ESPN Thematic Report on Challenges in long-term Care

Lithuania

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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

All the activities, programmes and policies undertaken within the sphere of long-term care (LTC) indicate that the role of LTC in the social policy of Lithuania is increasing. In 2015, healthcare spending on LTC accounted for 1.1% of Lithuania's GDP. Nevertheless, at EUR 8, per capita spending on residential care and on assistance in carrying out daily tasks is very low compared to the EU average (EUR 40).

Although for years many municipalities have implemented a model of integrated care at home, there is still no funding mechanism for integrated nursing and care services at home. Most municipalities cannot offer a range of social services that would enable an elderly person to live at home for as long as possible. There has been a rapid growth in the coverage of home care services since 2007, while the coverage of residential care services has remained basically stable. The number of LTC beds in nursing facilities per inhabitant is increasing. Meanwhile, the palliative care system is particularly poorly developed. In terms of self-reported use of home care services, Lithuanians use such services only half as frequently as the average resident of the EU-28.

Most LTC beneficiaries receive benefits in kind (52.1%), while recipients of cash benefits account for 47.9%. There are no cash-for-care benefits available to caregivers in Lithuania.

Most of the care for the elderly and disabled in Lithuania is still provided by informal carers: family, neighbours, friends and volunteers. This is due to traditions of family care, lack of capacity in the formal care sector and the high cost of private services. In formal elderly care, public organisations dominate the provision of LTC services.

Social care services are provided irrespective of age, but take into consideration the level of dependency of the person. Nursing services are available to all citizens who have health insurance coverage. Insurance payouts for nursing services at home do not cover the actual cost; therefore, many healthcare institutions endeavour to provide the minimum of such services.

The attractiveness of the formal care sector as an employer, especially for home help, is undermined by poor working conditions, a stressful working environment and the lack of development opportunities. Lithuania, like many other EU countries, faces the problem of the ageing of employees in the health and social work sectors.

In future, the demand for formal care in Lithuania is likely to increase as a result of the reduced availability of informal carers, due to the changing family care tradition, the small amount of state support for informal carers, mass youth emigration, an increase in the retirement age, etc. On the other hand, surveys suggest that there will be a strong demand for informal care in the next 15 years.

Some instruments for the quality assurance of LTC services are being implemented: in 2006, quality standards for residential care institutions and day-care services for the elderly were introduced; and the licensing of healthcare organisations providing LTC has become mandatory.

The most pressing employment challenges in the LTC sector will be to develop a variety of organisational models for the provision of services so as to improve the availability of home-help services; and to increase public support for informal caregivers. The evolution of non-standard employment in the provision of home help means a deterioration in the quality of jobs in the care sector.

There is a lack of readily available information/indicators concerning LTC at the national and especially the municipal level; these are necessary for LTC policy planning and the evaluation of results.

1 Description of the main features of the country's long-term care system

1.1 General characteristics of policies, principles of governance and system organisation and type of financing

Long-term care (LTC) in Lithuania is a new and developing area of social policy. Only in 2007 was long-term care properly defined in the National Report (Government of Lithuania, 2008).[1] Some general principles concerning LTC can be found in the National Strategy for Ageing (Government of Lithuania, 2004), the Law on Local Self-Government and the Law on Social Services, which emphasise the need to develop LTC services for the elderly and disabled people, so that they can live at home independently for as long as possible. Two main national institutions share responsibility for developing and administering LTC policies: the Ministry of Social Security and Labour is responsible for social care, while the Ministry of Health is responsible for healthcare services (Social Protection Committee and European Commission, 2014). LTC provided in the healthcare sector consists of inpatient services in separate nursing hospitals or nursing departments in general hospitals. Agencies licensed to provide primary outpatient healthcare services can also provide home nursing services. The social component of LTC covers day-care facilities, home help, elderly residential institutions and cash-for-care benefits for users.

Municipalities are directly responsible for assessing social care needs and for organising and providing social care and primary health care (Lazutka et al., 2016). As there is no specific (separate) legislation governing LTC, all services are integrated within either the healthcare system or welfare social services. The main problems in LTC organisation continue to be the division between the healthcare system and the social system, and the weak integration of these two parts of LTC services (Marcinkowska, 2010).

In 2015, public spending on LTC accounted for 1.1% of Lithuania's GDP;[2] the sources of funding are the central government budget, local budgets and the Health Insurance Fund. LTC services are also financed by EU structural funds. Recipients of social care have to contribute to the cost of the services from their income and (in case of residential care) even using their property. Municipalities have the right to relieve a person of having to pay (Minister of Social Security and Labour, 2007). The Health Insurance Fund finances nursing at home, as well as long-term medical treatment in healthcare facilities; it covers treatment for a period of up to 120 days each year. Stays in nursing establishments of longer than 120 days per year can be paid for by municipalities or by the recipients themselves. There is no time limitation for palliative care services or nursing in outpatient institutions.

1.2 Balance between institutional and community-based care services

Figure 1 summarises the balance between residential and home-help services provided for the elderly aged 65+. The coverage of home care services has been growing rapidly since 2007, while the coverage of residential care services has remained basically stable.

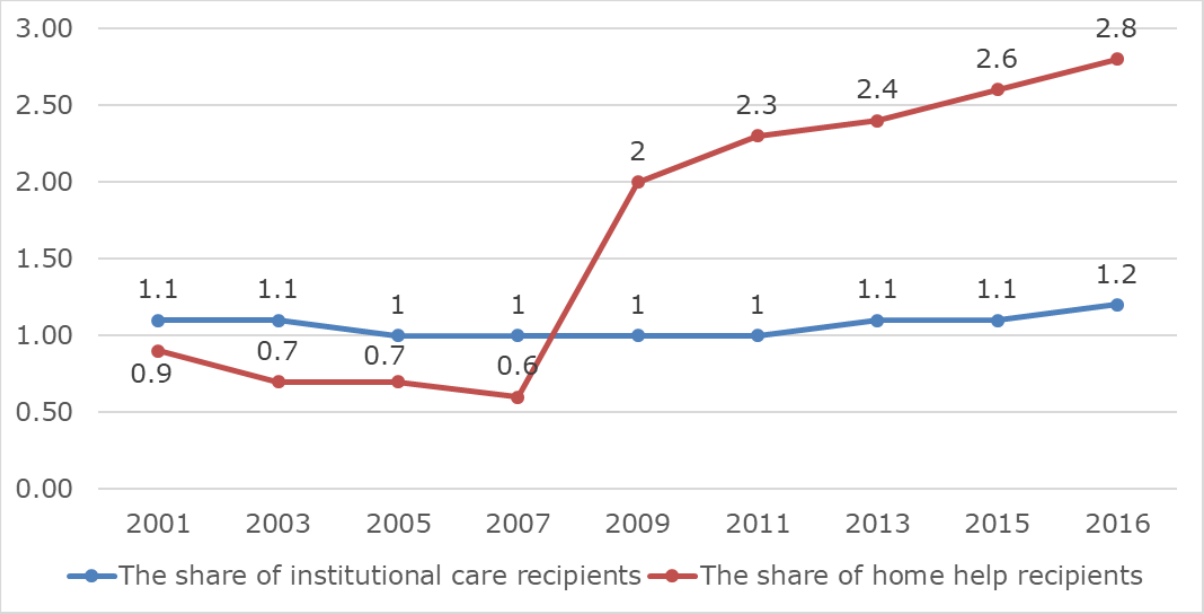
In the period 2010-2016, the number of elderly residential social care institutions and their residents varied only slightly, amounting to over 5,000 persons in 2016. However, there has been an increase in the number of non-governmental organisations (NGOs) providing these services – since 2007, social service funding has been promoted through public tenders, which has encouraged the formation of a mixed social service market (Ministry of Social Security and Labour, 2008). Sheltered homes (which enable independent living for

[1] LTC is defined as the entirety of care and social services by which the care and social needs of a person are met and continuous comprehensive help from, and supervision by, specialists are provided (Government of Lithuania, 2008). https://socmin.lrv.lt/uploads/socmin/documents/files/pdf/5901_nr-spsis_2008-2010.pdf

[2] Eurostat, Health care expenditure by function [hlth_sha11_hc]
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hc&lang=en

the elderly and the disabled) account for a very small proportion of those covered by social care.

Figure 1. The share (%) of elderly persons aged 65+ receiving different types of elderly care services, 2001-2016



Source: authors' calculation based on Statistics Lithuania (https://osp.stat.gov.lt/statistiniu-rodikliu-analize?hash=4776689f-d245-4c30-9cf0-8a6741097696#/).

By 2010, there had been a rapid increase in the number of elderly people utilising the services of day-care centres; but following the economic crisis, the number of clients who use these services has declined. Many of the home-help services in Lithuania are provided by municipal public services, although private providers have also started coming to the fore. The network of integrated nursing and home-help services is expanding, especially with the use of EU structural funds; but the dilemma of how to finance these services (to what extent they should be financed from the municipal budget for social services, and to what extent from healthcare insurance) is hampering the development of provision.

During the period 2005-2010, the total number of nursing beds (in nursing homes and other healthcare facilities) increased from 3,527 to 4,614 (European Commission, 2016). In 2015, EUR 72.22 million were allocated to inpatient long-term care (health), while the funding for home-based long-term care (health) was almost double that, reaching EUR 135.5 million.[3] For more information on the structure of LTC spending, see Table 1 in the Annex.

1.3 Cash vs. in-kind benefits

There are three types of LTC-related cash benefits in Lithuania for dependent persons (disabled and persons of retirement age). First, Target Compensation for Nursing is paid to people of retirement age, severely disabled children and disabled persons with a diminished capacity for work (75-100%) who need permanent care. Second, Target Compensation for Attendance Assistance is paid to persons of retirement age, to disabled children with a severe or moderate degree of disability and to disabled persons with a reduced capacity for work of at least 60% who need permanent care. The amount of target compensation is determined according to the target compensation base, which is not less than EUR 112 per month. The target compensation base is set by the Government. Target

[3] Eurostat, Health care expenditure by function [hlth_sha11_hc]
http://appsso.eurostat.ec.europa.eu/nui/show.do?wai=true&dataset=hlth_sha11_hc

Compensation for Nursing amounts to 2.5 times the base; Target Compensation for Attendance Assistance for the elderly is 0.5 times the base (EUR 56).[4]

The amount of compensation does not depend on the income of the elderly person. Target Compensation for Nursing and Target Compensation for Attendance Assistance are both paid when there is a need, according to defined criteria. There are no controls on how the elderly use these payments. If a person is entitled to public care services, he/she must use the compensation for social services.

Lastly, according to the Law on Social Services, Social Care Benefit may be paid in lieu of home-help services if the home-help agency so decides and if the client agrees. In that case, there are strict requirements to ensure that this benefit is only used to pay for home-help services. The amount of the payment is related to the cost of the home help, and is different for each person, depending on the need for services. This type of benefit is very rarely used, and the mechanism for its use has not been fully developed (Žalimienė and Dunajevas, 2015).

All three cash benefits are paid directly to the dependent person; in all cases, they are free to choose between public or private providers. No cash-for-care benefits are available to carers in Lithuania.

There are no formal rules on how target compensation beneficiaries should use the benefits, and therefore there is considerable debate about whether they are used for the purpose intended – to pay for services. It may be assumed that a significant proportion of those who receive the benefits do not use formal care services and that the benefits function as wages for informal carers. Meanwhile, recipients of cash for home care are supervised by social workers, who check whether the money is being spent on services.

Some 52.1% of all beneficiaries of LTC receive in-kind benefits, while 47.9% receive cash benefits (Table 2 in the Annex). However, it should be noted that the lack of statistical data on LTC recipients in the health sector (and the unreliability of what data exist) does not allow for strong inferences to be drawn about the exact structure of the LTC in terms of cash vs. in-kind benefits.

1.4 Balance between and levels of informal and formal care

In Lithuania, most of the care received by the elderly and disabled is still provided by informal carers: family, neighbours, friends and volunteers. This is due to traditions of family care, lack of capacity in the formal care sector and the high cost of private services. Therefore, family members (mainly women) care for the elderly or disabled family members; alternatively, families are forced to employ caregivers illegally. Those caring for family members have only a few social guarantees (if they cannot work because of the caring): in some cases, since 2013 they have enjoyed pension insurance and respite care services. In the formal sector, public care services for the elderly predominate, though recent years have witnessed the appearance of some private service providers. There has also been a steady increase in the number of elderly and disabled people receiving social services from NGOs.

Analysis of the structure of LTC expenditure on social protection in old age (Table 3 in the Annex) indicates a preponderance of benefits in cash, a trend that differs fundamentally from the EU-28 generally.

[4] Lithuanian Parliament, Lietuvos Respublikos tikslinių kompensacijų įstatymas [The Law on Target Compensations], 29 June 2016. No. XII-2507
https://www.e-tar.lt/portal/lt/legalAct/398a02704a6f11e6b5d09300a16a686c

1.5 Evaluation of needs and eligibility criteria for the various LTC benefits

The assessment of need and the level of dependency required for LTC differ in the social and the healthcare sectors. In the social sector, services are provided irrespective of age, but the level of dependency of the person is taken into consideration. A team of social workers decides which type of social help is needed on the basis of state-regulated criteria (Minister of Social Security and Labour, 2006). According to the scale used and the scores registered, a person may be categorised as self-sufficient, partially self-sufficient or dependent. The payment for LTC depends on the financial situation of the care recipient (income and property).

Long-term medical treatment with nursing services is available to all citizens who have health insurance coverage. Such services are provided irrespective of age, but they take the recipient's health into consideration. The doctor determines the need for long-term medical treatment, nursing care and palliative care on the basis of the approved medical indicators. Although home nursing is enshrined in legislation, nursing services at home are not guaranteed because of the lack of funding. Insurance payouts for nursing services at home do not cover the real costs, and therefore many healthcare institutions endeavour to provide the minimum of such services.

1.6 Projections on the need for care in the long-term perspective

Lithuania stands out in Europe not only with regard to the ageing of its population (which is occurring very rapidly), but also because of the mass emigration of young working-age people. In future, the demand for formal care in Lithuania is likely to increase as a result of the reduced availability of informal carers due to the changing family care tradition, mass youth emigration, a high divorce rate, a large number of single households, an increase in the retirement age and the low female employment rate.

On the other hand, studies suggest that a high demand for informal care remains. For example, in 2016 a representative survey of people aged 50-65 showed that about 22% would like to use formal care services in old age, whereas 69% would like their old-age care to be informal and kept mainly within the family.[5] The small amount of state support for informal carers is also an important factor, suggesting that the informal care sector will tend to 'shrink', especially as family traditions are changing. The Constitution of the Republic of Lithuania (1992) states that 'the duty of children should be to respect their parents, to care for them in their old age'; yet the findings of the survey indicate that only about 58% of people aged 50-65 agree with that statement. Meanwhile, 13% disagreed, and about 22% argued that they would take care of their relatives only if they were paid for doing so (7% did not answered). Another important fact highlighted by the survey is that 47% of people currently aged 50-65 reported having children who live abroad; hence it will be more difficult for them to take care of their parents in old age (Lithuanian Research Council, 2017).

[5] The representative survey on expectations of Lithuanian residents aged 50-65 included a total of 1,205 respondents representing the opinion of the 50-65 age group. This survey was part of the project 'Transformation of elderly care sector: demand for services and labour force and quality of work' (2015-2017). Project No. GER-012/2015 financed by the Research Council of Lithuania.

2 Analysis of the main long-term care challenges in the country and the way in which they are tackled

2.1 The access and adequacy challenge

The supply of various types of LTC services remains under-developed, especially in some municipalities. The majority of municipalities cannot offer a range of social services that would enable an elderly person to live at home for as long as possible (Rauch, 2007). In such cases, older people are forced to find a place in a residential inpatient institution. In 2014, 47% of the elderly in need of LTC were on a waiting list for residential care, with an average waiting time of 6 months (Lazutka, Poviliunas, Zalimiene, 2015: 3). The National Audit Office has revealed that today only three (out of 60) municipalities are able to provide the full range of social services for the elderly.

Some surveys indicate that Lithuania lags behind many other European countries in terms of the coverage of residential care and home-help services for people aged over 65 years. Only a small proportion of elderly people with high dependency (Alzheimer's disease, senile dementia, etc.) receive intensive day-care services. In terms of self-reported use of home care services, Lithuanians use such services only half as frequently as the average resident of the EU-28 (Table 4 in the Annex).

The principle of home help is not implemented in reality because of the rigid organisation of services: in most municipalities they are provided only on weekdays and during work hours (Žalimienė et al., 2017). Municipalities continue to be the main providers of these services and the involvement of NGOs or private service providers is very limited. Consequently, there is no competition and no incentive to improve service quality.

A large proportion of the services is provided by informal providers, who receive very little public support. However, there is a small assortment of public services and measures that help family carers to reconcile care and work. For example, since 2007, people who take care of their relatives can apply for respite care services, though only a very small percentage of carers use such services.

Between 2012 and 2015, the number of LTC beds and beds in nursing facilities increased relative to the population size.[6] The palliative care system is particularly poorly developed, however, and the duration of hospice care is limited to 4 months per person per year. In addition, the coverage of at-home nursing services is very low, as primary healthcare providers are not interested in developing them, since under the mandatory health insurance system such services attract very low payments. Municipalities are implementing an integrated model of social and healthcare services for the elderly at home, but the financing of these services from EU structural funds does not ensure their sustainability.

When assessing the per capita spending on elderly residential care and assistance in carrying out daily tasks, it can be argued that the availability of these services in Lithuania is very low compared to the EU average (Table 3 in the Annex).

Municipalities have the right to provide free services for poor elderly people, and therefore home-help services are affordable for them, too. However, as retirement pensions are rather low, elderly people quite often prefer residential care to home help. Care allowances are provided to all those who have had their need assessed by a team of specialists, once the need for nursing or care is identified.

2.2 Quality challenge

According to the Third European Quality of Life Survey (Anderson et al., 2012), Lithuanians are less satisfied with the availability and quality of services than the average citizen of the EU-28. The quality of residential care services in the country is regulated by standards

[6] Eurostat, Long-term beds in nursing and residential care facilities. http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_rs_bds&lang=en

that were implemented in 2006, according to regulations of the Ministry of Social Security and Labour. The Department of Supervision of Social Services under the Ministry is responsible for supervising the implementation of quality standards in residential social care institutions. However, the quality system is still not fully functioning, primarily due to the lack of resources and a focus on the establishment of a monitoring system for standards. It is therefore not surprising that in October 2015, the Parliamentary Ombudsman's Office issued a very critical report on human rights abuses in elderly care institutions (Seimas Ombudsman's Office, 2015). However, the quality of home help is not regulated at the state level, as it is a municipal responsibility.

Meanwhile, the medical LTC institutions are supervised by the State Health Care Accreditation Agency under the Ministry of Health. Licensing of healthcare organisations is mandatory by law and licences must be renewed every 5 years. In addition, patient satisfaction surveys are conducted annually. In 2011, the Ministry of Health acknowledged the special requirements for geriatric services.

The preference of the elderly for informal care and home-help services creates a challenge for securing quality jobs for employees in the care sector. The attractiveness of the formal care sector to the potential labour force is undermined by poor working conditions, a stressful working environment and the lack of development opportunities (European Commission, 2014a). At the end of 2011, a study on the professional well-being of social workers in Lithuania confirmed the existence of working environment-related problems characteristic of the sector: a heavy workload on social workers and their assistants, a high level of stress, the risk of burnout, low pay and inadequate support from the organisations (Žalimienė et al., 2013). This problem is particularly relevant with regard to home-help services, which will be most in demand to cater for the needs of dependent elderly people in the future. In Lithuania, home care services are characterised by very low wages, frequent and unpaid overtime work, the absence of one's own workplace and job-security related issues. To save money, municipalities hire employees on part-time contracts. In addition, Lithuania, like many other EU countries, faces problems related to the ageing of employees in the health and social work sectors (Žalimienė et al., 2017).

A comparison of working conditions between the two most popular models of employment in elderly home help – i.e. trilateral (where services to the user are provided by persons employed by an organisation) and bilateral (where the service provider is directly employed by the service user) – suggests that employment relationships prevailing in the trilateral model are more standardised, employees have higher qualifications and are offered better working conditions in general than if they are employed directly by a household (Angermann and Eichhorst, 2012). The development of cash-for-care schemes in some EU countries reflects the need to develop bilateral employment. As a rule, those employed directly by the service user have two alternatives: self-employment or undeclared work. In Lithuania, there is only one legal route for self-employed persons to provide home care services for the elderly: by obtaining a business certificate for this type of activity. However, this rarely happens and people usually provide undeclared home-based eldercare services. In this way, the development of non-standard employment in the provision of home help means a deterioration in the quality of jobs in the care sector (Blažienė and Žalimienė, 2017).

2.3 Employment challenge

In Lithuania, the female employment rate for the age group 15-64 has risen by 8.4 percentage points (from 61.8% in 2008 to 70.2% in 2017).[7] In 2017, 24.4% of women were not actively seeking a job and were inactive due to caring responsibilities.[8] Intensive

[7] Eurostat, Employment rates by sex, age and citizenship. http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lfsa_ergan&lang=en

[8] Eurostat, Inactive population due to caring responsibilities by sex. http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=sdg_05_40&plugin=1

emigration is another challenge for the elderly care sector: over the past decade, about 20% of the Lithuanian population has emigrated from the country.[9]

According to a survey conducted in 2017, low wages and low safety at work standards are typical of the home-help sector in Lithuania: the proportion of employees on fixed-term contracts was six times greater in this sector than the average for Lithuania, and part-time employment was three times more common than average. Better professional qualifications generally improve job satisfaction. The fact that 64% of home helpers have a university degree is indicative of the problem of over-education in this sector. As the remuneration of employees in this area fundamentally does not depend on their level of education, this suggests inefficient use of the labour force in this sector (Lithuanian Research Council, 2017). Dissatisfaction with work arises when employees feel unable to use their knowledge or skills at work (Green and Zhu, 2010).

According to survey data, the most pressing employment challenges will be to develop organisational models for the provision of services so as to improve the availability of home-help services, and to bolster public support for informal caregivers. Among Lithuanians aged 50-65, the main factors that would encourage them to care for elderly family members are the possibility of working flexible hours (30% of the responses) and the possibility of employing a family member as a caregiver (23%) (Lithuanian Research Council, 2017).

2.4 Financial sustainability challenge

With the demographic changes, projected public spending on LTC care (as a percentage of GDP) will steadily rise. In the Ageing Working Group (AWG) 'reference scenario', public LTC spending is driven by a combination of changes in the population structure and a moderately positive evolution of health (non-disability) status. The joint impact of those factors is a projected increase in spending of about 0.9 percentage points of GDP by 2060 (European Commission, 2015a). The 'AWG risk scenario' – which captures the impact of additional cost drivers on demography and health status (i.e. the possible effect of a cost and coverage convergence) – projects an increase in spending of 3.5 percentage points of GDP by 2060. Overall, Lithuania presents no significant risk of fiscal stress over the short term. In the medium term, there is a low risk from a debt sustainability analysis perspective, given the relatively moderate level of public debt due to the unfavourable projected cost of ageing. Medium sustainability risks appear for Lithuania over the long term. These risks are primarily related to the strong projected impact of age-related public spending (notably pensions and, to a lesser extent, health care and long-term care) (European Commission, 2015b).

It is therefore important to increase the efficiency of LTC. Currently, public organisations predominate in the provision of LTC services for the elderly. According to a recent survey, however, other service providers would also be desirable: for example, of those respondents who preferred formal care providers, 46% chose public service providers, 39% opted for private (business) service providers, 8% preferred NGOs and 7% chose church organisations as their service providers (Lithuanian Research Council, 2017). Indeed, the system of home care currently functioning in Lithuania is mainly oriented towards a full range of services provided by a single service provider (an informal carer, a public or private provider). It would be worth further developing the co-production model of different service providers in the future. Studies suggest that older parents do not want to be dependent only on their children; they are more satisfied with intergenerational relationships if they have the opportunity to divide care responsibilities between formal and non-formal providers. In other words, 'neither full public nor full private care is desired by elderly people' (Le Bihan et al., 2013: 17). The development of co-production of services from different types of providers would ensure optimum use of resources through a more

[9] Eurostat, Emigration by age and sex.
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=migr_emi2&lang=en

flexible combination of services. The expectations of potential service users in relation to care services in Lithuania indicate the need to develop various employment models, including non-standard forms of employment, in order to ensure better access to in-house services for the elderly (Blažienė and Žalimienė, 2017).

2.5 Recent or planned reforms and how they address the challenges

Guidelines for the Deinstitutionalisation of Social Care Homes for the Disabled, Children Deprived of Parental Care and Adult Disabled Persons (Minister of Social Security and Labour, 2012a) provide the direction for a transition from institutional social care to community services by 2030. Other initiatives important for LTC are highlighted in such documents as the Action Plan for Increasing Social Inclusion 2014-2020, which stresses the inclusion of the NGO sector in the provision of social services, the introduction of new social services and priority for the development of community-based services. Meanwhile the National Strategy for Ageing (Government of Lithuania, 2004) outlined the national objectives required to promote positive ageing, ensure quality of life for the elderly, the quality of services, etc. In 2014, the Action Plan for Ensuring Healthy Ageing in Lithuania 2014-2023 was approved, which provides directions for the integrated care and geriatric healthcare services network.

Increased availability and quality of outpatient rehabilitation for the elderly is one of the objectives of the strategic health policy, which is being implemented through the establishment of outpatient rehabilitation units in municipal healthcare facilities and the allocation of capital investments towards infrastructure and implementation of projects using EU structural funds.

The Integrated Care Development Programme 2012-2015 has been completed (Minister of Social Security and Labour, 2012b). Although many municipalities have implemented the EU-supported model of integrated care at home, a funding mechanism for integrated nursing and care services at home has yet to be set up.

2.6 Recommendations to improve the access and adequacy as well as quality and sustainability of the LTC

- It is important to develop organisational and legal employment models to implement cash-for-care schemes. An improvement in the job quality of employees in non-standard forms of employment would be of enormous significance.
- Primary healthcare providers pay little attention to the development of nursing at home; hence, more efficient ways of administering these services should be sought. Some municipalities suggest placing nursing-at-home services within their remit, in order to address this long-standing problem.
- There is a need to strengthen the social and healthcare policy coordination and implementation of common models of social and healthcare services.
- Policies and policy measures to support informal care in the context of the work–life balance should be developed.
- Support for 'second-career caregivers' should be developed, given that a section of future retirees is prepared to provide paid help to others (Lithuanian Research Council, 2017).
- A range of forms of employment should be offered in the provision of home care services and service co-production by multiple service providers should be encouraged.
- A consolidated LTC plan needs to be drawn up as part of a comprehensive active ageing strategy.

3 Analysis of the Indicators Available in the Country for Measuring Long-Term Care

Assessment of the situation and changes in the sphere of LTC indicates that to date there has been a lack of readily available information on the supply and demand of LTC at the national and especially the municipal level.

While several indicators of the social components of LTC can be found in national statistics, data on the 'health' component are not publicly available, and overall indicators can only be found in a variety of separate strategic documents. The State Patient Fund does not even make public such information as the number of recipients of nursing at home. It is not clear which indicators show that 'long-term care is mostly provided as inpatient services in separate nursing hospitals or specific departments in general hospitals',[10] as this seems to be the opposite of what the funding indicators suggest (for example, funding for inpatient long-term care (health) in 2015 was EUR 72.22 million, while for home-based long-term care (health) it was almost double that, at EUR 135.5 million).[11]

A detailed list of the available indicators of LTC is provided in Table 5 of the Annex.

[10] Commission services (Directorate-General for Economic and Financial Affairs), Economic Policy Committee (Ageing Working Group) (2016) Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability, 2016. https://ec.europa.eu/info/publications/economy-finance/joint-report-health-care-and-long-term-care-systems-fiscal-sustainability-0_en

[11] Eurostat, Health care expenditure by function [hlth_sha11_hc]. http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hc&lang=en

Annex: Tables

Table 1. Healthcare expenditure on long-term care in Lithuania (2014)

	EUR million	EUR per inhabitant	% of GDP	% of total current health expenditure
Long-term care (health)	198.4	67.66	0.54	8.76
Inpatient long-term care (health)	66.21	22.58	0.18	2.92
Day long-term care (health)	1.73	0.59	0.18	2.92
Outpatient long-term care (health)	0	0	0	0
Home-based long-term care (health)	130.45	44.49	0.36	5.76
Long-term care (social)	170.33	58.09	0.47	7.52

Source: Eurostat. Database by theme. Population and social conditions. Health. Health care. Health care expenditure. Health care expenditure (SHA 2011) [hlth_sha11]. Healthcare expenditure – summary tables. Healthcare expenditure by function [hlth_sha11_hc].

Table 2. Dependent elderly who receive different types of LTC benefits

Types of LTC benefits (social and health components)		Number of elderly recipients	% of recipients of total benefits in kind and benefits in cash
Benefits in kind	**Residential care (elderly homes, homes of independent living, homes for the disabled)**	6,626	**52.1**
	Inpatient services (only beds in separate nursing homes)	4,614	
	Home social care	15,319	
	Nursing at home	About 60,000	
	Day-care services	18,700	
	Total benefits in kind	105,259	
Benefits in cash	**Target Compensation for Nursing**	55,900	**47.9**
	Target Compensation for Attendance Assistance	40,900	
	Social care benefit	98	
	Total cash for care	96,898	

Source: Statistics Lithuania (2017).

Table 3. Level of expenditure and structure of social protection expenditure on old-age benefits (cash and in kind) in Lithuania and the EU average, 2015

	LT			EU-28		
	% of total expenditure	% of GDP	EUR per inhabitant	% of total expenditure	% of GDP	EUR per inhabitant
Care allowance	81.0	0.3	33.12	28.3	0.1	36.7
Accommodation	13.7	0.0	13.7	38.9	0.2	38.9
Assistance in carrying out daily tasks	5.2	0.0	2.13	32.4	0.2	41.4

Source: Eurostat. Population and social conditions. Social protection. Social protection expenditure. Expenditure – tables by benefits, by function. Tables by benefits – old age function [spr_exp_fol].

Table 4. Self-reported use of home care services by 65+ inhabitants, by degree of urbanisation in 2014 in some EU countries

Countries	Total	In cities	In towns and suburbs	In rural areas
EU-28	10.6	10.0	10.3	11.7
Estonia	4.5	3.8	4.6	5.1
Spain	12.4	12.9	10.5	13.1
France	21.4	17.5	20.8	24.7
Latvia	5.7	7.2	4.0	4.8
Lithuania	**5.2**	**6.2**	**3.7**	**4.7**
Malta	23.6	26.3	19.1	29.5
Netherlands	21.3	22.9	20.0	20.7
Austria	5.6	5.8	3.6	6.9
Poland	7.4	6.7	7.7	8.0
Finland	12.8	11.3	12.9	14.1
Sweden	5.4	4.1	6.1	6.0

Source: Eurostat, Self-reported use of home care services by sex, age and degree of urbanisation [hlth_ehis_am7u].

Table 5. List of the LTC indicators in Lithuania

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
Access and adequacy	Asmenys, atvykę į globos įstaigas ir savarankiško gyvenimo namus suaugusiems asmenims	Persons admitted to care institutions and continuing care retirement communities for the adults		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2006-2016	Annual	Administrative data
	Globos įstaigų seniems žmonėms skaičius metų pabaigoje	Number of care institutions for the elderly at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	1990-2016	Annual	Administrative data
	Globos įstaigų suaugusiems neįgaliesiems skaičius metų pabaigoje	Number of care institutions for the adult disabled at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	1990-2016	Annual	Administrative data

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
	Savarankiško gyvenimo namų seneliams ir suaugusiems neįgaliesiems skaičius metų pabaigoje	Number of continuing care retirement communities for the elderly and people with disabilities at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2008-2016	Annual	Administrative data
	Gyventojų skaičius globos įstaigose seniems žmonėms metų pabaigoje	Number of residents in care institutions for the elderly at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	1990-2016	Annual	Administrative data
	Gyventojų skaičius globos įstaigose suaugusiems neįgaliesiems metų pabaigoje	Number of residents in care institutions for the adult disabled at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	1990-2016	Annual	Administrative data

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
	Gyventojų skaičius savarankiško gyvenimo namuose seneliams ir suaugusiems neįgaliesiems metų pabaigoje	Number of residents of continuing care retirement communities for the elderly and people with disabilities at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2008-2016	Annual	Administrative data
	Vietų skaičius globos įstaigose seniems žmonėms metų pabaigoje	Number of places in care institutions for the elderly at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2000-2016	Annual	Administrative data
	Vietų skaičius globos įstaigose suaugusiems neįgaliesiems metų pabaigoje	Number of places in care institutions for disabled adults at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2000-2016	Annual	Administrative data

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
	Vietų skaičius savarankiško gyvenimo namuose seneliams ir suaugusiems neįgaliesiems metų pabaigoje	Number of places in continuing care retirement communities for the elderly and people with disabilities at the end of the year		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2008-2016	Annual	Administrative data
		Long-term care beds in nursing and residential care facilities by NUTS-2 region		Eurostat, Long-term care beds in nursing and residential care facilities by NUTS-2 region	1996-2015	Annual	Administrative data
		Long-term care beds in hospitals		Eurostat, Hospital beds by type of care	1992-2015	Annual	Administrative data
		Beds in separate nursing homes		National Health Insurance Fund	-	-	Administrative data
	Slaugos ir palaikomojo gydymo ligoninių lovų veikla	Nursing hospital bed utilisation	Hospital bed utilisation by specialty	Reports of Institute of Hygiene. Health Statistics of Lithuania. http://www.hi.lt/health-statistic-of-lithuania.html	2011-2016	Annual	Administrative data
	Senyvo (pensinio amžiaus) asmenų, socialines paslaugas gavusių dienos centruose, skaičius	Number of elderly (of retirement age) persons who received social services in day centres	Number of persons who received social services in day centres	Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2006-2016	Annual	Since 2008 – elderly (of retirement age) persons (including disabled persons of retirement age)

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
	Senyvo (pensinio amžiaus) socialinių paslaugų asmens namuose gavėjai	Number of retirement-age recipients of social services at home	Number of recipients of social services at home	Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2007-2016	Annual	Administrative data
	Gaunančių paslaugas namuose senyvo (pensinio amžiaus) žmonių skaičius	Number of retirement-age recipients of nursing services at home		National Health Insurance Fund	2007-2016	Annual	-
		Self-reported use of home care services		Eurostat, Self-reported use of home care services by sex, age and educational attainment level	2014	-	-
	Pensinio amžiaus pagalbos (globos) pinigų gavėjų skaičius	Number of retirement-age recipients of social care benefit	Number of recipients of social care benefit	Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2000-2016	Annual	Administrative data
	Slaugos ir priežiūros (pagalbos) išlaidų tikslinių kompensacijų gavėjų skaičius	Recipients of target compensation for care and target compensation for attendance		Statistics Lithuania, Social protection in Lithuania	2005-2016	Annual	Administrative data

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
	Senyvo (pensinio amžiaus) žmonių ilgalaikės globos būdų prioritetai	Elderly preferences for different types of LTC in the future	Persons aged 50+ opinion about which type of service they would prefer	Survey of persons aged 50-65 was carried out about their expectations of elderly care in the future	2016	One-off	Research financed by the Lithuanian Research Council 'Transformation of elderly care sector: demand for services and labour force and quality of work' (GER-012/2015)
Quality	Darbuotojai ir savanoriai globos įstaigose ir savarankiško gyvenimo namuose suaugusiems asmenims	Employees and volunteers in care institutions and continuing care retirement communities for adults		Statistics Lithuania, Survey of social services. https://osp.stat.gov.lt/en	2006-2016	Annual	Administrative data
	Indikatoriai, nurodantys pasitenkinimą slaugos namų personalu, gyvenimo sąlygomis, finansavimu ir pan.	Indicators about staff, living conditions, financing, user satisfaction, etc. in residential care services		Reports about licensing of social services agencies	2009-2016	Annual	The Department of Supervision of Social Services at the Ministry of Social Security and Labour

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
				Reports about quality evaluation in elderly homes for elderly. http://www.sppd.lt/lt/veikla/ataskaitos/			
	Indikatoriai, nurodantys socialinių darbuotojų darbo sąlygas	Indicators of working conditions of social workers		In 2012, a survey of 800 social workers from 120 social services agencies was carried out	2012	One-off	Research financed by the Lithuanian Research Council 'Occupational Welfare of Social Work Practitioners in Lithuania' (SIN-02/2011, 2011-04-15)
Sustainability		Indicators of working conditions of home-help workers		Survey of 421 home-help workers	2016	One-off	Research financed by the Lithuanian Research Council 'Transformation of elderly care sector: demand for services and labour force and quality of work' (GER-012//2015)

Area	Name of the indicator	English translation	Precise definition	Source/website address	Year available	Frequency	Comments
	Išlaidos sveikatos priežiūros funkcijoms ir teikėjams	Expenditure on selected healthcare functions by providers		Statistics Lithuania, Healthcare expenditure	2010-2015	Annual	Administrative data
		Healthcare expenditure: Long-term care (health)		Eurostat, Healthcare expenditure	2009-2015	Annual	Administrative data
		Healthcare expenditure: Inpatient long-term care		Eurostat, Healthcare expenditure	2009-2015	Annual	Administrative data
		Healthcare expenditure: Day long-term care		Eurostat, Healthcare expenditure	2009-2015	Annual	Administrative data
		Healthcare expenditure: Home-based long-term care		Eurostat, Healthcare expenditure	2009-2015	Annual	Administrative data

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