ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Lithuania

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European Social Policy Network (ESPN)

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The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

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Summary / Highlights

Long-term care in Lithuania is a new and developing area of social policy. There is no coherent special legislation on long-term care. It is granted through several branches: personal social services, disability and sickness insurance, and labour law. The Ministry of Social Security and Labour is responsible for personal social services and social care, while the Ministry of Health is responsible for healthcare services. Municipalities are directly responsible for the assessment social care needs and for the organisation and provision of social care and primary healthcare.

Informal care still prevails in Lithuania because of traditions and because of underdeveloped public long-term care services. Mostly it is women who take care of elderly or disabled family members; alternatively, families are forced to employ carers illegally for their relatives. Public home-help services are provided only on workdays, during normal working hours; the accessibility of day-care services is low. The majority of municipalities are not able to offer a set of social services that allow an elderly person to live at home for as long as possible.

Day-care services for children with disabilities are better developed, but fees are charged on the basis of family income, and this limits their usage: families are reluctant to pay and so refuse these services. The rejection damages the quality of life of the family and child, and increases disincentives to work.

In the healthcare sector, long-term care is mostly provided as home nursing services or as inpatient services in separate nursing homes or specific departments of general hospitals. Both home nursing services and nursing in hospitals are increasing slightly, but accessibility of these services remains low. The duration of hospice care is limited.

There are three long-term care-related cash benefits payable for dependent people in Lithuania: two types of special compensation (for care and for attendance) and cash for care (under the Law on Social Services 2006 this may be paid in lieu of home-help services provided to elderly and disabled persons). There is some support for working carers according to the Labour Code, such as flexible working time, part-time work and leave for employees brining up disabled children.

Public help (cash benefits or services) for families who care for disabled and elderly family members remains negligible in Lithuania. No specific benefits are provided for informal carers.

The shortage of information is a major barrier to monitoring and development of the long-term care system. There is a lack of evidence-based data on the supply of and demand for long-term care, and on the problems facing relatives when they attempt to combine employment with long-term care tasks. The same holds true for the overall impact of long-term care on poverty and social inclusion.

In general, there is a lack of integration between employment and long-term care policies in the country. Lithuania needs a more consolidated long-term care strategy as part of a comprehensive active-ageing strategy, coordination between long-term care policy and employment issues, integration of healthcare and social care, and development of a strategy to support and integrate informal care.

Bearing in mind the strong tradition of informal care in Lithuania, it is important to develop flexible forms of employment that allow employment to be combined with long-term care. For example, the employment of relatives as carers for long-term care could be one solution.

It is important to develop services not only for people who live alone, but also for families that provide care to relatives. It is necessary to expand the network of services for families that provide care for patients with Alzheimer's disease, age-related dementia, etc. The development of such services would be in keeping with the principles of prevailing traditional discourse and would enable family members to combine employment with long-term care tasks.

1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

Long-term care (LTC) integrates both the health and the social protection sectors. In Lithuania, there is no coherent special legislation for long-term care. Assistance is available via several branches: personal social services, disability and sickness insurance, and labour law. Two main national institutions share responsibility for developing and administering LTC policies: the Ministry of Social Security and Labour is responsible for personal social services and social care, while the Ministry of Health is responsible for healthcare services. Municipalities are directly responsible for the assessment of social care needs and for the organisation and provision of social care and primary healthcare. Social care is financed from municipalities or the state budget, as well as from recipient fees. Healthcare financing is based on health insurance. Although home nursing funding is enshrined in legislation, nursing services at home are underdeveloped because of the lack of funding (Ministry of Health, 2007). The fees for nursing services at home do not cover the real cost; and therefore, very many healthcare institutions endeavour to provide a minimum of such services.

LTC services for adults and children with disabilities and for the elderly are underdeveloped in Lithuania, and there is extensive informal care. This is due to the prevailing traditions of family care,[1] lack of formal care sector capacity, and expensive private services. Statistics on LTC services are very fragmented. Public expenditure on LTC in 2012 accounted for 0.93% of GDP, and Lithuania is one of those countries where this expenditure falls below the EU-27 average (Lipszyc et al., 2012). In 2014, only about 15% of disabled children and 10% of disabled adults received day-care and home-help services, and 2.5% of those aged 65+ received home-help services (Statistics Lithuania, 2015; Ministry of Social Security and Labour, 2015). In 2010, 68,800 people (two-thirds of them women) provided care for close relatives who needed constant care (Government of Lithuania, 2014).

Public home-help services are provided only on workdays and during normal working hours; the accessibility of day-care services is low, especially for those who suffer from Alzheimer's disease and age-related dementia; private LTC services have started to develop only in big cities, and are available to only a small number of higher-income families. According to evaluations, only three (out of 60) municipalities are able to provide all kinds of social services for the elderly. The majority of municipalities are not able to offer a set of social services that enables an elderly person to live at home for as long as possible (National Audit Office, 2015). Therefore, family members, mostly women, take care of the elderly or disabled. Alternatively, families are forced to employ carers illegally to look after their relatives (Government of Lithuania, 2014).

In the healthcare sector, LTC is mostly provided as home nursing services or as inpatient services either in separate nursing homes or in specific departments in general hospitals. There has been a slight increase in the use of home nursing services and nursing in hospitals, but accessibility of these services remains low. The duration of hospice care is limited to four months per person per year.

In 2014, the number of LTC beds in nursing homes and residential care institutions stood at 18,900; that figure has not changed since 2010. Between 2007 and 2013, the number of LTC beds in hospitals declined from 37.8 per 100,000 inhabitants to 33.3 per

[1] Lithuanian family policy "… reflects traditional, conservative values, with a lower pre-school participation rate, a lower employment rate among young women, … largely unsupported informal care of the elderly" (Lazutka et al., 2015: 9). In Lithuania, the culture of family care is still very strong. According to calculations, using Eurobarometer survey data, about 75% of adults responding to the question "In the case of one of your parents becoming dependent, which would be the best solution?" chose the answer "Care by children" (only 15% preferred care by public/private services) (Ranci and Pavolini, 2013: 29).

100,000.[2] Only 16% of Lithuanian citizens believe that LTC services are even available in Lithuania (Eurofound, 2012).

There are three LTC-related cash benefits payable for dependent people in Lithuania: two types of special compensation (for care and for attendance) and cash for care (under the Law on Social Services 2006 this may be paid in lieu of home-help services provided to elderly and disabled persons).

Public help (cash benefits or services) for families that take care of disabled and elderly family members remains negligible in Lithuania. No specific benefits are provided for informal carers. The only service for people who care for their relatives is respite care (since 2007). However, this service is as yet only available in some municipalities, and in 2013 only 180 carers received respite care (Baronienė, 2014). Under the Health Insurance Act 1996, carers have health insurance if they take care of someone with a high care need that has been recognised by the court. There is some support for working carers under the Labour Code, such as flexible working time, part-time work and leave for employees bringing up disabled children.

LTC in Lithuania is a new and developing area of social policy. The National Strategy for Overcoming the Consequences of Ageing, the Law on Local Self-Government, the Law on Social Services and other legislation consolidated the need to develop LTC services for the elderly and disabled people, and to create the necessary conditions that will allow them to live at home and manage their households independently for as long as possible. On the other hand, among other things Lithuania needs a more consolidated LTC strategy as part of a comprehensive active-ageing strategy (European Commission, 2015); coordination between LTC policy and employment issues; integration of healthcare and social care; and development of a strategy to support and integrate informal care.

1.2 Description of carers' leaves

Under Lithuanian legislation, there are two opportunities open to carers of family members. First, insured individuals can receive sickness benefit under the Sickness and Maternity Social Insurance Scheme. Second, employees can receive some leave under the Labour Code.

According to the Sickness and Maternity Social Insurance legislation, sickness benefit is paid to insured persons to care for family members if there is a doctor's certificate. The maximum duration of sick leave is seven days to look after an adult and 14 days to look after a child.

During inpatient treatment, sickness benefit is paid for a maximum of 120 days to the carer of a child aged up to 7 (or up to 18 in the case of a severe disease that appears on a Ministry of Health list).[3]

The amount of sickness benefit is 80% of the previous wage, with a ceiling of 320% of average insured income (the ceiling is EUR 1,424 for 2016).

The Labour Code has several special provisions for employees raising disabled children. The standard minimum annual leave is 28 calendar days in Lithuania, but single parents bringing up a disabled child aged under 18 qualify for a minimum of 35 calendar days. On request, up to 30 calendar days of unpaid leave are available to employees bringing up a disabled child aged under 18. An employee may request unpaid leave to take care of a sick family member, the duration to be recommended by a health institution.

Employees raising a child aged under 18 with disabilities are given an extra rest day each month (or have their weekly working time shortened by two hours) while continuing to

[2] Eurostat, Hospital beds by type of care [hlth_rs_bds]: http://ec.europa.eu/eurostat/data/database

[3] A special commission for long-term health impairment tests every case of disability. Disabled people do not always need care provision, as is the case with *severe disease*. The person is treated as seriously ill if the disease is on the special list of diseases.

be paid their average wage. Single parents raising a disabled child under 16 years of age may be assigned to work on rest days only with their consent.

A single parent raising a disabled child aged under 18 or an employee nursing a sick family member may ask to have their part-time daily working time or part-time weekly working time set in line with the recommendation of a healthcare institution.

Single parents bringing up a disabled child aged under 18 may be assigned to do overtime or to work at night or be "on call" at the enterprise or at home only with their consent.

1.3 Description of carers' cash benefits

1.3.1 Benefits for dependent persons

There are two types of LTC-related cash benefits in Lithuania for the disabled and people of retirement age. Special Compensation for Care and Special Compensation for Attendance are allocated to offset the cost of the special needs of elderly and disabled persons:

- Special Compensation for Care (care allowance) is paid to severely disabled children, disabled persons with a diminished ability to work (75–100%) or to persons of retirement age who need permanent care. The amount is 250% of the social insurance basic pension (currently EUR 261) (Statistics Lithuania, 2015: 22). In 2014, there were about 55,100 recipients of this benefit.[4] The number has decreased by about 36% since 2010, something that was particularly influenced by a tightening of conditions (Disability and Working Capacity Assessment Office at the Ministry of Social Security and Labour Lithuania, 2015).
- Special Compensation for Attendance is paid to disabled children with a severe or moderate degree of disability and to disabled persons with a reduction in capacity for work of at least 60%, as well as to persons of retirement age who need permanent care. The amount is 50% or 100% of the social insurance basic pension, depending on the category of the recipient (respectively EUR 52 or EUR 104).[5] In 2014, there were about 40,900 recipients of this benefit (Statistics Lithuania, 2015: 22).

People are free to use the Special Compensation for Care and Special Compensation for Attendance benefits as they see fit. They are free to choose between professional providers. However, there is no free choice between cash benefits or benefits in kind.

Alongside the Special Compensation for Care and Special Compensation for Attendance benefits, social assistance pensions are paid to disabled children, as well as to individuals recognised as fully or partially incapable of work and aged below 24 (below 26 in some cases). The amount is 100% to 200% of the basic social insurance pension, depending on the level of disability (the basic pension is EUR 112 in 2016).

In addition, the social assistance pension is paid to parents, guardians and carers of a disabled person with a special need of constant nursing or care (assistance) at home for at least 15 years. The amount is 100% to 150% of the basic social insurance pension, depending on the level of disability.

In the Law on Social Services 2006, direct payments for care (cash-for-care) are provided in the country. Social care benefit may be paid in lieu of home-help services if the home-help agency so decides and if the client agrees.[6] The amount of this payment is related to the price of the home help and is different for each person, depending on the

[4] Law on State Social Assistance Benefits, article 11.

[5] Law on State Social Assistance Benefits, article 11.

[6] Law on Social Services.

need for services. Rarely used, direct payments are declining in the country; that said, the experience of other countries shows that the development of direct payments reflects essential changes in the transition from traditional paternalistic services to greater client power (Hayes, 2010). In a number of EU countries, cash-for-care has become more and more popular (the Netherlands, UK, Denmark, etc.); research carried out shows that people who receive social care allowances are more satisfied with the services and work of the selected service providers than are those people who receive direct personal social services. However, in Lithuania, only 128 persons received this benefit in 2014, and the use of it is declining dramatically (a decline of about 80% since 2008) (Statistics Lithuania, 2015). The main reason is that the organisational mechanism for using these direct payments is undeveloped. In addition, providers of social services distrust the service recipients if they use these payments as intended (Žalimienė and Dunajevas, 2015).

1.3.2 Benefits for carers

Carers who are insured under the Sickness and Maternity Social Insurance Scheme receive sickness cash benefits for caring for a child or an adult family member, as described in section 1.2 above. There are no cash benefits for uninsured informal carers.

1.4 Description of carers' benefits in kind

1.4.1 Home care

Social workers from the local social assistance authorities that determine the need for social care regularly visit people in need of care at home. Home care services include housework and personal care provided by home helpers, and nursing and social care services provided by various specialists.

Social attendance or social care at home includes having a team of specialists (social workers, social worker assistants, healthcare assistants and others) doing housework and providing care. Elderly and disabled people can receive day-care services at home for 2–8 hours a day, up to seven days a week. Services are financed from the municipal budget. Services for persons with severe disabilities may be financed by earmarked subsidies from the state to local budgets and directly to individuals (or families). In some cases, the provision of services may be converted into a cash allowance (cash-for-care). This allowance is intended to be used to hire assistance in the household. Cash allowances are financed from the municipal budget.

Primary healthcare institutions are responsible for the organisation and provision of nursing services at home. A team of specialists can provide palliative care and nursing services at home; the team includes a doctor, nurse and social workers. Nursing at home is financed from the National Health Insurance Fund (NHIF) under the Ministry of Health.

The development of integrated home care services that combine social care and nursing services started only a few years ago, and few municipalities have such services. Mostly municipality social service centres provide home care services, and there are few private or non-governmental organisation services in this area.

1.4.2 Semi-residential care

Elderly and disabled people can receive care services in day-care centres for three hours a day, up to five days a week. Alternatively, short-term social care for elderly and disabled people can be provided for a minimum of 12 hours a day for up to six months a year, or 5 days a week, or indefinitely in an institution. Long-term care in a residential social care institution can be provided for the elderly for a minimum of six months a year or indefinitely (depending on the kind of recipient). Semi-residential care is financed from the municipal budget or special targeted subsidies from the state budget for municipal budgets and personal (family) payments.

1.4.3 Residential care

Residential care is provided to children deprived of parental care, children and adults with disabilities and elderly people through foster families and social care houses (old people's homes, housing for the disabled, specialised social care homes, etc.). Residential care is financed from the state or local budget or via special state subsidies channelled to local budgets and recipients. Nursing and maintenance treatment is provided in nursing or general hospitals. The NHIF finances long-term medical treatment in hospitals, providing treatment for a period of up to 120 days per year. Palliative care is provided in general, cancer and nursing hospitals.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 An assessment of the effectiveness of the individual measures

Public help (cash benefits or services) for families taking care of disabled and elderly family members remains negligible. In Lithuania, there are no benefits for carers. People taking care of family members have the right to health insurance. The only service for people taking care of their relatives is respite care (since 2007). However, this service is just getting under way in some municipalities, and only 180 carers received respite care in 2013; it was provided by only 24 social service agencies. EU structural funds have partially financed the introduction of respite care in municipalities.

Table 1 summarises the coverage of long-term services. Detailed statistics on the demand for and supply of long-term services in Lithuania are not available. Therefore, an attempt to reconstruct the probable demand and probable supply has been made. Those who receive different kinds of compensation for nursing are treated as possible demand; they are in need of various care services. Total supply includes the number of people who receive various kinds of services at home. About 40% of those in need receive care services. This means that more than half of those in need of long-term care get it informally. Unfortunately, we do not have alternative evidence to verify or check this statement, but it is reasonable.

Table 1: Coverage of long-term services (in thousands)

	2010	2011	2012	2013	2014
Target compensation for nursing expenses (for those under retirement age)	5.9	5.9	6.1	6.1	6.3
Target compensation for attendance (assistance) expenses (for those under retirement age)	16.8	16.7	17.1	17.6	18.5
Target compensation for nursing expenses	32.7	34.8	32.9	33.2	34.6
Target compensation for attendance (assistance) expenses	58.0	47.4	41.1	38.0	37.6
TOTAL DEMAND	**113.4**	**104.8**	**97.2**	**93.9**	**97.0**
Receiving social services at home (elderly and disabled)	12.9	15.0	15.9	16.2	18.0
Disabled adults and children receiving day-care services	17.9	18.3	16.1	15.3	16.7
Elderly receiving day-care services*	25.8	25.7	19.0	19.7	20.3
TOTAL SUPLY	**39.4**	**41.9**	**38.3**	**38.1**	**41.5**
Receiving home-help and day-care services as a percentage of receiving target compensations for nursing; in %	**34.7**	**39.9**	**39.4**	**40.4**	**42.9**

* These services are mostly cultural activities for independent elderly people; they are only partially for high-dependency elderly people (with Alzheimer's disease, age-related dementia, etc.). Therefore we have included in total demand one-third of the elderly receiving day-care services.

Source: Calculated by authors using data of Statistics Lithuania.

It is important that in 2010–14 the share of those receiving home-help and day-care services increased by 8 percentage points. Informal family care still predominates. This is due not only to the poor infrastructure for the provision of such services, but also to the dominant attitudes of the population.

The care services provided for families that care for relatives help the members of those families to remain in employment. It is important to realise that, in the majority of cases, care services are provided to people living alone. In some municipalities, if the person in need of care services lives in a household with working people, care services are not provided at home. Services for the elderly in day-care centres are more oriented towards social inclusion (cultural, leisure services) than care.

Day-care services for children with disabilities are better developed, but fees are charged on the basis of family income, and this limits their usage: families are reluctant to pay and so refuse these services. This rejection damages the quality of life of the family and child and increases disincentives to work.

The sickness benefits for insured carers that are paid under the Sickness and Maternity Social Insurance Scheme are helpful in allowing them to stay in the labour market. However, the duration of payment is rather limited.

The Labour Code has several special provisions for employees raising disabled children. However, some of them (extended minimum annual leave, unpaid leave, part-time work) are based not only on the employee's right, but also on his or her bargaining power, which is very limited in Lithuania. There are also few collective agreements. Therefore, despite lack of information, one can assume that employees have little opportunity to take such leave in the case of the disability of a child or adult family member.

2.2 An assessment of the interaction between the different measures

In case of short-term care needs, sick leave under sickness social insurance helps people combine work and care (sickness benefit is paid for up to seven days for adult care and for up to 14 days in the case of children). The period of sickness benefit payment can only be longer if a child is being treated as an inpatient (a maximum of 120 days per calendar year). The amount of sickness benefit is comparatively high (80% of previous wage). However, it does not create work disincentives because of the very restricted benefit payment period.

The major work-life balance problems are related to long-term care, which is not covered by sickness insurance.

Compensation for nursing or care assistance is one measure that can improve the long-term care opportunities for people with higher-level disabilities. In the case of nursing, the amount of benefit is comparatively high: EUR 260 per month (75% of the minimum wage in 2016). As usual, compensation for nursing and care complements the disability pension and increases household income. This additional source of income provides an opportunity for family members to leave the labour market and take care of a disabled relative. Therefore, compensation for nursing and care does not help people to reconcile work and family responsibilities.

The Labour Code provides some advantages for employees who have care responsibilities. However, organisations of employers and investors treat these advantages as measures that reduce the flexibility of the labour market. Protection of carers by the Labour Code puts them at risk of discrimination in the labour market. That is the major argument put forward by those who seek reform of the Labour Code. The high rate of dismissals on the basis of mutual employer and employee agreements during the last economic crisis and the low rate of part-time workers demonstrate the imbalance in bargaining power in the Lithuanian labour market (Eszter, 2009). Such employer attitudes complicate the situation of employees with care responsibilities. Social partners do not recognise these problems enough at the national and the sectoral level (Jungblut, 2015).

Lithuania has a suite of measures that help to balance work and life; but there is a lack of interaction between the measures. There is also a lack of integration between employment and the long-term care measures. The facilities provided by the Labour Code are not effective: carers have no opportunity to profit from them, because of the lack of LTC services provided at home. For example, in rural areas LTC services are generally not available, and so women in rural areas (one of the main groups of long-term unemployed) have no opportunity to find employment (Okunevičiūtė-Neverauskienė and Moskvina, 2014).

2.3 Policy recommendations

An in-depth and detailed assessment of Lithuanian long-term care policy is necessary for evidence-based reform. There is no detailed information available on the supply of and the demand for institutional long-term care at the national and the municipality level. There is a lack of evidence-based data about the problems that face relatives when they attempt to combine employment with long-term care tasks. The same holds true for the overall impact of long-term care on poverty and social inclusion.

A strong tradition of informal care still prevails in Lithuania. Therefore it is necessary to develop an explicit policy and to draw up effective measures to support informal care. It is important to develop flexible forms of employment that allow employment to be combined with long-term care. For example, employment of relatives as carers for long-term care or cash-for-care schemes – allowances instead of services provided to dependants – could be one solution, as in the Netherlands. “Given the greater importance of formal services in the system and the voluntary nature of informal family caregiving, cash-for-care schemes also are an attempt to bring care back to the family through its cash payments” (Da Roit and Le Bihan, 2010: 305).

It is important to develop services not only for people who live alone, but also for families that provide care to relatives. It is necessary to develop the network of services for families that provide care to sufferers of Alzheimer’s disease, age-related dementia, etc. The development of such services would be in keeping with the principles of prevailing traditional discourse and would enable family members to combine employment with long-term care tasks.

In Lithuania, LTC services are treated as part of the policy of care, which is separate from the policy of employment. This means that existing policy and measures take account of the needs of the persons being cared for and ignore the needs of those who provide the care, especially informal carers. In order to improve the work-life balance of carers, it is necessary to combine the interests of the carers and those being cared for in LTC policy. Only such a combination of interests could improve the life quality of carers and persons being cared for alike.

The limited duration of sickness benefit payment for insured carers of family members renders urgent the need for formal care services development. A well-developed network of day-care and home-care services must replace the measures of the Labour Code, which are of dubious effectiveness. In general, a transfer of responsibility from family and employer to the state and municipalities would be an effective way of balancing work and life.

References

Baronienė, D. 2014. Gyvybiškai svarbi galimybė atsikvėpti [Respite care is vitally important]. Lietuvos žinios, 13 September. http://lzinios.lt/lzinios/Santykiai-ir-seima/gyvybiskai-svarbi-galimybe-atsikvepti/187276

Da Roit, B. and Le Bihan B. 2010. Yet so different: Cash-for-care in six European countries' long-term care policies. The Milbank Quarterly, 88(3): 286–309. http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2010.00601.x/epdf

Disability and Working Capacity Assessment Office at the Ministry of Social Security and Labour Lithuania. 2015. Priežiūros (pagalbos) išlaidų tikslinių kompensacijų gavėjų skaičiaus kitimo tendencijos [The trends of the change of the care compensations]. http://www.ndnt.lt/index.php?1128661811

Eszter, S. 2009. Part-time work in Europe. Eurofound. http://www.eurofound.europa.eu/ef/sites/default/files/ef_files/pubdocs/2010/86/en/3/EF1086EN.pdf

Eurofound. 2012. Quality of Life in Europe: Impacts of the crisis. http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1264en_0.pdf

European Commission. 2015. Council Recommendation for Lithuania on the 2015 National Reform Programme of Lithuania and delivering a Council opinion on the 2015 Stability Programme of Lithuania. http://ec.europa.eu/europe2020/pdf/csr2015/csr2015_lithuania_en.pdf

Government of Lithuania. 2014. Lithuania: National Reform Programme 2014. http://ec.europa.eu/europe2020/pdf/csr2014/nrp2014_lithuania_en.pdf

Hayes, M. 2010. The gate-keepers of independence: an empirical study of the care manager role in relation to direct payments. http://disability-studies.leeds.ac.uk/files/library/Hayes-Maggie-Hayes-Dissertation-MA-Disability-Studies-200410201-FINAL-for-Archive.pdf

Jungblut, J.-M. 2015. Working and caring: Reconciliation measures in times of demographic change. Eurofound. http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1534en.pdf

Lazutka, R., Poviliunas, A. and Zalimiene, L. 2015. ESPN Thematic Report on Social Investment: Lithuania. European Commission. http://ec.europa.eu/social/BlobServlet?docId=13822&langId=en

Lipszyc, B., Sail, E. and Xavier, A. 2012. Long term care: need, use and expenditure in the EU27 http://ec.europa.eu/economy_finance/publications/economic_paper/2012/pdf/ecp469_en.pdf

Ministry of Health. 2007. Slaugos paslaugų ambulatorinėse asmens sveikatos priežiūros įstaigose ir namuose teikimo reikalavimų aprašas [Requirements for the nursing services provided in ambulatory healthcare services and at home]. http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_bin?p_id=311861

Ministry of Social Security and Labour. 2015. The Social Report 2014–2015. Vilnius. http://www.socmin.lt/download/10101/social_report2014-2015.pdf

National Audit Office. 2015. Do the social services available satisfy the increasing needs of elder persons? Executive summary of the public audit report. https://www.vkontrole.lt/failas.aspx?id=3402

Okunevičiūtė-Neverauskienė, L. and Moskvina, J. 2014. Pažeidžiamos gyventojų grupės: iššūkiai užimtumui [Vulnerable groups of population – challenges for employment]. STEPP – Social Theory, Empirics, Policy and Practice, vol. 9.

http://www.zurnalai.vu.lt/socialine-teorija-empirija-politika-ir-praktika/article/view/3772

Ranci, C. and Pavolini, E. (eds) 2013. Reforms in Long-Term Care Policies in Europe: Investigating Institutional Change and Social Impacts. Springer. http://link.springer.com/book/10.1007%2F978-1-4614-4502-9

Social Protection Committee and the European Commission. 2014. Joint Report: Adequate social protection for long-term care needs in an ageing society. Luxembourg: Publications Office of the European Union. http://ec.europa.eu/health/ageing/docs/ev_20140618_co04_en.pdf

Statistics Lithuania. 2015. Social Protection in Lithuania 2014. Vilnius. http://osp.stat.gov.lt/services-portlet/pub-edition-file?id=21378

Žalimienė L. and Dunajevas E. 2015. Socialinės paramos dilema – tarp autonomijos ir paternalizmo [Dilemma of Social support – between autonomy and paternalism]. Vilnius: VU.

Legislation

Law on Health Insurance (Sveikatos draudimo įstatymas) of 21 May 1996 (No I-1343). http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_bin?p_id=267446

Law on Healthcare Institutions (Sveikatos priežiūros įstaigų įstatymas) of 6 June 1996 (No. I-1367). http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_bin?p_id=312153

Law on the Healthcare System (Sveikatos sistemos įstatymas) of 19 July 1994 (No I-552). http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_bin?p_id=259520

Law on Social Services (Socialinių paslaugų įstatymas) of 19 January 2006 (No. X-493). http://www3.lrs.lt/pls/inter2/dokpaieska.showdoc_bin?p_id=270342

Law on State Social Assistance Benefits (Valstybinių šalpos išmokų įstatymas) of 29 November 1994 (No. I-675).