

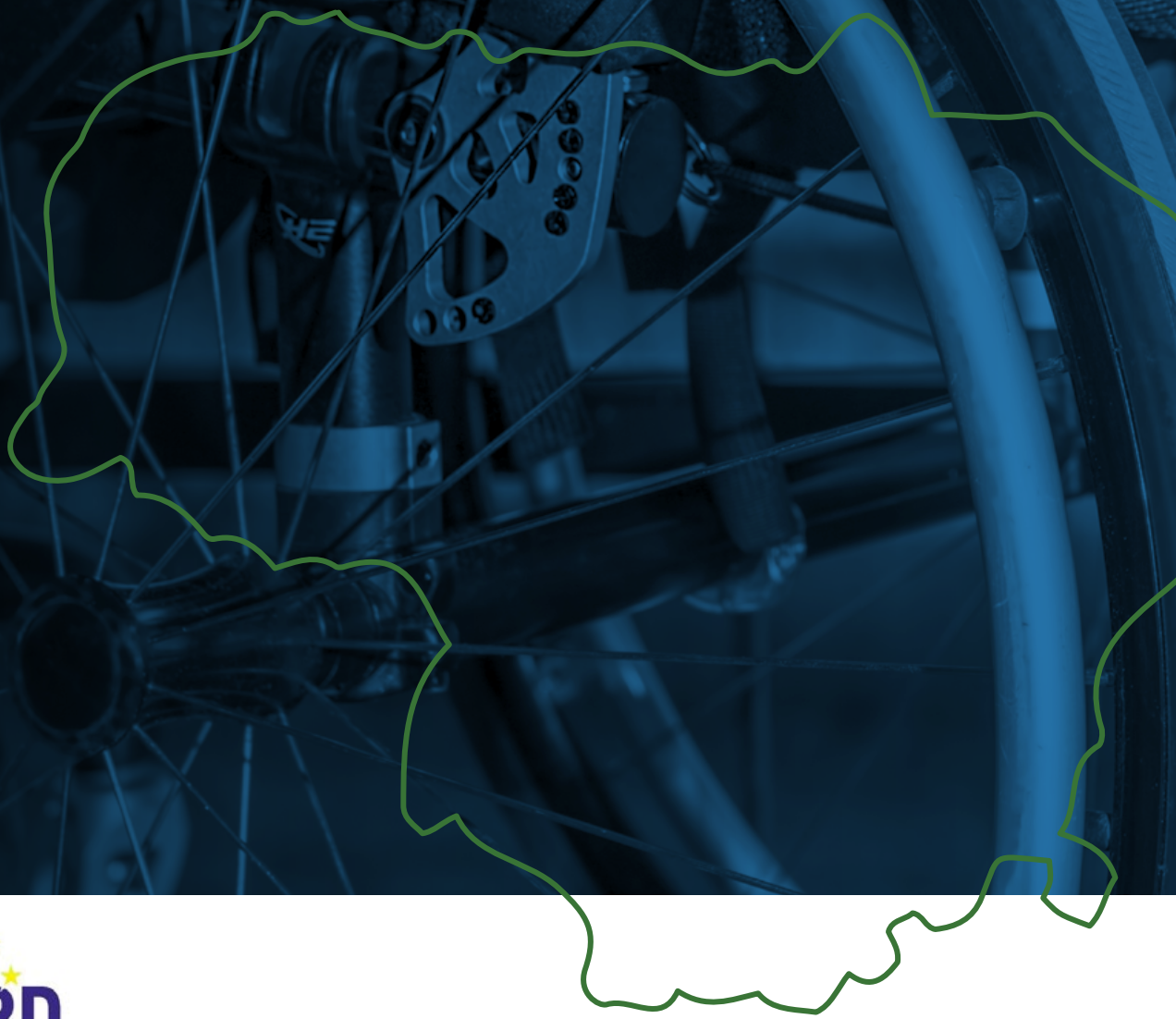


Lithuania Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

Part of a series of Country Fact Sheets available on the EASPD website

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SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

Early Childhood Intervention

Early childhood intervention (ECI) for children aged up to seven years old is overseen by the Ministry of Health (Minister of Health, 2000). A comprehensive set of services – financed from the state budget – is offered by 49 public health care institutions dispersed across 34 municipalities (out of 60) in Lithuania (Government of Lithuania, 2017). Nearly half of the ECI service providers are concentrated in the four largest cities: there are ten providers in Vilnius and Kaunas, while Klaipeda and Siauliai (third and fourth largest cities) – have three providers each. ECI services are mostly provided by public health care institutions, such as hospitals, polyclinics, homes for infants with development disorders (VSIC, 2015). During 2015, nearly 13,000 individuals received ECI services worth around EUR 4mn allocated from compulsory health insurance fund (National Audit Office, 2016).

ECI services in Lithuania are divided into two levels – secondary and tertiary. All providers of the secondary and tertiary ECI services must meet the general requirements for the provision of secondary and tertiary ambulatory services accordingly, which are set by the state. The specific set of services for each child is determined after a detailed assessment – following a referral from a paediatrician or a medical specialist (surgeon, neurologist etc.) – which is conducted by a team of specialists (VSIC, 2015). ECI services cover multiple conditions, including developmental delay, specific speech, vision, hearing or movement disorders, central or peripheral nervous system diseases, social and psychological development disorders. Secondary level services are provided to children with mild-to-moderate disability and include a complex of ambulatory diagnostic and treatment procedures depending on specific needs (Minister of Health, 2000). Meanwhile, tertiary level services are aimed at children with moderate-to-severe disability and generally include intensive inpatient developmental and psychological care. Parents (or carers) also receive special consultations and educational services at both levels.

Education Support

Lithuania uses an inclusive education approach with the vast majority of children with special needs attending mainstream schools/classrooms. During the school year 2017-2018, some 36,486 students (10.8% of total number of students) with special needs were attending mainstream schools (EMIS, 2018). Around 52% of these students had a speech disorder, nearly 19.0% were diagnosed with a complex disorder and around 7.2% had a general learning disorder. Meanwhile, 4939 students (1.46% of total number of students) with special needs were attending special (non-mainstream) schools/classrooms. In 2016, there were 68 specialised schools for students with various special needs, 55 of which were lower secondary schools and 13 were gymnasiums (Ministry of Education, 2017 (3)). The majority of these schools were public. All public schools in Lithuania are funded via the so-called 'students basket' system, where each student is allocated a specific amount of funds (EUR 1,099 per student in 2018) that is paid to the education institution the student is attending. The allocation to students with special needs is larger compared to students without special needs and the exact amount depends on the type of special needs/services needed (SPPC, 2016). Additional funding sources for schools include allocations from municipality budget, donations and revenue for services provided to private individuals/companies.

Education support is regulated by the Ministry of Education and Science. Upon request by parents or a special school commission, students with (potential) special needs are assessed by pedagogical psychological councils at municipal level, which – together with an internal school commission and the child's parents – make a decision regarding the provision of education support services (Minister of Education, 2011). Education support services include a curricular adaptation, special learning materials (textbooks, workbooks etc.) and technical measures, adaptation of the learning environment and examination methods, adaptation of instructions as well as transportation to/from school (Minister of Education, 2011 (2)); Ministry of Education, 2017). To assist students with special needs, schools employ social pedagogues, speech therapists, psychologists and teacher assistants and other specialists (Ministry of Education, 2017 (2)). Education support services are available for students aged 3-21 years old.

Employment Support

Employment support services for persons with disability are coordinated by the Lithuanian Labour Exchange (LLE) under the Ministry of Social Security and Labour. According to the Law on Employment, persons with disability whose employment level is 55% or lower¹ are entitled to additional support in the labour market, including active labour market measures (ALMPs). It is noteworthy that parents (guardians) of children with disability aged 0-18 years old as well as persons who are taking care of family members that have disability (who have been ascertained constant care) are also eligible for employment support (Law on Employment, 2016). The services include subsidised employment, support for the creation of new job places (through subsidies), support for the development of job skills (through subsidies) as well as a professional rehabilitation programme. Professional rehabilitation services, such as special education courses, were provided by 12 service providers in Q1 2018, nine of which were state-owned and the remaining three were private. Out of the private ones, there was one social enterprise for persons with disabilities², one NGO and one provider established by an association of persons with disability. Providers are selected by the LLE via public procurement procedures. All providers have to meet specific requirements set by the Ministry of Social Security and Labour (Ministry of Social Security and Labour, 2005). In general, employment support services are financed from the state budget, EU structural funds and other sources. In recent years, support from the European Social Fund (ESF) has been a particularly important source of financing for a large number of ALMPs, including those for persons with disabilities.

Day Care

Day care services are regulated by the Ministry of Social Security and Labour, but their provision is organised at the municipal level (Interview 1). In 2017, there were 222 day care centres in Lithuania (social care centres, community centres, family support services), which served around 17,300 persons (including children) with various disabilities as well as families at social risk (Pertvarka, 2018). Providers of day care services are either owned by municipal administrations or run by NGOs. While there is no national level statistics on their geographic distribution, in early 2018, for example, Vilnius municipality had 15 day care services providers for persons (including children) with disability, nine of which were owned by municipal administration and six were run by NGOs (Vilnius, 2018). Municipal providers are financed from municipal budgets, while NGOs can have various funding sources. Generally, municipal administrations purchase day care services from NGOs via public procurement procedures. Specific allocation to NGOs is regulated by a special government decree and depends on the type of services and their cost (Government of Lithuania, 2006). NGOs can also fund their activities from other sources, including private funds, donations, support from multilateral institutions etc. (Interview 1).

Day care services are provided by a team of specialists – including social workers and their assistants, psychologists, healthcare, education, employment specialists - at specialised facilities. Services at the day care centres are provided 5 days per week and their duration ranges from 3 to 8 hours (Minister of Social Security and Labour, 2016). The services include informational activities, consultations, mediation (e.g. with tax or legal authorities), basic help (preparation of food, hygiene), transportation and also more specific ones, such as social and life skills, psychological-psychotherapeutic support, development of working skills (knitting, handcrafts etc.), healthcare and other services depending on the needs. The cost of other day care services for individuals is regulated by a government decree and is set at the municipal level (Government of Lithuania, 2016). In general, it depends on the level of income of the service recipient and there are various exemptions for low-income individuals/families.

¹As determined by the Disability and Working Capacity Assessment Office under the Ministry of Social Security and Labour

²A special business form given to companies, where at least 50% employees (on average per annum) have a disability.

Living Support

As noted in the overview of the day care services above, a significant part of the living support services are provided by day care centres at a person's home upon request. At the end of 2017, there were 121 organisations in Lithuania providing social care services, such as personal care, assistance in daily living activities or homecare, for persons (including children) with disability at their place of residence (Ministry of Social Security and Labour, 2018). In 2017, such services were provided to around 3,300 individuals. There were also 21 independent living homes at the end of 2017, which accommodated 273 persons with physical or intellectual disability (Pertvarka, 2018). Fifteen of them were owned and run by municipal administrations, while the remaining six were run by NGOs. Since a large part of living support services are provided by day care service providers, they follow the same funding model as described in the Day Care section. It is noteworthy that in recent years both public and private independent living homes had access to significant financial support from EU structural funds, which helped modernise and develop their services and facilities (ES Investicijos (2)).

Also, there are publically financed private housing (apartment or house) adaptation services for all persons with physical disabilities (Minister of Social Security and Labour, 2015). Adaptation services can be either organised by the applicant (i.e. person with disability or his representative) or by the municipal administration. In the first case, the applicant can choose any provider that meets technical requirements of construction for persons with disability (i.e. a construction company, producer of specialised lifts etc.) and get a reimbursement from the municipality for the adaptation services. The reimbursement sum/share is clearly regulated and depends on the nature of services provided. If the adaptation services are organised by the municipality, providers are selected via public procurement procedures and the same funding regulations apply.

Long-Term Institutional Care and Respite Care

At the end of 2016, Lithuania had in total 58 residential care facilities for persons with disability (Statistics Lithuania). Most of them (31) were owned by the central government. These were large and accommodated nearly 6,000 adults. At the same time, municipal administrations owned 15 such facilities with 422 residents. Meanwhile, private residential care services providers ran 12 facilities with nearly 300 adults with disability. Residential care services for persons with disability are financed from municipal budgets. However, each person with disability (or carer) can freely choose any licensed public or private residential care facility and the funding follows him/her. The exact allocation for each person is determined according to requirements set by the government and generally depends on the services needed and their cost (Government of Lithuania, 2006). Persons with severe disability³ are entitled to additional allocations from the central government budget. Additionally, in recent years, both public and private residential care providers had access to significant financial support from EU structural funds, which helped modernise and develop their services and facilities.

Currently, the residential care sector is undergoing a reform, which aims to gradually transition from long-term residential care at large facilities⁴ to community-based⁵ care and services. As a result, a number of large state-owned residential care facilities are being reorganised into smaller facilities. During 2017, the Ministry of Social Security and Labour established 11 group living homes for 62 adults and 10 children with disability (Ministry of Social Security and Labour, 2018). At the end of 2017, there were in total 24 group living homes (accommodating up to 10 persons) for adults with disability.

In addition, temporary respite services – ranging from a few hours to several days – for families or caretakers of persons with intellectual and/or psychosocial disability are available in nine (out of 60) largest municipalities of the country (Pertvarka, 2017). Such services are offered by both public and private providers either at their premises or at a person's home. As other social care services, they are procured at the municipal level and providers must meet the quality requirements set in relevant state laws on social services. At the time of drafting this fact sheet in February 2018, temporary respite services were financed through an ESF-funded project (ES Investicijos, 2016).

³As determined by the Disability and Working Capacity Assessment Office under the Ministry of Social Security and Labour.

⁴Residential care institutions accommodating large number of residents, generally ranging from more than 10 to several hundred, where residents have limited social connection with broader community and their chances of integrating into general society are minimal.

⁵Residential care institutions with a maximum of 10 persons with disability per house/flat with a special focus on individualised support provided in a community setting.

Leisure and Social-Life Support

Apart from sociocultural services for persons with disability provided at day care facilities, various social and leisure activities – such as sports games, hiking, camping trips, movies – are organised by NGOs (NDNT, 2018 (2)). These activities are funded from various sources, including private funds, donations as well as government allocations. One source of public support is the Department for the Affairs of the Disabled under the Ministry of Social Security and Labour, which organises an annual call for applications and co-funds various projects leisure and social life support activities. For example, in 2017 the department allocated nearly EUR 1.3mn for 27 NGOs or their associations. Additionally, Department of Physical Education and Sports under the Government of Lithuania supports various sports associations of persons with disabilities, which organise sports events both for professionals and the general public.

FUTURE TRENDS

Since 2014, the Ministry of Social Security and Labour has been reforming the residential care system (Pertvarka, 2017 (2)). The reform aims to implement a gradual transition from long-term institutional care at large residential facilities to complex community-based care and services. The transition concerns three target groups: 1) children and teenagers with intellectual and psychosocial disabilities and their families (carers); 2) adults with intellectual and psychosocial disabilities and their families (carers); 3) foster children (including babies), children at risk and their families (carers). The reform is expected to increase the prevalence of individually-oriented social services provided either home or in public places. Currently, ten public long-term residential care institutions for persons with disabilities (including children) – which have been selected for a pilot cases – are drafting concrete reform plans. The government plans to finish the first stage of the reform (preparation for transition) by 2018 and complete the reform by 2020. The first stage is financed from state budget and ESF (ES Investicijos, 2016).

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