

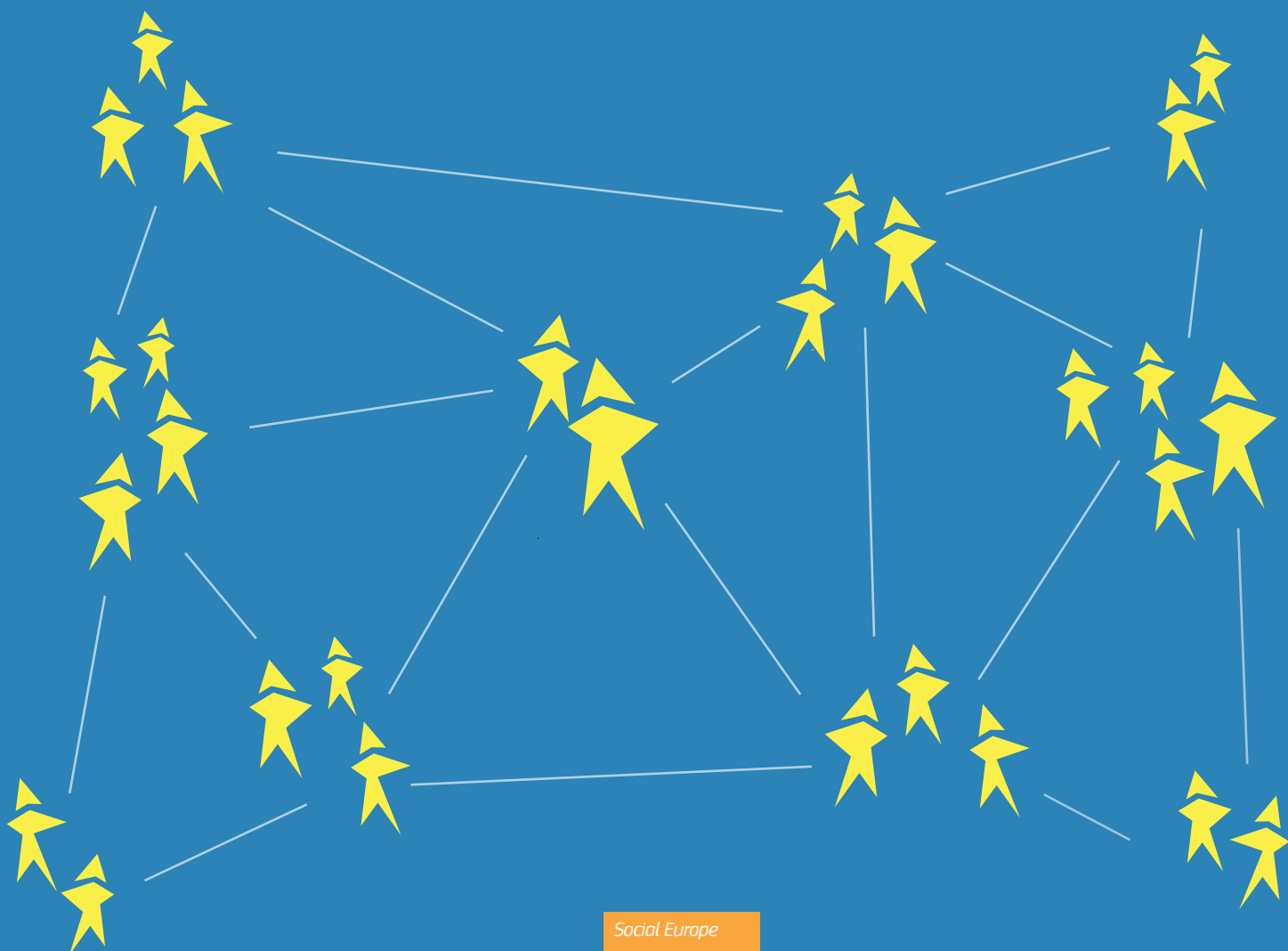


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Lithuania

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and Jekaterina Navickė



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Lithuania

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 and over). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, “*people with disabilities*” should be understood as “*those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others*”.

We first map and assess the access to disability-specific cash benefits/pensions, whether contributory or non-contributory (see Section 1). In the case of Lithuania, these include social insurance and social assistance pension schemes. The contributory social insurance pension scheme is mandatory for all employees and self-employed people. Working-age people with disabilities who are not eligible under this scheme are mainly those with disabilities from childhood. They are covered by the *Šalpos neįgalumo pensijos* (social assistance disability pension) scheme. Section 2 maps and assesses access by people with disabilities to some general social benefits and pensions: the *Valstybinės socialinio draudimo senatvės pensijos* (statutory old-age pension), *Šalpos senatvės pensijos* (social assistance old-age pension), and *Valstybinės pensijos* (state pension); the *Nedarbo socialinio draudimo išmoka* (unemployment social insurance benefit); and guaranteed minimum income schemes, including the *Socialinė pašalpa* (social assistance benefit), the *Mažų pensijų priemoka* (small pension bonus) and the *Vienišo asmens išmoka* (single-person benefit).

Section 3 maps and assesses access by people with disabilities to assistive technologies (AT) and personal assistance. In Lithuania, these include direct provision (in-kind benefits), reimbursement of AT acquisition costs, and cash allowances. During the past 10 years, visible steps have been taken towards improving access by people with disabilities to AT and personal assistant services. Nevertheless, people with disabilities and NGOs representing them criticise the system of AT provision for insufficient access, the low quality of AT, long administrative procedures for granting access to these services, geographical inequities in the availability of the services, and a low level of financing that often results in the purchasing of low-price and low-quality AT.

Good practice in Lithuania includes the ability of people with disabilities to participate in the labour market with no effect on entitlement to pensions and benefits, except for the social assistance disability pension, which is not available (with some exceptions) for employed people. The government may consider extending this policy to cover the social assistance disability pension in order to encourage its recipients to seek employment. A good practice in the sphere of access to AT is a pilot project aimed at more individualised provision of AT. However, the project is of limited scope and only runs in two regions of the country.

The main gaps in the access to disability-specific benefits and pensions are linked to benefit amounts. The low amounts of pension benefits lead to the situation where one third of people with disabilities are at risk of poverty in the country. Allocation of more resources for the financing of all the main pension schemes is a priority. Particular attention should be paid to the social assistance disability pension – increasing it, and introducing adequate indexation rules. The disability assessment system should be improved in Lithuania by strengthening the weight given to functional capacity within the assessment of disability. More active involvement of the municipal social services units in the provision of AT is needed, as well as an expansion of personal assistant services to people with disabilities (with a special focus on improving employment opportunities, and integrating children and young people with disabilities into the education system).

1 Access to disability-specific income support

Section 1 maps and assesses the access to **disability-specific** cash benefits/pensions, whether contributory or non-contributory.

1.1 Disability-specific benefits/pensions available to working-age people

Lithuania has two disability pension schemes. The main one is the social insurance scheme, which provides contribution-based benefits. The second one is the social assistance pension scheme, which provides tax-financed benefits for people without the required contributory records for social insurance pension benefits.

The relative importance and modes of financing of the schemes vary greatly. The social insurance pension scheme is the most important one in terms of coverage and provision of income in case of disability. Participation in the scheme is mandatory for all employees and self-employed people without exception. In December 2021, around 122,300 people (8.4% of the employed) received the work incapacity pension (Sodra, 2022) and about 28,700 people received the social assistance disability pension in December 2020 (Statistics Lithuania, 2022).

1.1.1 *Netekto darbingumo pensija* (Work incapacity pension)

a) Eligibility conditions

Disability-related qualifying criteria: The *Netekto darbingumo pensija* (work incapacity pension) is granted to people with 45% or more work incapacity. The duration of the disability is not taken into account. The criteria for determining the level of work incapacity, and the application of the criteria, are defined in the "description of the criteria for determining the level of working capacity", which has been approved jointly by the Minister for Health and the Minister for Social Security and Labour. The Ministry of Social Security and Labour (MoSSL) makes a decision on the level of a person's capacity for work after having assessed the following criteria: (i) medical (i.e. a person's basic ability to work); and (ii) a person's activities and ability to participate in society (Ruškus and Gudavičius, 2018).

Age: Work incapacity pension is paid until reaching the statutory retirement age (64 years and 4 months for men, and 63 years and 8 months for women, in 2022¹). All employees and self-employed people are insured for this pension on a compulsory basis, as specified in the Law on State Social Insurance.

Nationality and/or residency: All Lithuanian residents are eligible for this pension. Residents of other countries are eligible subject to the co-ordination of social protection systems in European Union and European Economic Area countries, or if there is a bilateral agreement on pensions between Lithuania and the country concerned.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: The requirements for minimum pension insurance records depend on the individual's age on the day of assessing them as having a reduced working capacity (see Table A1: Minimum Social Insurance Record).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

¹ The statutory retirement age will rise to 65 by 2026.

Gaps and/or obstacles: There is no evidence on gaps/obstacles resulting from these eligibility conditions.

b) Disability assessment framework²

Type of assessment: Medically based and functional capacity assessment.

Responsible authorities: The Disability and Working Capacity Assessment Office (DWCAO) under the MoSSL.

Method: The method of assessment uses a combination of documentary evidence and personal interaction.

Supporting evidence: A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from the healthcare system (e-health).

Assessor: Medical doctor, rehabilitation specialist, civil servant.

Decision-maker: Specialist commission of the DWCAO.

Critical analysis: The overall disability assessment system is easily accessible in Lithuania. However, it *"needs to move faster from a medical disability assessment towards a bio-psycho-social model to ensure a more objective assessment of capacity for work which could help to encourage people's greater integration in the labour market. Lack of individual assessment and focus on a medical model of disability, among others, lead to discrimination, increased risk of poverty, and health issues due to stress and anxiety"* (Ruškus and Gudavičius, 2018, p. 37).

c) Benefit entitlements

Level of the benefit: The work incapacity pension consists of two components. The amount of the first, general (basic) component is calculated only on the basis of the contributory period and work incapacity level (see Table A2 for multipliers applied to work incapacity level). The individual (supplementary) component is based on contributions paid during the whole period before the occurrence of work incapacity and on the level of work incapacity (see Table A2)³. There is neither floor nor ceiling for the pension amount. It does not depend on the duration of work incapacity.

Pension benefit indexation is based on the average change in the total wage bill (the sum of wages) in the economy for the past three years, the current year and three forecast years.

Duration of the benefit: The benefit is paid for the entire period of reduced working capacity. Upon reaching the statutory retirement age, a person can choose to continue to receive the work incapacity pension or an old-age pension.

Interactions with other income or other related benefits: Employed recipients of the work incapacity pension can combine it with income from employment, without any deductions.

Recipients of the work incapacity pension who raise children are eligible for 20% of the amount of the basic social allowance⁴ paid monthly to cover the costs of utilities, electricity, fuel, or telephone, provided that they meet the following criteria:

- their work incapacity has been assessed at 75-100%;
- their child(ren) is/are aged up to 18 (24 if a student); and
- there are no able-bodied family members.

² Based on Ruškus and Gudavičius (2018).

³ Based on the Law on Social Insurance Pensions.

⁴ From 1 January 2022, the basic social allowance is €42 per month.

Challenges: The average amount of the work incapacity pension is very low (an average of €267 per month in December 2021) (Sodra, 2022). This represents 65% of the average social insurance old-age pension, and 57% of the net monthly minimum wage (Sodra, 2022).

1.1.2 Šalpos neįgalumo pensijos (Social assistance disability pension)

The *Šalpos neįgalumo pensijos* (social assistance disability pension) is granted as a minimum-income pension for those not protected by the social insurance pension scheme (work incapacity pension)⁵.

a) Eligibility conditions

Disability-related qualifying criteria: This benefit is paid to people with disabilities who have not been able to accumulate a sufficient contribution record. The pension is available to people with 45% or more work incapacity before the age of 24, and to people with 60% or more work incapacity who are not entitled to a higher or the same amount of social insurance or state pensions. Most recipients of this pension are people who have had disabilities since childhood. The duration of the disability is not taken into account. The criteria for determining the level of work incapacity, and the application of the criteria, are defined in the "description of the criteria for determining the level of working capacity", which has been approved jointly by the Minister for Health and the Minister for Social Security and Labour. The DWCAO makes a decision on the level of a person's work incapacity after having assessed the following criteria: (i) medical (i.e. a person's basic ability to work); and (ii) a person's activities and ability to participate in society (Ruškus and Gudavičius, 2018).

Age: No lower age limit. The right to receive social assistance disability pension remains upon reaching the statutory retirement age.

Nationality and/or residency: The following are eligible: citizens of the Republic of Lithuania; EU citizens with the right to reside in Lithuania; citizens of some other countries (e.g. Australia, Canada, Japan, USA, UK) with short-term residence permits in Lithuania; foreigners with long-term residence permits in the EU; and foreigners granted asylum in Lithuania.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not subject to means-testing).

Other (please specify): No other conditions.

Gaps and/or obstacles: There is no evidence on gaps/obstacles resulting from these eligibility conditions.

b) Disability assessment framework

The disability assessment framework for the social assistance disability pension is the same as that for the work incapacity pension (see Section 1.1.1). There is no evidence on gaps/obstacles resulting from the disability assessment framework.

c) Benefit entitlements

Level of the benefit: It varies between 1 and 2.25 times the social assistance pension base (SAPB) depending on the level of work incapacity. In 2022, the SAPB is €150 (30% of the net minimum monthly wage – MMW). The type and duration of disability have no impact on the level of the benefit.

⁵ Based on the Law on Social Assistance Pensions.

The amount of the social assistance disability pension depends on the characteristics of applicants: (i) for those with 45% or more work incapacity before the age of 24, the pension amount varies from 1 to 2.25 times the SAPB, depending on the level of work incapacity (see Table A3 for multipliers); (ii) for parents who have cared for a child with disabilities for at least 15 years and who have 60% or more work incapacity, and mothers who have raised five or more children and have 60% or more work incapacity, the pension amount varies from 1 to 1.5 times the SAPB depending on the level of work incapacity (see Table A4 for multipliers); and (iii) for all other people with 60% or more work incapacity, the pension amount is equal to the SAPB. The pension amount does not depend on the duration of reduced working capacity.

Duration of the benefit: The benefit is paid for the entire period of reduced working capacity.

Interactions with other income or other income-related benefits: Employed recipients of the social assistance disability pension can combine it with income from employment, without any deductions, only if: they had 45% or more of work incapacity before the age of 24; or they are parents who have cared for a child with disabilities for at least 15 years, or are mothers who have raised five or more children, and have 60% or more work incapacity. The benefit can be combined with the single-person benefit (see Section 2.3.3). It can be only partly combined with social insurance and state pensions.

Recipients of the social assistance disability pension raising children are eligible for a monthly benefit to cover the costs of utilities, electricity, fuel, or telephone (see Section 1.1.1). They are also entitled to social insurance orphans' or widow(er)s' pensions or state orphans' pensions, if their deceased parents or spouse were insured for a social insurance pension.

Challenges: There is a gap in terms of the adequacy of the social assistance disability pension. Although the pension depends on reduced working capacity and other characteristics, its amount is extremely low in general. In 2022, it varies from €150 to €375 per month – that is, from 30% to 73% of the net MMW. Moreover, as there is no indexation rule for the SAPB, there is no indexation rule for the social assistance disability pension either. The SAPB is increased on an ad hoc basis, and much more slowly than the work incapacity pension or the minimum wage. The SAPB increased by 10% between 2018 and 2021, whereas the average work incapacity pension increased by 26%, and the net minimum wage by 30%. Mainly due to low pensions, one third of people with disabilities are at risk of poverty, with the average poverty rate being 20.9% in 2020 (NSMOT, 2021).

1.2 Disability-specific old-age pension schemes

The primary disability-specific old-age pension scheme in Lithuania is the *Valstybinė socialinio draudimo senatvės pensija neįgaliajam* (statutory old-age pension for people with disabilities). It is defined in Article 34 of the Law on Social Insurance Pensions. However, neither the number of recipients of the statutory old-age pension for people with disabilities nor the average amount of the pension is reported on the official website of the State Social Insurance Fund (Sodra, 2022). Besides this pension type, there is also a group of people with disabilities who still receive the *socialinio draudimo invalidumo pensija* (social insurance "invalidity" pension). This pension was in force until 1 July 2005 before being closed to new recipients; but existing beneficiaries could opt to continue receiving it, and in December 2021 there were still 122,300 recipients (Sodra, 2022).

1.2.1 *Valstybinė socialinio draudimo senatvės pensija neįgaliajam* (Statutory old-age pension for people with disabilities)

a) Eligibility conditions

Disability-related qualifying criteria: The benefit is granted to people with 45% or more work incapacity. The duration of the disability is not taken into account. The criteria for determining the level of work incapacity, and the application of the criteria, are defined in the "description of the criteria for determining the level of working capacity", which has been approved jointly by the Minister for Health and the Minister for Social Security and Labour. The DWCAO makes a decision on the level of a person's work incapacity after having assessed the following criteria: (i) medical (i.e. a person's basic ability to work); and (ii) a person's activities and ability to participate in society (Ruškus and Gudavičius, 2018).

Age: Upon reaching the statutory retirement age.

Nationality and/or residency: Same as for the work incapacity pension (see Section 1.1.1).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: If a person with disabilities did not receive the social insurance work incapacity (or "invalidity") pension before reaching the statutory retirement age, the general conditions for receiving the statutory old-age pension apply (see Section 2.1.1).

Level of financial resources: None (i.e. the benefit is not subject to means-testing).

Other: People granted the social insurance incapacity pension after 1 January 2018 may, on reaching the statutory retirement age, choose to receive either the statutory old-age pension for people with disabilities or the statutory old-age pension (see Section 2.1.1), whichever is higher.

Gaps and/or obstacles: There is no evidence on gaps/obstacles resulting from these eligibility conditions. Recipients of the social insurance work incapacity (or "invalidity") pension before 1 January 2018 may either opt for the old-age pension upon reaching the statutory retirement age or continue to receive the social insurance work incapacity (or "invalidity") pension, whichever is higher.

b) Disability assessment framework

The disability assessment framework is the same as for the work incapacity pension (see Section 1.1.1).

c) Benefit entitlements

Level of the benefit: The amount of the statutory old-age pension for people with disabilities is defined not only by the contribution record and the number of pension points accumulated, but also by the level of work incapacity. The amounts of the basic and individual parts of the statutory old-age pension for people with disabilities are multiplied by the co-efficient used to calculate the work incapacity pension (see Section 1.1.1). There is no floor or ceiling for the pension amount.

In the case of early retirement, the basic and individual parts of the statutory old-age pension for people with disabilities are reduced by the same percentage as in the case of the general statutory old-age pension, and the same exceptions apply.

Pension benefit indexation is based on the average change in the total wage bill (the sum of the wages) in the economy for the previous three years, the current year and three forecast years.

Duration of the benefit: There are no time limits on the duration of the benefit.

Interactions with other income or other related benefits: Employed recipients can combine the full pension with income from employment, without any deductions. It can also be combined with state pensions and compensation payments, for those eligible.

Challenges: There are no available statistics on the differences in the average statutory old-age pension for those with and without disabilities. However, at the end of 2021, the average work incapacity pension was 35% lower on than the average statutory old-age pension. It can be expected that similar differences are also transferred to old-age pensions for people with disabilities. While the average amounts of the statutory old-age pension at the end of 2021 were low – €412.70 per month (88% of the net MMW) – the average old-age pensions received by people with disabilities were probably even lower.

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

1.3.1.1 Išlaidos kompensuojamiesiems vaistams ir medicinos pagalbos priemonėms (Costs of reimbursable medicines and medical aids)

a) Brief description

The Law on Health Insurance stipulates that people with disabilities with 40% or more work incapacity can be reimbursed for medicines on a list approved by the Minister for Health⁶. The amount of compensation is as follows: (i) 100% of the cost for people with 75-100% work incapacity; and (ii) 50% for those with 60-70% work incapacity. The National Health Insurance Fund is responsible for administering and monitoring the compensation payments. Territorial health insurance funds conclude contracts with pharmacies and reimburse them on a monthly basis.

b) Main gaps/obstacles

The list of reimbursable medicines is not broad enough, because of insufficient financing of the National Health Insurance Fund (Lietuvos medikų sąjūdis, 2019).

c) Main adequacy challenges

The 50% rate of compensation is low and might be a heavy burden for people with 60-70% work capacity, especially taking into account low disability pension benefits.

1.3.1.2 Medicininės reabilitacijos ir sanatorinio gydymo paslaugų apmokėjimas (Payment for medical rehabilitation and sanatorium treatment services)

a) Brief description

The Law on Health Insurance stipulates that people with disabilities with 75% or more work incapacity are eligible for compensation for medical rehabilitation and sanatorium treatment services⁷. This benefit is related to the cost of medical rehabilitation when a person is referred for treatment following a serious illness or injury included in the list approved by the Ministry of Health. The compensation is 100% and is funded by the National Health Insurance Fund. The benefit can be used once a year. The process is administered by the territorial health insurance funds.

⁶ Based on the Law on Health Insurance: <https://www.e-tar.lt/portal/lt/legalAct/TAR.94F6B680E8B8/asr>.

⁷ Ibid.

b) Main gaps/obstacles

The procedures for receiving medical rehabilitation benefits were criticised by the joint team of experts from the World Bank and the MoSSL (World Bank, 2020). The procedures begin when a person's work incapacity or special needs are determined, and they are referred for special treatment. This procedure is not fully consistent with the Law on the Social Integration of People with Disabilities – in particular with Article 20(4), which stipulates that *"the level of capacity for work shall be determined after an assessment of a person's state of health and ability to work according to the existing qualifications, acquire new qualifications or perform work that does not require professional qualifications after all possible medical and vocational rehabilitation and special assistance measures have been exhausted"*⁸. Medical rehabilitation should be provided prior to the assessment of capacity for work (World Bank, 2020). In addition, treatment and medical rehabilitation should not be seen as separate but as an integrated stage in the recovery of a patient's health and functions. Separating them can lead to a deterioration in the person's health and limited participation in the labour market. If a person requires ongoing medical rehabilitation treatment, rehabilitation professionals should make a relevant recommendation to the DWCAO, which should be taken into account in the assessment of work capacity (World Bank, 2020).

c) Main adequacy challenges

The compensation covers 100% of medical rehabilitation and sanatorium treatment services, but only for people with disabilities and with 75% or more work incapacity.

1.3.2 Housing

1.3.2.1 *Būsto ar aplinkos pritaikymas asmenims su negalia* (Adaptation of housing or the environment for people with disabilities)

a) Brief description

People with disabilities who have a special need for permanent care, mobility assistance and/or special assistance due to mental disability have the right to housing adaptations (interior and exterior) without an income test.

Applications for housing adaptations are examined by a special municipal commission composed of members representing the municipal administration and organisations of people with disabilities. The housing adaptation benefit is financed from the state and municipal budgets. At least 40% of the funding must be allocated by the municipality.

Allocations from the state budget for housing adaptations (excluding the purchase and installation of transfer equipment and a lift) amount to €6,510, of which at least €4,340 comes from the municipal budget. The amount of support for the purchase and installation of transfer equipment and a lift depends on the cost of the equipment. The state budget allocation can vary between €4,410 and €7,233, and municipal budget allocations between €2,940 and €4,844.

There is compensation for the cost of selling an unadapted dwelling and buying an adapted or partially adapted one (MoSSL, 2022a).

b) Main gaps/obstacles

Housing adaptation procedures are complicated and lengthy. On average, housing adaptation works take 15 months from the date of application until completion (with a range of 1-30 months). In over half of the municipalities (55%), it takes more than a year. The municipalities argue that they are not able to carry out public procurement in time, because they have to issue repeated calls for tenders due to the lack of

⁸ Based on the Law on the Social Integration of People with Disabilities.

suppliers and contractors, causing works to be moved to the next year (National Audit Office, 2020). In 2019, the procedure for adapting housing for people with disabilities was updated, providing easier rules with the support of the state and the municipality. It is now possible for people with disabilities to organise housing adaptation works independently using public financing⁹.

c) Main adequacy challenges

Because of a shortage of resources allocated for housing adaptations, waiting lists are long and, according to the National Audit Office, the number of people waiting for housing adaptations is growing every year (National Audit Office, 2020). The share of requests for housing adaptations that were granted was around 50% in 2020; it was below 50% in 24 municipalities out of 60 (MoSSL, 2021a).

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

The old-age pension system in Lithuania consists of five components. These include three types of public pension schemes: the *valstybinės socialinio draudimo senatvės pensijos* (statutory old-age pension), the *valstybinės pensijos* (state pension) and the *šalpos senatvės pensijos* (social assistance old-age pension). There are two types of privately funded pension schemes: the statutory funded pension scheme and the personal funded pension scheme.

Below we describe access for people with disabilities to the following schemes: statutory old-age pensions, social assistance old-age pensions, and state pensions. The funded pension schemes are not covered in this section, as employed people with disabilities can participate in these schemes on the same terms as those without disabilities.

2.1.1 Valstybinės socialinio draudimo senatvės pensijos (Statutory old-age pension)¹⁰

a) Eligibility conditions

As mentioned in Section 1.2.1, people granted the social insurance work incapacity pension after 1 January 2018 may, on reaching retirement age, choose to receive either the statutory old-age pension or the statutory old-age pension for people with disabilities, whichever is higher. People who were granted it before 1 January 2018 may, on reaching retirement age, opt to either continue receiving it or receive the statutory old-age pension, whichever is higher. If a person with disabilities did not receive the social insurance work incapacity (or “invalidity”) pension before reaching the statutory retirement age, general conditions for receiving the statutory old-age pension apply.

b) Additional amount/compensation included and adequacy issues

The amount of the statutory old-age pension for people with disabilities who did not receive the social insurance work incapacity (or “invalidity”) pension before reaching the statutory retirement age is defined by the contribution record and the number of pension points, but not by the level of work incapacity. The general conditions apply for eligible people with disabilities who do not choose the statutory old-age pension for people with disabilities or the social insurance work incapacity (or “invalidity”) pension.

⁹ Based on Order No A1-103 of the Minister for Social Security and Labour of 19 February 2019.

¹⁰ The statutory old-age pension is defined in the Law on Social Insurance Pensions, including some specific rules for people with disabilities (Article 34: see Section 1.2.1) and in the case of early retirement (Article 20).

In the case of early retirement, the amounts of the basic and individual parts of the statutory old-age pension are reduced using the same rules irrespective of disability status. The average amount of the statutory old-age pension was €412.70 per month (88% of the net MMW) at the end of 2021. Around 40% of older people were below the at-risk-of-poverty threshold (€430) in 2020 (NSMOT, 2021).

c) Gaps/obstacles

There are no obstacles to receive the statutory old-age pension for those who received the social insurance work incapacity (or "invalidity") pension before reaching the statutory retirement age. Those who did not receive the social insurance work incapacity (or "invalidity") pension before reaching the statutory retirement age may face obstacles in accessing the statutory old-age pension due to the general rules applied in relation to minimum and mandatory contribution records.

2.1.2 Šalpos senatvės pensijos (Social assistance old-age pension)¹¹

a) Eligibility conditions

The social assistance old-age pension can be accessed by any person (independent of disability status), who reaches the statutory retirement age and is not eligible for other pensions of the same or a higher amount, except for social insurance widow(er)'s pension.

b) Additional amount/compensation included and adequacy issues

The amount of the social assistance old-age pension does not depend on the level of disability, and no additional amounts or compensation are provided for people with disabilities. However, upon reaching the statutory retirement age, people with disabilities may opt for the social assistance disability pension (see Section 1.1.2) instead of the social assistance old-age pension, if the former is higher.

The adequacy of the social assistance old-age pension is very low (€135-150 per month, or 25-28% of the net MMW in 2022). This amount neither covers general basic needs nor the additional needs of people with disabilities (the estimated amount of the minimum consumption needs – MCN – in Lithuania was at €267 per month in 2022).

c) Gaps/obstacles

There are no gaps or obstacles to accessing the social assistance old-age pension for those who do not receive other pensions of higher amounts. Recipients can work and receive other types of income with no limitations. However, the amount of the social assistance old-age pension is very low. It can be topped up by the single-person benefit and can be combined with social assistance benefits or compensation payments for eligible applicants.

2.1.3 Valstybinės pensijos (State pensions)

There are six types of state pensions, which are granted mainly to two rather large groups of people. The first group includes post-war anti-Soviet resistance fighters and people who have suffered from the former Soviet regime. The second group covers military and police officers, judges, scientists, artists, and some other smaller groups of occupations or citizens with distinguished achievements/status.

¹¹ Social assistance old-age pensions are defined in the Law on Social Assistance Pensions.

a) Eligibility conditions

State pensions are normally payable to those who have reached the statutory retirement age (or, in some cases, to widow(er)s and orphans)¹². However, those with full or partial work incapacity can also receive state pensions before reaching the statutory retirement age (except for pensions to judges). In some cases, the state pension is paid irrespective of the level of work incapacity (e.g. the state pension for victims), and in other cases it depends on the level of work incapacity (e.g. scientists or high-ranking officials with 60-100% work incapacity). State pensions are paid until the death of the recipient, but may in some cases be paid to widow(er)s and orphans.

b) Additional amount/compensation included and adequacy issues

The amount of the pension may be fixed and not dependent on the level of work incapacity (e.g. pensions paid to high-ranking officials, scientists) or it may depend on the level of work incapacity (e.g. 75-200% of the pension base, depending on the percentage of work incapacity, for officers and soldiers). The amounts and adequacy of the state pensions vary greatly depending on their type and are supplementary to the statutory pension scheme.

c) Gaps/obstacles

There are no gaps or obstacles to accessing state pensions for those who are eligible. People with disabilities can access the main types of state pensions before reaching the statutory retirement age and combine them with all types of statutory social insurance pensions.

2.2 Unemployment benefits

There are three types of unemployment benefits in Lithuania: the *nedarbo socialinio draudimo išmoka* (unemployment social insurance benefit), the *dalinio darbo išmoka* (partial employment benefit) and the *ilgalaikio darbo išmoka* (long-term employment benefit). Below we discuss the main unemployment social insurance benefit. Eligibility for, and the amounts of, other benefits do not depend on disability status or receipt of disability-related benefits and pensions. The latter two benefits are also minor in terms of their practical application.

2.2.1 *Nedarbo socialinio draudimo išmoka* (Unemployment social insurance benefit)

a) Eligibility conditions

General eligibility conditions apply for people with disabilities.

b) Additional amount/compensation included and adequacy issues

People with disabilities are subject to the general rules for calculating the unemployment social insurance benefit. As from 1 July 2021, people who receive the work incapacity pension are eligible for the full amount of the unemployment social insurance benefit. Before that, only the difference between the unemployment social insurance benefit and the work incapacity pension (and some other benefits/compensation) was paid.

With regard to adequacy, the average amounts of the unemployment social insurance benefit remain low (€416.40 per month, or 90% of the net MMW at the end of 2021). The adequacy of the benefits may be further constrained for people with disabilities working part time and earning the minimum hourly wage. That is, while the amount of

¹² Regulated by the Law on State Pensions.

the unemployment social insurance benefit depends on the previous wage/contributions paid, the statutory minimum amount of social insurance contributions paid by the employer at the level of one MMW does not apply to people who receive statutory disability (or "invalidity") or old-age pensions, the social assistance disability pension, or other kinds of old-age pensions.

c) Gaps/obstacles

The amendments introduced on 1 July 2021 (see above) resolved the main gap in the access to unemployment social insurance benefits for people with disabilities. The remaining gaps (which are similar for people without disabilities) are as follows. Firstly, the requirement to have at least 12 months of social insurance contributions within the previous 30 months may restrict access for those with shorter contribution records. It should be noted, however, that periods when the unemployment social insurance benefit is received are counted towards the contribution record to receive the unemployment social insurance benefit. This is favourable for people with disabilities, who may experience unemployment spells more often. Secondly, the maximum duration of payment is nine months, with no extensions for people with disabilities (i.e. two additional months are envisaged only for people, whether with or without disabilities, who have less than five years before reaching the statutory retirement age). Finally, the adequacy of the unemployment social insurance benefit is low and may be further constrained for people with disabilities, because the requirement for employer's social insurance contributions to be paid on at least one MMW does not apply. The latter could be fixed if social insurance contributions up to the MMW, for employed people with disabilities who earn less than the MMW, were covered by the state.

2.3 Guaranteed minimum income schemes and other social assistance benefits

In Lithuania, the main general guaranteed minimum income assistance benefit to working-age individuals and their families is the *socialinė pašalpa* (social assistance benefit). This section also covers the *vienišo asmens išmoka* (single-person benefit) and the *mažų pensijų priemoka* (small pension bonus).

2.3.1 *Socialinė pašalpa* (Social assistance benefit)¹³

a) Eligibility conditions

The general eligibility conditions apply to people with disabilities, including income and assets tests. Regular social transfers, including disability (or "invalidity") pensions, are included in the income test, with some exceptions as for other groups (e.g. child benefits and single-person benefits are excluded). The requirement to work or be registered with the Employment Service is not applied to those in receipt of pensions (including disability-related pensions), except those with 45-55% work incapacity (disability group III before 1 July 2005). The latter group are subject to the common rules for establishing their right to the social assistance benefit.

b) Additional amount/compensation included and adequacy issues

The social assistance benefit does not include any additional amounts or compensation for people with disabilities. The amount of the benefit does not cover any specific needs of people with disabilities and is about less than half of the amount of the general MCN.

¹³ The benefit is paid according to the Law on Cash Social Assistance for Low-Income Families (Single Residents).

c) Gaps/obstacles

There are no obstacles to accessing the social assistance benefit for people with disabilities; those with 45-55% work incapacity face similar obstacles to those faced by other potential recipients (i.e. the requirement to work or be registered with the Employment Service, income and assets tests, etc.). The adequacy of the social assistance benefit is very low (National Audit Office, 2019; NSMOT, 2021). The amount covers neither general basic needs nor the additional needs of people with disabilities (the estimated monthly amount of the MCN in Lithuania was €267 in 2022).

2.3.2 *Mažų pensijų priemoka (Small pension bonus)*¹⁴

The small pension bonus was introduced on 1 January 2019. The bonus is paid to those eligible recipients whose total sum of social insurance pensions (except for widow(er)'s pensions), compensation for special working conditions, state pension and/or foreign pensions does not exceed the amount of the MCN.

a) Eligibility conditions

Bonuses can be received by: those in receipt of the statutory disability (and "invalidity") pension whose work incapacity is 60% or more (disability group I-II before 2005); those in receipt of the statutory disability (and "invalidity") pension whose work incapacity is 45-55% (disability group III before 1 July 2005) and who have reached the statutory retirement age; and those in receipt of statutory old-age pension (except in case of early retirement), independent of disability status.

b) Additional amount/compensation included and adequacy issues

The small pension bonus does not include any additional amounts or compensation for people with disabilities. It is designed to top up small pensions to the MCN amount for those who receive full pensions (i.e. have sufficient contribution records). The bonus is proportionally reduced for those who do not have a contribution level required to receive the full social insurance pension.

c) Gaps/obstacles

The small pension bonus is available only to the above groups of recipients of the social insurance pension. Those who have 45-55% incapacity for work (disability group III before 1 July 2005) and are below the statutory retirement age are not eligible.

2.3.3 *Vienišo asmens išmoka (Single-person benefit)*¹⁵

a) Eligibility conditions

Since 1 July 2021, the single-person benefit is paid to the following groups of Lithuanian residents with disabilities who are single, divorced, widowed and either do not receive widow(er)'s pension/benefit or receive an amount below the single-person benefit: recipients of social assistance pensions (both disability and old-age), except for children under 18; recipients of social assistance compensation with 60% or more work incapacity and who are in old age; and recipients of small pension bonuses. From 1 January 2022, adults with 45% or more work incapacity (disability group I-III before 1 July 2005), minors with disabilities and/or people who have reached the statutory retirement age also became eligible for this benefit.

¹⁴ The benefit is paid according to the Law on Social Assistance Pensions.

¹⁵ The benefit is paid according to the Law on Benefits to Single People.

b) Additional amount/compensation included and adequacy issues

The amount of the benefit is fixed (at €32 per month in 2022) with no additional amounts or compensation for people with disabilities. This benefit tops up other social benefits to compensate for the additional living costs of single residents, irrespective of their disability-related status or needs.

c) Gaps/obstacles

There are no gaps for people with disabilities in accessing this benefit as at 2022.

3 Provision of assistive technology and personal assistance**3.1 Access to assistive technology**

Access to assistive technology (AT) in Lithuania is possible through direct provision (in-kind benefits), reimbursement of purchases, and cash benefits¹⁶.

Eligibility conditions. The main mechanism used to establish eligibility is an assessment of special needs, which depends on a person's health status and the level of social independence. An income test is not applied. Special needs are assessed irrespective of the person's age, degree of disability or employment status¹⁷. People with special needs are eligible for AT (including devices) and personal assistance if they are in at least one of the following categories: citizens of the Republic of Lithuania; citizens of other countries who permanently reside in Lithuania, or are stateless people who have declared their place of residence in Lithuania for whom special needs have been established (people under 18 for whom a disability level has been established and/or who have motor disabilities prior to the establishment of their disability level; people over 18 for whom the level of capacity for work has been established, or those with an acute injury or illness prior to the establishment of their disability or the level of capacity for work; people who have reached the statutory retirement age). It is important to note that people not mentioned above are also entitled to temporarily rent AT if their special needs have been identified.

Assessment of special needs for AT. The need for AT may be determined by: general practitioners in healthcare facilities; physicians of physical medicine and rehabilitation; or by invoking other physicians. In addition, the need for AT may be determined by municipal commissions (which must have rehabilitation specialists and social workers among their members); special education commissions of educational institutions; and educational-psychological services.

Variety of AT equipment/devices and services. The Law on the Social Integration of People with Disabilities defines AT as any product, device, equipment or technical system used by people with disabilities to help them to live independently. Related services include: information services; adaptation of equipment if needed; and training to use AT.

People with disabilities may also receive reimbursement for purchasing and adapting a passenger car (the amount of reimbursement is €2,688). Reimbursement is granted on the basis of: an individual application; a complex assessment of the person's state of health and ability to carry out day-to-day activities independently. These reimbursements are available once every six years¹⁸.

¹⁶ Law on the Social Integration of People with Disabilities.

¹⁷ Ibid.

¹⁸ Based on the following legislation: Order of the Minister for Social Security and Labour, Compensation for the costs of purchasing a passenger car and its technical adaptation, 27 November 2018, No a1-668: <https://www.e-tar.lt/portal/lt/legalAct/ea974340f24f11e88568e724760eeafa/asr>.

Institutional and organisational structure. The MoSSL is the main contributor to policy-making in the area of the provision of AT and personal assistance, but other ministries such as the Ministry of Health and the Ministry of Education, Science and Sport are also involved in policy areas within their respective competences¹⁹.

The provision of AT is organised by the *Centre of Technical Aid for People with Disabilities* (CTAPD) under the MoSSL, working in co-operation with the municipal entities providing social assistance/services. The CTAPD plans the purchase of AT, and has 10 territorial units to facilitate access to AT for inhabitants. The CTAPD is regularly updating the range of AT on the basis of recommendations from the World Health Organization (WHO).

Municipal entities are responsible for registering applications by individuals for the purchase of AT in the electronic family support information system, and for mediating between the CTAPD and individuals during the process of providing AT. However, many municipalities often do not have trained professionals or separate units to properly carry out these activities.

The models of provision. People for whom the need for AT has been approved may apply to the CTAPD or the relevant municipal entities or directly purchase AT from its providers. In the latter case, people are entitled to reimbursement of the cost of AT. For this purpose, the person has to submit the acquisition documents, following which reimbursement would be transferred to their personal bank account. The legislation sets out the devices that can be acquired directly by individuals, and the eligible maximum costs for more expensive devices, such as electric wheelchairs, etc. In 2019-2020, 7-11% of applicants to the municipality or CTAPD for the direct provision of devices were reimbursed in this way (CTAPD, 2019 and 2020). People who apply for AT to the municipality or CTAPD receive the devices free of charge. However, in most cases it is necessary to pay a certain symbolic one-off premium for AT, which is higher for new devices and lower for second-hand devices. If a person requests a device that is more expensive than the eligible maximum cost, they may acquire the device and receive reimbursement – but must pay the difference.

Level of provision and funding. In 2020, a total of 37,892 AT devices were provided to 21,304 people, and 1,196 people received reimbursements for AT they had purchased directly (MoSSL, 2021b). According to CTAPD data, about 83-84% of all applications for AT were approved in 2019-2020 (depending on the type of AT, the percentage of applications granted was 70-99%). The average duration between the submission of the application and the receipt of the AT was 28 days (CTAPD, 2020). In 2019-2020, allocations from the state budget for providing AT amounted to €2.5–2.7 million per year, covering around 85% of the needs based on CTAPD estimates (Bičiulystė, 2019). In 2022, it was planned to allocate €3.7 million for AT from the state budget (MoSSL, 2022b).

A survey of recipients of AT carried out by the CTAPD in 2020 showed that about 87% of respondents were satisfied with the support they were given, with about 13% considering that the services did not meet their expectations (CTAPD, 2020). On the other hand, NGOs representing people with disabilities are more critical both of the supply system itself and of the quality of CTAPD services. In response to persistent complaints from people with disabilities, members of the Lithuanian Disability Forum (LDF) drafted a resolution at the general congress calling for an analysis of CTAPD services and finances and a major review of the procedure for granting AT (Bičiulystė, 2019).

The procedure providing technical aids and reimbursing the costs of acquiring them²⁰ regulates the timeframes (and/or cases of changes in a person's state of health) within which people may reapply for the provision of a new/updated AT. Members of the LDF

¹⁹ Based on Article 18 of the Law on the Social Integration of People with Disabilities.

²⁰ Based on the following legislation: On the approval of the procedure for the provision of technical aids to people with disabilities and reimbursement for the acquisition costs (26 November 2015, A1-338).

criticise the fact that the period of technical service is too long and that people have to use old technologies of poor quality (Bičiulystė, 2019).

The main gaps/obstacles in the provision of AT. Lithuania has developed relatively comprehensive, legally regulated, support for people with disabilities through the provision of AT. However, a range of concerns could be raised, including: the low level of funding; the poor quality of AT; the insufficient involvement of education and health systems in the organisation of AT supply; a lack of healthcare professionals able to provide qualified advice on the most appropriate technologies; and a lack of involvement by municipalities in the AT supply process (Bičiulystė, 2019).

People with disabilities complain that the reimbursement of AT acquisition costs is inadequate, and therefore they have to pay a high surcharge themselves; and that expensive and rare AT requires long waiting periods. The CTAPD buys AT according to the established list by means of public tenders, so the customer does not always receive the AT they wanted or needed. People with disabilities are not sufficiently involved in the AT provision process, or their involvement is merely formal. According to a survey conducted by an NGO representing people with disabilities in 2019, more than half of respondents had a negative view of the accessibility and quality of AT. The respondents pointed out that the expected lifetimes of AT were too long, and that compensation for electric wheelchairs was too low. According to the survey, the provision of AT is focused on cost-reduction rather than on individual needs. People with disabilities note that the role of regional AT supply centres is limited to issuing AT, because they do not have qualified professionals able to provide more consultations or information. People with disabilities further note that many municipalities are not actively involved in the AT provision process. It is believed that the provision of AT for blind and deaf people would be more effectively organised by NGOs, as it was 15 years ago (these functions have been taken over by the CTAPD). Municipalities are not sufficiently involved in this process (Bičiulystė, 2019).

The need for AT is first identified by medical doctors, many of whom are not specialised in the field of AT and therefore do not have sufficient information on the range and characteristics of AT. There is a lack of co-operation between healthcare workers and social services in assessing a person's social environment and living conditions, which is important to allocating adequate and appropriate AT.

Educational institutions (schools, universities) have the right to receive additional state funding for the acquisition of AT needed for educational purposes. Over the past few years, universities have been paying increasing attention to organising and providing assistance to students with disabilities (e.g. Vilnius University publishes information about the availability of AT in each faculty²¹; and employees or departments are authorised to provide students with disabilities with AT or adapt their environment). However, the provision of AT for students is not yet well developed in educational institutions. Employers are also not actively involved in employing people with disabilities or providing them with AT, despite the special state subsidies for equipping workplaces with AT (National Audit Office, 2020).

3.2 Access to personal assistance

The provision of a personal assistant for people with disabilities is a new service launched in 2018 as part of a pilot project, financed from the EU structural funds. The aim of the service is to increase the opportunities for people with disabilities to study, work and live independently in the community. During the pilot project, the personal assistant service was provided to recipients for four hours a day on average to help them in day-to-day life. By 2020, €4.9 million was earmarked from the EU structural funds for financing this service

²¹ Studies and Disability, Vilnius University: <https://www.vu.lt/en/studies/exchange-students/living-in-lithuania/studies-and-disability>.

in 58 municipalities out of 60. The municipalities planned to provide a personal assistant service to 1,593 people with disabilities in 2019-2021 (MoSSL, 2020). Subsequently, in 2021, the Law on the Social Integration of People with Disabilities was amended by inserting new provisions establishing personal assistant services. A personal assistant was identified as a natural person who provides personal assistance to a person with disabilities and with whom they do not have close family ties. According to the MoSSL, the need for personal assistance is determined individually, on the basis of an assessment of a person's state of health, bodily functional condition, and ability to carry out work and activities in all areas of life. The need for personal assistance is established by social workers of the municipality. This need is determined for a period of one year and may be extended thereafter. A personal assistant must have the qualification of assistant social worker, attendance or personal assistant, or must have undergone initial training for personal care staff. Municipal institutions are responsible for organising the provision of personal assistance and ensuring its quality. This service may be fully or partially financed from the state budget. It is provided free of charge to people with disabilities whose income is less than twice the state supported income²². In other cases, the payment for personal assistance for a person with disabilities may not exceed 20% of the cost of the personal assistance and may not exceed 20% of income of the person with disabilities.

Lithuania provides certain cash benefits for people with disabilities and older people that could be qualified as a "personal budget". Targeted compensation for nursing and attendance assistance are allocated to a person with disabilities according to an assessment of their need for personal care and support (€76, €139, €239 or €328 per month, depending on the care needs). The benefits may cover a large variety of services such as cooking, washing, dressing, mobility assistance, and care. It is expected to contribute to the quality of life, and more independent living, of people with disabilities. These benefits are paid directly to people with disabilities, but the law does not regulate or control the use of the benefits. Funds for targeted compensation are provided from the state budget and administered by municipal administrations²³. About 62,900 people received targeted compensation for attendance assistance and 36,600 people received targeted compensation for nursing in 2021. The number of recipients has changed little, staying at a similar level since 2012 (MoSSL, 2021c).

The main gaps/obstacles. The scope of the personal assistant service to people with disabilities is small. People with disabilities are not well informed about the service, and some of them are resistant to accepting it (especially in rural areas). There is a lack of staff working as personal assistants, and finding qualified staff for this position is a challenge²⁴. It has been decided to increase the level of targeted compensation for nursing and attendance assistance, starting in 2022²⁵. However, the increase is very small, and these benefits do not cover all the care costs of people with disabilities (Zalimiene, Juneviciene, 2021).

²² Law on the Social Integration of People with Disabilities.

²³ Law on Targeted Compensations.

²⁴ TV3.lt: <https://www.tv3.lt/naujiena/gyvenimas/asmeninis-asistentas-metu-patirtis-ir-nemazejantys-issukiai-n1027579>.

²⁵ MoSSL: <https://socmin.lrv.lt/lt/naujienos/nuo-metu-pradziuos-didesnes-socialines-ismokos-1>.

4 National debates, reforms and recommendations

4.1 National debates

The issue of low income and poverty among people with disabilities is generally not singled out in national debates on the general issue of poverty among pensioners, which has been going on for decades. The debates are usually related to the low level of employment among people with disabilities. People with disabilities of working age have a relatively low rate of participation in the labour market. In 2018, of 160,000 working-age²⁶ people with disabilities, only 47,200 (29.4%) were in employment and 13,200 (8.2%) were seeking employment. The majority (62.3%) did not participate in the labour market. Relying upon the standard ILO method for calculating labour market indicators, the employment rate among people with disabilities would be 78.1% and their unemployment rate would be 21.9%, the latter being more than twice the share among the general population (World Bank, 2020). It may be partially caused by the method of assessing reduced working capacity. The assessment of disability level is regulated by the Law on the Social Integration of People with Disabilities. Article 20 of this law stipulates that the level of capacity for work is determined by assessing a person's health condition, and their ability to perform jobs according to their existing qualifications, acquire new qualifications, or perform work that does not require professional qualifications after all possible medical and vocational rehabilitation and special assistance measures have been exhausted. This approach is an important feature of Lithuanian policy related to people with disabilities, as it stipulates that a person should be provided with all possible means to restore health, maximise their functioning and ensure their participation in the labour market before the capacity for work is determined. However, this still needs to be put into practice – in many cases people are referred directly to the DWCAO (World Bank, 2020).

Another issue that has been debated for several years is reimbursement for medicines. The procedure for prescribing reimbursable medicines in 2017–2020 was changed, allowing doctors to prescribe the cheapest reimbursable medicines with the same active substance (Platūkytė, 2019). The aim was to expand the list of reimbursable medicines with limited financial resources. However, patient and pharmacist organisations have criticised such a restriction. It has been argued that this limits the right of patients and doctors to choose the most appropriate medicine (Platūkytė, 2019). The law was changed again at the beginning of 2022, allowing doctors to prescribe not only the cheapest, but also more expensive, reimbursable medicines. The decision is still criticised as pharmacists have the opportunity to manipulate patients offering them more expensive medicines, the price of which is not fully reimbursed by the National Health Insurance Fund. As a result, buyers have to make extra out-of-pocket payments (Balčiūnaitė, Alonderytė, 2022).

Finally, public debates often focus on the low level of participation by people with disabilities in the open labour market, and discrimination against children with disabilities in the educational system²⁷. Organisations representing people with disabilities keep stressing in their forums and public discussions that more than half of all educational institutions cannot be accessed by people with mobility impairments due to poorly adapted environments, under-qualified staff and lack of personal assistance services (Negalia.lt, 2016). Overall, however, there is a lack of public debates about the organisation and provision of AT and their importance for integrating people with disabilities into the labour market or education system.

²⁶ Aged 18–64.

²⁷ Kauno.diena.lt, 2019: <https://kauno.diena.lt/naujienos/lietuva/salies-pulsas/prezidento-patarejas-neigalieji-dar-susiduria-su-daugybe-kliuciu-942197>.

4.2 Recent reforms and reforms currently in the pipeline

There have been several important changes related to benefits for people with disabilities or the general social benefits that they can access, as follows.

- 1) There has been a major pension reform carried out since 2018, including a change in the indexation of social insurance pensions. The indexation mechanism should ensure regular annual indexation of pension amounts. The reform was designed so that no pension recipients experience any loss. In addition, people granted the work incapacity pension after 1 January 2018 may receive the statutory old-age pension for people with disabilities upon reaching the statutory retirement age. The old-age pension for people with disabilities should be more favourable for people with disabilities, in terms of its calculation, than the general old-age pension. However, information on the average amount of the old-age pension for people with disabilities is still too limited to allow different pension types to be compared.
- 2) Since 1 July 2021, recipients of the work incapacity pension have been eligible for the full amount of the unemployment social insurance benefit. This covers a major gap in access for people with disabilities to unemployment social assistance.
- 3) The small pension bonus, which was introduced at the beginning of 2019, should improve the situation of people with disabilities who receive the smallest pensions. The situation of single people, including those with disabilities, should be improved by the introduction of the single-person benefit from 1 July 2021, and by its extension to all adults whose capacity for work is rated at 55% or less (disability level I-III before 1 July 2005), minors with disabilities and/or people who reach the statutory retirement age after 1 January 2022. Nevertheless, both the small pension bonus and the single-person benefit are general benefits, and none of them includes any additional amounts or compensation for disability-related needs.

The above reforms, however, only partially solve the issue of low funding available for the social protection of people with disabilities (Lithuania spends 1.4% of GDP on the disability function of social protection, compared with 2.1% on average in the EU²⁸). Around a third of people with disabilities in Lithuania are below the at-risk-of-poverty threshold (NSMOT, 2021).

During the last five years there have been visible steps towards improving the access of people with disabilities to AT and personal assistant services. A pilot project of personal assistant services for people with disabilities has been implemented since 2018, financed from the EU structural funds. The aim of the services is to increase the opportunities for people with disabilities to study, work and live independently in the community. The services should be developed so as to reach everyone aged 16 and over for whom disability or reduced working capacity level has been established (MoSSL, 2021b). It is planned that, starting from 2022, these services will be provided to 1,500 people for a total cost of €10 million allocated from the state budget²⁹. The services were legally approved in 2021 and should be thus provided by all municipalities.

An action plan for the social integration of people with disabilities for 2021-2023 was adopted in 2020³⁰. This envisages an improved system of AT provision for people with

²⁸ Eurostat, 2022. Tables by functions, aggregated benefits and grouped schemes – as percentage of GDP [spr_exp_gdp] Last update: 18 February 2022.

²⁹ Asmeninis asistentas: gera žinia ne tik neįgaliesiems, bet ir jų šeimoms [Personal assistant: good news for people with disabilities and their families]: <https://socmin.lrv.lt/lt/naujienos/asmeninis-asistentas-gera-zinia-ne-tik-neigaliesiems-bet-ir-ju-seimoms>.

³⁰ Order of the Minister for Social Security and Labour: [Dėl neįgalųjų socialinės integracijos 2021-2023 metų veiksmų plano patvirtinimo \[On Approval of the Action Plan for Integration of People with Disabilities 2021-2023\]](#) (8 September 2020, No A1-817).

disabilities (an extended range of AT devices; improved rules for reimbursement of AT costs, etc.)³¹. Based on the action plan, the CTAPD introduced a standard for AT customer services, a methodology for planning AT needs, and rules for the integrated provision of AT³². It is also intended to involve NGOs representing people with disabilities in improving the process for providing AT (CTAPD, 2019 and 2020).

In 2019, amendments to the laws regulating targeted compensation for nursing attendance assistance were approved, providing for four levels of assistance needs, instead of the previous two, thus further differentiating the amounts of compensation.

Finally, the performance and participation criteria used in disability assessments have been continually improved to enhance the link between them and the WHO International Classification of Functioning, Disability and Health and the bio-psychosocial (interaction) model of disability (World Bank, 2020). The aim is to increase the objectivity of the assessment process by incorporating the aspect of functional assessment in the assessment of disability. The MoSSL carried out the World Bank-led project "Improving Disability Assessment System in Lithuania" in 2020. This project is a solid basis for the future activities of the MoSSL in the area of disability assessment and allows three important advances, as follows.

- 1) The pilot has assessed the psychometric properties of the questionnaire on an individual's activity and ability to participate (A&AQ), which is currently used by the DWCAO. A comparison between the A&AQ and the WHO disability assessment schedule (WHODAS), which is fully based on the WHO international classification of functioning, disability and health, shows empirically that the WHODAS provides a better assessment of disability and should replace the A&AQ.
- 2) The report proposes an empirically based strategy for including functional capacity in disability assessment (called "averaging").
- 3) This (averaging) strategy gives Lithuania the flexibility to either immediately or gradually move to giving functional capacity a 50% or 75% weight in the assessment of disability or work capacity for adults, making it critically important in the assessment (Posarac *et al.*, 2021).

4.3 Good practice and recommendations on how to tackle gaps and obstacles

The following good practice can be identified in the sphere of social protection for people with disabilities in Lithuania.

- 1) Participation in the labour market has no effect on entitlement to benefits other than the social assistance disability pension, which is not available if a person is employed (with some exceptions). This is a good feature of the Lithuanian disability system (in many countries, people with disabilities have to choose between a disability pension and participation in the labour market). The government may consider extending this policy to cover the social assistance disability pension, in order to encourage its recipients to seek employment. The benefit could be gradually reduced only if the job is stable (e.g. lasts more than two years).
- 2) In February 2022, a pilot project was launched in two regions of Lithuania with the aim to improve and individualise the provision of AT. People with disabilities may apply to mobile specialised teams, which arrive at the person's location and help them to acquire necessary AT. It is planned that, within the framework of the pilot

³¹ <https://socmin.lrv.lt/lt/naujienos/negalia-turintiems-zmonems-platesnis-technines-pagalbos-priemoniu-pasirinkimas-ir-aiskesne-aprupinimo-jomis-sistema>

³² CTAPD director's orders: <https://www.tpnc.lt/lt/apie-tpnc/naujas-straipsniu-piktogramu-puslapis-3/teises-aktai/>.

project, the mobile teams will provide their services to 120 people, a third of whom will be children under 18. The mobile teams will help to select the most suitable AT, mediate in the adaptation of AT to personal needs, provide training in the use of AT, provide continuous consultation and advice, and evaluate the technical condition and suitability of AT. Moreover, the teams will also evaluate the personal environment and will provide information on the assistance and services available. Each team consists of at least two professionals, one of whom is a rehabilitator, a physiotherapist, or an occupational therapist, thus ensuring high-quality advice and services.

Our recommendations in the sphere of social protection for people with disabilities in Lithuania are as follows.

- 1) The allocation of more resources for the financing of all main pension schemes is a priority. Particular attention must be paid to the social assistance disability pension – to increasing it, and introducing adequate indexation rules. The average work incapacity pension paid is also very low. One third of people with disabilities are at risk of poverty.
- 2) More active involvement in the provision of AT is needed from the municipal social services units, as well as more active co-operation between the CTAPD and NGOs representing people with disabilities. More attention should be paid to improving the qualifications of professionals involved in the provision of AT, so that they can provide better advice on the best and most effective technical aids. The capacity of the mobile teams, which mediate in the adaptation of AT to personal needs and provide continuous consultation and advice to AT users, should be enlarged.
- 3) A long-term programme for expanding individual assistance services and AT to people with disabilities should be prepared (with a special focus on employment opportunities and integrating children and young people with disabilities into the education system), and should be provided with sufficient financing and human resources.
- 4) Data-collection mechanisms should be strengthened, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (statistics and data collection) of the UN Convention on the Rights of Persons with Disabilities.

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Annexes

Table A1: Minimum social insurance records for work incapacity pension

Age	Minimum record	Age	Minimum record	Age	Minimum record
21	2 months	36	3 years	51	10 years 6 months
22	4 months	37	3 years 6 months	52	11 years
23	6 months	38	4 years	53	11 years 6 months
24	8 months	39	4 years 6 months	54	12 years
25	10 months	40	5 years	55	12 years 6 months
26	1 year	41	5 years 6 months	56	13 years
27	1 year 2 months	42	6 years	57	13 years 6 months
28	1 year 4 months	43	6 years 6 months	58	14 years
29	1 year 6 months	44	7 years	59	14 years 6 months
30	1 year 8 months	45	7 years 6 months	60	15 years
31	1 year 10 months	46	8 years	61	15 years
32	2 years	47	8 years 6 months	62	15 years
33	2 years 2 months	48	9 years	63	15 years
34	2 years 4 months	49	9 years 6 months	64	15 years
35	2 years 6 months	50	10 years	65	15 years

Table A2: Multipliers applied to work incapacity level

Work incapacity %	Multiplier
45	0.500
50	0.625
55	0.750
60	0.875
65	1.000
70	1.071
75	1.143
80	1.214
85	1.286
90	1.357
95	1.429
100	1.500

Table A3: Multipliers applied to the social assistance pension base for people who have lost 45% or more of capacity for work before the age of 24

Work incapacity %	Multiplier of social assistance pension base
45-50	1
55	1.2
60	1.43
65	1.65
70	1.74
75	1.82
80	1.91
85	2
90	2.08
95	2.16
100	2.25

Table A4: Multipliers applied to the social assistance pension base for parents who have cared for a child with disabilities for at least 15 years and have 60% or more work incapacity, and mothers who have raised five or more children and have 60% or more work incapacity

Work incapacity %	Multiplier of social assistance pension base
60	1
65	1.05
70	1.18
75	1.31
80	1.45
85	1.46
90	1.47
95	1.48
100	1.5

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