3 and the age of compulsory primary education will attend ECEC services, while 75% of children from families at social risk will attend ECEC. It is also foreseen to improve the inclusion of children with SEN. The main tools to achieve these goals include the creation of new ECEC sites (including modular kindergartens and 'family' kindergartens), and the improvement of teachers' competences via various courses and peer learning. Modular system kindergartens are flexible spaces, generally made from light construction modules, which can be easily remodelled if necessary. 'Family' kindergartens, meanwhile, are formed when a child-raising parent takes care of other children for a certain fee, using the facilities of his or her own home. Nevertheless, while the goals of current policies are promising, there is a lack of concrete steps that need to be taken, together with a lack of financial distribution. In the current situation, access to ECEC among the most vulnerable children remains a challenge, as priorities regarding enrolment into ECEC remain based on the strengths of families, rather than their vulnerabilities, such as raising children alone, and there is a lack of transport, learning support specialists and other resources.

The Description of the Requirements for Teachers' qualifications foresees that at least one teacher in the children's group should have a BA qualification; all teachers should have attended courses of at least 40 hours on working with children with SEN, disabilities, and other vulnerable backgrounds, and at least 40 hours of courses on teaching the Lithuanian language. Nevertheless, there is still a shortage of workforce in ECEC due to the profession's lack of attractiveness and the lack of financing in this area. Although salaries for pre-primary teachers have been raised, ECEC teachers and learning support specialists remain among the lowest-paid professionals.

To help ensure the quality of services, all ECEC centres are also provided with **methodological recommendations**. These recommendations include topics such as identifying children's individual needs and improving children's academic, artistic and social skills. Moreover, they provide information on how to approach and work with children with SEN, disabilities, migrant backgrounds, as well as children from low-income families and other vulnerable backgrounds. Meanwhile, **mandatory pre-primary education for all children, and mandatory ECEC education for children from families at social risk**, as well as a minimum of 5 hours' mandatory provision of Lithuanian language courses for migrant children of all ages while attending ECEC, seek

to ensure children's safety and equality. The aim of these measures is to provide children with an equal starting point when they attend primary school; however, such measures are not always carried out due to a shortage of workforce and the competences of teachers, as well as the large sizes of children's groups. Other tools include the provision of transport, increasing the number of ECEC centres, and assessment tools for children. In addition, children from families at social risk are also provided with free meals, learning equipment, family monitoring by The Child Welfare Commission, and counselling parents regarding the benefits of ECEC.

Recommendations for improving access to ECEC

- **Make ECEC universal** for children from 0 years old to the age of compulsory primary education, with priority being given to children from disadvantaged backgrounds. The current goal is to achieve universal ECEC for all children between the ages of 2 and primary education by 2025. Progressive universalism could help to reach these goals. Progressive universalism means that children from vulnerable backgrounds are given priority in terms of access to ECEC. Financial allocations could also be raised to help children from vulnerable backgrounds to access ECEC.
- **More attention to parents and their needs.** It is important to inform parents about the benefits of ECEC via families' social workers and health care specialists. Outreach mechanisms could provide significant benefits in terms of involving children from vulnerable backgrounds. It is also crucial to help parents with bureaucratic processes, and to simplify these processes as much as possible.
- **Improve the inclusion of children with SEN.** Although quality ECEC has a dramatic impact on the development of children with SEN, currently only around 20% of such children attend general ECEC in Lithuania. Improving the inclusion of children with SEN requires extended training for the ECEC workforce, both during their initial studies and while working in ECEC. There is currently a lack of teacher training in this area, mainly due to a lack of financing. This should be improved. In addition, it is important to reduce the sizes of children's groups, and to determine the number of children per teacher. Where teachers work with groups including children with SEN, those groups should contain a smaller number of children.
- **Address issues of gender inequality and reconciliation of work and family life.** ECEC services are important for removing obstacles to the employment of women, particularly single mothers, and for single parents in general. Access to ECEC contributes to gender equality by allowing greater flexibility to manage family and work-life balance for both mothers and fathers. It is important that more flexible ECEC services are made available, with different working hours, and that single parents are given priority with regard to enrolment in ECEC.
- **Address geographical disparities.** Lithuania is currently unable to ensure equal enrolment into ECEC across the country. First and foremost, increasing access to ECEC, means developing infrastructure and increasing the number of teachers. The level of provision is lower in rural areas than in urban areas, and in urban areas, fewer high-quality ECEC resources are available in poorer neighbourhoods. Clear guidelines regarding structural quality and financing must be set at national level, to avoid children suffering inequalities in conditions depending on where they are born. It is also necessary to ensure equality among ECEC providers regarding the quality of services provided to children with SEN and disabilities, and to ensure that these children receive high-quality services close to their homes.
- **Support the ECEC workforce.** As previously mentioned, more time and money should be invested into the continuous professional development of working teachers as well as teachers' training. The strong connections with teacher training institutions for ECEC could be further expanded to include on-site training or mentoring for working teachers. Moreover, professional development should be embedded into the process of quality monitoring, creating a system that focuses on measuring quality, reflecting on the results, and supporting teachers in making improvements. Every teacher should receive continuous professional development training – continuous training and supervision in class, as well as training on special education, psychology, and IT; teachers should be able to attend qualification courses abroad and to receive video

feedback. More attention should be focused on improving teachers' salaries and the status of the teaching profession, as well as increasing diversity among teachers in ECEC centres.

- **Set clear requirements for curriculum.** Curricula need to be planned within an open framework that acknowledges and addresses the diverse interests and needs of children holistically. This should include addressing differences between boys and girls; children with SEN; children from national minorities; and children from families at social risk. While planning curricula, it is important to take into account global challenges, technological advancement, topics relating to everyday life challenges, and the identities of various ethnic minorities. Children, especially those from families at social risk, should be provided with facilities to meet their hygiene requirements, and centres should pay extra attention to the nutrition and health of such children. With regard to children with SEN and disabilities, recommendations provided by doctors and other services should be followed carefully at all times. It is also important to involve children and their parents in the process of creating curricula.
- **Ensure that policy goals are oriented towards improving access to and the quality of ECEC.** Strong public policy commitment to ECEC is important, and must be backed by a bold vision, strong plans and adequate funds. Promoting ECEC as a central priority in national education strategies and plans – including clear targets, indicators and ministerial leadership – can make a significant difference in terms of the political and financial importance given to the sector. Robust governance and accountability mechanisms across decentralized levels are also important in ensuring the efficient allocation and use of ECEC resources.
- **Develop comprehensive quality monitoring.** To ensure success, the monitoring and assessment framework should cover structural aspects of quality (child-staff ratio, qualification levels of staff); process quality (e.g., interaction with children, the content of activities); and outcome quality (looking at the benefits for children, families, communities and society). Monitoring needs to include assessments of the accessibility of ECEC for children living in rural areas, children from low-income and single parent families, for families at social risk, and for children from ethnically non-Lithuanian families. Furthermore, the quality of staff, price of services, curricula, governance and funding should also be monitored. General quality criteria need to be set at the highest possible levels, but should also encompass regional and local levels, and should ideally align with the EU ECEC Quality Framework. The ECEC workforce, the children themselves and their parents should all be empowered and included into the quality monitoring process. Information from both self-assessment and external evaluations regarding the quality of the ECEC system should be used as the basis for improvement. Information about the quality of the ECEC system should also be made available to the public.



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3. Free and effective access to education

Main challenges experienced by children in Lithuania in relation to education

Although education is free and universal for all children in Lithuania, many barriers to access and other challenges still remain. First and foremost, great inequality exists between schools in terms of the quality of services, with the greatest disadvantage evident in schools in rural areas, certain areas of cities and in minority language schools. Such inequality exposes children living in rural areas and less well-off urban areas, as well as the children of non-Lithuanian ethnic groups, to low-quality education. Many of the schools attended by these children suffer a lack of laboratories, IT equipment, learning support specialists, up-to-date books and methodologies and highly qualified teachers, and a lack of transport to and from non-formal education activities – as well as a lack of choice in such activities. The lack of learning support specialists and lack of choice in free-of-charge non-formal education activities, especially among children with SEN and disabilities, is major and prevent problem in all schools. Moreover, although education is considered free of charge for all children, 'hidden' costs remain a great issue. Despite school tuition being free, the families of school students have to pay for certain school materials, activity books, transport, food and various extra courses and activities that contribute to their learning. This can be extremely problematic for low-income families, especially those living in remote areas, where hidden costs limit access to both formal and non-formal education. Immigrant children, returnee children and children of migrant origin are also insufficiently included in the educational system. There is a lack of teachers from different cultural backgrounds in schools, Lithuanian language is not sufficiently well taught to non-native-speaking children, and teachers lack the skills to work with children with different languages and cultures. A lack of learning support specialists is also a major problem in this context.

Table 2. Number of children in need of free and effective access to education

Vulnerable group	Estimated size of the group	Data source and year
Children in low-income families	24.8% (100, 000) of children between ages of 6 and 19 are at risk of poverty	Eurostat, 2020
Roma children	1,036 (children of all ages)	Overview of Roma situation in Lithuania, 2016
Migrant and returnee children	Returnee-children: 412 Immigrant children: 3,303	Ministry of Education and Science, 2018 OSP, 2020
Children from non-Lithuanian ethnic backgrounds	31,502	Education management information system, 2020-2021
Children living in rural areas	53,510	Education management information system, 2020-2021
Children with special needs and disabilities	4,873	Education management information system, 2020-2021

Policy responses to improve access to education

The Lithuanian government recognizes the issue of low academic achievements among Lithuanian children and its link to the lack of quality of education in Lithuania. The government recognizes issues such as inequalities between schools and the lack of inclusion of the most vulnerable children such as children with SEN and disabilities and children of migrant origin. To reduce these inequalities, it proposes to equip all schools equally with highly qualified teachers, learning support specialists, laboratories, IT equipment and the necessary methodologies.

The National Education Development Programme 2021-2030 foresees that by 2030, 97% of children with SEN and 75% of children with disabilities will attend general education schools; 75% of all children will attend non-formal education; 50% of children with SEN will attend non-formal education; 65% of teachers will be employed in schools after graduation; and 40% of teachers will have MA degree. In addition, it is expected to improve pupils' PISA results to reach 16th place among all participating countries by the year 2025. To achieve these goals, the government has allocated a budget of EUR 550 million. The **Strategic Action Plan of the Ministry of Education, Science and Sport for the year 2021-2023** seeks to improve teachers' qualifications; implement the monitoring and assessment of students, schools and education as a whole; develop infrastructure for inclusive education; and to integrate formal and non-formal education. Tools to achieve these goals include courses to improve teachers' competencies; increases in teachers' salaries; online self-assessment programmes for schools; monitoring indicators for education; purchasing additional school buses and laboratory equipment; modernizing school infrastructure; modernizing non-formal education facilities; increasing support to Lithuanian schools abroad; providing coordinated support to immigrated and returnee children and their families; expanding the number of all-day schools; and increasing funding for student benefits. Nevertheless, teaching remains among the lowest-paid professions, and teachers do not receive any of the financial and educational support necessary to motivate them when working with children with SEN and disabilities, or with children from minority backgrounds.

The Political Programme of the XVIII Government of Lithuania also sets similar goals. In addition, it foresees the establishment of national education quality standards and improvements in the quality of education in minority schools. Although most of these goals are similar to those set in previously mentioned documents, the Political Programme of the XVIII Government of Lithuania foresees the use of different tools to achieve these goals. These include modernizing the curricula (including a multilingual reading and maths programme, as well as updated history programmes that recognize the importance of minorities in Lithuanian culture), reduced class

sizes, additional financing for learning support specialists, more up-to-date books in minority languages, and the digitalization of minority schools. According to data from interviews, the issue of schools' lack of autonomy still remains, as they are not given the power to make their own decisions regarding financial allocations and various aspects of curricula, despite the schools themselves being best placed to know what is missing, and what is necessary for their children. Educational tools of the largest scale will include mobile school staff teams and millennial schools.

Mobile school staff teams will consist of teams of teachers and other learning specialists that will go to schools facing issues and work there temporarily to improve the situation. Millennial schools will be located in different regions in Lithuania and will benefit from better teachers and STE(A)M laboratories, and modern curricula for formal and non-formal education. All children from the surrounding region will be able to use the facilities and courses provided at these schools. These schools are intended to reduce inequalities between regions, and to provide equal opportunities for all children irrespective of their living place, as well as to improve overall academic achievements. Nevertheless, some of the experts interviewed as part of this research expressed concern that these schools might even worsen equality among regions and children, as millennial schools would absorb all of the best resources in the area and become elite institutions. Children learning in other schools in the area would thereby receive an even lower quality education, as not all of them would have access to these elite schools. The inequalities between schools and regions with regard to quality therefore remains an issue. More detailed, focused tools and more integrated solutions are required to break the cycle of poverty by providing every child with the highest-quality education at all educational levels.

Meanwhile, **the Law Amending the Law on Education of the Republic of Lithuania and The Description of the Procedures for Organizing the Education for Pupils with SEN**, seek to improve the inclusion of children with SEN, those with disabilities and those from other vulnerable backgrounds (migrants, at social risk, from low-income families etc.), as well as to reduce the number of school dropouts. The tools provided include continuously working with children's parents, pupil self-care plans (provided for children who have various health issues), and individual learning plans. Other tools include the provision of 'special classes', transport, school meals, school supplies, and improved inter-institutional cooperation. Municipal administrations are encouraged to work more effectively to ensure the well-being of the child, to remove interdepartmental barriers between educational assistance, municipalities, state institutions and establishments, organizations and non-governmental actors, to ensure inter-institutional co-operation. Improved inter-institutional attention to vulnerable children and their parents should reduce social exclusion, dropouts from schools, as well as improve parents' skills and involvement in their children's education, in addition to improving children's psycho-emotional well-being while attending educational institutions. Inter-institutional co-operation means that all of a child's needs must be identified and dealt with through cooperation between all of the necessary services and support providers. Nevertheless, the inclusion of children with SEN and disabilities, in general, remains a great challenge due to the aforementioned lack of competencies and motivation among teachers, as well as a lack of learning support specialists and the physical appropriateness of schools' buildings.

Other smaller-scale programmes also exist, such as **quality baskets**, all-day schools, day care centres and financial baskets for non-formal education. Quality baskets seek to improve pupils' academic achievements. EUR 30,324,2001 were allocated to this programme across 270 schools. The programme includes the evaluation of schools, provision of improvement plans to the schools and the monitoring of their success. Meanwhile, **financial baskets for non-formal education** seek to improve children's attendance in non-formal education by providing every child with a monthly allowance to purchase non-formal education activities. **All-day schools** are settings in which children are provided with educational activities after official school hours. The main goals of these schools are to improve the inclusion of children from vulnerable backgrounds and to reduce conflicts between parents' family life and work commitments. Day care centres are social care settings in which children from the most vulnerable backgrounds (such as families at social risk) gather after school and receive help with their homework, participate in various educational and cultural activities, and receive free meals. These centres also seek to work with children's parents to improve their parenting skills and to ensure that children receive all the support they need. Despite improved financial allocations and more attention being given to the parents, the hidden costs of education remain, and there is a lack of universal provision of school supplies and other necessary materials.

Recommendations for improving access to education

- **There should be universal and inclusive education for all children: geographical and socio-economic disparities should be addressed, as well as differences in levels of inclusion and quality among schools.** Universality and equality in the education system would reduce inequality between children from families of different socio-economic status. It would also improve academic achievement and decrease school dropouts. It is necessary to provide all children with school supplies, transport and meals to reduce 'hidden' costs and bullying in schools. It is also important to address such differences as the unequal distribution of learning support specialists, laboratories, IT infrastructure and high-quality teaching staff among schools, and to reduce differences between elite and rural as well as minority schools. Reducing inequalities between schools would also improve the inclusion of children with SEN and children with migrant backgrounds. Targeted interventions should also take place to improve boys' academic achievements.
- **Update curricula and provide greater flexibility in the selection and design of programmes.** It is crucial to enrich learning experiences while supporting the effective use of digital technologies and encouraging activities that link learning with real-life experience. It is also necessary to improve the curricula in vocational schools so that they effectively combine strong basic and job-related skills. Regions, cities and schools should be allowed to choose from a list of validated activities and programmes that best meet the needs of their children.
- **Greater investment in measures that reduce early school leaving.** Interdisciplinary communication is crucial to ensure that children who are not well included in schools are identified and worked with, to reduce the risk of dropouts. It is also necessary to improve communication with children's parents, to ensure that they receive all the necessary information and that their individual needs and those of their children are met. Preventive and tailored interventions that involve multiple actors (such as families, schools, and so on) are identified as being more likely to succeed. Developing 'early warning' systems for pupils at risk could help to ensure effective measures are taken before problems become manifest. The availability of various routes back into mainstream education and training is also important.
- **Expand all-day schools and non-formal education opportunities across Lithuania.** The lack of teachers and other staff, as well as additional transport costs, learning supplies, additional school meals and the necessity to adapt methodologies, are all concerns that must be addressed in order to ensure the expansion and quality of all-day schools and non-formal education across Lithuania. It is also important to address the issue of access to non-formal education for children living in rural areas, as well as for children with SEN and disabilities. Also important is the need to ensure that a variety of after school activities' options are available for these children.
- **Strengthen the teaching workforce.** It is important to attract teachers with different backgrounds, genders and ages. All teachers should have a BA degree and at least some should have a Master's degree. Initial teacher education also needs to be improved, and greater flexibility should be provided in terms of the ways in which people can acquire a teaching degree. It is important to ensure that new teachers can work in a well-supported environment and receive frequent feedback and mentoring during the early years of their careers. In addition, all teachers should be provided with qualification courses, and teachers' opportunities to network and exchange knowledge and experiences at school should be strengthened and improved. There should be a more coherent career pathway for teachers that rewards teaching excellence. The methods used to recruit teachers should be improved, and salaries should be raised.
- **Set national quality standards and implement monitoring.** It is important to prioritize education at policy level as part of the overall solution to social exclusion and poverty throughout the integration process. Any strategy should therefore provide clear timelines, targets, baselines and indicators to monitor progress, as well as adequate financial, material and human resources. External evaluation must be carried out, as well as the provision of methodology and tools for internal evaluation by schools. General quality criteria need to be set as high as possible, while minimum quality thresholds are also required to avoid a lack of balance between regions and avoid a situation in which the quality of a child's education depends on the region in which they are born. Funding on a larger scale should also ensure consistency between richer and poorer regions, to avoid a situation in which municipalities with a higher prevalence of low-income families lack the means to serve the needs of those families. The possibility should be considered of assigning higher weights in the funding formula to socio-economically disadvantaged students. More attention should be devoted to improving efficiency in the allocation and use of school maintenance budgets.



4. Free and effective access to healthcare

Main challenges experienced by children in Lithuania in relation to healthcare

Socio-economic disadvantages negatively influence children's access to the healthcare system in Lithuania. Children's medical and dental needs may remain unmet due to various reasons, such as families' inability to afford treatment, long waiting lists, long travel times, or no means of transport, as well as a lack of time due to parents' work or their responsibility to care for other family members. Children in low-income or single-parent families, Roma families and children living in precarious family situations are at a high risk of not receiving necessary health treatments due to travel costs, lack of time to take children to the doctor, and also due to some necessary and continuous treatments not being entirely free of charge – and, in the case of Roma families in precarious situations, due to a lack of education and interest in children's health on the part of parents. One of the most obvious issues is the insufficient level of vaccinations. Vaccination rate among children in Lithuania are lower than the 95 per cent recommended by the WHO, and the issue of non-vaccination is particularly common among Roma children.

Another important issue relating to healthcare is a lack of physical activity by children, often determined by the absence of interest by parents and financial reasons. The children who experience the highest risk of low physical activity are those from low-income families, families at social risk, single-parent families and Roma families, as the main reasons for low levels of physical activity include the inability to afford after-school sports activities and/or transportation, lack of time to take children to these activities or to supervise children's activities on a daily basis, as well as the previously mentioned lack of parents' education and interest in their children's health in the cases of families at social risk and Roma families. These same groups of children do not always have access to mental health services when needed, due to long waiting lists and parents' lack of time or transport to take children to consultations, especially when they live in remote rural areas, far away from clinics. The lack of availability of psychological counselling is especially problematic for children from low-income and single-parent families, as their parents often cannot afford private consultations and are even more time-poor than wealthier families. Families raising children with disabilities or special needs report having limited access to certain treatments their children need, as well as a lack of specialists, long waiting periods, and so on. Migrant and refugee children may experience limited access to free healthcare.

Table 3. Number of children in need of free and effective access to healthcare

Vulnerable group	Estimated size of the group	Data source and year
Children in low-income families	24% (138,000) of children between birth and the age of 19 are at risk of poverty	Eurostat, 2021
Roma children	1,036	Overview of the Roma situation in Lithuania, 2016
Children living in precarious family situations	17,430	Official Statistics Portal, 2018
Migrant and returnee children	4,310	Ministry of Education and Science, 2018 OSP, 2020
Children with disabilities	14,289	NGO Confederation for Children, 2017
Children with mental illness	701.05 per 10,000 children	The Institute of Hygiene, 2018
Children in single-parent families	26% of all families 150,000 children	Eurostat, 2017 Lithuanian Population and Housing Census, 2011

Policy responses to improve access to healthcare

Ensuring children's health and social well-being is an important part of the national health system in Lithuania. Access to, and the quality of, healthcare services, health literacy, mental and physical health and sex education are at the heart of the National Progress Programme 2021-2030, the Programme of the XVIII Government of the Republic of Lithuania, and the Public Healthcare Development Programme for 2016-2023. Physical activities and mental health services are not currently accessible for all children and their families in Lithuania; thus, the national focus is on spreading awareness of the importance of mental and physical health, increasing access to sporting activities, and improving children's health monitoring.

The National Progress Programme 2021-2030 strategically aims to increase social well-being inclusion within Lithuania's population, and strengthen its health. To achieve this goal, the following measures are planned: improved adaptation of the environment for people with disabilities, including children (e.g. transport, infrastructure, services, information); increased attention to children's psychological state and access to mental health services; improved access to physical activities for children; high-quality health care services; improved health literacy; an efficient health system with focus on stronger primary care; and improved access to outpatient care. Moreover, issues such as long waiting lists to receive treatment, the high cost of drugs and high levels of corruption are also addressed. However, some healthcare programmes such as continuous rehabilitation services and treatments for certain developmental disorders, as well as transport services, remain among the biggest barriers to accessing healthcare provision for the most vulnerable children in Lithuania.

The Programme of the XVIII Government of the Republic of Lithuania plans to improve access to sporting activities and mental health services. The main tools to achieve this include promoting more equal distribution of qualified sports specialists across the country; introducing up to three physical education lessons per week in all general education schools; updating the physical education curriculum; providing swimming lessons to all children in primary schools; improving sex education; and improving access to mental health services. **The National Public Healthcare Development Programme for 2016-2023** also seeks to promote physical and mental health, as well as encouraging a healthy lifestyle and culture, by promoting health literacy and ensuring the sustainability of the public health care system. To achieve these goals, awareness will be raised with regard to physical and mental health, with an emphasis on the prevention of illnesses in schools; updating sports

equipment and facilities in schools; monitoring physical activity and children's mental state; increasing the availability of high-quality public health care services and improving the management of the public health care system overall.

The key mechanism currently used ensure children's health needs are met is preventive annual health inspections and the National Immunization Programme 2019-2023. The latter provides that all recommended vaccinations included in the national immunization scheme are free of charge. The Programme aims to ensure at least 90 per cent of children are vaccinated (in the case of measles and rubella, not less than 95 per cent) across the country and in each municipality. **Meanwhile, preventive annual health examinations at health care institutions** include consultations with family doctors and dentists, and are compulsory for all children attending pre-primary and general education. However, a lack of attention is paid to the health of children who fall outside formal care and education systems. Attending to the medical needs of these children depends solely on their parents who, as previously mentioned, may lack interest or knowledge about their children's health. A grey area also exists with regard to refugee children, who have different rights to the nationals in terms of access to healthcare.

Meanwhile, children with disabilities receive **financial assistance and various free services**. These include a social assistance pension; targeted compensation for assistance costs for children with disabilities; and universal and free early rehabilitation for children with developmental disorders. The mechanism for **integrated family services** includes the provision of positive parenting training, psychological counselling, ECEC services, transport and more. Nevertheless, many issues still remain for children with SEN and disabilities, who face additional challenges in addressing everyday medical needs such as dental treatment. They also lack access to special, targeted treatments and integrated assistance that could help to meet all of their needs and reduce the burden on their families.

Recommendations for improving access to healthcare

- **Consistent coordination between central and local institutions** is necessary in order to ensure access to healthcare for all children and provide the necessary health services based on individual needs. Good coordination between national and local representatives is expected to significantly improve children's access to health care services in the regions.
- **Collaboration between different sectors including social services, education and health divisions** is essential at both national level (when developing policies and programmes) and municipal level (collaboration between doctors, social workers in municipality divisions, NGOs and teachers).
- **Greater involvement of NGOs, business organizations and volunteers are important** to increase opportunities to better assist children in need in the area of health.
- Following the example of the 'Integrated family services' project (funded by the ESF), create **more well-integrated mechanisms to ensure the accessibility** of healthcare services **near to children and their families' place of residence**. Integrated services can better ensure children's access to necessary health services and their **continuity in using them** (from preventative health services to follow-up treatment).
- Lithuania should focus more on the **improvement of primary healthcare and the quality of healthcare services for children**. Regional disparities in access to quality healthcare should be reduced by investing in the more even distribution of healthcare professionals and nurses, and even the use of telecommunication technology to diagnose and treat patients remotely, as well as access to mental and dental care, and the provision of more integrated care.¹ Lack of high-quality specialists could be mitigated by **introducing e-health services in rural areas** as well as **establishing benefits packages for specialists** in rural areas.

¹ Study on the economic implementing framework of a possible EU child guarantee scheme including its financial foundation. Final report.

- **Quality mental health services should be accessible to all children** and all families across the country raising children. Services should be provided free of charge and without any limitation on the number of consultations, to **ensure access by children to long-term counselling** and treatment for more complex mental health disorders.
- **Promoting the importance of improving children's health** should be a priority at both national and municipal level. Parents and children should receive as much information as possible on the topics of physical and mental health and healthy lifestyles, as well as the main existing services that best meet their needs at a given moment. A pro-active approach to reaching out to all children could help to ensure accessibility and actual coverage.
- **Policies and programmes for children with disabilities** and their families should be more **child-oriented and flexible and should focus on the individual needs** of each child. The development and accessibility of services across the country is important, as is the provision of **support measures for households** (financial benefits, the provision of transport, free services, the provision of the services most needed at a given time, as well as services such as respite care). **Compensation for nursing care services at home** (respite care) for families, especially single parents raising children with disabilities, could assist in helping parents to remain in the job market, thus increasing family income and helping them to raise themselves out of the poverty.
- Groups such as **children of migrant origin and Roma children, as well as homeless children**, remain outside of intense political attention, and are insufficiently included in strategic documents in Lithuania. It is therefore highly recommended to cover their health needs by **distinguishing them as separate target groups in policies and programmes**. It is essential to apply pro-active policies and increase awareness among Roma parents and parents of migrant origin as to the **importance of vaccinating their children, as well as improving the vaccination rate among Roma children and children of migrant origin**. No national strategy exists with regard to homeless people and **children in street situations** in Lithuania; it is therefore essential to increase the focus on this particular group of children by **strengthening the NGO sector, adopting a national strategic document and providing them with healthcare assistance**.
- With regard to the lack of monitoring indicators referring specifically to children's health in Lithuania, it is recommended to **introduce more indicators covering children's health condition, and to include more socioeconomic aspects** (disaggregated data) such as household type, family income, parents' employment status, degree of urbanization (rural/urban), migratory status, ethnicity (where appropriate) and disability status, and to **measure the correlation between these and children's health indicators**.



5. Effective access to healthy nutrition

Main challenges experienced by children in Lithuania in relation to healthy nutrition

Children living at risk of poverty and social exclusion are especially likely to have limited access to healthy nutrition. Children living in low-income households often face an enforced lack of protein (meat, fish, etc.), as well as a lack of fruit or vegetables, due to reasons of affordability. Healthy foods often cost more than less adequate alternatives, and household income is often not sufficient to provide access to regular and good-quality nutrition. In addition to affordability problems, a lack of knowledge and unhealthy eating habits among parents also influence both patterns of breastfeeding and the provision of meals at home, which shape long-term health and educational outcomes. Children living in low-income families in rural areas face additional barriers, such as a lack of transport to reach shops, food bank distribution points and schools. Younger children, especially non-breastfed infants, as well as those under six, represent another vulnerable group, since they rely completely on their parents' nutritional knowledge, habits and capacity to prepare healthy meals or breastfeed, which may be constrained by work commitments. Although the provision of free meals in schools aims to address these issues, certain groups are excluded from existing free meal programmes. These include children – often AROPE – who do not regularly attend formal education, or drop out early. Young people between the ages of 14 and 18 who are enrolled in vocational training programmes, who receive the government allowance, and who often comes from low-income families, are not entitled to free lunches.

Table 4. Number of children in need of effective access to healthy nutrition

Vulnerable group	Estimated size of the group	Data source and year
Non-breastfed children	51% of all children (up to 6 months old) – approximately 10,000 31% of all children (up to 3 months old) – approximately 6,000	WHO, 2020
Non-breastfed children of less educated mothers	Approximately 2,500 children of less educated mothers	Data estimated by PPMI, based on the overall statistics for non-breastfed children in Lithuania and the results of the study ‘Evaluation of factors related to the maternal breastfeeding knowledge, attitude towards it and intention to breastfeed’, 2019
Non-breastfed children of unemployed mothers	Approximately 3,000 children of unemployed mothers	Data estimated by PPMI, based on the overall statistics for non-breastfed children in Lithuania and the results of the study ‘Evaluation of factors related to the maternal breastfeeding knowledge, attitude towards it and intention to breastfeed’, 2019
Non-breastfed children with single mothers (work-related)	-	
Low-income children who do not have normal weight	34.1% of all children – approximately 100,000	Data estimated by PPMI, based on the overall statistics for children in Lithuania and the results of the study ‘Children’s Health’, 2019
Children in low-income families	Approximately 110,000 children in need who do not eat fruit and vegetables every day	Data estimated by PPMI, based on the overall statistics for children in Lithuania and the results of the study ‘Children’s Health’, 2019
Single-parent households (in rural areas)	Approximately 120,000 children in need who do not have breakfast everyday	
Children in low-income, large families		
Children in low-income, single-parent families		
Children in rural areas and/or smaller municipalities		

Policy responses to improve access to healthy nutrition

Lithuania has developed various instruments to address barriers to healthy nutrition. These include the promotion of breastfeeding; ensuring access to at least one healthy meal each school day for school-aged children; promoting healthy eating habits; and tackling the problem of food affordability through income support measures and material and food assistance. However, policies in this area suffer from a lack of an overarching strategy or specific targets, or are not binding. The sections below describe the key measures, their goals, and the tools intended to achieve the current goals in relation to nutrition.

Assessment criteria for healthcare institutions based on 'Baby-Friendly Hospital' Standards. These criteria aim to increase the share of infants exclusively breastfed for the first six months. As part of this programme, hospitals provide counselling for breastfeeding mothers, as well as training for their staff on lactation; however, accreditation based on these standards is voluntary. Other than this initiative, insufficient attention is paid to the nutrition of pregnant women and breastfeeding mothers. Although attention is directed towards the education of these mothers, no targeted measures are implemented to ensure their healthy nutrition.

The description of the procedure for free meals for students in public schools and the EU school fruit, vegetables and milk scheme aim to provide children with regular healthy meals and help them acquire healthy habits. The former aims to ensure that all children receive at least one healthy meal per school day. To do so, schools provide free full lunches to all pupils in pre-primary education, and all 1st and 2nd graders, as well as free meals for older pupils from low-income families. The latter scheme aims to ensure that 70-85% of children consume the recommended daily amount of fruit, vegetables and milk, and are aware of their benefits. Because only children from low-income families receive free meals in later grades, the lack of universal meals for pupils remains a great issue. Not only does it mean that not all children are ensured at least one hot, healthy meal a day, but the provision of free food only to vulnerable children causes their segregation, leading to an unwillingness to use the support provided in order to avoid stigmatization. Moreover, only those children who attend education establishments receive free meals; thus, those children least protected are the ones who do not attend formal care or education. Mandatory high-quality standards for the provision of free full meals were set out in the **Approval of the description of the procedure for organizing child meals**, and their implementation is promoted through practical guidelines, recommendations and training for cooks, canteen workers and relevant school staff.

The key measure to address food insecurity due to affordability issues at household level during the period 2014-2020 was the **Fund for European Aid to the Most Deprived (FEAD)**. Since 2021, this has been incorporated into the broader ESF+ programme. During the period 2014-2020, FEAD provided much-needed immediate support, but no strategic long-term targets were set for mitigating poverty, material deprivation and social exclusion. The incorporation of food and material assistance measures into the ESF+ offered an opportunity to combine material assistance with accompanying measures, as well as broader social inclusion policies in line with the European Pillar of Social Rights, and tackle material deprivation and food insecurity in a more holistic way. Nevertheless, research shows that the food provided to the most vulnerable families causes stigmatization and does not respond to individual needs, which are caused by certain health issues, allergies and general preferences.

Recommendations for improving access to nutrition

- Develop a strategy to address children's access to adequate nutrition, in line with the global goals set out in Agenda 2030 and in the Global Nutrition Goals 2025, including child-specific targets and indicators;
- Further expand the coverage of the free meals programme by allowing youth at vocational training schools who receive government allowances to receive free meals;
- Expand the coverage of the provision of free meals to the most vulnerable children at weekends and during holidays.
- Develop country-specific targets for infant breastfeeding based on the WHO's Global Nutrition Goals 2025;
- Expand the network of the Baby Friendly Hospitals Initiative, and develop binding measures to ensure implementation of this initiative;
- Develop preventative measures aimed at pregnant women experiencing social risk to provide necessary assistance in accessing healthy nutrition, improving eating habits, and developing specific nutrition-related skills.
- Develop a system to reach children in need who are outside of the formal educational system. Ensure that the ESF+ support for addressing material deprivation meets the individual needs of recipients, respects their dignity and prevents stigmatization of the most deprived persons, e.g. through the use of vouchers rather than food and material packages.
- Integrating material and food assistance with comprehensive accompanying measures, as well as broader social inclusion policies aimed at the most deprived under the ESF+ framework



6. Effective accesss to adequate housing

Main challenges experienced by children in Lithuania in relation to housing

The issue of housing deprivation in Lithuania is most prevalent among children living in low-income families, including single-parent families, large families, and families at social risk. Households of single parents (often employed part-time or not employed at all) with dependent children, as well as large families of two adults with three or more dependent children, experience the highest risk of housing deprivation. Housing costs are especially burdensome to families living in urban areas. Therefore, due to the high costs of amenities, Lithuania has the second highest rate of children suffering from parents' inability to keep the home adequately heated, in comparison to other EU countries. This rate is particularly high among children living in single-parent households, low-income families, Roma and migrant children. Children from low-income families also experience higher rates of overcrowding in their homes – 43.7 per cent of children in low-income families (i.e. those below 60 per cent of the median equivalized income) experienced overcrowding in 2020, compared with 30.4 per cent of children living in families above 60 per cent of the median equivalized income. Children from low-income families experience housing disadvantages such as a leaking roof, damp walls, or rot in the floor, foundation or windows of their home. Lack of adapted housing for families raising children with disabilities remains problematic as well, due to a current financing scheme that prescribes a maximum amount for the adaptation of accommodation and provides financial support only every few years, which in many cases is insufficient. For children in residential care, conditions usually meet housing quality requirements; however, children may lack sufficient personal space, a safe and caring environment, home-like living conditions, etc. Migrant children and Roma children also remain among groups of children in need as their families often face discrimination with regard to access to housing. Roma families frequently live in overcrowded dwellings, affected by a lack of water, gas, and other amenities. Long waiting lists for social housing, as well as a lack of good-quality social housing and work-life balance for parents (often mothers), are the main challenges for low-income families, single parents and large families, as well as Roma and migrant children.

Table 5. Number of children in need of effective access to adequate housing

Indicator	Vulnerable group	Estimated size of the group	Data source and year
Burden of housing costs	Children in low-income families Children in single-parent families Large families (three or more children) Children living in rural areas Children with disabilities	2.2% of all children – approximately 11,000 children	Data estimated by PPMI, based on the overall statistics for children in Lithuania and EU-SILC survey data, 2020
Keeping home adequately warm (energy poverty)	Children in low-income families Children in single-parent families Large families (three or more children) Children living in urban areas	26% of all children – approximately 600,000 children	Data estimated by PPMI, based on the overall statistics for children in Lithuania and EU-SILC survey data, 2020
Unfit housing and poor living conditions (severe housing deprivation)	Single-parent families Large families (three or more children) Families raising children with disabilities	8% of all children – approximately 38,000 children	Data estimated by PPMI, based on the overall statistics for children in Lithuania and EU-SILC survey data, 2020
Homelessness	Mothers with children (mostly victims of violence) Roma children Children after leaving alternative care	Approximately 2,000 mothers with children	European Index of Housing Exclusion, 2021
	Children in care system	6,622 children living in institutional or community-based care	Lithuanian Statistics, 2021

Policy responses to improve access to adequate housing

The approach to housing in Lithuania is formulated in the main national documents as an essential part of ensuring children's well-being and the socialization; however, no strategic plan has yet been developed or implemented in Lithuania. Housing affordability, the reduction of energy poverty, and adapted housing for people with disabilities (including children) are the key goals in the **National Progress Programme 2021-2030**. On the basis of this document, **national development programmes** have been introduced that focus on the following aspects: improving access to housing overall; setting up fair rental schemes for housing; improving access to housing credit for vulnerable groups; expanding social housing schemes; introducing preventive mechanisms to reduce the threat of losing one's home (e.g. due to the inability to pay rent, mortgage or utilities); adapting the rental housing market to the needs of families raising children with disabilities; expanding the supply of municipal housing.

Currently, support for housing provision is delivered by granting low-income families the right to **partial compensation for housing rent** (renting social housing or paying compensation for part of the rent) **or acquisition** (providing subsidies from the state to pay part of a partially reimbursed housing loan or paying compensation for the leasing part of housing rent). However, the use of state aid remains low due to low housing supply (particularly in rural areas), as well as due to poor-quality housing and the illegal, undeclared rental market. Most renting in Lithuania is unofficial, with landlords failing to declare rental income to avoid paying taxes. In situations where renting is officially declared, rental prices are so much higher that even with governmental support, it would be cheaper instead to rent unofficially and not receive the benefits. All in all, political tools in relation to housing are mostly directed at subsidizing low-income households or reducing indirect housing costs (reducing and compensating utility bills). A lack of attention is paid to setting up fair rental

schemes for housing or providing access to housing credit for vulnerable groups. The development of municipal housing is not encouraged. In terms of social housing provision, long waiting lists are the main barrier to access for vulnerable families in Lithuania. In response to this challenge, it has been decided to shorten the legal waiting time for social housing – to a maximum of 5 years since 2024, and again to 3 years from 2026. Due to the issue of energy poverty, **compensation for heating and water costs** is provided (based on families' income). No strategy exists with regard to homeless people and children who spend most of their time on the streets; however, they can receive **temporary housing in crisis centres**.

There are few affordable houses available on the housing rental market in Lithuania, and rental apartments are often not appropriate for children with disabilities. **Housing adaptation services** for children with disabilities also do not meet the needs of families with disabled children. Social housing is also not adapted to the needs of these families. Children with disabilities are insufficiently protected due to a financing scheme that prescribes a maximum amount for adapting accommodation that is usually insufficient and offers financial support only every few years. In cases where something breaks or a child's health condition deteriorates, families cannot appropriately update their housing right away.

Insufficient political attention has so far been given to improving access to adequate housing of Roma children in Lithuania. The **National Plan for Roma Integration 2015-2020** foresees that one of the most important aspects of the successful integration of Roma children is improved access to housing and improved living conditions. However, Roma people, foster children, and families of a minority background, encounter additional barriers such as general discrimination and stigmatization in society, which reduces the willingness of landlords to rent their apartments to these groups, as well as causing outbursts and resistance from neighbours.

Recommendations for improving access to housing

- **A comprehensive housing support strategy with the “housing first” approach** is needed, which could stimulate the process of implementing housing support in Lithuania and have an impact on **reducing disparities across the country, improve children's housing conditions, provide access to housing, and prevent families from becoming homeless**.
- **Additional investment in housing support is needed, with the focus on the regions.** Investments should be made in the **development and supply of quality housing. Preventive mechanisms** to avoid people losing their homes (late payment of loans and utilities, assuming rent arrears, preventive advice, etc.) should also be introduced.
- Extremely high demand for social housing in Lithuania has led to the necessity for **social housing expansion**. In addition, **intermediate (municipal) housing** could offer a promising opportunity to help reduce housing deprivation.
- **The most vulnerable target groups in different municipalities should be identified, and specific strategies should be developed** to deal with their particular needs. Consistent funding should be allocated to these groups to help solve their housing-related problems.
- **Housing adaptation for families raising children with disabilities** should receive **greater funding** and be expanded across the country.
- When providing housing support, **additional social assistance** should be given to all **families with children who are receiving housing assistance** (e.g. help to participate in the labour market and thus improve the family's financial situation, financial management advice, social work assistance, help in raising awareness of existing public services that could be used, etc.).
- Extra attention should be paid to children living **in Roma families and in families with migrant origins. A consistent strategy** is needed to improve Roma families' housing conditions and access to adequate housing for the upcoming decade.
- **A strategy should be developed to combat homelessness among children** (children in street situations) in Lithuania. To successfully achieve this goal, **NGOs should be involved that work with homeless youth** and/or homeless families or families at risk of losing their homes.



7. Social services and benefits in cash

Some measures and benefits in kind or in cash are not linked directly with ECEC, education, healthcare, nutrition or housing, but do improve access to and the quality of these services. One example of this is the universal child benefit. This is the **main tool for helping families with children to address income poverty**. Universal child benefit of EUR 70 is provided to all children, with an additional EUR 41 given to children from large and poor families, and to children with disabilities. **One-time benefits** given to pregnant women, and to each newborn or newly adopted child, also help to reduce food insecurity due to a lack of affordability. Another targeted measure aimed at large families and those raising children with disabilities is the **'Family Card'** ('Šeimoms kortelė'), which guarantees discounts on certain goods and services provided by partner organizations. Lastly, to mitigate the adverse socio-economic effects of the pandemic, a **one-time Covid-19 benefit** was paid to all children.

Low-income families and single individuals are entitled to two main forms of means-tested cash social assistance – **social benefits** and **compensation for utility costs for heating, hot water and drinking water**. The state-supported income (SSI), the base for social benefits, was increased by over 20 per cent in early 2018, for the first time in a decade. Since 2019, the SSI has been indexed to the amount of minimum consumption needs, thereby adjusting automatically for price level changes. A person is **eligible to receive social benefit** if the household's average monthly income per person is **1.1 SSI (137.5 EUR in 2020, and 140.8 EUR in 2021)**.

The action plan for complex services for families for 2016-2023 and the Child Wellbeing Programme 2019-2021 took a more holistic and integrated approach to ensuring effective access to public services for families and children. Integrated services for families aim to provide comprehensive services situated as close as possible to families who are at risk of social exclusion. They aim to empower such families to deal with problems and crises, so that children are able to grow up with their families. Specific measures may include training in parental skills, psycho-social help, training in family life skills such as managing family finances, mediation, childcare, transportation services, and the organization and coordination of integrated services that encompass social, educational, health, and legal services, the dissemination of information, consultation with target groups about available services, as well as a personal assistant service for people with disabilities. In 2018, Lithuania also introduced **case management ('atvejo vadyba')** to improve the connection between services and their recipients in each municipality. Case management aims to provide comprehensive help, encompassing

not only social services, but also education, health and other areas. The aim of case management is to ensure that when complex help and assistance is needed by a family or the children growing up in the family, all necessary help and services are provided in a coordinated manner.

Another important measure is **deinstitutionalization**. Deinstitutionalization aims to promote family- and community-based care, minimizing the risk of children being separated from their families, and shifting the provision of care for children without parental care from institutional to family or community-based care. Deinstitutionalization helps to **integrate children into communities and the wider society to reduce the risk of segregation and social exclusion**. Deinstitutionalization in Lithuania began with the adoption of the **Strategic Guidelines for Deinstitutionalization (2012) and the subsequent action plan for the Transition from Institutional Care to Community-Based Services for the Disabled and Children Deprived of Parental Care (2014)**. These reforms aimed to create a comprehensive range of services that would enable every child and their family or guardians to receive individual services as well as community assistance closer to home and according to their needs, and to replace institutional care with family and community-based alternatives.

According to the data, some social assistance and benefits in cash are not based entirely on the needs of the most vulnerable families, but rather on the value stances of certain policy actors. For example, universal child benefits and the 'Family Card' benefit large families most, as they receive larger amount of child benefits per child and can access various discounts using 'family card', but no larger child benefits or additional discounts are available to single-parent families or other vulnerable families. According to research, policy actors support large families most due to their perceived added value to society in reducing demographic problems, while the value of other vulnerable families is not recognized. Meanwhile, case management, according to interview data, tends to intervene in the work of family social workers and Child Rights Protection services. Work may overlap, leading to a waste of finance, and there may be a loss of quality due to a lack of communication within the system. Meanwhile, deinstitutionalization covers only children living in foster care and does not include children who live in school dormitories and socialization centres, who are no less vulnerable than those in foster care.

Recommendations for improving social services and benefits in cash

- Increase public spending on social protection to reach the EU 27 (2018) average and expand the use of targeted social assistance measures for vulnerable groups such as Roma children, migrant children and single parents with children.
- Develop a more individual-based approach to allocating social benefits, taking into consideration the specific needs of different vulnerable groups.
- Improve public knowledge of the available resources and opportunities, through awareness-raising initiatives and information platforms aimed at different target groups, such as the Youth and Children Information and Counselling System (JAVAKIS).
- Develop a national strategy and a regulatory framework to facilitate the process of deinstitutionalization, focusing on addressing regional disparities in terms of the availability and quality of alternative care and integrated social services.
- Develop a network of professional foster care for children with complex needs to provide more tailored services, and ensure that children with disabilities and complex needs can grow up outside of institutional care.
- Develop comprehensive support services for children leaving care, to support their effective transition into independent life.

