



**MINISTER OF SOCIAL SECURITY AND LABOUR
OF THE REPUBLIC OF LITHUANIA**

MINISTER OF HEALTH OF THE REPUBLIC OF LITHUANIA

**MINISTER OF EDUCATION, SCIENCE AND SPORTS OF THE REPUBLIC OF
LITHUANIA**

**ORDER
REGARDING APPROVAL OF THE ACTION PLAN FOR THE IMPLEMENTATION OF
CHILD GUARANTEE
IN LITHUANIA IN 2023-2030**

No.
Vilnius

For the implementation of Council Recommendation (EU) 2021/1004 of June 14, 2021 establishing an European Child Guarantee:

1. We hereby a p p r o v e the Action plan for the implementation of the Child Guarantee in Lithuania in 2023-2030 (attached).

2. We hereby r e c o m m e n d the municipalities to participate in the implementation of the Action plan for the implementation of the Child Guarantee in Lithuania in 2023-2030.

Minister of Social Security and Labour

Monika Navickienė

Minister of Health

Arūnas Dulkys

Minister of Justice, Acting as Minister of Education,
Science and Sports

Ewelina Dobrowolska

APPROVED BY

Order No. _____ of _____ 2023 passed by
the Minister of Social Security and Labour of
the Republic of Lithuania, Minister of Health of
the Republic of Lithuania, Minister of Education,
Science and Sports of the Republic of Lithuania

ACTION PLAN FOR IMPLEMENTATION OF THE CHILD GUARANTEE IN LITHUANIA IN 2023-2030

CHAPTER I INTRODUCTION

1. Child poverty affects not only the present well-being of children, but it can also have long-term consequences on their lives, which have a negative impact on the general well-being of the society. Childhood is a special period of life, when a little person is extremely vulnerable and dependent on adults, and these unique needs of children make them one of the groups of society most affected by poverty. Poverty affects all areas in the life of a child, and this has negative consequences not only for the material well-being of a child and the ability to meet all the needs, it also has long-term consequences on the health, academic achievements of the child, and in the long run – on the pursuit of further education, employment opportunities, and social integration into society, future perspectives, which, in turn, often returns the child and his/her family members to poverty and exclusion. This results in closed cycle, where poverty becomes a problem transmitted from generation to generation. The trends observed in child poverty suggest that some groups of children, such as children in foster care system, children with disabilities, children from disadvantaged families, children in migration, children with migrant background or children in ethnic minority groups, etc., are at particularly high risk of poverty. This accordingly reveals the need to continue to fight against the phenomena of discrimination and social exclusion, which have a significant impact on the ability of children to exercise all their rights, regardless of any circumstances in their lives. Poverty is closely related to social exclusion and violation of children's right to a decent standard of living.

2. Today, 1 of 5 children (below 18 years) in the European Union (hereinafter referred to as the EU) live in households at risk of poverty or social exclusion. In 2019 almost 18 million children, i.e. more than 22 percent of all children in the EU, were at risk of poverty and exclusion. In the Communication from the Commission of March 4, 2021 to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, European Pillar of Social Rights Action Plan (COM/2021/102), one of the EU's key objectives is to reduce the number of people at risk of poverty or exclusion to at least 15 million by 2030. At least 5 million of these 15 million should be children. For the realization of this goal, concrete actions of all Member States are important, which contribute to the fight against poverty and, in particular, child poverty.

3. Considering the impact of poverty on children and the fact that the problem of poverty remains one of the biggest challenges of childhood in the EU and around the world, on March 24, 2021, the European Commission has published the first comprehensive Strategy on the Rights of the Child in the European Union and proposed the adoption of a Council Recommendation Establishing the European Child Guarantee to foster equal opportunities for all children, with a special focus on the most vulnerable groups of children. On June 14, 2021, Council of the European Union has adopted Recommendation (EU) 2021/1004 establishing a European Child Guarantee (hereinafter referred to as the Recommendation). The main goal of the Child Guarantee is to break the cycle of poverty and lack of favorable conditions that is passed from generation to generation to ensure full-fledged life for all children. This shall be achieved by

ensuring that every child, regardless of any circumstances or conditions, has full access to the following basic rights and related services:

- 3.1. free healthcare;
- 3.2. free education (including school-based activities);
- 3.3. free early (pre-school and pre-primary) childhood education and care;
- 3.4. adequate (healthy) nutrition (including the right to get at least one free serving of healthy food at school every day);
- 3.5. adequate housing.

4. It is particularly important that the Child Guarantee emphasizes the importance of complex measures, such as ensuring a set of social, educational, health services as well as other measures for all children, without any restrictions, for a successful solution to the problem of poverty and social exclusion. In order to ensure adequate implementation of the Child Guarantee, each EU Member State must prepare a national Child Guarantee action plan covering the period from 2022 to 2030.

5. Looking at the situation in Lithuania, it can be noted that child poverty has been decreasing since 2005 and in 2021-2022 it was below 18 percent. Recent data of the Lithuanian State Data Agency show that the poverty risk level of children under the age of 18 increased by 0.6 percentage points compared to the previous year and in 2022 was 17.8 percent. (see Table 1).

Table 1. The risk of poverty of children and persons of other age groups in Lithuania in 2005-2022

		0-17 years	18-24 years	25-49 years	50-64 years	65 years old and older
Poverty risk level by age groups, %.	2022	17.8	15.5	13.5	19.1	39.5
	2021	17.2	20.8	13.1	17.8	35.9
	2020	20	17.3	15.1	17.8	36
	2019	22.7	15.7	16.3	17.2	31.6
	2018	23.9	19.7	15.7	20.7	37.7
	2017	25.7	25.6	16.7	19.3	33.4
	2016	25.6	22.5	16.9	21	27.7
	2015	28.9	21.2	19	19.6	25
	2014	23.5	19.4	17.4	17.1	20.1
	2013	26.9	19.2	19	18.9	19.4
	2012	20.8	20.2	16.9	18.6	18.7
	2011	25.2	24.4	19.7	18.7	9.7
	2010	24.8	23.5	21.6	22.6	9.6
	2009	23.3	18.4	17.3	20.8	23.9
	2008	23.3	19.2	15	21.4	31
	2007	22.1	15.5	14.9	17.2	29.8
	2006	25.1	17.5	17.6	18.3	22
	2005	27.2	20.9	19	17.9	17

6. The reduction of poverty was greatly impacted by the growth of monetary social support provided to families raising children, as well as other measures that included both monetary and non-monetary social support (e.g., better availability of services needed by children and families in certain areas, etc.).

7. Despite positive changes, the solution to the problem of child poverty in Lithuania must remain in the spotlight, to eliminate any challenges that limit children's ability to exercise all their rights and have equally strong opportunities to life start. Some social groups are more sensitive to social, economic challenges and risks and have fewer resources to deal with those challenges and risks successfully. Statistics reveal that the most vulnerable to the risk of poverty in Lithuania are single persons, single parents raising children, people with disabilities, large families (raising three or more children) (e.g., in 2020, the rate of poverty risk in households with children amounted to 17,1 percent). Official statistics show that based on the household composition, persons living in households consisting of one adult and dependent children (45.2 percent) were at the highest risk of falling into poverty, and such households account for the largest share in the EU; the poverty risk level in large families (i.e. families raising three or more children) was 25.6 percent. A similar situation remained in 2021. As can be observed from the figure below (see Figure 1), for example, single parents raising children are at a particularly high risk of poverty.

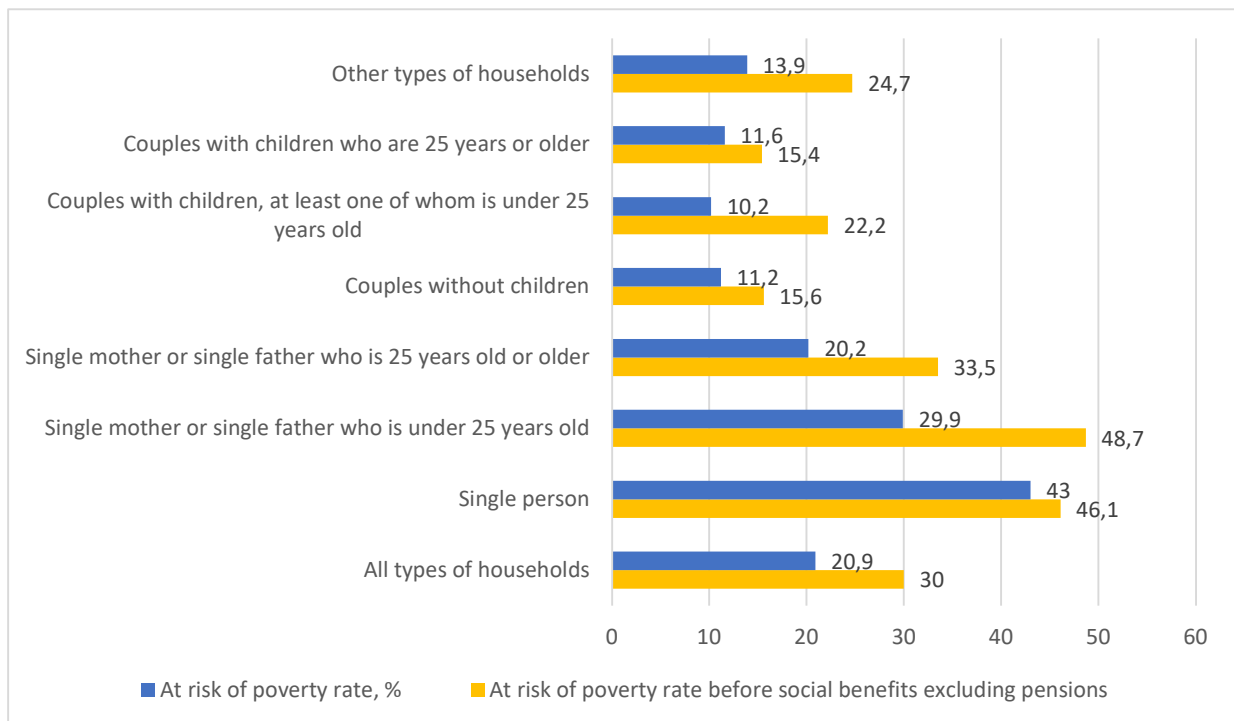


Figure 1. At risk of poverty rate before and after social benefits excluding pensions in 2022, in Lithuania, % (earnings in 2021)

8. In the context of Lithuania, the goals of the Child Guarantee correspond to the national strategic documents of the Republic of Lithuania and the goals set out therein. The action plan for the implementation of the Child Guarantee in Lithuania in 2023-2030 (hereinafter referred to as the Lithuanian Child Guarantee Action Plan) is based on the provisions of the Eighteenth Program of the Government of the Republic of Lithuania, approved by the Government of the Republic of Lithuania on December 11, 2020 by resolution No. XIV-72 "Concerning the Eighteenth Government Program of the Republic of Lithuania" (hereinafter referred to as the Government Program). The Government Program includes various measures that contribute to the reduction of poverty for families raising children and children, for example, the Government Program envisages increase of the efficiency of social support management, assistance for families to combine work and family obligations more successfully, promotion of equal opportunities for everyone, reduction of the income inequality, poverty, economic and social inequalities, elimination of the the large disparities between regions that create preconditions for large health disparities, and other poverty reduction measures. Moreover, the Lithuanian Child Guarantee Action Plan is consistent with other

strategic documents, such as the Family Policy Strengthening Development Program, approved by the Resolution of the Government of the Republic of Lithuania No. 930 passed on November 10, 2021 “On Approval of the Family Policy Strengthening Development Program of the Ministry of Social Security and Labor of the Republic of Lithuania, the manager of the Development Program for 2021-2030” (hereinafter referred to as the Family Policy Program), the Program for the Development of Social Solidarity approved by the Resolution of the Government of the Republic of Lithuania No. 931 passed on November 10, 2021 “On the Approval of the Development of Social Solidarity Program of the Ministry of Social Security and Labor of the Republic of Lithuania, the manager of the Development Program for 2021-2030” (hereinafter referred to as the Social Solidarity Program), the Income Inequality Reduction Development Program, approved by the Resolution of the Government of the Republic of Lithuania no. 932 passed on November 10, 2021 “On the approval of the Income Inequality Reduction Development Program of the Ministry of Social Security and Labor of the Republic of Lithuania, the manager of the Development Program for 2021-2030” (hereinafter referred to as the Income Inequality Reduction Development Program) as well as other development programs containing measures to reduce poverty. The aforementioned programs include various measures – both monetary and non-monetary – designed to provide all families with assistance in dealing with emerging challenges, risks, crisis situations, helping to combine successfully family and work obligations, reduce income inequality, etc. Ensuring high-quality, timely and accessible services in various fields is considered too a measure for reducing poverty and social exclusion of equal importance to monetary measures.

9. It is also important to mention that Lithuania was one of the EU Member States participating in Phase III of the Preparatory Action to the Child Guarantee in EU Member States (hereinafter referred to as the Phase III), intended to prepare for the implementation of the Child Guarantee. During the implementation of Phase III, an in-depth policy analysis was carried out in Lithuania, the overall goal of which was to help Lithuania prepare, implement, and evaluate an evidence-based action plan for the implementation of the European Child Guarantee. The in-depth policy analysis examined policies, services, budgets, and mechanisms to address obstacles preventing children from accessing the services as well as unmet needs of children in five thematic areas of the Child Guarantee (early childhood education and care, free education, health, nutrition, and housing). Following an in-depth analysis and on the basis of the detailed literature analysis, interviews and consultations with interested parties carried out during the analysis, a policy brief “Fundamentals of the European Child Guarantee National Action Plan in Lithuania” was developed. It should be noted that for the implementation of this stage in Lithuania, a working group was established by Order No. A1-1267 passed by the Minister of Social Security and Labor of the Republic of Lithuania on December 10, 2020 “Regarding Formation of a Working Group coordinating the analysis of the implementation of the Child Guarantee in Lithuania and the preparation of recommendations”. This working group consisted of the representatives of the Ministry of Social Security and Labor of the Republic of Lithuania, the Ministry of Health of the Republic of Lithuania, the Ministry of Education, Science and Sports of the Republic of Lithuania, the Office of the Ombudsperson of Child’s Rights of the Republic of Lithuania and representatives of municipalities who coordinated the actions of Phase III, through the assistance related to the development of the analysis of the Child Guarantee in Lithuania and the preparation of recommendations, evaluation and comments to the experts conducting the analysis and preparing the recommendations. At this stage, the expert assistance provided by the Lithuanian National Committee of the United Nations Children’s Fund (hereinafter referred to as the UNICEF) and the UNICEF Regional Office for Europe and Central Asia, which were the main organizers and coordinators of the entire process, was of particular importance.

10. The Lithuanian Child Guarantee Action Plan was prepared by the Ministry of Social Security and Labor together with the Ministry of Health and Ministry of Education, Science and Sports. The Lithuanian Child Guarantee Action Plan includes information about the measures planned to be implemented during 2023-2030 aimed at combating child poverty and social exclusion, as well as information related to the implementation and monitoring mechanisms of the Lithuanian Child Guarantee Action Plan, the situation of children’s target groups and other relevant information. The Lithuanian Child Guarantee Action Plan includes 38 measures implemented at the national level, which contribute to the achievement of the goals of the Child Guarantee in Lithuania.

CHAPTER II NATIONAL CHILD GUARANTEE COORDINATOR

11. According to the Recommendation, each Member State must appoint a national coordinator of the Child Guarantee, who would have the appropriate competences and be given sufficient powers and resources to coordinate the implementation of the national action plan of the Child Guarantee, including the continuous evaluation and monitoring of the implementation process. The national coordinator of the Child Guarantee shall also be responsible for maintaining contact with the European Commission regarding the implementation of the Child Guarantee. Kristina Stepanova, head of the Family and Child Rights Protection Group of the Ministry of Social Security and Labor, has been appointed as the national coordinator of the Child Guarantee in Lithuania. Kristina Stepanova has more than 18 years of experience in the field of child rights protection, including professional activities both in the non-governmental sector and the public service. Kristina Stepanova is also a member of the EU Child Rights Network and the Council of Europe's Steering Committee for the Rights of the Child. The representative of the Ministry of Social Security and Labor was also chosen due to the fact that the Ministry of Social Security and Labor is responsible for the formulation, organization, coordination and control of the implementation of family and child rights protection policies.

12. To ensure high-quality monitoring of the implementation of the Lithuanian Child Guarantee Action Plan, it was decided that the Child Welfare Council under the Government of the Republic of Lithuania (hereinafter referred to as the Council) will perform the function of an additional coordination mechanism. The purpose of the Council's activities is to analyze the situation of the protection of children's rights in the country and to make proposals for improving policy measures for the protection of children's rights, for the preparation of draft laws and other legislation regulating the protection of children's rights and best interests, or for the amendment of existing legislation, to make proposals and decisions on child well-being issues. The Council is composed of the representatives of the ministries (Ministry of Social Security and Labour, Ministry of Justice, Ministry of Internal Affairs, Ministry of Health, Ministry of Education, Science and Sports), the Government of the Republic of Lithuania, the Local Authorities Association, the Office of the Ombudsperson of Child's Rights, the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour (hereinafter referred to as the CP Service), non-governmental organizations working in the field of child welfare and child's rights, and with children (e.g. Save the Children Lithuania, National Network of Poverty Reduction Organizations, Child Support Center, Confederation of NGOs for Children, Lithuanian Autism Association "Rain Children", etc.) and representatives of the Lithuanian Pupils' Union. The Chairman of the Council is the Minister of Social Security and Labour. Considering the fact that representatives of ministries, municipalities, civil society, and children themselves participate in the activities of the Council, it can be assumed that its' composition and the powers granted to it are the most appropriate to ensure additional supervision of the implementation of the Child Guarantee in Lithuania. It is planned that the presentation of the Lithuanian Child Guarantee Action Plan and its implementation to the Council will be carried out during Council meetings, at least every 6 months.

13. In addition, during the period from July 2021 until July 2023 the Children's Council was established under the CP Service. The Children's Council was a trial advisory voice of child rights defenders, representing the children of Lithuania. The Council was composed of 15 children from all over Lithuania, aged 10-16. The Children's Council analyzed topics relevant to Lithuanian children together with experts in various fields, shared its proposals and insights with state and local government institutions, national schools and other institutions and organizations. A child-friendly version of the Lithuanian Child Guarantee Action Plan is planned to be prepared for the Children's Council (as well as the general public), along with information about the Child Guarantee and its importance for children. This child-friendly version will also be available to the public as it will be published on the official website of the Ministry of Social Security and Labour. Both the child-friendly version of the Lithuanian Child Guarantee Action Plan and the plan itself will be presented to the Children's Council in June, 2023 in order to receive children's feedback on the planned measures, the implementation of Child Guarantees.

14. As stipulated in the Recommendation, the European Commission will be notified of the progress of the implementation of the Child Guarantee every two years, and the Council of the European Union - every five years.

CHAPTER III

IDENTIFICATION OF VULNERABLE GROUPS OF CHILDREN AND CHALLENGES RELATED TO THE ACCESS THESE CHILDREN HAVE TO THE ESSENTIAL SERVICES

15. According to the Lithuanian Official Statistics Portal, at the beginning of 2022 Lithuania had 2 million 806 thousand of permanent residents, i.e. 4.8 thousand less than at the beginning of 2021. Since 2012 the number of permanent residents decreased by 197.6 thousand, or 6.6 percent. At the beginning of 2022, 417.4 thousand of children (aged 0-14; 14.9 percent of all permanent residents of the country), 1 million 828 thousand (65.1 percent) of people aged 15-64 and 560.6 thousand (20 percent) of elderly (65 years and older) people lived in the country. Compared to the beginning of 2012, the number of children decreased by 26.7 thousand (6 percent), population of people aged 15-64 by 188.2 thousand (9.3 percent), and the number of elderly people increased by 17.3 thousand (3.2 percent). At the beginning of 2022 there were 495 618 children (aged 0-17) living in Lithuania.

16. It should be noted that the birth rate of children is constantly decreasing in Lithuania. In 2021, the cumulative birth rate decreased by 17 percent points compared to 2019, and by 9 percent points compared to 2020. 23.3 thousand babies were born in 2021. The number of live births decreased by 1,814, or 7.2 percent, compared to 2020. In 2021 the total birth rate (number of live births per 1,000 population) was 8.3 (9.0 in 2020).

17. When assessing the well-being of children, the main challenges in this field in Lithuania are also revealed by one of the latest reports of the UNICEF Office of Research - Innocenti “Worlds of Influence: Understanding what shapes child well-being in rich countries”, published in 2020. This is the 20th year the report is produced. It compares data from countries belonging to the EU and the Organization for Security and Co-operation in Europe (OSCE). The report of 2020 uses data collected before the COVID-19 pandemic and provides comparative tables that rank countries according to children’s mental and physical health, academic and communication skills. According to the report, Lithuania ranks 33rd among the overall results of the assessment of children’s well-being. The main challenges are observed in the field of children’s mental health (according to the indicator of children’s mental well-being, Lithuania ranks only 36th), development of children’s skills that are important in their lives (e.g. skills that make it easier for children to find friends) (Lithuania ranks 33rd among other countries), as well as in relation to the assessment of the overall living conditions (according to the economic assessment in this context, Lithuania ranks 30th, as well as 30th according to the assessment of public safety and friendliness, 30th in assessment of environmental protection factors). Among the best rated in Lithuania is health care (Lithuania ranks 9th among other countries) and education (2nd place).

18. It is also important to assess the positive changes in the field of children well-being, especially when it comes to the increasing availability of services and other measures of support for children and families. One of the most important changes in recent years is the reform of the child rights protection system. The aim of the reform was to create a permanently functioning system for the protection of children’s rights, which would ensure that uniform practices were formed and applied in the state, protecting and defending the rights and legitimate interests of children, providing timely responses to violations of children’s rights and prompt decisions, centralized management of the system for the protection of children’s rights and its coordination. From 1 July 2018 the function of protecting the rights of a child has been delegated to the CP Service. The child rights protection reform also helped to form a consistent and coordinated system of child rights protection institutions, ensuring proper protection and representation of children’s rights and their legitimate interests, defining specific tasks, functions of ministries and other state institutions related to the protection of children’s rights, the place of the child in the institutional system of rights protection, determining the limits of responsibility, special qualification requirements for child rights protection specialists, strengthening the management and control functions of the child rights protection system, centralizing the management and coordination of the system, developing

and improving the system of complex services for the child and his/her family. New support mechanisms for the family and the child were developed – professional foster care, case management, mobile teams, temporary child custody without limiting parental rights and obligations. These changes are important in protecting children from violence as well. From July 1, 2018, the CP Service responds to reports of possible violations of children’s rights 24/7 (including weekends and holidays). In addition, child rights protection specialists must respond quickly to the notification related to possible violence against children. In 2017, Lithuania joined the countries that banned all forms of violence against children, in all environments of the child – the prohibition of corporal punishment against children was established that year. The reform of the child foster care system was implemented (and continues) to help Lithuania reduce the number of children in children care institutions and to create various alternative forms of foster care to institutional care, paying special attention to the care in the family-based environment. The availability of services for all families raising children in various areas is constantly being increased – the aim is to ensure that services are provided not only to families facing various risks and crisis situations, but also to all other families raising children. This is aimed at strengthening preventive assistance to families, preventing possible violations of children’s rights in advance.

19. Despite these positive developments, certain groups of children still face greater challenges in exercising all their rights in social, educational, health, etc. areas. Equally important is that the crises of recent years have created additional challenges that have made the situation of these children even more difficult: the COVID-19 pandemic, the wave of irregular migration, Russia’s war against Ukraine and other circumstances that have significantly affected childhood, causing special damage to children living in disadvantaged conditions.

20. The main groups of vulnerable children were identified during Lithuania’s participation in Phase III – “Testing the Child Guarantee in the EU Member States”, intended to prepare for the implementation of the Child Guarantee. As it was already mentioned, an in-depth policy analysis was conducted in Lithuania, the general objective of which was to help Lithuania to prepare for the implementation of the European Child Guarantee. In-depth analysis of the policy, among other things, made it possible to identify specific groups of children who face challenges in using the 5 rights listed in the Child Guarantee and the services related to them. The analysis revealed that the most vulnerable groups of children in Lithuania include: children in the foster care system; children with disabilities or special needs (including needs arising from children’s health); children in institutions (such as socialization centers); children living in precarious family situations; children from ethnic minorities, children in migration or of migrant origin. It is important to mention that in 2021 there was another study commissioned by the Ministry of Social Security and Labor – “Analysis on the Availability of Services for Families”. The study was aimed to analyze the need, supply, efficiency, availability, quality of the services considering different types of families and their compliance with individual needs of families, and to provide recommendations and suggestions regarding the improvement and development of the service system for families. This study also confirmed the conclusions of the in-depth policy analysis regarding the most vulnerable groups of children – it identified that these were: children with disabilities or developmental disorders; children who tend to break the law, have behavioral disorders, experience learning difficulties (including children in institutions such as socialization centers); children from families living in disadvantaged conditions (including children raised by a single parent; children living in families with a low income).

21. A brief description of the situation of the specified target groups in the five areas of the Child Guarantee is provided below. It also includes a brief review of the existing policy measures.

SECTION 1

FREE AND EFFECTIVE ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION AND CARE SERVICES

22. *Situation.* In Lithuania, the average attendance of younger children, especially children up to 3 years of age, in educational institutions implementing pre-school and/or pre-primary education programs (hereinafter referred to as the ECEC institutions) remains low. The situation is particularly difficult among children of the age group from 0 to 2 years, because early childhood education and care services for this

age group are usually provided only in private profit-seeking institutions, although only a few children attend private institutions and vulnerable families cannot afford these services. The in-depth analysis of the policy also resulted in identification that in rural and urban areas the opportunities of children in different family situations to receive early childhood education and care services are also different. In rural areas, as well as for children growing up with one parent, children from low-income families, children from migrant families, children with special educational needs and disabilities, the access to early childhood education and care services is much more limited. The Analysis on the Availability of Services for Families also revealed the dissatisfaction of families with at least several aspects of the current education system: the problem of access to pre-school and general education, frustration with distance learning according to general education programs, education policy and quality of services in general. A shortage of special educational needs teaching assistants is observed, a lack of an individual approach to a child causing challenges (e.g., children with high-risk behaviors, children with disabilities, etc.). There is a tendency to have a more favorable attitude towards small private schools and ECEC institutions.

23. According to the Eurostat data (2021), 132,501 children were registered in institutions in the academic year 2020-2021, and only 16.2 percent of children up to the age of 3 attended formal education institutions, and 60 percent of children were in the care of their parents only (Eurostat, 2019). The number of children from 4 to 5-6 years who participate in pre-school education and attend ECEC institutions increased by 12.2 percentage points (from 79.7 percent in 2007 to 91.9 percent in 2017). This number is much lower than the EU27 average (which was 94.8 percent in 2018 according to the data of the European Commission of 2020) and the EU target for 2021-2030 (96 percent). Education Development Program approved by the Resolution of the Government of the Republic of Lithuania Resolution no. 1016 “On Approval of the Education Development Program, of the Ministry of Education, Science and Sports of the Republic of Lithuania, the manager of the Development Program for 2021-2030 (hereinafter referred to as the Education Development Program), the attendance of ECEC institutions varies greatly between municipalities, and the attendance of children aged 0-3 years old varies from 8.5 percent (in the region of Alytus) to 69.2 percent (in the city of Alytus). In 19 municipalities of Lithuania, the attendance of children aged 0 to 3 in ECEC institutions was less than 33 percent. All these municipalities are in smaller regions and rural areas (Panevėžys District, Raseiniai District, Skuodas District, etc.). The State Audit Report (2018) “Are We Making the Most of Pre-School Education to Ensure a More Successful Future for Children?” shows that the availability of pre-school education in municipalities is ensured unevenly, and the attendance rates of institutions in rural areas are much lower compared to cities.

24. In 2018-2019 only 61.3 percent of 6 years old children living in rural areas were educated according to pre-school education programs. These figures were even lower in 2020-2021 when restrictions were imposed due to the COVID-19 pandemic. ECEC institutions were attended by 55.6 percent of children in rural areas and 90.6 percent in cities. Due to insufficiently developed early childhood education and care services, children in rural areas are one of the most vulnerable groups of children in terms of access to these services. According to the Eurostat data (2016), in most cases these children do not have ECEC institutions close to their homes, so they face various obstacles, such as e.g., transportation, lack of learning support specialists.

25. In addition, one of the most vulnerable groups of children in terms of access to early childhood education and care services are children with special educational needs or disabilities. According to the Lithuanian Official Statistics Portal (2023), 23,604 children with special educational needs were integrated into general groups in pre-school education institutions in 2021, and 24,740 children in 2022. According to the Lithuanian Official Statistics Portal (2021), 56 out of 716 ECEC institutions provided targeted services for children with special educational needs in specialized groups that were integrated into regular ECEC institutions in 2020. All these institutions were in cities. The main reason why children with special educational needs and disabilities are not sufficiently included in the education under pre-school programs is the lack of learning support staff. This situation is particularly difficult in rural areas, where institutions lack all types of learning support specialists, especially speech therapists and psychologists. The main reasons for the lack of employees are unwillingness to work in rural areas and insufficient training (smaller Lithuanian municipalities lack the necessary training centers and training courses). For the same reasons, there are no institutions that provide targeted services for children with special educational needs in

specialized groups integrated into regular institutions. The Analysis of the Availability of Services for Families reveals similar problems – the families who participated in the study complained most about the lack of access to education (especially pre-school education), limited competence of education specialists, lack of teaching assistants, lack of individualized education, inability of institutions to accept and enable “different” child. Parents also expressed dissatisfaction with the lack of tutors and the general lack of support for a child with learning difficulties.

26. Children from low-income families (families with income less than EUR 172.70 per family member per month) living in rural areas experience a double disadvantage and have even more difficulties covering the costs related to early childhood education and care services. Based on the 2016 EU statistics on Income and Living Conditions (EU-SILC) ad hoc module, 57.5 percent of low-income families indicated that they experience certain difficulties in purchasing these services, and 23 percent – specified medium difficulties.

27. Statistics show that the higher the parents’ income, the higher the probability that they will use early childhood education and care services for children under 3 years of age. In 2019, only 7 percent of children under the age of 3 who were at risk of poverty or social exclusion attended ECEC institutions in Lithuania. According to the data of the European Commission (2019), the European average of such children receiving early childhood education and care services is over 20 percent. Such inequality is mostly due to underdeveloped public early childhood education and care services for the youngest children, as most of these services for the youngest children (from 0 to 2 years of age) are provided in private, for-profit ECEC institutions, due to the lack of places in public ECEC institutions.

28. It is also difficult for children who grow up with one parent to access early childhood education and care services, as parents bear a greater burden of additional costs, such as daily meals of children, and their schedule is extremely limited to take their children to ECEC institutions, especially when they are far from home.ⁱ Single parents usually do not have priorities when registering their children at an ECEC institutions (this depends on the policy of the ECEC institutions or the policy of the municipality in case of a public pre-school and pre-primary education and care institution), or for a state support in relation to transport and discounts related to pre-school and pre-primary education and care services.

29. Attendance of ECEC institutions among children living in socially vulnerable families is extremely rare. According to the Eurostat data, in 2020 only about 64 percent of these children attended some form of ECEC institutions, and the main reasons were parents’ reluctance to send their children to ECEC institutions, lack of transport and lack of services for children with special needs. To reduce these risks, mandatory attendance of ECEC institutions for children living in families experiencing social risk has been introduced since 2012 September.

30. Another vulnerable group is the children of migrant families. An in-depth policy analysis shows that educators working in the field of early childhood education and care in Lithuania do not have sufficient skills to work with children who speak in other languages, and there are not many ECEC institutions providing services in foreign languages. There is a lack of properly trained educators and teaching measures as well as methodology for working with children of migrant origin. In addition, there are not enough psychologists to help children adapt to a new culture and learning system faster.

31. *The main instruments applied under the policy.*

To increase the availability of early childhood education and care services for children, the Government of Lithuania legitimated compulsory pre-school education in 2016, and compulsory pre-primary education, more diverse forms of childcare services, and free transportation services and meals for children from families experiencing social risks from 2012.

32. The Education Development Program for 2021-2030 foresees that 95 percent of children who are up to 3 years apart from the start of compulsory pre-school education should be attending ECEC institutions before 2030. It is also expected that 75 percent of children from families experiencing social risk will attend ECEC institutions, and that inclusion of children with special needs will be improved. The political measures envisaged to achieve these goals include modernization of the ECEC institutions and establishment of new ECEC institutions, etc. It is planned to improve the competences of teachers, increasing the availability of various professional development opportunities, promoting the cooperation between the network of ECEC institutions and educators.

33. In order to improve the quality of integration of children with various needs, the teachers' qualification description states that at least one teacher in the children's group should have a bachelor's degree, all teachers should have attended at least a 40-hour course on working with children with special educational needs, disabilities or other additional needs, as well as all teachers should have attended at least a 40-hour course on how to teach/educate children according to pre-school and/or pre-primary education programs in Lithuanian. To improve the quality of children's early childhood education and care services in Lithuania, all providers of children's pre-school education and/or pre-school education programs are introduced to methodological recommendations, which include topics such as the identification of individual children's needs and the development of children's academic, social and artistic skills. Methodological recommendations also indicate how to work with children with special educational needs, children who have experience of migration, live in families experiencing poverty or families experiencing social risk. On the other hand, such measures like compulsory pre-school education and compulsory education for children from families experiencing social risk, as well as compulsory Lithuanian language lessons for at least 5 hours a week, aim to ensure that all children have the same level of knowledge when they start attending primary school. Thus, the aim is to ensure equal starting position for children when they start attending school. Children from families experiencing poverty and families experiencing social risk in kindergartens can also receive free meals, learning materials, family counseling and information about the benefits of childcare services for children's development.

SECTION 2

FREE AND EFFECTIVE OPPORTUNITY TO ACCESS QUALITY EDUCATION

34. *Situation.* School education in Lithuania is divided into three sections – primary (grade 1-4), general (grade 5-10) and secondary (grade 11-12) education. Children are entitled to attend public schools established by municipalities or the Ministry of Education, Science and Sports, and private schools established by private service providers. When admitting a child to a school, the priority is granted to children who live in the territory assigned to a particular school. Any other children can be accepted for the remaining places, regardless of their place of residence, granting priority to children with special educational needs, children whose siblings are already studying at that school and children who live closest to the school.

35. One of the most vulnerable groups of children in the pursuit of free and effective quality education are children with special educational needs. According to the European Agency for Special Needs and Inclusive Education, 98.57 percent of children studied in general education classes throughout Lithuania in 2018. This number exceeds the European average (97.83 percent), but there is a lack of quality assistance and individual attention for children with special educational needs. Pursuant to the data presented in the Education Development Program for 2021-2030, although all Lithuanian children should be included in general education schools, in 2019, 44 special education schools with a total of 3,800 pupils were still operating. In 2018, 9 percent of general education schools did not have specialists to help pupils, 53 percent of schools did not have psychologists, and 28 percent of schools did not have special pedagogues or speech therapists. Children with special educational needs also have more limited opportunities for non-formal education. In 2019, only 30 percent of children with special educational needs attended non-formal education classes, because there were very few opportunities of non-formal educational activities for children with special educational needs or disabilities. Meanwhile, children with disabilities still face many problems related to physical opportunities to learn in schools providing general education.

36. Another vulnerable group with educational needs unmet are children from low-income families. The average annual expenses for school supplies per child amount to EUR 240-280, part of which is reimbursed to low-income families receiving state support for the purchase of school supplies (EUR 80 in 2021, EUR 92 in 2022 and EUR 98 from January 1, 2023). According to the Feasibility Study for a Child Guarantee commissioned by the European Commission, in 2016, 29 percent of Lithuanian households faced great or moderate difficulties in covering the costs of formal education. This number amounted to 42 percent within the low-income families, and up to 61 percent in the category of single parents. Inequality within the household category reflects gaps between the opportunities and academic achievements of children.

Lack of financial resources and role models can undermine the aspirations of disadvantaged pupils, which can have negative consequences for the effort they invest in learning. Children from low-income families have lower academic achievement than their peers. International studies of 15-year-olds, Programme for *International Student Assessment* (PISA), that are carried out in Lithuania since 2018, revealed that 15-year-old children from families experiencing social risk do worse than their peers from more affluent families. Moreover, children from low-income families are 1.7 times more likely to drop out of school than their peers. According to the study “Overview of the State of Lithuanian Science, Studies and Innovations” (2018) conducted by the Research and Higher Education Monitoring and Analysis Centre (MOSTA), these children are also twice as likely to continue their education in professional schools and less often to pursue a university diploma.

37. In-depth analysis of the policy showed that children from families of migrant origin and other nationalities also face difficulties when it is necessary to combine family and school life, choosing whether the child will study in his/her native language or in a Lithuanian school. In 2020-2021, 90 children from families of migrant origin studied in the Lithuanian language (and not in their native language) in Lithuanian schools. According to the Analysis of the state of education of Lithuanian national minorities (2021), in the 2020-2021 academic year, 31,502 children studied in minority schools (Russian, Polish, etc.), and in 2021 1710 foreign children started attending schools in Lithuania. The data show that there are not enough textbooks in the mother tongue (Russian, Polish, Belarusian) for minority children in Lithuania who study in schools where the teaching language is not Lithuanian. The available textbooks are outdated, and the exercise books are much more expensive compared to similar learning materials in Lithuanian. In addition, there is a lack of laboratories in non-Lithuanian schools, especially in rural areas. Meanwhile, according to the Study on the Need for Educational Services for Returnees in Municipalities (2018), children of migrant origin and returnee children who face a language barrier are not provided with enough language courses, especially in distance learning. Also, there is a lack of psychological support for children from migrant or return families, and teachers are not sufficiently prepared to work with children from migrant families. Schools that do not have the appropriate experience and measures to work with children from migrant families may also hesitate to accept such children, as a result of which these children experience discrimination. As regards of children of migrant origin, the most complicated situation is in the case of children of irregular migrant origin. Children who do not know the Lithuanian language well enough to study in a general education school attend remedial groups. In these groups, children learn the Lithuanian language and other basic subjects – mathematics, English and natural sciences. Children can study in these groups up to two years. However, teachers are not sufficiently prepared to work with children from migrant families. In 2020, only 34.7 percent of teachers claimed that they felt sufficiently prepared to work with children of migrant origin. Moreover, teachers do not have the necessary teaching materials, and there is a lack of learning support specialists.

38. One of the most marginalized groups in Lithuania are Roma children. These children experience language and other cultural barriers, suffer extreme deprivation and discrimination. They often stop attending school at a very young age and only a small proportion of Roma children complete secondary or even primary school. In 2015 only 27 percent of Roma children achieved primary education, and only 2 percent of children – the secondary education (Roma Platform, 2021). 8 percent of Roma children are illiterate. In-depth policy analysis has shown that the main reason why Roma children rarely attend schools is cultural attitudes – education is not considered one of the main values in Roma culture. In addition, children experience stigmatization and discrimination in schools, they are slower than their peers due to the language barrier and lack of experience in certain educational subjects.

39. Children living in rural areas also face greater challenges in accessing education, especially in attending extracurricular activities at school due to the lack of adequate transportation. The Education Development Program of 2021-2030 indicates that in general, the quality of education for children in rural areas is poorer, due to the lack of teachers and other learning support specialists, combined classes, insufficient choice of extracurricular activities (and fewer opportunities to attend extracurricular activities), lack of laboratories and insufficient use of technology. According to the data of the European Commission as of 2019, compared to the EU average, the percentage of secondary schools equipped with digital equipment and connected to the Internet is significantly lower in Lithuania. The lack of information

technology skills has been a huge obstacle during the COVID-19 pandemic. Many children, especially those from lower socioeconomic backgrounds, did not know how to use computers properly when they were home schooled and could not get help from their parents who also lacked computer literacy skills.

40. *The main instruments applied under the policy.* The Education Development Program of 2021-2030 provides that by 2030 97 percent of children with special educational needs and 75 percent of children with disabilities will study in general rather than specialized educational institutions. It is also expected that 75 percent of all pupils, 50 percent children with special educational needs and disabilities will attend non-formal education classes. It is also expected to improve children's PISA results and reach 16th place among other countries by 2025. There is a goal set in the program that 65 percent of teachers should be employed in schools after graduation and 40 percent of all teachers should have a master's degree. EUR 550 million was allocated by the Government to achieve this goal.

41. Strategic activity plan of the Ministry of Education, Science and Sports, approved by Order No. V498 passed by the Minister of Education, Science and Sports of the Republic of Lithuania on April 1, 2021 "On Approval of the Strategic Activity Plan of the Ministry of Education, Science and Sports of the Republic of Lithuania for 2021-2030" states that the goal will also be to: improve the qualifications of teachers; improve the system of monitoring and evaluation of pupils, school and education in general; to develop an infrastructure to ensure the quality inclusion of all children in education; to integrate formal and non-formal education. Political measures to achieve these goals include: teacher qualification courses, increased teacher salaries, introduction of an electronic school self-evaluation system, implementation of education monitoring and evaluation indicators, purchase of additional school buses and laboratory equipment, modernization of non-formal education infrastructure, increased support for Lithuanian schools abroad, coordinated support for immigrants and provision for children returning from abroad, expansion of full-day schools and increased financial support for pupils.

42. The Government Program also foresees similar goals, additionally providing for the introduction of national educational quality standards and improving the quality of education in schools of national minorities.

43. Other instruments under the policy include mobile school teams and Millennium Schools. Mobile school teams will be formed of teachers and other education professionals who will temporarily work in schools facing some problems and try to improve their situation. Meanwhile, Millennium Schools will be established in different regions of the country, where the best teachers will work, STEAM laboratories will be established, and modern educational programs and methodologies will be applied. Children who do not study in these schools will also be given the opportunity to use the infrastructure and services of Millennium Schools. Millennium Schools are aimed at reducing the disparities in the quality of education in the regions and providing equal opportunities for all children to receive the highest quality education regardless of their place of residence.

44. The Law on Amendments to the Law on Education of the Republic of Lithuania and the Description of the Procedure for Organizing the Education of Pupils with Special Educational Needs, approved by Order No. V-1795 passed by the Minister of Education, Science and Sports of the Republic of Lithuania on September 30, 2011 "On Approval of the Description of the Procedure for the Organization of Education for Pupils with Special Educational Needs" is aimed at improving the inclusion of children with special educational needs, disabilities and children facing other difficulties (national minorities, social risk, low-income), as well as at reducing the number of pupils who leave school prematurely (school drop out). The instruments include ongoing work with pupils' parents, self-care plans for children with medical conditions, and individualized learning plans for children. Other instruments include establishment of special classes in general education schools, provision of free transportation services and meals, supply of school supplies, improvement of inter-institutional cooperation. Municipal administrations are encouraged to cooperate, reducing barriers to access and quality of education arising from the lack of inter-institutional and inter-departmental communication.

45. Smaller-scale programs are also implemented in Lithuania, such as the school quality basket, full-day schools, the pupil basket for non-formal education and children's day centers, which are also important for children's education and meaningful leisure time.

SECTION 3

FREE AND EFFECTIVE ACCESS TO HEALTH CARE FOR CHILDREN

46. *Situation.* According to the Eurostat data (2017), medical healthcare in Lithuania is free and accessible to all children. In general, the average of unmet medical needs of children in Lithuania is lower compared to the EU.

47. Pursuant to the data of EU-SILC of 2017, 4.2 percent of children in families whose income is less than 60 percent median equivalent income, had unmet needs for medical examination or treatment, compared to 1.7 percent of children in families whose income is higher than 60 percent median equivalent income. These differences are even greater among children living in rural areas.

48. According to the UNICEF study “The State of the World’s Children in 2021”, the prevalence of mental health problems is higher in Lithuanian cities compared to rural areas. Data of the 2019 show that 12.5 percent had mental disorders. For girls and boys aged 10-19 (about 33 thousand), this is less than the EU average – 16.3 percent for teenagers (9 million). Most mental and behavioral disorders due to alcohol (13.3 percent) and intoxication with other psychotropic substances (13.7 percent) are reported by children in the age group of 15-17 years. About 40 percent of pupils in 5th, 7th and 9th grades report feeling apathy, almost a quarter of pupils report anxiety, worry, anger and sadness, and a third of pupils report that their mood is worse than average. These proportions were higher among girls than among boys.

49. In Lithuania, there are often long queues of children in order to receive the necessary mental health care services, and families are compensated for only 30 psychotherapist consultations per year (10 additional consultations can be provided when recommended by a doctor). The lack of availability and continuity of psychological counseling is especially problematic for children living in low-income families, as well as children growing up with one parent. Parents who cannot afford the services of private psychologists for their children simply do not receive them when their children need constant and consistent counseling. On June 27, 2019, Order No. V-752 “On Amendment of Principles, Description and Requirements for the Organization of Child and Adolescent Psychiatry and Psychotherapy Services” was passed by the Minister of Health of the Republic of Lithuania which introduces psychosocial rehabilitation services for children and expands day inpatient services in all municipalities of Lithuania.

50. As regards the scope of vaccination, the number of vaccinated children in Lithuania is insufficient and does not meet the 95 percent – the goal of vaccination recommended by the World Health Organization to ensure collective immunity of the population.

51. The number of vaccinated Roma children is much lower compared to all Lithuanian children. Another problem is that Roma children are often vaccinated at an older age than recommended. Since the indicators of early childhood education and care and school attendance among Roma children are very low, their health is not checked as often as other Lithuanian children, which makes it more difficult to recognize their health status and unmet needs. Another vulnerable group of children related to vaccinations is refugee children. In Lithuania, not all these children are vaccinated or included in the official vaccination statistics. Therefore, it is impossible to accurately assess the real extent of vaccination of refugee children.

52. In Lithuania, there are also problems related to the lifestyle of children. According to the data of “The study of the lifestyle of school-aged children” (2020), the situation of children in this area has worsened, as only 38.1 percent children spent at least 60 minutes of physical activity per day, including physical education at school. Lack of parental interest and financial reasons play an important role at this point (not all parents, especially those raising children alone, can allow them to participate in extracurricular activities). In 2019 10,158 young people were attending youth centers in Lithuania. Unfortunately, like the day care centers, these centers are mostly attended only by children living in families experiencing social risk, and children from higher income families attend very rarely. Thus, most vulnerable children and non-vulnerable children are artificially separated. There are still big disparities in the country, and children’s needs are not always met, as the mentioned centers do not operate all over the country. Although prevention programs are implemented in all schools, not all pupils are involved in them, and teachers do not feel adequately prepared to effectively implement prevention programs.

53. Universal and free early rehabilitation for children with developmental disabilities should be available to all Lithuanian children. In 2022 such services were provided to just under 13,000 children

(13,663 children received at least one service related to the early rehabilitation of children with developmental disabilities in 2019, 10,268 children in 2020, 12,234 children in 2021, 12,787 children in 2022). Waiting times to enter rehabilitation facilities are high, and while the average waiting time is 25 days, the longest is as high as 118 days. People must have to wait about 150 days for early rehabilitation, because not all institutions provide such services. Moreover, there is a shortage of specialists working in rehabilitation hospitals.

54. It should be noted that the study “Analysis of the Availability of Services for Families” also reveals that families raising children with disabilities feel the lack of services in various areas especially painfully. During the research, this family emphasized a very high need for the services of psychologists, speech therapists, masseurs, physiotherapists, and early rehabilitation specialists more often than others. The results of the study show that families that raise children with disabilities experience higher deprivation compared to other families. For example, the study shows that the relatively strongest subjective sense of social deprivation (probably also the objective) is experienced by those families who raise a child with a disability and a child with developmental disorders, raise a child prone to breaking the law, having behavioral disorders, experiencing learning difficulties. The above-mentioned types of families, especially compared to other vulnerable families, are very dissatisfied with the lack of access to some services. A special mention here should be done to the whole set of services related to education and psychological pedagogical support: there is a lack of leisure services, there is a lack of environment, infrastructure adapted to persons with disabilities, and there are also complaints about the challenges that arise in combining work and family roles in cases where the family has to raise a child with a disability.

55. *The main instruments applied under the policy.* Ensuring children’s health and social well-being is an important part of the national health system of Lithuania. The quality and availability of health care services, health literacy, mental and physical health, sex education are part of the priorities of the 2021-2030 national progress plan, approved by Resolution No. 998 passed by the Government of the Republic of Lithuania on September 9, 2020 “On Approval of the National Progress Plan for 2021-2030” (hereinafter referred to as the National Progress Plan for 2021-2030), Government Program and National Public Health Care Development Program for 2016-2023, approved by Resolution No. 1291 passed by the Government of the Republic of Lithuania on December 9, 2015 “On Approval of the National Public Health Care Development Program for 2016-2023”. Since physical activities and mental health services are not available to all Lithuanian children and their families, the aim at the national level is to raise awareness about the importance of mental and physical health, increase sports opportunities for children and improve the process of monitoring children’s health.

56. The National Progress Plan for 2021-2030 strategically aims to increase social well-being, population inclusion and strengthen health. To achieve these goals, appropriate measures are envisaged: improvement of adaptation of the environment for people with disabilities (including children with disabilities), such as adaptation of transport, infrastructure and services, greater dissemination of information; greater attention to the psychological condition of children and improving the availability of mental health services; creating better opportunities for children to engage in physical activity; development of high-quality healthcare services; increasing health literacy; formation of an efficient health system focused on stronger primary health care; increasing access to ambulatory care. In addition, issues such as long waiting lines for treatment, high medicaments prices, and high levels of corruption are expected to be addressed.

57. The Government Program envisages increasing the availability of sports activities and mental health services. Key measures important for achieving this goal are highlighted: promotion of an even distribution of qualified sports specialists throughout the country; introduction of up to three weekly physical education lessons in all general education schools; renewal of the physical culture education program; provision of swimming lessons basics to pupils of 14 primary schools; improvement of the sex education; improvement of the access to mental health services. The aim to promote the care of physical and mental health and the development of a healthy lifestyle culture, increasing health literacy and ensuring the sustainability of the public health care system was emphasized in the National Public Health Care Development Program for 2016-2023 already. To achieve the aforementioned goals, it was planned to raise awareness about the importance of physical and mental health, emphasizing the prevention of diseases in

schools; renew school sports equipment and facilities; monitor physical activity and children's mental state; increase the availability of quality public health care services and improve the management of the public health care system in general.

58. The main mechanism currently operating in Lithuania that helps to ensure that the health needs of children are at least partially met are annual preventive health examinations and the National Immunoprophylaxis Program for 2019-2023, approved by Order No. V-115 passed by the Minister of Health of the Republic of Lithuania on January 28, 2019 "On Approval of the National Immunoprophylaxis Program for 2019-2023". The latter provides that all recommended vaccinations included in the national immunization scheme would be free of charge. The program aims to maintain at least 90 percent vaccination coverage of children (at least 95 percent for measles and rubella) throughout the country and in each municipality separately. Additionally, the annual preventive health check-ups in health care institutions, which are mandatory for all children attending ECEC institutions and schools of general education, include consultations by family doctors and dentists.

59. Children with disabilities also receive financial support and corresponding free services in Lithuania: welfare pension, targeted compensation of care (help) costs for children with disabilities and universal and free early rehabilitation for children with developmental disorders. Comprehensive services for families include positive parenting training, psychological counseling, childcare services, transportation, and more.

SECTION 4

A FREE AND EFFECTIVE WAY FOR CHILDREN TO GET HEALTHY AND COMPLETE NUTRITION

60. *Situation.* Access to adequate nutrition is vital to children's development from infancy through adolescence. Lack of balanced nutrition in infancy leads to many health problems in the future. In children and adolescents, it affects physical and mental well-being, cognitive functions and contributes to poorer learning outcomes. There is a particularly high risk that children from vulnerable groups will not be able to eat regularly and healthily throughout their childhood. The most vulnerable groups are children living in low-income families, as well as children experiencing social risks. Babies and children aged 0-2 years are especially vulnerable, as their ability to eat properly depends on their parents' habits. Children who do not attend any formal education institutions, and who also tend to come from low-income families and/or families at social risk, are also highly vulnerable, as the main policies aimed at improving access to healthy nutrition are implemented through educational institutions.

61. Birth weight and breastfeeding for the first six months are the main indicators of whether the baby has the opportunity to eat properly. According to the Organization for Economic Co-operation and Development, poor maternal nutrition before and during pregnancy can lead to low birth weight, which in turn can affect the health problems of babies in the future. Although the indicators of low birth weight in Lithuania are among the lowest in the EU – in 2019 they accounted for 4.6 percent of all babies born, - the data is not disaggregated, making it difficult to identify the most vulnerable groups. The World Health Organization states that breastfeeding for the first six months is very important for the health and development of newborns. According to the Lithuanian Institute of Hygiene, in 2020, only 37.8 percent of mothers breastfed their babies exclusively during the first six months of life, up from 32 percent. The persistently high number of children who were breastfed for less than six months in 2015 reflects an unmet need for healthy infant feeding. Artificial breast milk substitutes, which are increasingly used, tend to displace natural breastfeeding, but such data are not collected in Lithuania. The work prepared by N. Baltranaitė (2019) states that the duration of breastfeeding is influenced by various social and economic factors. The choice to breastfeed and the duration of breastfeeding are determined by a woman's age (older women breastfeed longer), education (women with higher education breastfeed longer). In 2018, women with tertiary education (bachelor's degree, International Standard Classification of Education, level 5A) (75.1 percent) and women who are employed (in this case, women who are employed are those who have a job and a regular income) (69.6 percent) were more informed about breastfeeding, and the benefits of breastfeeding, as well as had a more positive attitude towards breastfeeding, compared to women with

lower education and those who do not work. Therefore, less educated, and unemployed mothers are more likely not to breastfeed their children or stop breastfeeding earlier. According to G. E. Levinienė, J. Tamulevičienė et al. (2013), other significant factors are living conditions (women with higher incomes breastfeed longer), place of residence (women living in cities breastfeed longer). In addition, the need to return to work is often one of the reasons for early termination of breastfeeding.

62. From May 1, 2020, specific body mass index (BMI) limits for children aged 2-18 years, taking into account their age and gender, came into force in Lithuania. The Institute of Hygiene has provided the BMI of children and young people attending formal education institutions from 2 to 18 years and older for the academic year 2020-2021. In previous years, the BMI was only provided for children aged 7-17 years. It is particularly important to include information on children aged 2-6 years, as it has been found that this group may be more vulnerable due to the dependence of children's health care on their parents alone. However, the aforementioned data only covers those children who attended kindergartens. The BMI was normal 63.7 percent in children and young people attending formal education institutions in the 2020-2021 academic year. 14.6 percent of children were underweight. The remaining 21.7 percent were overweight, 6.9 percent of them were obese. The body weight of 25.6 percent of children aged 2-6 years was too low, this is significantly more than in other age groups: 11.1 percent among 7-17-year-old children and 12.7 percent among children over 18 years of age. Proportion of children of normal weight between 2-6 years and 7-17 years of age is quite similar – 63.6 percent and 63.3 percent respectively. 67.3 percent had a normal weight among persons older than 18 years.

63. According to the Children's Health Monitoring Information System (2021), the majority of overweight children are aged 7-17 (25.7 percent), i.e. more than 10.8 percent among children aged 2-6 years and 20 percent among children over 18 years of age. Data from the Institute of Hygiene reveal that since 2016 the share of children (ages 7-17) with a normal body weight has significantly decreased (4.5 percentage points), while the share of overweight (overweight and obese) children has increased to 25.7 percent from 21.3 percent in 2016.

64. BMI is an indicator closely related to eating habits and food quality. A regular and balanced diet is important for the development and health of children and adolescents. A poor diet with a lack of fruits, vegetables, proteins, and excessive consumption of processed foods contributes to the development of chronic diseases and disorders at various stages of life. A study of health behavior of school-aged children "Health Behavior in School-aged Children" (HBSC) carried out in 2018 showed that gender, age and socioeconomic status have a significant influence on eating habits. In 2020, children in Lithuania still did not consume enough fruits and vegetables. According to the data provided by the Institute of Hygiene (2020), only 34.4 percent and 31.7 percent of children eat fruits and vegetables at least once a day, respectively. Recent studies (e.g., by R. A. Bartkevičiūtė, G. Barzda, et al. "Study on dietary habits, actual diet and physical activity habits of school-age children" (2019-2020)) and data from the Institute of Hygiene (2020) confirm that the consumption of these products also decreases with age, and that girls are more likely to be consumers of these products than boys, while deficiencies in the consumption of these products were more pronounced in children of lower socioeconomic backgrounds. In addition, 46.7 percent of children do not eat breakfast every working day, and 19.9 percent of them don't eat breakfast at all on weekdays. On weekends, 27.1 percent of children do not eat breakfast every day, and 11.1 percent of them do not eat breakfast at all on weekends. Again, older children and children from lower socioeconomic group are less likely to eat breakfast regularly. Many children also frequently consume foods with low nutritional value, such as sweets, snacks, and sugary drinks. In 2020, 17.1 percent of children consumed sweets at least once a day, while 32 percent consumed sweets 2-4 days a week. 10.5 percent of respondents drank carbonated drinks at least once a day, and 48.2 percent at least once a week. It was established that children in grades 5-8 consume sweets and carbonated drinks the most.

65. Poverty, high prices of healthy food, composition of households and living in rural areas contribute significantly to the lack of access to adequate nutrition in children. Poverty is one of the main factors behind nutrient deficiencies due to affordability. Low-income households often cannot afford to consume enough vegetables, fruits, and adequate sources of protein. According to the Statistical survey of income and living conditions (2019), 7 percent of all children live in households where at least one child lacks fruits and vegetables every day due to affordability. Low-income households with incomes below 60 percent of the

median equivalised disposable income have a much higher proportion of children (19 percent). Monetary poverty is often higher among households of a certain composition, creating additional barriers for these households to access the foods they need for a healthy diet. For example, among households with dependent children, children from low-income families were significantly more at risk of protein deficiency (20.6 percent) than for all households with dependent children combined (9.1 percent).

66. According to the Community Statistics on Income and Living Conditions, this risk is particularly high for low-income large families (with three or more children) (38.7 percent) and low-income households living with only one parent (26, 1 percent). In 2019, households consisting of one adult with dependent children had the lowest disposable income. As poverty is higher in rural areas than in cities, children living in single-parent families, especially in rural areas, are more likely to experience poverty and therefore lack adequate nutrition. In-depth policy analysis also revealed that children from families experiencing income poverty and social risk in remote rural areas often do not have the means of transport to reach even basic services, which are often organized, distributed, and provided in larger cities, central municipal settlements. Lack of transport can limit access to services such as health care, education, social security, as well as access to supermarkets, markets, or food bank distribution points.

67. *The main instruments applied under the policy.* Various political measures are being implemented in Lithuania, which aim to reduce the lack of access to healthy nutrition. These measures include awareness of the importance of breastfeeding and breastfeeding promotion, provision of at least one healthy meal per day at school, development of healthy eating skills, and provision of financial support and food assistance to families in need.

68. Description of the Procedure for Assessment of Inpatient Personal Healthcare Institutions in accordance with the Requirements of a Newborn-Friendly Hospital, approved by Order No. V-1251 passed by the Minister of Health of the Republic of Lithuania on December 27 2013, “On Approval of Description of the Procedure for Assessment of Inpatient Personal Healthcare Institutions in accordance with the Requirements of a Newborn-Friendly Hospital”, is aimed at increasing the number of children breastfed for at least the first six months of life. Pursuant to this order, hospitals shall provide counseling to nursing mothers and organize staff training about lactation. However, because the participation of hospitals in the provision of consultations and participation in the employees’ training is voluntary, such consultations and trainings about lactation do not reach all women and are of an informational nature only, and no measures are applied to ensure the healthy nutrition of pregnant and lactating women.

69. The Law on Social Assistance to Pupils of the Republic of Lithuania and the EU School Programme for Fruit, Vegetables, and Milk aim to provide children with regular free meals (at least one meal per day) and to teach children healthy eating skills. In ECEC institutions, general education schools and vocational training institutions, free meals are provided to all children educated according to the pre-school education program and pupils of the first and second grades. Free meals are also provided to senior grades’ pupils from low-income families.

70. In accordance with the Description of the Procedure for Organizing Meals for Children, approved by Order No. V-964 passed by the Minister of Health of the Republic of Lithuania on November 11, 2011 “On Approval of the Description of the Procedure for Organizing Meals for Children”, meals provided to children must meet mandatory quality standards, practical guidelines, and recommendations for food supply. Cooks, canteen workers and other related persons must undergo training in food preparation educational institutions. Another program aimed at reducing the risk of malnutrition among children is established in Regulation (EU) No 223/2014 of the European Parliament and of the Council of 11 March 2014 on the Fund for European Aid to the Most Deprived. The Fund for European Aid to the Most Deprived (hereinafter referred to as FEAD) for 2014–2020 provided families with much-needed food aid but did not have long-term goals and planned measures to substantially reduce poverty, material deprivation and social exclusion of families and children. Inclusion of FEAD in the programs financed by the European Social Fund+ from 2021 provides an opportunity to combine material support and complementary measures, thus contributing to a social inclusion policy based on the European Pillar of Social Rights, which seeks to address the problem of food and material deprivation in a more holistic way.

SECTION 5 APPROPRIATE HOUSING

71. *Situation.* The level of housing maintenance costs for all children in Lithuania, as well as for low-income families and children living with only one parent or in large families (with three or more children), has declined over the past five years, but the gap between the rates of high-income families and low-income families in Lithuania remains large (0.1 percent and 10.4 percent of children respectively, in 2020).

72. In Lithuania, the share of children suffering from insufficiently warm homes is one of the highest in the EU, especially among children living in families with only one parent – 30.1 percent and in low-income families – 31 percent (2020). An even higher proportion of low-income single-parent families experience energy poverty – 40.9 percent in 2020. Thus, the share of low-income households facing energy shortages in Lithuania remained high during the decade (2010-2020). However, significantly fewer families in rural areas complained that they were unable to keep their homes adequately warm compared to families in urban areas, and slightly fewer families reported that they were unable to pay their mortgages, rents, or utility bills (electricity, water, gas).

73. Low-income two-parent households with three or more children and low-income two-parent households with two children (income below 60 percent of the average income) in Lithuania often cannot afford to purchase housing with a separate room for each person. Single-parent households with dependent children and families with three or more children also had the highest rates of housing overcrowding, at 48.4 percent, and 46.7 percent of children respectively (2020). High-income families in Lithuania have a significantly lower rate of overcrowding (30.4 percent in 2020) compared to low-income families (43.7 percent in 2020). Over the past five years, there has been only a slight decrease in the overcrowding rate, with constant ups and downs.

74. There is a big difference between children living in low-income (19.4 percent in 2020) and high-income (7.4 percent in 2020) families in Lithuania due to housing problems such as leaking roofs, damp walls, floors or foundations, and decaying windows or floors. The overall rate for children from high-income families is significantly lower than for children from low-income families, reflecting the unequal situation of children in the country. The proportion of children who do not have an indoor flush toilet or a bath or shower in their home is also higher (4.3 percent in 2020) than the EU27 average (1.7 percent in 2020). In addition, single-parent households had higher levels of amenity deprivation compared to couples with children.

75. Children from low-income families (13.8 percent in 2020) and households with dependent children (7.2 percent in 2020) experience higher levels of housing deprivation, especially households of parents with three or more dependent children (16.7 percent in 2020) and single parents with dependent children (14.3 percent in 2020).

76. High financial costs for families with children with disabilities (need for medicines, technical aids, lack of services for children with disabilities), or for children living with parents with disabilities, reduce the family's income available to cover housing costs. There is also a lack of adapted housing for families raising children with disabilities.

77. As for Roma neighborhoods, in most EU countries they are often overcrowded, with families lacking water, gas, electricity and public services. Roma also face discrimination in access to housing and segregation, according to a report "Feasibility study for a Child Guarantee" (2020) commissioned by the European Commission. However, there is not enough information about the housing situation of Roma children in Lithuania.

78. Children of recently arrived migrants and refugees in Lithuania also face common risks related to housing affordability and lack of sufficiently accessible housing. However, they are also disproportionately exposed to the specific risks associated with the private rental market, where they are often discriminated against, making it more difficult to obtain housing.

79. *The main instruments applied under the policy.* Affordable housing, energy poverty reduction, and accessible housing for people with disabilities (including children with disabilities) are among the key objectives of the National Progress Plan for 2021-2030. Based on this document, national development programmes were introduced in Lithuania, two of which – Family Policy Program and Social Solidarity

Program – focused on the following housing-related aspects: improving the overall affordability of housing, increasing access to housing credit for vulnerable groups, etc. Currently, low-income families are provided with support related to housing renting through social housing rent or partial compensation of the payments for the housing rent. When providing support for the purchase of housing, subsidies are paid to the recipients of partially compensated housing loans by the state, and compensation of the part of the leased housing rent may also be paid.

80. In regard to the provision of social housing, long waiting lines are the main obstacle for vulnerable families in Lithuania. In response to this challenge, it was decided to legislatively shorten the waiting time for social housing – from 2024 up to 5 years, and from 2026 up to 3 years. Considering family’s income and energy poverty, compensations for home heating costs, hot water and drinking water costs are allocated in Lithuania.

81. Adaptation of housing and living environment for children with disabilities is also carried out in accordance with the Description of the procedure for adaptation of housing for the disabled, approved by Order No. A1-103 passed by the Minister of Social Security and Labor of the Republic of Lithuania on February 19, 2019 “On Approval of the Description of the Procedure for Adaptation of Housing for the Disabled”. Children with a disability and with one of the following needs are entitled to adapted housing: (1) a special need for permanent nursing care and a person has the mobility impairment; or (2) a need for mobility technical aids; or (3) a special need for permanent nursing care or a special need for permanent care/assistance due to a mental or intellectual disability (code F of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (Australian Revision)); or (4) a special need for permanent nursing care due to a vision impairment. Housing for children can also be adapted according to the general housing adaptation program. Technical Assistance Center for the Disabled under the Ministry of Social Security and Labour provides technical assistance devices to children with disabilities, as well as children who have suffered from acute traumatic injuries or have developmental disorders of movement before their disability has been diagnosed. Technical assistance device means any special or standard product, tool, equipment, or technical system used by persons with disabilities, to prevent, compensate, reduce or eliminate the influence of impaired functions on the state of health, personal independence, education, work activities.

82. In 2022 inflation particularly affected the energy sector – due to the drastic rise in heating prices, new measures were introduced to obtain compensations for home heating: application for compensation once per heating season; also, the assets of applicants are not assessed, and the circle of recipients who can receive compensation was expanded, in order to reduce the financial burden due to increased prices of energy resources.

CHAPTER IV TARGET GROUPS OF CHILDREN

83. Considering the in-depth policy analysis presented earlier (in Chapter III – Identification of Vulnerable Groups of Children and Challenges Related to the Access These Children Have to the Essential Services), the main target groups of children in the Lithuanian Child Guarantee Action Plan are:

- 83.1. children with disabilities, special needs (including needs arising from medical conditions) and/or developmental disorders;
- 83.2. children with high-risk behaviors (behavioral problems);
- 83.3. children in the foster care system (including all forms and types of foster care);
- 83.4. children in migration / children of migrant origin / ethnic minorities;
- 83.5. children at social risk (from families in precarious situations).

84. Since the in-depth analysis of the policy was carried out by evaluating the opinion of the civil society, the children themselves, and other interested parties (according to interviews, focus groups), it is estimated that the identification of these target groups reflects the real situation of children in Lithuania.

85. These target groups were also chosen because other studies (e.g., the study mentioned previously “Analysis of the Availability of Services for Families”, carried out in 2021) show that these are indeed the groups of children who face the greatest challenges in Lithuania. The analysis of the situation presented in

the previous parts shows that specifically these children face several constraints and challenges that prevent them from fully enjoying all their rights in social, health and educational spheres. Therefore, it can be assumed that measures for these groups of children are one of the most important to reduce child poverty and social exclusion in Lithuania.

86. To assess the extent of the challenges, statistical data are also important. Below are the statistical data related to the identified most vulnerable groups of children (see Table 2).

Table 2. Key statistical indicators related to vulnerable groups of children

Groups of children	Numbers	Year for which data is provided	Data source
Children in foster care	<p>There are 6,939 children left without parental care in Lithuania, of which 1,873 children are in temporary foster care (including 1,006 children from Ukraine) and 5,066 children are in permanent foster care.</p> <p>From this number, children are in foster care:</p> <ul style="list-style-type: none"> • in the foster care families (both regular foster care and kinship care) – 5062 children; • in the Foster Care Center (placed in the families of professional foster parents) – 234 children; • in foster care household – 261 children; • in children care institutions - 537 children; • in community-based children care homes – 845 children. 	2022 (data as of November 14, 2022)	Information System on Social Assistance to Families (hereinafter referred to as SPIS, which is the official Lithuanian abbreviation used for this system)
Children with disabilities	<p>The number of children with disabilities in 2021 amounted to 15.2 thousand. The number of children with disabilities increased slightly in 2022 compared to 2021 and reached 16 thousand.</p> <p>The main cause of disability in children is mental and behavioral disorders, congenital malformations, deformities, and chromosomal abnormalities, as well as diseases of the nervous system.</p>	2022	Ministry of Social Security and Labour
Children with special needs and disabilities	24,962	2020-2021	Educational Management Information System (hereinafter referred to as EMIS)
Children from families under social care (i.e., families under the supervision of social worker)	11,479 families with 20,138 children (including 1,628 children with disabilities)	2022	Data collected by the Ministry of Social Security and Labor from Lithuanian municipalities

Children in migration	Immigrant children – 4,543 Emigrant children – 1,047 Children granted asylum in the Republic of Lithuania – 184 Children with residence permits issued/changed – 2,408	All data are provided for 2021	Lithuanian Official Statistics Portal
Children of national minorities	31,502 Number of Roma children - 1,036	2020-2021 2016	EMIS Overview of the Roma situation in Lithuania
Juvenile delinquency	Minors in prisons – 17 The number of minors suspected (accused) of committing criminal offences – 704	All data are provided for 2021	Lithuanian Official Statistics Portal
Children from poor families	21.6 percent (38,000) of children under the age of 6 are at risk of poverty 24.8 percent (100,000) of children between the ages of 6 and 19 are at risk of poverty	All data are provided for 2020	Eurostat

87. In addition, data calculated by researchers who have carried out in-depth policy analysis are included, which reveal trends related to ensuring children's right to adequate living conditions (in this case, housing) (see Table 3).

Table 3. Data from an in-depth policy analysis related to ensuring children's right to adequate housing

Indicator	Vulnerable group of children	Estimated group size	Data source and year
Housing cost burden	Children of low-income parents Children of single parents Large families raising 3 or more children Children living in rural areas Children with disabilities	2.2 percent of all Lithuanian children – approximately 11,000	Data calculated by the researchers of PPMI Group (hereinafter referred to as PPMI) based on the statistics of children living in Lithuania in 2020 and the data from the Survey of Income and Living Conditions of Residents for 2020
Inability to keep the house warm enough (energy poverty)	Children of low-income parents	26 percent of all Lithuanian children – approximately 600,000	Data calculated by the researchers of PPMI Group based on the statistics of children

	Children of single parents Large families raising 3 or more children Children living in the city		living in Lithuania in 2020 and the data from the Survey of Income and Living Conditions of Residents
Inadequate housing and poor living conditions (severe housing deprivation)	Children of single parents Large families raising 3 or more children Families raising children with disabilities	8 percent of all Lithuanian children – approximately 38,000	Data calculated by the researchers of PPMI Group based on the statistics of children living in Lithuania in 2020 and the data from the Survey of Income and Living Conditions of Residents

CHAPTER V AWARENESS RAISING AND DISSEMINATION OF INFORMATION

88. Awareness raising and information dissemination on children’s rights issues is a very important aspect, as it helps to develop public awareness, also helps to understand the importance of children’s rights and their protection, to form the attitude that children are active participants of their lives and members of society, and their voice, ideas, participation in public life, decision-making are just as important as those of adults. In addition, dissemination of information makes it possible to reach the children themselves, which is particularly important to ensure that children actively participate in decision-making and express their opinions on issues related to their lives. Active participation of children in decision-making is possible only if children have the necessary information related to the issue in question, which is prepared in a language they understand (i.e., appropriate to their age and maturity). Accordingly, certain activities are planned to disseminate information about the Child Guarantee and its’ implementation in Lithuania.

89. Information about the Child Guarantee, as well as Lithuania’s actions in implementing Child Guarantees, is publicly available on the website of the Ministry of Social Security and Labour. A separate section was created to publish all information related to the Child Guarantee (<https://socmin.lrv.lt/lt/veiklos-sritys/seima-ir-vaikai/vaiko-teisiu-apsauga/vaiko-garantiju-sistema>). The information will be constantly updated by publishing news related to the implementation of the Child Guarantee. Profiles of the Ministry of Social Security and Labor on social networks Facebook and LinkedIn are planned to be used for dissemination as well. In addition, opportunities to publish information about the Child Guarantee and its implementation on the websites of other state institutions will be evaluated. After the approval of the Lithuanian Child Guarantee Action Plan, a press release of the Ministry of Social Security and Labor will be prepared, which, presumably, will increase media interest in the Child Guarantee and allow it to reach the public through additional means of dissemination.

90. As mentioned earlier, after the approval of the Lithuanian Child Guarantee Action Plan, a child-friendly version of the Lithuanian Child Guarantee Action Plan will be prepared (in the first half of 2023), along with the information about the Child Guarantee and its importance for children. This version will be presented and discussed together with the children participating in the Children’s Council. Discussions will also be held with children on how best to disseminate the child-friendly version in order to reach as many children as possible with information about the Child Guarantee, including the most vulnerable groups of children who may have limited access to the information resources. It is planned to prepare a child-friendly version in Lithuanian, English, Polish and Russian languages.

91. Once the child-friendly version is developed, it is planned to send an information letter on the Child Guarantee and the Lithuanian Child Guarantee Action Plan to all municipalities in Lithuania, along with

the child-friendly version. Municipalities will be invited to contribute to the implementation of the Lithuanian Child Guarantee Action Plan by taking decisions at the municipal level on the development of assistance and other support measures, e.g., when planning and allocating the municipality's budget, planning for the development of new services, or finding other solutions to support children and their families. It is believed that Lithuania's participation in the Phase III of the Preparatory Action to the Child Guarantee in EU Member States provided a special benefit to the state, allowed the identification of specific groups of children who are most vulnerable, therefore this information can be useful at the level of local authorities as well, as an in-depth policy analysis can help to better understand the needs and challenges experienced by Lithuanian children – both at the national level and, respectively, at the local level – and to make decisions that meet the best interests of the child. According to the legal regulation in force in the Republic of Lithuania, municipalities are obliged to organize and finance the accessibility and complexity of social, health care, education, mediation and other necessary services for the child and family, giving priority to the provision of services in the community; analyze the state of child welfare in the municipality, plan and ensure the implementation of child rights protection measures; organize pre-school, pre-primary, general education, vocational training and vocational guidance, non-formal education of children, organize and coordinate the provision of educational assistance to the child, teacher, family, school, ensure the implementation of the rights of children with special educational needs, etc. At the same time, municipalities will be asked to share a child-friendly version of the Child Guarantee with specialists working directly with children. At the municipal level, there are day-care centers for children, community-based children care homes, local NGOs working with children and their families, etc., which also reach out to the most vulnerable groups of children, and therefore, it is believed that this will allow for a wide dissemination of information about the Child Guarantee and its implementation in Lithuania.

92. The Child Guarantee will also be presented during various events, conferences or other similar activities. Even before the preparation of the Lithuanian Child Guarantee Action Plan, the Child Guarantee was presented, for example, during the event of the Confederation of NGOs for Children in the Seimas of the Republic of Lithuania (March 25, 2022, during the conference “Child Welfare System in Lithuania: Current Situation and Perspectives”), and in 2023 it is already planned to make a presentation in the Social Affairs and Labor Committee of the Seimas of the Republic of Lithuania as part of parliamentary control.

CHAPTER VI STAKEHOLDER ENGAGEMENT

93. Since Lithuania participated in the Phase III of the Preparatory Action to the Child Guarantee in EU Member States, intended to prepare for the implementation of the Child Guarantee, during which an in-depth policy analysis was carried out, it allowed to ensure the active involvement of various interested parties. Both the in-depth policy analysis and the policy brief were prepared not only through analysis of literature, legislation, statistics, etc., but also through interviews and consultations with stakeholders. These consultations were attended by institutions, bodies, and organizations from various fields, working both at the national and local levels.

94. At the national level, these were representatives from the following institutions, bodies, and organizations: State Data Agency, Institute of Hygiene, Ministry of Social Security and Labour, Ministry of Education, Science and Sports, Ministry of Health. Representatives from Vilnius, Panevėžys and Šiauliai Public Health Offices, the European Anti-Poverty Network (Lithuanian Office), the Confederation of NGOs for Children, the SOS Children's Villages Lithuania, the Gargždai and Panevėžys Social Services Centers, the Vilnius Social Club, and the National Agency for Education, Lithuanian Autism Association “Rain Children”, Roma Community Centre, Šiauliai District Municipality, Šiauliai Municipality, Šiauliai City Municipality, Neringa Municipality, Radviliškis District Municipality, Vilnius District Municipality, Telšiai District Municipality, the Office of the Ombudsperson of Child's Rights, Vytautas Magnus University, Mykolas Romeris University also participated in the consultations. The focus group discussion on children's access to health care services was attended by the Department of Child and Adolescent Psychiatry of Santara Hospital, the Association “Lithuanian Disability Forum”, Panevėžys Public Health Bureau, the Ministry of Health, non-governmental organization “Volunteers for Children”. Representatives

of Vilnius City Municipality Administration, Vilnius City Municipality Administration Pre-school Education Department, Kaunas City Municipality Administration, Šiauliai City Municipality Administration, Kazlų Rūda City Municipality Administration, Klaipėda City Municipality Administration, Vilkaviškis City Municipality Administration, Ministry of Culture, Ministry of Education, Science and Sports, the National Agency for Education, Panevėžys Youth Day Care Centre, and Save the Children Lithuania took part in the discussion of the integrated child services. As can be seen from the diversity of interested parties, the aim was to include as many different institutions, bodies and organizations working in the field of child well-being as possible. This ensured that the views and experiences of institutions, bodies and organizations working at the national level as well as those of local municipalities, bodies and organizations working at a practical level, which are often closer to the child and the family, and are quicker to spot practical challenges, were taken into account. Such diversity was also important because there is still a significant gap between the availability of services and other support measures for children and families in large cities/municipalities in Lithuania and smaller municipalities in rural areas. The aim was therefore to ensure that the consultations would not only include individuals/professionals representing major cities and municipalities, but also representatives of smaller municipalities.

95. Because the Council will be involved in the whole process as an additional coordinating mechanism for the Child Guarantee and its implementation in Lithuania (including the monitoring of the Lithuanian Child Guarantee Action Plan), this will ensure cooperation with the stakeholders throughout the whole period of the Child Guarantee implementation in Lithuania. It is important in this case that representatives from all the most important fields – state institutions, municipalities, civil society, independent human rights monitoring organizations and the children themselves – participate in the activities of the Council. The implementation of the Child Guarantee was already presented to the Council at several meetings of the Council – on November 15, 2021 (during which a decision was also taken to appoint the Council as an additional mechanism for the implementation of the Child Guarantee in Lithuania), and on February 10, 2022.

96. *Ensuring participation of children and young people.* As it was mentioned above, the Children’s Council will also be involved in the implementation, monitoring, and evaluation process, which will ensure opportunities for children to participate and exercise their right to express their views. Representatives of children – four representatives of pupils (from Lithuanian Pupils Union) are involved as members in the Child Welfare Council under the Government of the Republic of Lithuania.

97. Also, the representatives of children participated in the consultations of the Phase III – children were reached with the help of social partners, i.e., non-governmental organizations. The aim was to ensure the participation of children from the most vulnerable groups, i.e., children from families in precarious situations, children in foster care, children with mental health challenges, children with disabilities, children in migration, children of migrant origin, children of national minorities (including Roma children).

CHAPTER VII QUALITATIVE AND QUANTITATIVE OBJECTIVES

98. Based on the in-depth policy analysis, the main long-term objectives to be achieved through the implementation of the Lithuanian Child Guarantee Action Plan, which are considered to measure Lithuania’s overall progress in reducing child poverty and social exclusion, are:

No.	Target	Indicator	Definition	Source	Current situation in Lithuania	Target (by 2030)
1.	By 2030, reduce by half the proportion of children living	The level of severe material and social	Severe material and social deprivation is defined as a	Eurostat, State Data Agency	7.7 percent (2019)	3.35 percent

	in severe material and social deprivation (based on 2019 estimates)	deprivation of children	person's inability to meet 7 out of 13 elements of material and social deprivation.			
2.	By 2030, reduce by half the proportion of children at risk of poverty or social exclusion (baseline 2015)	Children at risk of poverty or social exclusion (AROPE) (<18 years)	A child is considered to be at risk of poverty or social exclusion if at least one of the following characteristics is present: relative income poverty, severe material deprivation and/or the child lives in a household with low labor intensity.	Eurostat, State Data Agency	23.1 percent (2020)	15.35 percent
3.	Increase the effectiveness of cash transfers in reducing child poverty by 2030 (baseline 2015)	The impact of social transfers on reducing child poverty	The effectiveness of social transfers is linked to the reduction in the percentage at risk of poverty resulting from social transfers.	Eurostat, State Data Agency	29.39 percent (2020)	32.03 percent

99. Additionally, the following indicators will be evaluated:

99.1. number of children in temporary and permanent foster care in the family-based environment from all children in temporary and permanent foster care (initial value – 77.9 percent (in 2022), target value (until 2030) – 90 percent);

99.2. percent of children (0-6 years) receiving pre-school education services (first and second cycle) (initial value – 44.2 percent in the first cycle and 90.3 percent in the second cycle (2022), target value (by 2030) – at least 50 percent in the first cycle and 96 percent in the second cycle);

99.3. percent of children aged 0-5 receiving pre-school education services in the city and children aged 0-5 receiving pre-school education services in rural areas (initial value – 74.1 percent of children aged 0-5 receiving pre-school education services in the city and 32.8 percent of children aged 0 to 5 received pre-school education services in rural areas (2020-2021); target value (by 2030) – at least 96 percent of children aged 0 to 5 received pre-school educational services in the city and rural areas);

99.4. percentage of children with special educational needs attending the ECEC institutions (initial value – 23,123 children with special educational needs, i.e. 19.9 percent (in 2018) attend the state ECEC institutions, target value (until 2030) – receives 100 percent attention within 6 months);

99.5. percent of children with special educational needs studying in a general education school (initial value – 98.3 percent of children with special educational needs studying in a general education school (2020-2021), target value (by 2030) – 100 percent receives attention within 6 months);

99.6. number of pupils not achieving the required level of achievement in reading, mathematics and natural sciences (initial value – reading (476), mathematics (481), exact sciences (482) (PISA 2018), target value (by 2030) – halving the required level the number of underachieving pupils, with special attention paid to children living in households with a median disposable income below 60 percent and living in rural areas);

99.7. number of children (aged 2 years) vaccinated with a single dose of measles, mumps, and rubella (MMR) vaccine (initial value – 92 percent (2018), target value (until 2030) – 95 percent);

99.8. number of children with unmet mental health needs. Unmet needs are defined as the inaccessibility of mental health care services due to distance, transport or financial reasons (initial value – 31.3 percent (2018), target value (by 2030) – 22 percent);

99.9. number of children and adolescents who eat fresh fruits and vegetables at least once a day is 20 percent of households with the lowest income (baseline – fruits: 34.4 percent, vegetables: 31.7 percent (2020). Lower rates for children from low-income households. Target value (by 2030) – 64 percent).

100. Moreover, to ensure proper monitoring of the Lithuanian Child Guarantee Action Plan and the implementation of the measures provided in this plan, separate goals and indicators related to each measure of the plan are foreseen. These goals and indicators are specified for each measure, in the Lithuanian Child Guarantee Action Plan (see appendix “Measures of the Lithuanian Child Guarantee Action Plan”). The Action Plan includes the objective for each measure, i.e., the result to be achieved for the children, as well as the name of the indicator(s) that will measure the result achieved in relation to the objective, the initial value of the indicator, the target value of the indicator in 2025 and the target value of the indicator in 2030. This ensures that the results achieved for children are evaluated at the end of the implementation of the Lithuanian Child Guarantee Action Plan (i.e., in 2030) and also as the intermediate results.

CHAPTER VIII THE ACTION PLAN

101. The Lithuanian Child Guarantee Action Plan is presented in the Annex “Measures of the Lithuanian Child Guarantee Action Plan”.

CHAPTER IX POLITICAL SYSTEM

102. Even though Lithuania does not have a unified, comprehensive strategy on the rights of the child, the implementation and protection of children’s rights and their well-being are reflected in several national strategic documents.

103. The goals, objectives and aims of the Government Program also correspond to the goals of the Child Guarantee:

103.1. the importance of quality education, paying attention to the fact that it is necessary to create suitable opportunities for an equal start for all children, regardless of their life situation is emphasized – stressing that the aim will be to ensure that every child, regardless of where they live, their social situation or their special needs, will have an equal chance of accessing a promising education;

103.2. there is also a focus on the need to promote more accessible early childhood education and care, stating that one of the objectives is to ensure that all children aged three years and over from families at risk / families in precarious situations attend the ECEC institutions, and that access to the ECEC institutions is available to all other children;

103.3. the aim of enabling all children to be adequately prepared for school, including important aspects such as facilitating the integration of children with special needs into mainstream education, both in schools and in society, is distinguished;

103.4. the aim to expand the coverage of the non-formal education basket so that 80 percent children could attend at least one non-formal education activity is included as well;

103.5. the importance of ensuring that children are safe in all environments in their lives is emphasized;

103.6. it is stressed out that the attention shall be devoted to particularly vulnerable groups of children and young people, emphasizing the importance of additional state support for these groups. For example, increasing access to social services, matching services to the individual needs of children, young people and their families, providing access to services for children with disabilities, more effective support for children and young people with high-risk behaviors, etc.;

103.7. the need for further development and strengthening of alternative child foster care forms is included too;

103.8. there are also other goals that compatible with the implementation of the Child Guarantee.

104. Individual measures that contribute to the implementation of the Child Guarantee are also included in the already mentioned development programs, e.g., various measures in the social field aimed at strengthening families raising children, creating opportunities for access to better quality assistance for children and their families, and addressing current challenges that prevent children and families from receiving timely, effective help and assistance, are provided in the Family Policy Program (the program is especially focused on the development and strengthening of various services for all groups of children and their families), in the Income Inequality Reduction Development Program, in the Inclusive Labor Market Development Program, and the Social Solidarity Program. In the field of education, various measures aimed at increasing children's opportunities in education are envisaged, for example, in the Education Development Program, and in the field of health, the Health Preservation and Strengthening Development Program contributes to the creation of better conditions for children. Lithuania also fully supports the new EU Strategy on the Rights of the Child and its objectives.

105. In recent years, there has also been an increasing focus on the implementation of evidence-based solutions, particularly in the area of services for children and families. For this purpose, evidence-based programmes such as the Multidimensional Family Therapy Programme (the MDFT Programme), the Family Conference Method, the Positive Parenting Skills Development Programme "The Incredible Years" have been introduced in Lithuania, which also significantly contribute to reducing social exclusion of children (e.g., through increasing the responsibility of the whole community for children and their difficulties, building children's and families' skills to cope independently with the problems they face in their daily lives, improving children's mental health, changing attitudes towards children and families experiencing difficulties, etc.). Important measures are implemented in relation to monetary social support for families – state-supported income, which forms the basis of social benefits, increased by more than 20 percent for the first time in a decade at the beginning of 2018, and the universal child benefit for all children that was introduced in 2018 was increased few times over the period from 2019 to 2022, and a supplementary child benefit is available for children with disability, as well as for children from large families and those living in low-income households. Another targeted measure for large families (with three or more children) and families with children with disabilities is the "Family Card", which guarantees discounts on certain goods and services offered by partner organizations. Discounts and other advantages can be applied to food products, essential goods and some services in the public and private sectors, and can be one-off or recurrent. Various additional measures have been developed and implemented during the COVID-19 pandemic. It is therefore safe to assume that the Lithuanian state policy is favorable to the implementation of the Child Guarantee and is in line with its objectives.

CHAPTER X

EUROPEAN UNION STRUCTURAL FUNDS

106. Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+) and repealing Regulation (EU) No 1296/2013 provides that Member States with an average rate of children under 18 years old at risk of poverty or social exclusion according to Eurostat data in 2017-2019 are projected to exceeded the EU average for that period, must allocate at least 5 percent of their resources of the ESF+ to the implementation of the Child Guarantee.

107. In Lithuania, 8.7 percent of ESF+ funds, i.e., EUR 98.98 million, are allocated to the implementation of the measures included in the Lithuanian Child Guarantee Action Plan. These funds were distributed as follows: EUR 60.25 million of EU funds – to the Ministry of Social Security and Labor; EUR 10.9 million of EU funds – to the Ministry of Health; EUR 27.83 million of EU funds – to the Ministry of Education, Science and Sports.

108. Measures, the implementation of which is planned to be financed with ESF + funds:

108.1. A measure planned in social security field is related to the access to services for children at risk of poverty or social exclusion through the Child Guarantee. The measure will be implemented in three directions:

108.1.1. development of services for children with disabilities, children who have special needs due to their health condition or developmental disorders. The change is aimed at ensuring the necessary services for children with disabilities and children who have special needs related to their health condition or developmental disorders, better accessibility of the services according to the place of residence of their families, individual needs of the child, characteristics of the age groups, thus revealing the potential of the child with disability or special needs related to health conditions or developmental disorders, to reduce the impact of disability/disorder on the development of the child.

108.1.2. Development of services for families of children with disabilities or special needs due to their health condition or developmental disorders. The change is aimed at helping family members of children with disabilities or special needs related to health condition or developmental disorders to acquire the necessary knowledge related to the child's disability or disorder in a timely manner, to solve more easily the challenges of daily life, to better combine personal life and care for a child with disability, to compensate for the family's interests and needs, to take proper care of a child with disability, and to manage the family situation more successfully.

108.1.3. Development of services for other children (brothers, sisters) growing up in families of children with disabilities or special needs due to their health condition or developmental disorders. The change is aimed at reducing the risk of neglect of other children raised in families of children with disabilities or special needs due to their health condition or developmental disorders, at meeting their needs, and at helping family members balance personal interests and needs and care for a child with a disability/disorder.

108.2. In the field of health care, in Lithuania there is no systematic accompanying, psychosocial and/or psychotherapeutic help that is available to the child and family as soon as the diagnosis of illness or disability is confirmed for one of the most vulnerable groups – children with psychosocial disabilities and their families. Therefore, in implementing the Child Guarantee, the following activities will be carried out:

108.2.1. provision of psychosocial, psychological and/or psychotherapeutic services based on scientific evidence for a child under the age of 18 from the moment a developmental disorder or psychosocial disability is diagnosed;

108.2.2. providing psychosocial and/or psychotherapeutic services to the child's relatives (parents, siblings, other caregivers, etc.) in order to reduce the negative psychological factors related to child care (stress, pressure, etc.) and improve the quality of life;

108.2.3. training of specialists on how to apply evidence-based methods to improve the health of children with psychosocial disabilities and to improve the quality of life of their family members or other caregivers.

108.3. In the field of education, the aim will be to ensure more active inclusion of children experiencing social risk in pre-school and pre-primary education – EU funds will be aimed at covering the costs of the education (including non-formal education, educational materials, meals and transport costs) for children enrolled in pre-school or pre-primary education (including compulsory pre-school education) who are growing up in families at social risk, thereby maximizing the child's early inclusion in the education system.

CHAPTER XI MONITORING

109. Data on children and their situation in relation to the implementation of the Lithuanian Child Guarantee Action Plan will be collected using existing data systems, e.g. SPIS, EMIS, etc. Data will also be collected from reports on the implementation of measures included in the Action Plan, statistics provided by municipalities, etc. In the Action Plan (appendix “Measures of the Lithuanian Child Guarantee Action Plan”), for each measure the sources of data that will be used to monitor the implementation of the measure and the progress achieved is specified. Some data, such as data related to poverty, including households with children is collected by the National Data Agency. One of the biggest challenges in Lithuania related to the collection of statistical data on children is that such data are not always very detailed, i.e., not all important aspects, such as the place of residence of children (city or rural area), age groups, nationality, etc. are always registered.

110. It should be noted that the Ministry of Social Security and Labour is currently drafting an amendment to the Resolution No.695 passed by the Government of the Republic of Lithuania on June 8, 2004 “On Approval of the List of Indicators for Statistical Information on Children”, which will allow collection of more statistical data on children in different areas, e.g. new and more detailed indicators are to be collected on: possible violations of children’s rights; children potentially exposed to violence; children victims of trafficking; children growing up with their mothers in places of detention; children who are applied with the measures of minimum or medium care; pupils completing primary education and continuing their education in the same year; children in family education; children with disabilities educated in an inclusive way in general education institutions; children for adoption who meet special criteria; children declared missing; unaccompanied foreign minors; families and children who are under social care or case management, etc. The amendments will allow for collection of more detailed data on children, as the aim is to provide a breakdown of as much data as possible by children’s age groups, place of residence (city/rural area), gender and other parameters.

111. The implementation of the Child Guarantee in Lithuania may identify additional challenges related to the collection of data that would be relevant for assessing the situation of child poverty and social exclusion in certain aspects or allow for the assessment of the impact of the implemented measures on child poverty and social exclusion. In such a case, additional solutions will be sought to address these challenges (the Lithuanian Child Guarantee Action Plan will be supplemented respectively).

MEASURES OF THE LITHUANIAN CHILD GUARANTEE ACTION PLAN

No.	Measure	Purpose and content of the measure (description)	Funding source	Implementation period	Indicator	Initial indicator	Target qualitative and quantitative indicators to be achieved by 2025	Target qualitative and quantitative indicators to be achieved by 2030	Implementing institution, participating institutions	Monitoring process (how the monitoring of measure implementation process will take place)	Data sources
Children with disabilities, special needs (including needs arising from medical conditions) and/or developmental disorders											
1.	Development of services for children with disabilities, children who have special needs related to their health condition or developmental disorders, and their family members	<p>Activities are to be carried out in three directions:</p> <p>a) development of services for children with disabilities, children who have special needs related to their health condition or developmental disorders. The change is aimed at ensuring the necessary services for children with disabilities and children who have special needs related to their health condition or developmental disorders, better accessibility of the services according to the place of residence of their families, individual needs of the child, characteristics of the age groups, thus revealing the potential of the child with disability or special needs related to health conditions or developmental disorders, to reduce the impact of disability/disorder on the development of the child.</p> <p>b) Development of services for the families of children with disabilities or children who have special needs related to their health condition or developmental disorders. The change is aimed at helping family members of children with disabilities or special needs related to health condition or developmental disorders to acquire the necessary knowledge related to the child's disability or disorder in a timely manner, to solve more easily the challenges of daily life, to better combine personal life and care for a child with disability, to compensate for the family's interests and needs, to take proper care of a child with disability, and to manage the family situation more successfully.</p> <p>c) Development of services for other children (brothers, sisters) raised in families of children with disabilities or children who have special needs related to their health condition or developmental disorders. The change aims to reduce the risk of neglect of other children raised in families of children with disabilities or special needs due to their health</p>	Funds of the European Union (EU) funds' investment programme for 2021-2027 (Child Guarantee)	2023–2029	Share of persons who evaluate the quality of community-based services related to the Child Guarantee positively (%)	90.8 (2020)	-	95 (2029)	<p>Ministry of Social Security and Labor of the Republic of Lithuania (MSSL)</p> <p>Participating institutions: Ministry of Health of the Republic of Lithuania (MH), Ministry of Education, Science and Sports of the Republic of Lithuania (MESS)</p>	Surveys of project participants	Survey data

No.	Measure	Purpose and content of the measure (description)	Funding source	Implementation period	Indicator	Initial indicator	Target qualitative and quantitative indicators to be achieved by 2025	Target qualitative and quantitative indicators to be achieved by 2030	Implementing institution, participating institutions	Monitoring process (how the monitoring of measure implementation process will take place)	Data sources
		condition or developmental disorders, to ensure that needs of other children in the family are met too, to help family members balance personal interests and needs and care for a child with a disability/disorder.									
2.	Development of a one-stop-shop mechanism for assistance to disabled persons and families raising disabled children	Ensure that persons with disabilities and families raising children with disabilities have easy access to information about the access to services and the support and services itself, thus avoiding fragmentation of the support.	State budget (SB) funds	2023–2030	The share of people with disabilities who used social integration measures aimed at reducing their social exclusion of the total number of recipients of these measures (%)	33 (2021)	38	42	MSSL	Collection of information about the number of services provided, the number of service recipients, qualitative changes	Information collected
3.	Provision of the medical rehabilitation services for children with disabilities	<p>The objective of the aim is, upon appointment by a physical medicine and rehabilitation doctor, to provide 20 days of supportive rehabilitation for children under 18 years of age who have been recognized as disabled due to nervous system diseases, musculoskeletal disorders, ear, nose, throat, eye diseases or blood and blood lymphoma diseases in accordance with the procedure established by the legislation.</p> <p>Various rehabilitation services (e.g., supportive rehabilitation, inpatient rehabilitation, outpatient rehabilitation, etc.) are presently provided to children by 6 health care institutions in Lithuania: Hospital of Lithuanian University of Health Sciences Kaunas Clinics; Pediatric Rehabilitation Department “Saulutė” of Pediatric Hospital of Vilnius University Hospital Santariškės Clinics; Abromiškės Rehabilitation Hospital; Palanga Pediatric Rehabilitation Sanatorium “Palangos Gintaras”; Pediatric Rehabilitation Department “Žibutė” of Lithuanian Health Science University Kaunas Hospital Pediatric Clinic; Utena Hospital.</p>	Compulsory health insurance funds	2023–2030	Number of children with disabilities who received medical rehabilitation services during the reporting year (according to the needs of children)	According to the needs of children	Number of children with disabilities who received medical rehabilitation services during the reporting year (according to the needs of children)	Number of children with disabilities who received medical rehabilitation services during the reporting year (according to the needs of children)	National Health Insurance Fund (NHIF) Participating institutions - based on the data published on the website of the NHIF	Information about paid services collected by the NHIF	NHIF data in the reporting year
4.	Enhancement of the mental health and emotional well-being of children with psychosocial disabilities and their family	The goal is to ensure provision of the psychosocial and/or psychotherapeutic support (starting as early as possible or immediately after the child is diagnosed with a developmental/psychological and behavioral disorder or diagnosed with a disability) based on scientific evidence-based methods, adapted to individual needs, ensuring its availability and quality.	EU funds' investment programme for 2021-2027 (Child Guarantee)	2023–2029	<p>Satisfaction of family members/caregivers of children with psychosocial disabilities with the services provided (%)</p> <p>Number of children with psychosocial</p>	-	-	By the end of 2027 – satisfaction of family members/other caregivers of children	MH, European Social Fund Agency	Recipients of the services and family members/other caregivers of the children will be interviewed	Collected survey data

No.	Measure	Purpose and content of the measure (description)	Funding source	Implementation period	Indicator	Initial indicator	Target qualitative and quantitative indicators to be achieved by 2025	Target qualitative and quantitative indicators to be achieved by 2030	Implementing institution, participating institutions	Monitoring process (how the monitoring of measure implementation process will take place)	Data sources
	members or other caregivers				disabilities or their family members/other caregivers who received the services			with psychosocial disabilities with the services received (target value – 40%) Number of children with psychosocial disabilities or their family members/ other caregivers who received the services - 3,000		at the beginning and at end of service provision	
5.	Adaptation, where necessary, of the housing and the immediate living environment according to the individual needs of children with disabilities	Improve the living environment to address the individual needs of children with disabilities.	SB	2023–2030	The share of children with disabilities for which housing is adapted of the total number of children with disabilities who applied for housing adaptation	49.5 (2021)	60	85	MSSL Participating institutions – Department for the Affairs of the Disabled under the Ministry of Social Security and Labor (DAD), municipalities	Reports collected and analyzed	Reports
6.	Support for children with disabilities with technical assistance measures	Improve the system of provision of technical assistance measures.	SB	2023–2030	The share of children with disabilities provided with technical support equipment of the total number of persons who submitted applications for providing children with technical support equipment (%).	92 (2021)	93	97	Technical Assistance Center for the Disabled under the Ministry of Social Security and Labor Participating institutions - MSSL	Reports collected and analyzed	Reports

No.	Measure	Purpose and content of the measure (description)	Funding source	Implementation period	Indicator	Initial indicator	Target qualitative and quantitative indicators to be achieved by 2025	Target qualitative and quantitative indicators to be achieved by 2030	Implementing institution, participating institutions	Monitoring process (how the monitoring of measure implementation process will take place)	Data sources
7.	Ensuring the accessibility of the physical environment (public spaces, public buildings, housing), transport, infrastructure, services for people with disabilities	Develop a comprehensive system of social integration for the disabled.	SB	2023–2030	Physical infrastructure readiness index (%)	47.04 (2021)	50	70	MSSL, DAD Participating institutions - Ministry of Environment of the Republic of Lithuania, Ministry of Transport and Communications of the Republic of Lithuania MH, MESS, Ministry of Culture of the Republic of Lithuania	Reports collected and analyzed	Reports
8.	Adaptation of information infrastructure and information to the needs of the disabled	Develop a complex system of social integration, including adaptation of information infrastructure and information for persons (children) with disabilities, develop an environment to meet the needs of the disabled in all areas of life.	SB	2023–2030	Index of adaptation of information to the needs of the disabled (%)	11.27 (2021)	25	50	MSSL, DAD Participating institutions - Information Society Development Committee, Lithuanian National Radio and Television, Ministry of Culture, Office of the Equal Opportunities Ombudsperson	Reports collected and analyzed	Reports
9.	Organization of the provision of personal assistance according to the needs identified	Improve the availability of services and support for children with multiple developmental disabilities.	SB	2023–2030	Share of children with disabilities who received the services of personal assistant of the total number of persons who received the services of personal assistant (%)	4.4 (2021)	7	9	DAD	Reports collected and analyzed	Reports
10.	Payment of targeted compensations to meet special needs	Ensure support for persons with disabilities who are identified as requiring special permanent care (assistance) and special permanent nursing, including children.	SB	2023–2030	The share of beneficiaries of targeted compensations (children) of the total number of children with disabilities (%)	58 (2021)	58	58	Municipalities	Reports collected and analyzed	Reports

Children in foster care											
11.	Increase of foster care allowance	<p>Increase and differentiate according to the age and needs the foster care allowance paid to children in foster care in order to ensure the basic needs of children left without parental care for food, clothing, health care, formal and informal education, recreation, etc.</p> <p>For a child whose foster care has been established in a foster family, foster care household, Foster Care Center or children care institution (incl. community-based children care home), a foster care benefit is appointed for and paid during the period of foster care:</p> <p>1) for a child up to 6 years old – a monthly payment of 5.2 basic social benefits; 2) for a child between 6 and 12 years old – a monthly payment of 6 basic social benefits; 3) for a child between 12 and 18 years old or until the minor is recognized as emancipated or enters into marriage - a monthly payment in the amount of 6.5 basic social benefits; 4) for a child whose level of disability has been determined regardless of the age of the child, a monthly payment of 6.5 basic social benefits.</p>	SB	2023–2030	The average amount of foster care allowance	EUR 160 (2021)	EUR 365.8	EUR 483.8	MSSL	Evaluation of statistical information	Statistical reports of municipalities and the Information System on Social Assistance to Families (SPIS)
12.	Development of professional care	<p><i>Necessary amendments to the legislation aimed at establishing professional foster families receiving children for permanent foster care are planned to be prepared during 2022-2023. These professional foster families will take care of certain groups of children classified as the most vulnerable groups of children (e.g., children with disabilities, children with high-risk behavior, etc.). Detailed description of the measure will be provided after evaluating the content of all actions to be implemented under this measure.</i></p>	<p><i>The content of the measure and the indicators to be achieved will be specified after the content of the measure has been prepared.</i></p>						MSSL	<p>Participating institutions - State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labor (CP Service)</p> <p>Information on the number of children under different forms of foster care will be collected. Assessment of other parameters, such as disability, children's age, gender, etc. will be carried out.</p>	SPIS

13.	Development and strengthening of the activities of Foster Care Centers, development of after-care services for young people starting an independent life	In accordance with this measure, the development of services to promote and effectively support foster care in the family-based environment will be carried out, with the aim of ensuring that as many children and young people left without parental care as possible are placed in the family-based environment, avoiding institutionalization and secondary damage to the development and adaptation of the child in society. Scientific findings, experiences of foreign countries and Lithuania show that children from families experiencing social risks, long-term crises, who have experienced various types of violence and emotional deprivation, who have attachment disorder, will have behavioral and emotional needs for which specific knowledge, competences, specialized training, supervision, interventions, specialized coordination of cases is required in their caregivers, in order to change those challenges into adaptive behavior. Therefore, there is a plan to adjust legislation to establish imperative personal education requirements for caregivers. It is assumed that the measure to strengthen Foster Care Centers can also contribute to ensuring that more and more children will be temporarily accommodated, cared for in the family-based environment and that the breakdowns of foster care cases will be prevented. Moreover, the aim is to provide professional foster families, regular foster families and other members of their families with services meeting their needs that arise in the foster care process. Planned solutions: raising the competence of specialists, promoting the increase of funding through municipalities and at the state level, networking, awareness raising activities. In addition, support services will be developed to ensure the provision of necessary assistance (after-care services) to young people who have been placed in the institutional care, so that they become independent and responsible citizens of the Republic of Lithuania able to create positive attachment relationships, start their own families and properly raise their children.	EU funds' investment programme for 2021-2027	2023–2029	The share of young people who received after-care services of all young people who left the care system (%) The share of children under the care of professional foster parents of all the children in the foster care system (%) The share of persons in the target groups of institutional care reform who are satisfied with the quality of the services they receive (%) The number of children in foster care who received the services of the Foster Care Center	8 (2020) 4 (2020) 90.8 (2020) 4800 (2022)	25 4 - 5093	80 7 95 (2029) 5200	MSSL Participating institutions – local municipalities	Information from municipalities is collected, surveys of project participants are carried out	Reports submitted by municipalities, data from surveys
Children with high-risk behaviors (behavioral problems)											
14.	Implementation of the Early Intervention Program	The goal is to reduce the use of alcohol and drugs and provide early intervention services to young people aged 14-21. This program is one of the support measures for young people who experiment or use alcohol and/or other drugs (except tobacco) regularly.	It is financed by the SB special targeted grant intended for municipal	2023–2030	The share of young people aged 14–21 who have completed Early Intervention	-	85	-	Drug, Tobacco and Alcohol Control Department (DTACD)	Monitoring of the services provided is carried out by DTACD	DTACD

			budgets to perform the state public health care functions		Program classes of the total number of people who have started attending the classes (%)				Participating institutions - HM, Hygiene Institute, public health offices		
15.	Continuation and assurance of the sustainability of the Multidimensional Family Therapy Program (MDFT)	In 2020, the Multidimensional Family Therapy Program was launched as one of the options to address the insufficient availability and supply of quality help for children and young people with behavioral problems. The MDFT program is an evidence-based, family-centered, structured program that was developed in the United States of America and implemented all over the world, incl. in Europe over the past decade. The program is important also because it focuses not only on the child or young person, but also involves their close environment, which has a significant impact on the behavior of the child or young person. In Lithuania, the MDFT program is applicable in work with children and young people aged 11-17. It is aimed at completely changing or at least reducing problematic behavior, solving related family problems, improving the life of the child or young person in the family, at school or at work and in the community, and promoting age-appropriate leisure activities and healthy relationships with peers. 3 MDFT teams were established to operate in the municipalities of Vilnius, Kaunas, Klaipėda, but since the service is mobile, the services is also provided to children and families living 100 km around the specified municipalities.	SB	2023–2030	Number of children who received the services of MDFT program	56 (during 2021-2022)	90	120	MSSL Participating institutions – CP Service	Collection of statistical data on the number of success stories each MDFT team has managed to achieve during the year. The data is to be collected according to the gender, age, place of residence (city/rural area), etc. of children.	Information provided by the MDFT teams
16.	Development of the possibilities to assess the difficulties and strengths of juvenile convicts that help to predict and prevent negative consequences	Develop an electronic instrument for assessment of risk and response to interventions in the near future: adolescent version (START:AV).	Funds of the project “Development of Quality Based Lithuanian Correctional Service System”, funded by the 2014-2021 EEE and Norwegian Financial Mechanism’s “Justice and Home Affairs” Program	2023–2024	An electronic instrument for assessment of risk and response to interventions in the near future: adolescent version (START:AV) developed and implemented	0	1	-	Lithuanian Prison Service Participating institutions - Lithuanian Probation Service	Monitoring of the project “Development of Quality Based Lithuanian Correctional Service System” is carried out by the Central Project Management Agency (CPMA)	The Central Project Management Agency will be provided with the final service provision report for the training phase and trial operation prepared by the supplier and signed by the representative of the Lithuanian Prison Service

Children at social risk (from families in precarious situations)											
17.	Support for purchasing school supplies	The purpose of this measure is to ensure financial support for poor families raising school-aged children at the beginning of the school year. Pupils are entitled to support for the purchase of school supplies, if the average monthly income of one of the persons living together or one person living alone is less than 1.5 times the state-supported income.	SB	2023-2030 (continuous measure)	Amount of the support for purchasing school supplies	EUR 80 (2021)	EUR 124	EUR 164	MSSL Participating institutions - MESS, local municipalities	Evaluation of statistical information	Municipal statistical reports and SPIS
18.	Free meals for pupils, based on family income	The purpose of this measure is to ensure the provision of warm meals to pupils from poor families to develop healthy eating habits. Pupils from poor families are entitled to free lunches and meals at summer camps organized by schools, if the average monthly income per person is less than 1.5 times the state-supported income.	SB	2023-2030 (continuous measure)	The share of pupils from poor families receiving free meals of the total number of pupils	9.5% (2021)	12.0%	15.0%	MSSL Participating institutions - MESS, local municipalities	Evaluation of statistical information	Municipal statistical reports and SPIS
19.	Ensuring pre-school (including compulsory) and pre-primary education for children experiencing social exclusion, poverty or social risks that put them at risk of social exclusion (implementation of the Child Guarantee and informal training of parents, other caregivers and staff of educational institutions implementing pre-school and/or pre-primary education programs)	EU funds will be used to cover the educational costs (including non-formal education of children, educational materials and other means, meals and transport costs) of children who are educated according to pre-school or pre-primary education programs (including compulsory pre-school education) and grow up in families experiencing social risk, thus ensuring maximum early inclusion of the children in the education system.	Co-financing funds	2023–2030	Number of children living in socially vulnerable families (from birth to compulsory pre-school education), who are provided with compulsory pre-school education and who participate in pre-school education programs The share (percentage) of children growing up in families at social risk who are educated according to pre-school or pre-primary education programs for at least 6 months	413 (September 1, 2021) 512 (January 20, 2022) -	1300 80% of 3050	At least 2000 100%	MESS Participating institutions - MSSL, local municipalities	The monitoring shall be carried out by evaluating data in information systems (the information in the relevant information systems is checked every six months)	SPIS, EMIS
20.	Social care service providence to the families	The services is provided to families with children experiencing difficulties (crisis, lack of social skills, addictions, violence, incl. child neglect, etc.) in order to enable them to	SB	2023–2030	The number of families and children in those families who	10,530 families / 17,622	12,500 families / 20,000 children	13,000 families / 21,000 children	MSSL Participating institutions –	Monitoring is carried out by collecting data from municipalities.	Data provided by municipalities

		independently care for their children and properly look after them, solve problems independently, ensure emotional and psychological well-being, support a closer relationship with the social environment, to strengthen the abilities of family members to look after, positively raise and educate children from birth, to help the family create an environment favorable to the development of children and to avoid social isolation. Strengthening of social care for families raising young children, children with disabilities, families expecting children, in order to prevent crisis situations in these families in advance and reduce social exclusion of children (assistance provided by individual care workers to families raising child(ren) up to one years of age or child(ren) under three years of age with developmental disabilities).			have received the service	children (in 2022)			local municipalities		
					Number of positions of individual care workers established in municipalities providing social care for families with children up to 36 months of age (units)	101 (2022)	500	500			
21.	Support to rent housing (renting of social housing)	The purpose of this measure is to create more favorable conditions to rent social housing for parents raising children alone. If the councils of the local municipalities will be in favor of such decision, social housing for parents raising children alone could be rented out of order.	Municipal budget funds European Social Fund	2023–2030	Increase in the number of persons (families) who received support for purchasing or renting housing compared to 2020 (%)	0	At least 24%	At least 24%	MSSL Participating institutions - municipalities	Evaluation of statistical information.	Municipal statistical reports and SPIS
22.	Housing support (by providing subsidies for the payment of part of the housing loan partially reimbursed by the state)	The purpose of this measure is to increase the adequacy of housing support for deprived residents. It is aimed at increasing the amount of subsidies provided for the payment of part of the housing loan from 15 to 30% (instead of 10% and 20%), taking into account the number of children raised in the family or belonging to a specific target group (for example, a family raising a child with a disability).	SB	2023–2030	Increase in the number of persons (families) who received support for purchasing or renting housing compared to 2020 (%)	0	At least 24%	At least 24%	MSSL Participating institutions - municipalities, credit institutions	Evaluation of statistical information	Statistical reports of credit institutions and SPIS
Children in migration / children of migrant origin / ethnic minorities											
23.	Development of the cultivation of the national identity of children and young people of national minorities	Organize and support the activities of Sunday schools to preserve children's identity and social integration.	SB	2023	The number of ethnic minority children and young people who participated in Sunday school educational activities	300 (2021)	700	-	Department of National Minorities (DNM) under the Government of the Republic of Lithuania	The DNM will monitor the activities of Sunday schools of national minorities. Information on the number of children participating in the activities will be collected.	Monitoring will be carried out followed by preparation of an activity report as well as assessment whether the intended indicator has been achieved

24.	To promote socio-cultural integration of Roma	Organize after-school activities, summer camps for Roma children.	SB	2023	The number of Roma children who have participated in the camps	80 (2021)	150	-	DNM (the activity is implemented by the Roma Society Center)	Monitoring will be carried out by the DNM. Direct participation will be ensured or the collection of the Involvement will take activity reports. Information on the number of people participating in the activities will be collected.	Reports on the activities performed will be evaluated.
25.	Assurance of the immunoprophylaxis for children in migration	The goal is to ensure the availability of scheduled vaccinations for children in migration. Children will be vaccinated according to an individual schedule decided by a family physician (or pediatrician).	SB	2023–2030	The number of children in migration who have participated in immunoprophylaxis programs during the reporting year	According to the needs of children	According to the needs of children	According to the needs of children	NHIF Participating institutions - health care institutions providing health care services to children in migration	The data on migrant children vaccinated during the reporting year will be evaluated	State data management information system (the data is obtained from the State Data Agency)
26.	Development of the support measures for children in migration / migrant origin	Considering the fact that Lithuania has faced new challenges in recent years, which have increased the number of unaccompanied minors and, in general, the number of children in migration in the country, the aim will be to create and develop measures to ensure the implementation and protection of the rights and legitimate interests of these children, to promote social integration, etc. The measure is planned to include children in irregular migration, as well as Ukrainian children fleeing the Russian-led war against Ukraine.	<i>The content of the measure and the indicators to be achieved will be specified after the content of the measure has been prepared.</i>						MSSL The measure will be joined by the UNICEF Regional Office for Europe and Central Asia	<i>Details will be specified.</i>	
Other measures (covering all groups of children)											
27.	Providence of the financial support to families raising children (universal child benefit)	For every child from the day of birth to 18 years old or until the minor child is recognized as emancipated or enters into marriage and for an emancipated or married minor child or a person over 18 years of age, if they study according to the general education program, but no longer, until they turn 23 years old, a monthly allowance of 1.75 basic social benefits shall be awarded and paid.	SB	2023–2030	Amount of universal child benefit	EUR 70 (2021)	EUR 108.5	EUR 143.5	MSSL Participating institutions – local municipalities	Evaluation of statistical information	Municipal statistical reports and SPIS –
28.	Providence of the additional financial support to families in need and large families as well as children with disabilities	Additional benefit for a child (1.03 of the amount of the basic social benefit) from the day of birth to the age of 18. or until the minor child is recognized as emancipated or enters into marriage and persons over 18 years of age, if they are studying according to the general education program, but not longer than until they turn 23 years old, shall be awarded and paid for the same child according to one of the following points:	SB	2023–2030	Amount of additional child benefit	EUR 41.20 (2021)	EUR 63.86	EUR 84.46	MSSL Participants – local municipalities	Evaluation of statistical information	Municipal statistical reports and SPIS –

		1) for each child raised (or placed in foster care) in deprived families raising one or two children, if the average monthly income per person is lower than 2 amounts of state-supported income; 2) for each child raised (or placed in foster care) in large families raising three or more children, regardless of the income; 3) for each child with a disability, regardless of the income.									
29.	Free school meals for pupils (at pre-schools and pre-primary schools), regardless of family income	The purpose of this measure is to reduce social exclusion and differentiation between individual groups of pupils and to create conditions for a larger number of pupils to participate in the process of healthy nutrition education. The aim is to improve the legal regulation of free school meals for pupils - free school lunches, regardless of income, shall be provided not only for preschoolers, first and second graders, but also for pupils who study under the primary education program in the third or fourth grade.	SB	2023–2030	The share of pupils provided with free meals regardless of income of the total number of pupils	24% (2021)	At least 40%	At least 40%	MSSL Participating institutions - MESS, local municipalities	Evaluation of statistical information	Statistical reports of municipalities and MESS, and SPIS
30.	Development of a healthy lifestyle and strengthening of the health skills of pupils in educational institutions	The aim of the measure is to protect and promote the health of pupils, in close cooperation with their parents or other caregivers, teachers, pupils' support specialists, and the school's child welfare commissions. The measure is implemented by the municipal public health care budgetary institution - the municipal public health office or the office of another municipality providing public health care services under municipal cooperation agreement.	SB	2023–2030	The service is guaranteed for every pupil in an educational institution	The service is guaranteed for every pupil in an educational institution	The service is guaranteed for every pupil in an educational institution	The service is guaranteed for every pupil in an educational institution	Local municipalities Participating institutions - MH	Every year, municipalities shall submit a report on the implementation of the measure	Analysis of reports on the implementation of priorities for the performance of public health functions of State (delegated to municipalities by the State)
31.	Implementation of the Adapted and Expanded Youth-Friendly Health Care Services (YFHCS) delivery model	The main goal is to provide young people (14-29 years old) with friendly, confidential services to help strengthen their physical and mental health, develop healthy lifestyle habits, reduce morbidity among young people, and purposefully solve problems of concern of young people.	2014-2021 EEE and Norwegian Financial Mechanism's Health Program	2023	Number of municipalities where YFHCS is provided	12	24	-	MH Participating institutions - Lithuanian public health offices, Institute of Hygiene, Lithuanian University of Health Sciences (LSMU)	LSMU will carry out an evaluation of the effectiveness of the model. Evaluation indicators have been determined, questionnaires have been prepared according to the municipalities participating in the YFHCS implementation and according to the applied algorithms. Coordinators of the YFHCS collect questionnaire data from persons	Statistical data on municipalities participating in the project are collected from freely available databases of national health indicators - study data of HBSC (<i>Health Behavior in School-aged Children</i>). Collected

										receiving services in municipalities.	quantitative and qualitative data from the municipalities will be analyzed and a project effectiveness evaluation report will be prepared.
32.	Development and implementation of a family visitation model aimed at the provision of early intervention services	<p>The main goal is to provide care services focused on families with risk factors who are expecting a baby and until the child turns 2 years old, to empower families to make decisions and support them.</p> <p>Following results are expected: a service delivery model has been created, a training program has been developed and nursing and obstetrics professionals have been trained to provide early interventions to families expecting a baby and until the child turns 2 years old.</p>	2014-2021 EEE and Norwegian Financial Mechanism's Health Program	2023–2024	<p>Number of municipalities where services are provided to families</p> <p>Number of families who have received the services</p>	-	12 municipalities	-	MH Participating institutions - primary health care centers, municipal administrations, LSMU	The implementation of the measure is coordinated and controlled by HM and CPMA, the achievement of indicators and the implementation of planned activities will be monitored.	<p>Specialists providing family visitation services will regularly participate in supervisions provided by LSMU, thereby ensuring feedback and service quality.</p> <p>Evaluation of the effectiveness of the model of visiting families in the provision of early intervention services will also be carried out.</p>
33.	Implementation of preventive health checks of children and adult students studying under general education programs	<p>The aim of the measure is to identify and correct the health risk factors, to determine whether the health status of the person being tested follows the norms of growth and development according to the age and gender, etc.</p> <p>In personal health care institutions, preventive health check-ups of children are periodically performed, during which the general state of health, physical condition is assessed, the child's height, weight, blood pressure is measured and evaluated, hearing and vision is checked, the locomotor apparatus of the body is evaluated, and the condition of the teeth (dental occlusion) is evaluated.</p>	Compulsory health insurance funds	2023–2030	Preventive health check-ups of children (7-17 years old) studying under the general education programs by filling in the electronic statistical accounting form No. E-027-1 "Pupil's health certificate" (%)	84.6 (2022)	90	93	MH Participating institutions - all personal health care institutions carrying out preventive health check-ups for children and adult students studying under the general education programs	Evaluation of statistical information	Children's Health Monitoring Information System

34.	Support projects of non-governmental organizations to develop parenting skills and provide counseling to parents, with the aim of making parenting skills education accessible to all parents	This measure is aimed at providing an opportunity for parents and other caregivers of children to receive free telephone (hotline) consultation on issues related to positive parenting, child upbringing, nonviolent disciplinary practices, and other issues.	SB	2023–2025	Number of answered calls of all received calls (%)	43	43	43	MSSL	Evaluation of statistical information	Reports submitted by the Social Services Supervision Department under the Ministry of Social Security and Labor (SSSD)
35.	Development of the children's day social care service in all municipalities	This measure is aimed at promoting and expanding the activities of social service institutions in municipalities that provide day social care for children and families, by allocating funds to municipalities to organize, provide and administer accredited children's day social care.	SB	2023–2026	The share of children attending day care centers experiencing social risk of the total number of children (%)	30	30	-	MSSL, SSSD Participating institutions – local municipalities	Evaluation of statistical information	Municipal statistical reports and SPIS
36.	Increase the adequacy of the benefits of the state social insurance system	Prepare and adopt the draft law on the amendment of the Sickness and Maternity Social Insurance Law in order to comprehensively revise sickness, maternity, paternity, and childcare benefits, as well as bring the minimum amounts of these benefits closer to the size of minimum consumption.	Budget of the State Social Insurance Fund of the Republic of Lithuania	<i>The content of the measure and the indicators to be achieved will be specified after the content of the measure has been prepared.</i>							
37.	Strengthening of the mental health of the population and development of the control and prevention of the use of psychoactive substances and other addictive factors	The aim of this measure is to promote health preservation and strengthening activities and strengthen the psychological (emotional) resilience of society.	SB	2023–2030	The share of the population in Lithuania who have indicated that they successfully quit smoking of those who tried to quit smoking (%)	38.4	41.7	46	DTACD	Information collected by DTACD	Information collected by DTACD
					Consumption of legal alcoholic beverages per capita in the population of 15 years and older (in liters of absolute (100%) alcohol) per year	11.4	10.4	9.4	DTACD		
					The number of persons who died from the use of narcotic and psychotropic substances per 100,000 of population.	2.9	2.74	2.6	NTAKD		
38.	Strengthening of the protection of children and young people against the	Develop and increase the diversity, supply, coverage, and availability of evidence-based psychoactive substance use prevention and early intervention tools.	SB	2023–2025	The number of visitors to the websites www.askritiskas.lt, www.nerukysiu.lt,	-	60,000	-	DTACD	Information collected by DTACD	Information collected by DTACD

	use of psychoactive substances				<p>www.kaveikiavaika.i.lt</p> <p>The share of municipalities whose civil servants and employees of their administrations have improved their competences in the field of assuring quality of prevention of the use of psychoactive substances (%)</p> <p>Number of mass events where visitors are informed about safe behavior related to the use of psychoactive substances</p> <p>Number of prepared and updated methodological tools for professionals working with different target groups in the field of prevention of the use of psychoactive substances</p>		60				
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