



European Social **Policy Analysis** Network (ESPAN) Access for children in need to the key services covered by the European Child Guarantee

Lithuania

Romas Lazutka, Laimutė Žalimienė and Jekaterina Navickė







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Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

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# Access for children in need to the key services covered by the European Child Guarantee

#### Lithuania

R. Lazutka, L. Žalimienė, J. Navickė, Vilnius University

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#### Summary

On 14 June 2021, the Council of the European Union (EU) adopted a Recommendation establishing a "European Child Guarantee", with a view to guaranteeing access to six key services for "children in need":

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Lithuania do indeed have effective (or effective and free) access to these services.

Low-income households face both accessibility and affordability barriers to high-quality ECEC in Lithuania. The demand for ECEC is not fully met and children are currently guaranteed a place in a public institution providing compulsory ECEC only for the final year of ECEC. Affordability difficulties include fees and the costs of transport, stationery, clothing and food. Groups such as families in rural areas, single parents, non-native speakers, and families with young children under 3 are more affected. Non-compulsory ECEC may be made compulsory for children from families at social risk or in other vulnerable situations (with all costs covered). Only 17% of AROPE children up to age 3 were in ECEC in 2019.

In the sphere of education and school-based activities, around 42% of low-income households in Lithuania find it very difficult or moderately difficult to cover the costs of formal education. Although compulsory schooling is free of charge in terms of tuition fees, there are still costs associated with education, including exercise books, school trips, canteen costs, and transport to school. There are no significant non-financial barriers to attending compulsory schooling. Nevertheless, there are gaps in access to high-quality education for low-income households, which are indirectly shown by the data on their low admission rates to higher education.

There are free lunches for children in compulsory ECEC and up to grade 2; free meals are provided in the case of compulsory pre-school education. Low-income families are often eligible for concessions or free meals at ECEC level (at municipal discretion) and means-tested school meals are available for all low-income pupils. There are no known studies that show financial barriers to free meals for eligible students, while stigmatisation remains among the main non-financial barriers. The main barriers to effective access to healthy nutrition are low income and the increased costs of food, transport, the lifestyle of families, and eating habits.

In Lithuania the state provides all children with compulsory health insurance, which guarantees them access to healthcare services and measures. However, this does not automatically ensure good access to healthcare services for vulnerable groups (i.e. health indicators remain poorer among low-income and less educated groups, and they are worse in rural than in urban areas). The unmet medical needs of children in Lithuania are higher than the average in the EU, and socio-economic and geographical disparities remain significant.

Low-income households with children are entitled to: means-tested reimbursement of the costs of heating, hot water and drinking water; social housing; and partial rent compensation. Even though the eligibility conditions for reimbursement were significantly expanded, the slow administrative process became a major issue in accessing reimbursement during the heating season of 2022-2023. The main barrier to social housing is a shortage of supply. Another non-financial barrier to access to compensation is stigma and the high level of informality in the housing rental market.

#### Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a "European Child Guarantee" (ECG).<sup>1</sup>

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for "children in need" (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;<sup>2</sup> at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, *effective access* means "a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them" (Article 3d). *Effective and free access* means "effective access" to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing "adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access" (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.<sup>3</sup> These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,<sup>4</sup> the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, "low-income children" is to be understood as children living in low-income households.

In Lithuania, the majority of services covered by the ECG are primarily regulated at national level. However, ECEC and housing are primarily regulated at sub-national level (i.e. are an independent function of municipalities). The report therefore seeks to provide a general picture of the (effective/free) access for low-income children in the country. In addition to this general picture, if access differs substantially across the country, it illustrates these geographical

<sup>&</sup>lt;sup>1</sup> The full text of the ECG Recommendation is available at: <a href="https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L">https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L</a> .2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

<sup>&</sup>lt;sup>2</sup> According to the Recommendation (Article 3f), "school-based activities" means "learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community".

<sup>&</sup>lt;sup>3</sup> Once they have been submitted to the European Commission, the plans are made publicly available online at: <a href="https://ec.europa.eu/social/main.jsp?catId=1428&langId=en.">https://ec.europa.eu/social/main.jsp?catId=1428&langId=en.</a>

<sup>&</sup>lt;sup>4</sup> According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <a href="https://ec.europa.eu/social/main.jsp?catId=756&langId=en">https://ec.europa.eu/social/main.jsp?catId=756&langId=en</a>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least 5 million children.

disparities by providing an example of both a sub-entity in the country that performs well and a sub-entity that performs poorly, where possible.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;5 and
- effective access to adequate housing.6

#### 1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

#### Mapping accessibility and affordability of ECEC 1.1

In Lithuania, ECEC provision is divided into two parts: (i) non-compulsory pre-schooling,<sup>7</sup> which may be compulsory for children from families at social risk or in other vulnerable situations (hereafter referred to as "non-compulsory ECEC" and "compulsory pre-school education"); and (ii) a compulsory year of pre-primary8 education, which children must start in the calendar year in which they turn 6 (or 5 if parents opt for it) (hereafter referred to as "compulsory ECEC") (EC, 2022a). Public kindergartens and private ECEC institutions provide ECEC. In addition to those already mentioned, compulsory ECEC is available at different kinds of general education schools. Each family has the right to choose which kind of institution - state, municipal or private - they wish their child to attend. ECEC provision is an independent function of municipalities according to the Law on Local Self-Government (Law No I-533). The accessibility and affordability of ECEC in Lithuania is described in this section and is summarised in Table 1.1.

Non-compulsory ECEC is non-universal in Lithuania – there is no legal guarantee of obtaining a place in a non-compulsory ECEC setting (Law No I-1489). However, it is envisaged that access to non-compulsory ECEC will become universal for children aged 4 and over from September 2023 (aged 3 and over from September 2024; and aged 2 and over from September 2025) (Law No I-1489). Currently, compulsory ECEC only takes place in the final year of ECEC - from the calendar year in which the child reaches age 6 (or 5, if parents opt so). Since this curriculum is compulsory, every child is guaranteed a free place in a state or municipal institution providing compulsory ECEC.

<sup>&</sup>lt;sup>5</sup> According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs".

<sup>&</sup>lt;sup>6</sup> According to the Recommendation (Article 3h), "adequate housing" means "a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost".

<sup>&</sup>lt;sup>7</sup> Ikimokyklinis ugdymas.

<sup>&</sup>lt;sup>8</sup> Priešmokyklinis ugdymas.

It is calculated that the funds allocated by the state for ECEC should cover children's non-compulsory and compulsory ECEC for 20 hours per week. If a child is in ECEC for more than 20 hours per week, parents (guardians) pay for the additional hours. Parents (guardians) also pay for children's meals in non-compulsory ECEC. Since 2020-2021, all children in compulsory ECEC have been provided with free meals (see Section 1.3).

Fees for additional hours of education and meals are set by the institutions offering ECEC. The owners of ECEC institutions may identify cases where these fees may be reduced or waived altogether (MoESS, 2023). For example, municipalities may set lower fees for disadvantaged and/or low-income families, families with three or more children, or children with disabilities. In many cases, low-income families that receive social assistance benefits do not pay for meals in non-compulsory ECEC, upon request (see Section 1.3). However, there are no other privileges with regard to access and affordability for low-income families, unless municipalities decide otherwise.

In exceptional cases, compulsory pre-school education may be provided to a child from birth to age 6 (when the child starts compulsory ECEC) (Order No V-735/A1-208). This may apply to children who grow up in families at social risk or in other vulnerable situations (e.g. when parents: lack social and/or positive parenting skills; experience difficulties, such as joblessness, divorce or health-related issues; are absent; or have a child with a disability and/or unmet special educational, cultural, cognitive or other needs). Low income is in general not a criterion for stipulating compulsory pre-school education. Recommendations on the provision of exceptional compulsory education are provided by the child welfare commission of the municipal administration, and the final decisions are taken by the director of the municipal administration. Compulsory pre-school education for children is free to their parents (guardians). Free meals are also provided. Expenses are covered from the state budget (EC, 2022a).

Childcare (usually under three years of age)

Accessibility

Affordability

Pre-school settings (usually from three years of age until compulsory school age)

Accessibility

Affordability

NO

FREE-ALL0\* / NO\*\*

ENT-ALL6years

FREE-ALL6years

Table 1.1: Accessibility and affordability of ECEC

Note: "ENT-ALL6years" means a legal entitlement for all children from the age of 6. "NO" in the accessibility column means no entitlement or priority for low-income children. "FREE-ALLxxx" means free for all children from the age of xxx. \* free for 20 hours per week in terms of childcare costs (not meals), except for compulsory preschool education in exceptional cases, which is provided for free (including meals); \*\* hours exceeding 20 hours per week are not for free and municipalities may establish their own tariffs and concessions; in many cases, meals are free for low-income families, who receive social assistance (Section 1.3).

#### 1.1.1 Conditions for qualifying as a "low-income child"

Not applicable.

#### 1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable – access to non-compulsory and compulsory ECEC is free for all children for 20 hours per week. Hours exceeding 20 hours per week are not free, and municipalities may establish their own tariffs and concessions, which may or may not include low-income criteria. Generalised public information about the criteria by which municipalities award fee concessions to children participating in non-compulsory and compulsory ECEC is not

available. In cases when compulsory pre-school education is stipulated for children in families at social risk or in other vulnerable situations, it is free and covered from the state budget.

# 1.2 Main barriers to effective and free access to ECEC for low-income children

#### 1.2.1 Financial barriers

Despite partial funding of ECEC, one of the main barriers to accessing ECEC in Lithuania is affordability (UNICEF, 2021a). Affordability difficulties include fees and the costs of transport, stationery, clothing and food. As already mentioned, fees and applicable deductions for ECEC and meals are set by the institution providing ECEC and differ across municipalities (MoESS, 2023). While low-income families that receive social assistance benefits in many cases do not pay for meals in non-compulsory ECEC, there are no other privileges with regard to access and affordability for low-income families, unless municipalities decide otherwise.

One of the most vulnerable groups in terms of affordability is families living in rural areas. More families with children living in rural areas reported difficulties in affording ECEC services than families with children living in cities (*ibid.*). Moreover, other groups, such as single parents, experience difficulties in accessing ECEC services and have limited time in their schedules to take their children to ECEC centres, especially when these are located far from home (Skubiejūtė, 2020).

Statistics show that the higher the parents' income, the more likely they are to make use of ECEC services for children under 3. Only 17% of AROPE children up to age 3 attended ECEC in 2019, compared with 30.2% of non-AROPE children. The EU-27 average for AROPE children's participation in ECEC was 27.3% (Eurostat, EU-SILC [ILC\_PEPS01N], downloaded on 17 January 2023). In Lithuania, the ECEC attendance rate for those between age 3 and the minimum compulsory school age was 75.5% of AROPE children (EU average of 83.9%) compared with 84.8% of non-AROPE children (EU-27 average was 89.8%) as of 2019 (*ibid*.). Low-income families living in rural areas experience a double disadvantage due to additional non-financial barriers (see Section 1.2.2) and have even greater difficulty in affording any ECEC services (UNICEF, 2021a).

#### 1.2.2 Non-financial barriers

The demand for ECEC in Lithuania is not fully met (European Commission, 2020). The Law on Education (Law No I-1489) states that the municipality shall have an optimal network of ECEC providers. However, access to ECEC institutions may be an issue, with regard to both places available and distances/transport to the facilities. In court proceedings where parents sought to prove that their children were entitled to a place in a municipal non-compulsory ECEC setting, the courts held that municipalities were not obliged to provide every child with a place in their ECEC settings (EC, 2022a). However, it is envisaged that access to non-compulsory ECEC will become universal for children aged 4 and over from September 2023 (aged 3 and over from September 2024; and aged 2 and over from September 2025) (Law No I-1489).

Transport of children is important to ensure access to ECEC, especially for those in remote areas, those with special needs, and low-income families. Usually, parents (guardians) have to bring their children to the ECEC setting themselves. The municipality organises free transport for children who live in rural areas and small towns, and more than three kilometres from the ECEC setting, as well as for those for whom compulsory pre-school education is stipulated (MoESS, 2023). Municipalities ensure transport to the ECEC setting that is closest to the child's home and meets the child's needs.

Nevertheless, a lack of transport is reported as the second most significant barrier to accessing ECEC, after ECEC costs (UNICEF, 2021a). In 2018, 23 out of 60 municipalities did not provide a shuttle service for children to reach ECEC locations (National Audit, 2019a). According to the Ministry of Education, Science and Sport (MoESS, 2022), 2,300 children (or 2.7%) of those aged 3 and over participating in non-compulsory ECEC were provided with transport to school in 2021; most of them were taken by private transport (39.4%) and yellow buses (32.6%). Transport for children participating in non-compulsory ECEC is especially relevant in small municipalities. The share of children transported in those areas (9.0% in 2021) was significantly higher than in other groups of municipalities (MoESS, 2022).

As of 2021, 62.8% of children under 6 were participating in non-compulsory or compulsory ECEC (57% in 2018). From 2018 to 2021, the number of children aged 3-5 in non-compulsory ECEC increased in all municipalities. In particular, there was an increase (by almost 9 percentage points) in the number of children aged 4 and 5 – 87.4% of children in this age group attended ECEC institutions (MoESS, 2022).

In public ECEC facilities, there is a lack of places for children of all ages, but especially those under 2 (UNICEF, 2021a). Only about 10% of children in Lithuania attend ECEC in the youngest group (up to age 1) (MoESS, 2022) and only about 21% of those under 3, compared with around 36% on average in the EU-27 in 2021 (Eurostat, EU-SILC [ILC\_CAINDFORMAL], downloaded on 17 January 2023). Barriers are on both the supply and the demand side, as the majority of parents who receive contributory childcare leave benefit opt to receive it for two years. This can be a barrier for low-income families who are not eligible for such a long contributory childcare leave and need to return to work earlier.

A UNICEF (2022) research review showed that ECEC educators lacked sufficient skills to work with children in other languages, and not enough ECEC facilities provided services in foreign languages. This is problematic for non-native speakers, children from ethnic minority groups, and for returnee and immigrant children. The arrival of displaced Ukrainian children in 2022 has further exacerbated the problem of limited ECEC provision in urban areas. To react quickly to the higher demand for places, the government has increased even further the number of places in non-compulsory and compulsory ECEC and raised salaries for teachers working with these larger groups, depending on the number of Ukrainian children. These changes are valid until August 2023 (EC, 2022b). Nonetheless, providing ECEC staff and school leaders with professional development opportunities and better working conditions is key to resolving access barriers to ECEC.

#### 1.3 Free meals provision for low-income children in ECEC

Under amendments to the Law on Social Assistance for Pupils (Law No X-686), free lunches have been provided to all children in compulsory ECEC since September 2020. However, only children from families experiencing social risk and those assigned to compulsory pre-school education (Order No V-735/A1-208) receive free meals in non-compulsory ECEC. Funds are allocated from the state budget to municipalities, which must ensure free meals for the aforementioned groups of children (Order No 677). The number of such children is recorded in the student register.

For all other children participating in non-compulsory ECEC programmes, each municipality may grant (or not grant) meal concessions. They may vary greatly (or not be available at all) across municipalities, because ECEC is an independent function of municipalities according to the Law on Local Self-Government (Law No I-533). Looking at the information provided on the websites of individual municipalities, it can be seen that low-income families mostly have meal allowances (e.g. they may pay 50% of meal prices, or pay nothing for meals at all). The criteria for free meals include having an income lower than 1, 1.5 or 2 times the state supported

income (SSI, i.e. €157) or receiving social assistance benefits, as well as some other circumstances such as being a large family. Generalised public information about the criteria by which municipalities award meal concessions or free meals to children participating in preschool education is not available.

#### Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:<sup>9</sup>

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to school-based activities as defined in the Council Recommendation establishing the ECG (see "Introduction" section). Given that the distinction between these activities and some of the activities covered above – especially the "compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum" – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities which are not part of the curriculum.

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<sup>&</sup>lt;sup>9</sup> Tuition fees charged by private schools are not covered.

# 2.1 Mapping the main school costs in public primary and secondary education

Table 2.1a: School costs in primary education (free for all/low-income children)

Basic material	Books	Clothing	ΙT	Sports or music equipment	Extra- mural activities	Other fees or costs	Transport
NO	MOST ITEMS	NO	NA	NA	NO	NA	ALL

Note: "ALL" means that this category is free for all children. "MOST ITEMS" means that most but not all items in the category are free for low-income children, "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

Compulsory schooling in Lithuania is free of charge. School costs in primary and secondary education are covered on the basis of the same rules (Table 2.1a and Table 2.1b). Some educational materials (textbooks) are provided free for all children (Law No I-1489), but some (school supplies, exercise books, etc.) have to be purchased by parents, as well as compulsory essential school supplies (schoolbags, pens, glue, scissors, etc.).

There is no compulsory specific clothing (uniform) required at national level, but it is compulsory by decision of some schools. Uniforms and sports clothing have to be purchased by parents. Compulsory out-of-school activities (e.g. school trips, sports, culture) that are part of the curriculum are free for all children. IT equipment, sports equipment or musical instruments are not requested by the school. Schools are usually equipped by municipalities. Transport costs (yellow school buses) to and from school are free for all children who live in villages and small towns more than three kilometres away from school. Public transport subsidies apply to all other children.

In order to cover school costs, low-income children receive targeted cash benefits. They are described in Section 2.2.

Table 2.1b: School costs in secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra- mural activities	Other fees or costs	Transport
NO	MOST ITEMS	NO	NA	NA	NO	NA	ALL

Note: "ALL" means that this category is free for all children. "MOST ITEMS" means that most but not all items in the category are free for low-income children, "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

#### 2.1.1 Conditions for qualifying as a "low-income child"

Not applicable.

# 2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable. Basic materials, out-of-school activities and clothing are not free for any child.

# 2.2 Cash benefits whose specific purpose is to help meet educational costs

A targeted cash benefit to cover the costs of school supplies to pupils prior to the beginning of a new school year is one of the two types of social support available for pupils (the other is free meals for pupils). According to the Law on Social Assistance for Pupils (Law No X-686), social support is provided for children from low-income families studying at general education schools, vocational schools, ECEC establishments and other establishments designed to educate children (libraries, cultural centres, etc.) (hereinafter referred to as "schools") according to general education (primary, basic, secondary or special) or pre-primary curricula, with the exception of curricula for adults.

Cash benefits to cover the costs of school supplies are not available for children studying according to joint general education and vocational training curricula, or for children maintained (receiving free of charge accommodation and meals) by the agencies financed by the state or a municipality or those placed under guardianship (curatorship) in accordance with the procedure laid down by the civil code of the Republic of Lithuania, excluding pupils who study pre-primary curricula or primary curricula in grade 1 and grade 2 (MoSSL, 2023b).

According to the Law on Social Assistance for Pupils, school supplies include individual learning aids (exercise books, calculators, writing, drawing, painting and other learning aids used individually by a pupil), sports clothes and footwear, clothes and other supplies essential for the education of a pupil that are not supplied to pupils in accordance with the procedure laid down by the Law of the Republic of Lithuania on Education and other legal acts. Other hidden costs of education not covered by targeted cash benefits for pupils include school trips and cultural events, IT equipment, and books (UNICEF, 2021a).

Schoolchildren have the right to be provided with school supplies if the monthly income per family member (cohabiting person) is less than 1.5 times the SSI (€235.50 from 1 January 2023) (MoSSL, 2023b). In 2021, the low-income criterion was 75.6% of the AROP threshold for two adults with two children under 14 (annual amounts were €9,216 and €12,183 in 2021, respectively) (Eurostat, EU-SILC [ILC\_LI01], downloaded on 17 January 2023; MoSSL, 2023b).

Schoolchildren from vulnerable families have the right to be provided with school supplies in each of following cases: illness; accident; loss of a breadwinner; when a mother or father raises a child (children) alone; when a family raises three or more children or at least one family member is disabled; and if monthly income per family member (cohabiting person) is less than twice the SSI (€220.50; €235.50 from 1 January 2023).

Municipal administrations have the right to provide school supplies in exceptional cases and on a discretionary basis, if the average income per person per month does not exceed 2.5 times the SSI (€392.50 from 1 January 2023) (MoSSL, 2023b). In 2021, 2.5 times the SSI was 126% of the AROP threshold for two adults with two children under 14 (annual amounts were €15,360 and €12,183 in 2021, respectively) (Eurostat, EU-SILC [ILC\_LI01], downloaded on 17 January 2023; MoSSL 2023b).

The price per set of school supplies (including value added tax) is twice the basic social benefit (BSB) (€98 from 1 January 2023) per pupil during a calendar year. The price is low relative to actual expenditure by families (see Section 2.3.1 for details). School supplies are provided at the beginning of a school year (MoSSL, 2023b).

There are no data on the extent of non-take-up of school supplies. We can only assume that it is similar to the non-take-up of general means-tested benefits for low-income individuals and

households. Studies show that the non-take-up rate may be around 22% (Gabnytė et al., 2020).

Municipal administrations administer the cash benefit to cover the costs of school supplies to pupils who are resident in their territory. School supplies are financed by special targeted grants of the state budget to municipal budgets, general appropriations allocated from the state budget to administrations of county governors and the Ministry of Education and Science, funds of municipal budgets, funds allocated by founders of non-state schools, and other funds obtained in accordance with the procedure laid down in law (MoSSL, 2023b).

46,400 children received the cash benefit to cover the costs of school supplies in 2021 (MoSSL, 2023a). That accounted for 54% of all AROPE children under 18 in 2021 (there were 86,000 AROPE children under 18 (Eurostat, EU-SILC [ILC\_LI02], downloaded on 17 January 2023). Other groups of children receive universal child benefit, which can help meet educational costs. Every child has received a monthly benefit of €85.75 from 1 January 2023. Additional child benefit (€50.47 from 1 January 2023) shall be paid to children if:

- the family is raising one or two children and the average family income per person per month does not exceed twice the SSI (€314, from 1 January 2023); or
- the family is raising three and more children, or has a child with a disability (MoSSL, 2023b).

## 2.3 Main barriers to effective and free access to school-based activities for low-income children

School-based activities are in general referred to as non-formal education <sup>10</sup> in Lithuania. After school hours pupils can freely choose various non-formal education activities, which can be provided in general schools. Most of these activities are free of charge or paid from the pupil's educational voucher, which was established in 2015. Pupils can also attend sports, music, fine arts or art classes, leisure centres, children's clubs organised by various private providers and independent teachers outside school. Children's summer camps are partially financed by the state and municipalities.

#### 2.3.1 Financial barriers

Pupils attending non-formal education activities organised by private providers and independent teachers outside school can receive a voucher from the state. The state allocates a voucher of €15-€20 for one non-formal education activity per pupil. The amount of the voucher is determined by municipalities, so the amount may vary between municipalities. Two vouchers are allocated per pupil with special educational needs. Only pupils attending accredited non-formal education activities can receive these vouchers. The minimum duration of the accredited non-formal education activities is six months, and the intensity is eight hours per month.

Children's summer camps are partially financed by the state and municipalities if the camp operator wins the competition to organise them. 30% of the price of these camps is reimbursed, while the other part must be paid by the parents.

The Ministry of Education, Science and Sport reports a reduction in financial barriers to learning. The improving situation is reflected in the declining share of pupils receiving financial

<sup>&</sup>lt;sup>10</sup> Neformalus ugdymas.

support in the country: in 2021 an average of 7% of pupils received support in national schools, compared with 8.4% in 2018 (MoESS, 2022).

The price per set of school supplies, of €98, is relatively low taking into account the actual expenditure of families. A representative survey conducted by the public opinion research company Spinter Research revealed that 41% of parents planned to spend €51-€100 on a school bag per child this year. A third of the respondents intended to spend €101-€200, and 17% to spend €11-€50; 15% are going to spend more than €200 (Ivancov, 2022). According to some expert calculations, the actual expenditure would be at least €350 (Aržuolaitienė, 2022).

According to a UNICEF report, 29% of households in Lithuania found it very difficult or moderately difficult to cover the costs of formal education (UNICEF, 2022). This figure was 42% for low-income households with children, rising to 61% among single-parent households (UNICEF, 2022).

Inequalities between households produce inequalities of opportunity among children and in their academic achievements. A lack of financial resources and a paucity of role models can undermine the aspirations of disadvantaged students, with negative consequences for the effort they invest at school. Children from low-income families have lower academic achievements than their peers. Lithuanian PISA<sup>11</sup> tests from 2018 revealed that children aged 15 from disadvantaged backgrounds performed less well at school than their better-off peers (OECD, 2015). Children from low-income families were also 1.7 times more likely to drop out of school than their peers. These children were also twice as likely to continue their studies in vocational schools, and less likely to pursue a university degree (MOSTA, 2018).

The practice of private tutoring is widespread in Lithuania. It fills the gaps in the quality of the public education system. However, low-income families cannot easily afford private tutoring fees. Among the lowest social strata, only 10% students studied with the help of tutors in the 10th grade, compared with 30% among the highest social strata (STRATA, 2020). These differences lead to differences in students' access to university.

In Lithuania, schools have a practice of collecting money from parents for the improvement of teaching conditions, and the provision of teaching aids, if the schools are not sufficiently financed. Parents also have the right, through parent committees, to decide what additional support will be given for improving the classroom environment and the purchase of the necessary environmental or even teaching aids. This is especially relevant in primary school classrooms, where younger children spend most of their time (Smolienė, 2014).

Requesting money from parents for school or classroom use is formally prohibited. This is only possible on a voluntary basis (Transparency International Lithuania, 2023). Usually, fundraising is initiated by parent committees or otherwise by some active parents. As a result, despite fees being prohibited in schools and kindergartens, they appear to be quite common, according to the parents interviewed. Those who do not want to spend money on class budgets, gifts for teachers or graduation ceremonies are said to have to go through a "humiliating procedure" and provide a good reason why they cannot afford to pay that much. So-called voluntary fees are more like forced fees for parents (Bankauskaitė, 2021). It goes without saying that they are a heavier financial burden for low-income families.

#### 2.3.2 Non-financial barriers

Since schooling is compulsory, there are no significant non-financial barriers to attending schools, except for rare cases when parents themselves do not take care that their children

<sup>&</sup>lt;sup>11</sup> Programme for International Student Assessment.

attend school (MoESS, 2022). Research has shown that non-attendance is mostly due to a lack of parental involvement and interest in children's education, which reduces children's motivation and their self-esteem; children might also be reluctant to attend school due to bullying and various psychological difficulties (UNICEF, 2021a). However, in such cases, the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour (MoSSL) is involved in solving the problems.

Increasing mention is also made of unequal opportunities for students to achieve good academic results. Children in low-income families have lower academic achievement than their peers. In Lithuania, as in all countries and economies, socio-economically disadvantaged children have the lowest level of academic achievement. In addition, they show half as much motivation to achieve a university education than their more socio-economically advantaged peers. Children from low-income families are twice as likely to enrol in vocational schools than their better-off peers. Moreover, children from low-income families are less likely to acquire a professional qualification, and 1.7 times more likely not to complete high school than their peers (UNICEF, 2021a).

The uneven distribution of schools is reflected in the tendency for schools in cities to have fewer computers per 100 students than in small towns: in 2021, there was an average of 19.2 in city municipalities and more than 30 in other groups of municipalities. Since not all classrooms in schools are abundantly equipped with computers, they are not allocated to every student. The relatively poor provision of computers in urban schools is due to the larger number of pupils in classrooms (MoESS, 2022). Many children – especially those from families of lower socio-economic status – do not know how to use computers properly during home schooling and cannot receive support from their parents who also lack IT literacy (UNICEF, 2021a).

Barriers to good education for children from low-income families are indirectly reflected in the data on their admission to higher education institutions. Students from low-income families are less likely to enrol in higher education, and the gap is growing. In 2021, 50% of students from low-income families enrolled in higher education, which was 29 percentage points lower than the rest. This gap was 26 percentage points in 2017. In 2021, students from low-income families were almost three times less likely to enter university than others, while the share of those enrolled in colleges differed relatively little (by 6 percentage points). Since not all students continue their education after the 10th grade, students with lower incomes often do not obtain a high school diploma (STRATA, 2022).

#### 3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

#### 3.1 Mapping free provision of school meals

In Lithuania, there are free lunches for all children in grades 1 and 2 and means-tested school meals for all low-income pupils.

Free lunches for schoolchildren who study according to the pre-primary curricula and primary curricula in grade 1 and grade 2 are provided irrespective of their family's income (MoSSL, 2023b).

According to the Law on Social Assistance for Pupils (Law No X-686), free meals for pupils are provided for children from low-income families studying at general education schools, vocational schools, pre-school education establishments, and other establishments designed

to educate children according to general education (primary, basic, secondary or special) or pre-primary curricula, with the exception of curricula for adults (Law No X-686).

Free meals for pupils during the summer holidays are provided at summer recreation camps organised by schools.

The amount of funds allocated for the purchase of products for free meals per pupil per day is determined based on the list of the product sets required for the production of breakfasts, lunches and dinners approved by order of the Minister for Health according to the age groups of pupils.

For the purchase of products intended for free meals (including the value added tax on the purchase of goods), an amount of 1.6% to 9.7% of the basic social allowance (BSA) per pupil per day is allocated (€0.78-€4.75 from 1 January 2023), which includes:

- breakfast/dinner from 1.6% to 2.8% of the BSA (€0.78-€1.37);
- lunch from 3.5% to 5% of the BSA (€1.72-€2.45); and
- meals in summer recreation camps organised by schools from 8.3% to 9.7% of the BSA (€4.07-€4.75) (MoSSL, 2023b).

Pupils are provided with free meals:

- from the beginning of a school year until the end of the school year;
- upon submission of an application during a school year from the next day after the school receives information about the decision taken until the end of the school year; and
- in full-day summer camps organised by schools during the summer holidays, provided that the pupil was entitled to free meals in the last month of the school year (MoSSL, 2023b).

Free meals are provided to pupils at the school where they study, irrespective of their place of residence. The Ministry of Education, Science and Sport and municipalities administer pupils' free meals at schools established by them and at non-state schools established in their territory. Free meals to pupils are financed by special targeted grants of the state budget to municipal budgets, the general appropriations allocated from the state budget to administrations of county governors and the Ministry of Education and Science, funds of municipal budgets, funds allocated by the founders of non-state schools and other funds obtained in accordance with the procedure laid down in law (MoSSL, 2023b).

#### 3.1.1 Conditions for qualifying as a "low-income child"

Schoolchildren have the right to free school meals, and free meals during the summer holidays at summer recreation camps organised by schools, if the monthly income per family member (cohabiting person) is less than 1.5 times the SSI (€235.50 from 1 January 2023) (MoSSL, 2023b).

Conditions for qualifying as a low-income child are more generous for schoolchildren from vulnerable families (i.e. in case of illness, accident, loss of a breadwinner, when a mother or father raises a child/children alone, when a family raises three or more children, or at least one family member is disabled). Such families have the right to free school meals, if monthly income per family member (cohabiting person) is less than twice the SSI (€314 from 1 January 2023) instead of 1.5 times the SSI, which is applicable for all other types of families.

Municipal administrations have the right to provide free school meals in exceptional cases, if the average income per person per month does not exceed 2.5 times the SSI (€392.50 from

1 January 2023). There are no other conditions to be met except for the low-income criterion for all three situations described above.

# 3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

In 2021 the low-income criterion for the right to free school meals, and free meals during the summer holidays at summer recreation camps organised by schools, was 1.5 times the SSI (i.e. 75.6% of the AROP threshold for two adults with two children under 14). The annual amounts were €9,216 (MoSSL, 2023b) and €12,183, respectively (Eurostat, EU-SILC [ILC\_LI01], downloaded on 17 January 2023).

Another low-income criterion is applied to schoolchildren from vulnerable families in the following cases: illness; accident; loss of a breadwinner; when a mother or father raises a child/children alone; when a family raises three or more children; or at least one family member is disabled. In 2021 it was double the SSI − 100.9% of AROP threshold for two adults with two children under 14. Annual amounts were €12,288 (MoSSL, 2023b) and €12,183, respectively (EU-SILC [ILC\_LI01], downloaded on 17 January 2023).

In 2021 the low-income criterion for the right to provide free school meals in exceptional cases was 2.5 times the SSI – 126.1% of AROP threshold for two adults with two children under 14. Annual amounts were €15,360 (MoSSL, 2023b) and €12,183, respectively (Eurostat, EU-SILC [ILC\_LI01], downloaded on 17 January 2023).

In 2021, a total of 103,600 children received school meals (MoSSL, 2023a). That was equivalent to 120.5% of all AROPE children under 18. There were 86,000 AROPE children under 18 (Eurostat, EU-SILC [ILC\_PEPS01N], downloaded on 17 January 2023).

There are no data on the extent of non-take-up of school meals. We can only assume that the scale is similar to the non-take-up of general means-tested benefits for low-income individuals and households. Studies show that the non-take-up rate may be around 22% (Gabnytė *et al.*, 2020).

### 3.2 Main barriers to effective and free access to school meals for low-income children

#### 3.2.1 Financial barriers

There are no known studies showing that pupils entitled to free school meals face financial barriers (i.e. out-of-pocket payments). However, rising prices for food products caused funding problems for school meals in 2022. The rise in electricity prices also had a negative impact, as food preparation became more expensive.

There have been complaints in the media about the increased cost to parents paying for their children's school meals. There has also been criticism of the MoESS for its approval of low food prices for free meals (Valstietis.lt, 2022; Mikučionytė, 2022). However, municipalities began to provide additional funding for free school meals and approved higher food prices than those set by the ministry (Diena.lt, 2022). In consequence, there is no evidence that the spike in food and energy prices has led to significant barriers.

Data show that the share of pupils who receive means-tested free meals has fallen from an average of 12.6% to 10.5% of all pupils over 3 (MoESS, 2022). This was affected not only by the growth of the population's income, but also by the fact that the low-income criterion, according to which the right to free meals is determined, lagged behind it. The situation is very

uneven in different parts of the country: urban municipalities have the least number of such pupils, and their share varies from 2.5% and 10.6% in large cities (Vilnius and Panevėžys) up to 29.4% and 32.2% in small municipalities with more poor rural residents (in Joniškis and Ignalina district municipalities) (MoESS, 2022).

#### 3.2.2 Non-financial barriers

Despite the increasing coverage of the free meal programme (covering not only low-income pupils, but also all those in grades 1 and 2), certain groups of vulnerable children and young people are still excluded from the programme. Teenagers (aged 15-18) who attend vocational training schools and receive school allowances for their studies are not eligible for free meals. For young people from socio-economically disadvantaged families, this creates a substantial barrier to accessing healthy nutrition (UNICEF, 2022).

Since 1 September 2020, free lunches have been provided to all children in compulsory ECEC and pupils in grade 1. From 1 September 2021, free lunches have been extended to cover all pupils in grade 2. Unfortunately, further expansion to cover pupils in grades 3 and 4 (the entire primary school) has stopped.

Universal coverage is expected to reduce financial burdens for disadvantaged families, as well as reduce children's stigmatisation. A study conducted in 2016 showed that children receiving free meals were asked to queue separately, which segregated them from their cash-paying peers and perpetuated stigmatisation and isolation. Singling out students receiving free meals may lead them to avoid eating lunch at all, thus countering the goals of the programme in the first place (UNICEF, 2022).

Schools themselves deal with the problem of stigmatisation by introducing cards to transfer money for free meals or organising buffet tables. In such cases, both students receiving free meals and those paying out of pocket choose food and eat it together (Tv3.lt, 2019; Sekunde.lt, 2022).

#### 4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

# 4.1 Mapping the provision of free healthcare services and products

Lithuania has free healthcare services for all children. The state provides all children with compulsory health insurance (CHI), which guarantees them access to healthcare services and measures (Law No I-343). A National Audit report stated that children, pensioners, disabled people benefited from CHI funds to a greater extent than other insured people (National Audit, 2019b).

In this section we discuss the provision of free healthcare services and products, and summarise the main aspects related to the healthcare costs in Table 4.1.

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	ALL / POOR

Note: "ALL" means that all services/products in the category are free for all children. "POOR" means that they are free for low-income children.

**Vaccination**. In Lithuania, children are given free vaccinations against 14 infectious diseases according to the approved schedule for children (Order No V-955). Children are vaccinated against the following infectious diseases: tuberculosis, hepatitis B, pertussis, diphtheria, tetanus, haemophilus influenza type B, poliomyelitis, measles, epidemic parotitis, rubella, pneumococcal infection, human papillomavirus, rotavirus, and meningococcus type B. If necessary, children can also be vaccinated against rabies for free, and from 2023 free vaccination against human papillomavirus infection is also available for boys (NHIF, 2022).

**GP**, **specialist care**, **infant nurses**. Children receive free services from family doctors and other specialists, which are provided for on the approved list of personal healthcare services paid for from the National Health Insurance Fund (NHIF) budget. It lists in detail the primary out-patient personal healthcare services for both children and adults financed by the NHIF, infant nurses, secondary and tertiary services of medical specialists, nursing services, tests and procedures, medical devices, etc. (Order No V-1630).

The basic costs of sanatorium-spa treatment for children up to age 7 and children with disabilities up to age 16 are 100% reimbursed if they take individual treatment (and 90% if they go for treatment together with other insured people). Reimbursement of the basic cost of medical rehabilitation services is 90% for children up to 7 and 100% for children with disabilities. Three types of cochlear implants are 100% reimbursed for children with hearing disabilities (Law No I-1343).

**Dental care**. In Lithuania, children have access to free dental care and some dental prosthetics services (Order No V-1630). For example, sealing children's permanent molars (up to age 14), specialist consultations with paediatric dentists, orthodontic appliances, some dental prostheses and in-patient dental services are free for all children. Children under 18, as well as those studying in the full-time departments of vocational schools up to age 24, do not pay for dental treatment-related medicines; fillings or other dental materials and disposable devices are also free of charge for them (unlike for adults). However, if patients choose to receive more expensive materials, tools or other additional services, they have to pay for those.

**Prescribed medicine**. Some prescribed medicines are free of charge **for all children**. These medicines are used for the treatment of such diseases as tuberculosis, diabetes, epilepsy, asthma, and blood coagulation disorders. A list (called list A) indicates which drugs are reimbursable. However, there is another list (list B) containing several other types of medicines that are reimbursable for low-income children. Medication costs for children are reimbursed according to the basic costs of subsidised medicines on the relevant list; the costs of medical supplies are reimbursed according to the list (list C) of subsidised medical supplies. The full (100%) basic cost of necessary medicines and medical supplies is reimbursed for children under 3; and 80% is reimbursed for children aged 3-16 (Order No V-1630, Art. 9). The lists of subsidised medicines and medical supplies are often adjusted, which brings some uncertainty to both patients and doctors. Both adults and children have to pay for medicines and supplies

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<sup>12</sup> The latest list contains only five additional medicines for low-income families (it was previously much longer) (Order V-1630).

not included in these lists. In addition, even medicines that are reimbursed at 100% may involve some payment, as the NHIF only reimburses the basic cost of medicines.

#### 4.1.1 Conditions for qualifying as a "low-income child"

As mentioned above, all children in Lithuania have free access to healthcare services. Only one additional healthcare measure exists for low-income children only (i.e. additional reimbursable medicines included on list B). The low-income criterion for these medicines is set as personal income below 95% of the amount of the minimum consumption needs of the previous year (€267 per month in 2022 and €354 per month in 2023) (Order No A1-828; Order No A1-831). There is no need to submit any additional documents to the pharmacy where the medicines are purchased, as a person's entitlement is automatically registered at pharmacies through the electronic health information system (Valstybinė ligonių kasa, 2023).

# 4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Access to all healthcare services, except for some medicines on list B (see Section 4.1), is free for all children. The low-income threshold to receive medicines on list B is €16,992 for a household consisting of two adults and two children, while the AROP national threshold for this household type is €12,183. There are no data on the number of children who have free access to the medicines on list B, but access is free for all AROP children. There is no information about non-take-up of these medicines for low-income children. Lithuania's national action plan for implementing the ECG has not yet been submitted to the European Commission.

# 4.2 Cash benefits whose specific purpose is to help meet healthcare costs

In 2020, the share of household out-of-pocket payments in total healthcare expenditure (28.7%) in Lithuania was one of the highest in EU countries (Eurostat, [hlth\_sha11\_hf]). This creates financial barriers to the purchase of pharmaceuticals for low-income families. Furthermore, there are no health cash benefits provided specifically to help low-income people or children meet healthcare costs in Lithuania. In this context, the only possibility is of municipalities providing a targeted one-time allowance, which can also be allocated for healthcare services or measures. Practice shows that such payments are necessary for lowincome families, especially when it comes to medicines, because the list of subsidised medicines does not include all medicines that may be needed by a child in a specific situation. In addition, some medicines require co-payments. Although there are no available statistics, we can see on the website of many municipalities that families in need of social assistance may apply to municipalities in various cases for a one-time allowance, including for the purchase of medicines and treatments. Each municipality has its own criteria and sets the allowance amount. For example, in 2023, Vilnius city municipality provides a targeted allowance of up to €1,225, when the average monthly income per cohabiting person does not exceed €471 (three times the SSI).13

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<sup>&</sup>lt;sup>13</sup> URL: <a href="https://paslaugos.vilnius.lt/service-list/tikslines-pasalpos-skyrimas?lang=lt;">https://www.trakai.lt/kokiais-kitais-atvejais-gali-buti-skiriama-vienkartine-socialine-parama/2925.</a>

## 4.3 Non-financial barriers to effective and free access to healthcare

The CHI does not automatically ensure good access to healthcare services for vulnerable groups. According to the assessments made, health indicators remain poorer among low-income and less educated people, and they are worse in rural than in urban areas (ESTEP, 2020). Despite free access to healthcare, the unmet medical needs of children in Lithuania are higher than the average in the EU (Eurostat, 2017). Research shows that vaccination among children is not universal, despite being free. For example, only 67% were vaccinated against human papillomavirus infection in 2020, and only 68% against rotavirus infection (Health Statistics in Lithuania, 2020).

The non-financial barriers hindering access for low-income children to high-quality healthcare in Lithuania include distance to services, lack of culture-sensitive services, long waiting lists, and geographical disparities.

Preparation of the ECG action plan in Lithuania showed that children in low-income or single-parent families, Roma families and children living in precarious family situations, were at a high risk of not receiving necessary health treatments due to: long waiting lists; travel costs or no means of transport; lack of time to take children to the doctor; some necessary and continuous treatments not being entirely free of charge; and, in the case of and Roma families and families in precarious situations, a lack of education and interest in children's health on the part of parents (UNICEF, 2021c). It was also highlighted that there were problems in providing an adequate level of primary care for all children, and there were some local hidden failures, and out-of-pocket cost barriers (including travel and lost parental income) to attending medical appointments, especially for low-income children (UNICEF, 2021b).

Geographical disparities. Based on 2017 EU-SILC<sup>14</sup> data, a significantly larger share of children living in rural areas, whose family income is less than 60% of the median equivalent incomes, had unmet needs for medical examination or treatment compared with families with incomes higher than the amount mentioned (UNICEF, 2021b). According to the "action plan for reducing health disparities in Lithuania 2014-2023" (MoH, 2014), the reorganisation of the healthcare system has to address marked inequalities in access to health services between the urban and rural populations, and be aimed at reducing the differences in access to services for people belonging to different social groups. Significant regional variations in immunisation coverage of children were also highlighted (e.g. the coverage of children aged 2 vaccinated with one dose of measles, mumps, rubella vaccine in individual municipalities in 2018 varied from 83% in the municipality of Varéna to 99% in the municipality of Šiauliai district) (HI, 2020).

Long waiting times. The Lithuanian health programme for 2014-2025 (Resolution No XII-964) stated that the country needed to improve access to GPs and specialised care, and to reduce local inequalities in access to emergency services. A report by the National Audit (2019b) also confirmed that long waiting lists for access to specialist doctors and GPs were one of the biggest problems in personal healthcare. The need to get to doctors or to conduct tests faster than it is possible in public healthcare institutions forces residents to choose paid services in private medical institutions. According to the data collected by the National Audit, 17% of the population had used private treatment services, among whom 51% cited long waiting times for services as the reason (National Audit, 2019b; National Audit, 2018). The lack of availability of psychological counselling is especially problematic for children from low-income and single-parent families, as their parents often cannot afford private consultations. There are often long

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<sup>&</sup>lt;sup>14</sup> European Union statistics on income and living conditions.

waiting lists of children in the country to receive the mental healthcare they need (UNICEF, 2021b).

There are also particularly long waiting lists to access rehabilitation services for children with developmental disabilities. Sometimes people have to wait for these services for several months. The wait for early rehabilitation services is particularly long (about 150 days), as not all institutions provide such services (UNICEF, 2021b). There is no specific information on how the need for these services from low-income families is met. However, it can be assumed that low-income children are likely to be particularly disadvantaged as they may have more complex needs, as well as living in deprived or rural areas, where it will be most difficult to maintain these services, or their parents may not be aware of the services. Since many children with disabilities grow up in low-income families, it can be said that these children are particularly deprived of health services. According to data from a study conducted in 2021 (MoSSL, 2021b), families raising children with disabilities suffered particularly from the unsatisfied need for the services of psychologists, speech therapists, masseurs, physiotherapists, and early rehabilitation professionals.

Lack of information, uneven service network. Problems with the availability of dental care services have been found to be associated with a lack of information, uneven distribution of services (especially in the periphery), and corruption problems (Tomašević, 2017).

The usual organisation of services does not ensure the availability of health services for some families. The lifestyle of families can be one of the barriers to effective access to healthcare. Children under 6, especially, depend on their parents in terms of healthcare. Social risk families may not take enough care of children's health needs (NSMOT, 2020). In order to improve the availability of social and health services for these families, a procedure for the provision of coordinated education, health and social services was therefore approved in 2017 (Order No V-651/A1-455/V-1004).

A lack of culture-sensitive services could be the reason why, for instance, Roma children, as well as refugee children, are mentioned among the less vaccinated groups of children (Razmuviene, 2018).

Some important reasons for non-take-up among all children entitled to free access to healthcare services could be mentioned, as follows.

- A deliberate refusal of services needed by the child, due to possible loss of income. For example, when the child requires out-patient medical rehabilitation, families have to accompany and stay with the young child during the provision of services. Working parents accompanying a child under 7 therefore have to apply for unemployment benefit, which does not fully compensate for lost wages (NDT, 2019). It can be assumed that some parents do not apply for these services for their children, because it would worsen the family's financial situation.
- Delayed provision of services: Roma children are often vaccinated at a later age than recommended. Due to the low rates of pre-school and school attendance among Roma children, their health is not checked as often as others, making it more difficult to identify their health status and unmet needs (UNICEF, 2021b).
- Some studies argue that frequent changes to the eligibility criteria within the social security system are a direct cause of non-take-up. 15 Looking at the frequent changes to the lists of reimbursed medicines in Lithuania, it can be assumed that some parents do not know about the possibility of getting medicine for their children for free.

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<sup>&</sup>lt;sup>15</sup> What is the Non Take-up of Social Benefits? URL: <a href="https://laviedesidees.fr/What-is-the-Non-Take-up-of-Social.html">https://laviedesidees.fr/What-is-the-Non-Take-up-of-Social.html</a>.

- One reason for non-take-up may be a lack of care by parents experiencing social risks (Anceviciene, 2021).
- Insufficient supply of services and lack of continuity, especially of mental health services. Families are reimbursed for only 30 psychotherapist consultations per year (and an additional 10 consultations may be provided when recommended by a physician). However, this is not always enough. Some families therefore turn to private providers of these services and pay for them themselves, which low-income families cannot afford. Psycho-social rehabilitation services for children have been expanding since 2018, but there is still a lack of evidence of progress in this area (UNICEF, 2021b). According to the indicator of children's mental well-being, Lithuania ranks only 36th (UNICEF, 2020).

#### 5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

#### 5.1 Main barriers to effective access to healthy nutrition

Most information and studies about nutrition of children in Lithuania analyse healthy nutrition issues for all children, but do not directly focus on access to healthy nutrition for low-income children. For example, since 2016, information on the healthy eating habits of students in individual municipalities has been available in the public health monitoring information system, <sup>16</sup> but it does not record children's socio-economic status. Issues of healthy nutrition include characteristics of infant and pre-natal diets, fruit and vegetable intake, fat intake, and protein adequacy. The main barriers to effective access to healthy nutrition are low income of families, and their lifestyles and eating habits. Children from low-income households, as well as children from families experiencing social risks, usually do not receive healthy meals because of a lack of healthy eating habits and/or a lack of care for children. Infants and children aged 0-2 are especially vulnerable, as their ability to eat properly depends on their parents' habits. Children who do not attend any formal education institutions, especially those from low-income families or families at social risk, are very vulnerable, as the main policies aimed at improving access to healthy nutrition are implemented through educational institutions (MoSSL, 2023c).

#### 5.1.1 Financial barriers

Low income. AROPE children are especially likely to have limited access to healthy nutrition. In Lithuania, income poverty is mostly experienced by large families with children, families living in rural areas, and single parents with children (Statistics Lithuania, 2020). Income poverty is one of the main factors behind nutrient deficiencies, due to the unaffordability of whole foods. According to studies, low socio-economic status is related to the poorer diets of children (i.e. children from families with lower incomes and education consume fewer fresh fruits, fresh or cooked vegetables, and grains, and more often consume non-healthy products)

<sup>&</sup>lt;sup>16</sup> Visuomenės sveikatos stebėsenos informacinė sistema. URL: <a href="https://sveikstat.hi.lt/chart-topic-indicators.aspx?top\_uid=254&top\_loc=mun&sel\_rep\_panel=19&lang=lit">https://sveikstat.hi.lt/chart-topic-indicators.aspx?top\_uid=254&top\_loc=mun&sel\_rep\_panel=19&lang=lit</a>.

(Žalnieraitienė & Smolnikova, 2018). Research confirms that children with lower socioeconomic backgrounds eat breakfast less regularly.<sup>17</sup>

Among households with children, children from low-income families were significantly more at risk of protein deficiency (20.6%) than all households with dependent children combined (9.1%); this risk was especially high for low-income large families (38.7%) and low-income households with only one parent (26.1%) (EU SILC, 2019).

Cost of healthy food. Parents with low incomes cannot afford healthy foods, as these are often more expensive than less healthy alternatives. Overall, food prices in Lithuania increased by as much as 30% in 2022 (Delfi, 2022). Thus, the affordability of healthy food for low-income families has further reduced. According to EU-SILC (2019), 7% of all children lived in households where at least one child lacked fruit and vegetables every day due to their affordability.

Furthermore, the low adequacy of social transfers to cover the needs of families with children is an important financial barrier that hinders access for low-income children to healthy meals. The purpose of social assistance payments is to meet the most urgent needs through creating conditions for reducing unemployment, promoting professional activity, increasing the responsibility of families for the well-being of their families, etc.: but the issue of healthy nutrition is not covered by these goals (MoSSL, 2023d). On the other hand, the methodology for calculating the minimum needs of a person (family) indicates that the minimum food basket is composed according to the officially approved recommendations of Lithuanian nutrition professionals (i.e. MoH) (Navickė, 2016). However, there should be an optimal food basket and costs covered for children, especially at a young age, rather than a minimum.

#### 5.1.2 Non-financial barriers

Education and other characteristics of breastfeeding mothers. Research shows that breastfeeding is highly dependent on the mother's age, education level, and socio-economic status. In 2020, only 37.8% of mothers in Lithuania exclusively breastfed their children for the first six months (MoH, 2022a). Studies show that women with higher education breastfeed longer; it has been also observed that women with a bachelor's degree and working women have more knowledge about the breastfeeding process and its benefits and have a more positive attitude towards it than women with lower education and non-working women (Baltranaitė, 2019). Place of residence is also mentioned as a significant factor for breastfeeding, with women living in cities breastfeeding for longer (Levinienė *et al.*, 2013; Vingraitė *et al.*, 2013).

A lack of knowledge about healthy food, unhealthy eating habits, and a lack of capacity to prepare healthy meals among parents influence both the length of breastfeeding and the provision of meals at home, especially for younger children under 6 (UNICEF, 2021c). Low-income families and families at social risk may lack knowledge regarding the importance of nutrition, including the specific nutritional needs of pregnant women.

Parents raising children in remote areas may face additional barriers to accessing healthy food or services *due to the lack of transport or its cost*, which hinder the development of specific nutrition-related skills (UNICEF, 2021c).

Work commitments may also be one of the reasons why children's healthy nutrition is not given enough attention. Although working women in Lithuania are given time for breastfeeding, the

<sup>&</sup>lt;sup>17</sup> Based on information provided by the Institute of Health, 2020.

need to return to work is one of the reasons for early cessation of breastfeeding (Stundžienė et al., 2010).

Socio-economic status of the family. A study of the health behaviour of school-aged children showed that a child's gender and age, as well as their social and economic status, have a significant influence on eating habits (HBSC, 2018). According to the Institute of Hygiene, in 2020, only about a third of children in Lithuania ate fruit and vegetables at least once a day. However, the lack of fruit and vegetables in the diet was more pronounced among children living in families with lower socio-economic status. Also, children with lower social and economic backgrounds ate breakfast on a regular basis less frequently (Bartkevičiūtė *et al.*, 2020). Children living in low-income families in rural areas face additional barriers, such as the lack of transport to reach shops or food distribution points.

# 5.2 Publicly funded measures supporting access to healthy nutrition

Publicly funded measures supporting access to healthy meals are usually aimed at all children, or are intended for certain groups of children, such as children from large families, children with disabilities, or children living in rural areas. One of the measures aimed at large families and those raising children with disabilities is the "family card" (Šeimos kortelė), which guarantees discounts on meals and other goods and services provided by partner organisations. The right to this card is not directly related to low income, but large families and those raising children with disabilities usually fall within the category of families that need social support.

Moreover, the Fund for European Aid to the Most Deprived (FEAD) supports access to healthy meals, particularly for low-income children. This programme increased access to healthy nutrition for children from vulnerable groups, reduced the risk of insufficient nutrition for children, and provided families with much-needed food aid during 2014-2020. In 2021, the fund was replaced with the material assistance programme under the European Social Fund for providing food support to households. From 2014, the FEAD provided food support, and from 2019 basic material assistance, to the neediest residents of Lithuania. The assistance provided under this programme was intended for the most vulnerable people, defined according to the criteria of the Law on Cash Social Support for Low-Income Residents. Accordingly, people whose average monthly income was less than or equal to 1.5 times the SSI were eligible for support (the SSI in 2023 is €157 per month). In exceptional cases, municipalities may provide food support to people with higher incomes.

#### 6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

# 6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

In Lithuania, the MoSSL formulates housing support policies; organises, co-ordinates and controls its implementation; and assigns funding to municipalities for current social support programmes. The municipalities compensate individuals and families for housing-related expenses, and provide social housing.

Low-income families with children and individuals are entailed to the following types of housing allowances: means-tested reimbursements for heating, hot water and drinking water<sup>18</sup> (Law No IX-1675). In order to increase the availability of housing, families and individuals (including those waiting for social housing) may also apply for partial reimbursement of rental costs for a privately rented dwelling or for rented municipal housing (Law No XII-1215).

Eligibility criteria for receiving these reimbursements for heating, hot water and drinking water include the following.

- Residence. Eligibility is limited to: citizens of Lithuania; those with a long-term permit to reside in Lithuania or in the EU; citizens of a Member State of the EU or EFTA; or a family member with a right of residence in Lithuania who has been residing in Lithuania for at least three months (this condition is not applied in the case of employed residents and their families). Homeless people, or those who do not have a valid address but legally reside in Lithuania, can temporarily (for 12 months) declare their residence in a municipality without an address. Reimbursements can also be provided to those who have been granted protection or asylum in Lithuania (under certain conditions).
- Means-testing conditions. Reimbursement for the cost of heating, hot water and drinking water is means-tested, but the income test and amount payable depends on a claimant's disposable income (after applicable deductions<sup>19</sup>) and the costs of heating, hot and drinking water. The assets test takes into account the value of real estate and movable property, which may not exceed a defined value. However, the assets test was temporarily suspended during the COVID-19 pandemic and will not be reapplied until 30 April 2024, or at the initial stage of receiving reimbursements (i.e. assets-testing shall not apply for a period of three months to people applying for the reimbursements for the first time, or two years after the last receipt thereof).

The costs of home heating are reimbursed where they exceed 10% of the difference between disposable income (after applicable deductions) and twice the SSI per person for people living together, or three times the SSI for single people. Since 2022, compensation for residential heating bills has been provided regardless of the type of fuel used (gas, electricity, biofuel, fuel oil, pellets, etc.). The cost of drinking water is reimbursed where it exceeds 2% of the disposable income (after applicable deductions indicated above) of people living together or single people. The cost of hot water is reimbursed where it exceeds 5% of the disposable

<sup>&</sup>lt;sup>18</sup> Kompensacijos už šildymą ir karštą bei geriamąjį vandenį.

<sup>&</sup>lt;sup>19</sup> The applicable exemptions include child benefits, several types of targeted compensation, some other types of social benefits, monetary donations, and a proportion of earnings and work-related income. The size of the work-related income disregard depends on the household composition, and ranges from 20% for single people or couples with no children to 40% for households with three or more children.

income (after applicable deductions indicated above) of people living together or of single people. The maximum reimbursable costs are based on the standards set for drinking water, hot water and the size of accommodation (MoSSL, 2023e).

In order to reduce financial burdens on the population due to rising inflation and heating prices, the amount of the SSI for the purpose of calculating compensation for heating costs has been increased from 1 to 2 times the SSI for families and from 1.5 to 3 times the SSI for single people since 1 January 2022. The amount of the SSI was increased twice in 2022 and further indexed in 2023.

Reimbursement for heating costs was given to around 153,620 recipients on average per month in 2022, accounting for around 5.5% of the population (MoSSL, 2023f). This constituted an increase of around 50% compared with 100,498 recipients on average per month in 2021 (*ibid.*). There were 367,779 unique recipients of reimbursement for heating costs in 2022 (around 13% of the total population). There are no available statistics of the number of AROP children receiving these reimbursements.

Slow administrative process and a lag in the actual receipt of reimbursements after applying for them became a major issue during the heating season of 2022-2023. This was due to both technical issues on the application platform, and an exceptionally heavy workload as a result of increased fuel and energy prices, especially in more populous municipalities and major cities (e.g. there was a four-month lag in processing applications in Vilnius as of February 2023) (Irytas.lt, 2023). To distribute the workload, reimbursements were made available for the whole heating season irrespective of the date of application during the heating season of 2022-2023.

A major structural barrier in access to reimbursements is a requirement to declare the actual place of living, which may be a problem for those who rent housing given the high level of informality in the renting market. Another problem appears when several families with different levels of non-pooled income occupy the same dwelling.

Partial compensation for housing rental costs has been available since 2015. Provision of state support for housing rental is aimed at ensuring that low-income families and individuals who cannot afford to own a dwelling are able to rent housing. Rent compensation can be received by those whose declared assets and income per calendar year do not exceed the amounts of income and assets determined by the Law on Support for the Acquisition or Rental of Housing (Law No XII-1215). The amounts are defined based on the household type and municipality. For example, families living in Vilnius with two or three children are eligible for rent compensation if their annual income is below 122 times the SSI and their assets' value is below 168 times the SSI.

People renting housing from the private market are required to have rental agreements signed for at least one year and have them registered with the register of real estate. Rent compensation is not paid if the rented property is less than 10 sq. metres per person and for the share of rent exceeding the set standard (i.e. maximum 14 sq. metres per person) (Regulation No 472). The latter provision may restrict renting possibilities for those who want to receive rent compensation.

Compensation for housing rental costs remains an underused tool in Lithuanian housing policy, especially in areas with an underdeveloped or predominantly informal residential rental market. According to social assistance monitoring data, the share of people (families) waiting for social housing and receiving partial compensation for housing rental costs was only about 9% in 2021 (MoSSL, 2023g). This percentage, however, has been steadily increasing since 2017, when it was only around 3%. In 2021, this indicator had the highest rate in Vilnius (36%), compared with less than 12% in other Lithuanian municipalities. It is indicative of significant territorial disparities in the application of the partial compensation measure for housing rental costs. Amendments introduced in 2021 by the Draft Law on Amending Article 40 of the Law on Tax

Administration and Adding Thereto Article 424, providing for compulsory registration of rental agreements for residential premises or amendments thereto with the register of real estate, may also contribute to the effectiveness of the development of support for renting a home by facilitating better transparency and promotion of the residential housing market (MoF, 2021). However, these changes will only take effect from 2025 onwards.

# 6.2 Publicly funded measures supporting access to adequate housing – Social housing

#### 6.2.1 Mapping the provision of social housing

Renting social housing to low-income families and individuals is one of the measures supporting access to housing (Law No XII-1215). Social housing can be rented by those whose declared assets and income per calendar year do not exceed the amounts determined by the Law on Support for the Acquisition or Rental of Housing (Law No XII-1215). The amounts are defined based on the household type and municipality. For example, families living in Vilnius with two or three children are eligible for renting social housing if their annual income does not exceed 91 times the SSI and their assets' value is below 168 times the SSI.

Conditions for renting social housing should allow the most vulnerable groups or families to retain the right to social housing, for which special treatment is envisaged (Law No XII-1215). For example, starting from the beginning of 2022, single-parent families, large families or those with disabilities may be given priority in applying for social housing if the municipality so decides. The rent for municipal housing for certain groups, such as families with three or more children, or single-parent families, those with disabilities and some other groups, shall not exceed 20% of the rent for social housing. For families with children who rent social housing, a higher annual income threshold (up to 50%) is set, to prevent them from losing their right to social housing due to a temporary increase in income (MoSSL, 2021f).

#### 6.2.2 Main barriers to effective access to social housing

#### 6.2.2.1 Financial barriers

During recent years, a variety of amendments have come into force to improve the legal regulation of support for housing, aimed at creating the conditions for a greater number of individuals and families to use this form of support. In addition to the changes already mentioned in Section 6.2.1, certain types of income are not included in the income assessed when determining the right of individuals and families to housing support in accordance with the Law No IX-1675 on Cash Social Assistance for Low-Income Families (Single Residents). Access to housing support has also been extended by setting a higher level of means-testing for all types of families. Thus, most of the barriers to accessing social housing in Lithuania are non-financial.

#### 6.2.2.2 Non-financial barriers

The level of housing support coverage is still low in the country. Despite the recent changes, social housing in Lithuania is available to only about half of those on the waiting list. According to the monitoring of social assistance, in 2021, 11,200 families rented social housing and 9,400 families were on the waiting list (MoSSL, 2023g). These figures were 11,100 and 10,800 families, respectively, in 2020; the share of coverage of social housing needs in municipalities slightly improved from 51% in 2020 to 54% in 2021 (*ibid.*). However, there are significant differences between municipalities. Between 2017 and 2021, the waiting time for social housing gradually fell from 51 months to around 36 months (*ibid.*). The average waiting time

among those who received social housing and lived in it in 2020 was about six years on average (Irs.lt, 2021).

The main barrier is a shortage of supply of social housing. National audits show that during the next five years the pool of social housing is planned to increase by only some 1,150 units; nonetheless, legal and financial resources to buy or repair housing have not been used to their full potential by municipalities (NSMOT, 2020). Funding for social protection in the sphere of housing is very low in Lithuania compared with the EU average, 0.1% and 0.4% of GDP, respectively, in 2020.<sup>20</sup> It was estimated that the supply of new social housing planned for the period of 2019-2023 was less than a fifth of the demand (ESTEP, 2019). Higher volumes of funding are needed to tackle this problem more quickly (*ibid*.).

Other barriers to access include stigmatisation of social housing tenants. This makes it difficult to rent housing and receive partial rent compensation for those waiting for social housing. The "new generation Lithuania" plan of the Lithuanian reform and resilience facility admits that adequate housing is difficult or impossible to access in the rental market for families with three or more children and for those with disabilities (MoF, 2021). Finally, counselling services for the prevention of debt accumulation and mechanisms for debt relief should be developed by municipalities to prevent home evictions (*ibid*.).

# 6.3 Publicly funded measures supporting access to adequate housing – Other measures

Legislative amendments were already adopted in Lithuania in 2021 to mitigate the rise in electricity, gas and heating prices for households (MoE, 2021). The amendments allowed for the increase in the regulated component of electricity and gas prices to consumers to be spread over a period of up to five years, rather than passing it on to consumers immediately.<sup>21</sup> In addition, as a result of price increases, some suppliers allowed the deferral of payments for electricity and gas, or arranged payments in instalments. There are no statistics on the number of people who used the opportunity to defer payments.

Further measures were applied to mitigate the sharp increase in energy prices in 2022 and planned for 2023. Apart from the measures already discussed, the state will compensate people for part of the increase in the price of electricity and gas and allocate funds for this heating season's VAT relief for district heating, covering the difference to suppliers from the state budget. The total budget allocations for mitigating the impact of energy price growth on people and businesses amount almost to €1.85 billion (LRS.lt, 2022). Most measures are, however, of a universal nature and are outside the scope of this report.

Finally, with a view to creating additional conditions for the expansion of the municipal housing stock and the availability of housing, amendments to the Law on Territorial Planning of the Republic of Lithuania increased the levels of permitted building intensity and construction height for new buildings, provided that no less than 20% and no more than 30% of the useful or main area of new buildings pass into the ownership of the municipal housing fund as social or municipal housing in accordance with the procedure established by the municipal council. These provisions came into force on 1 July 2021 and should help to partially address social

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<sup>&</sup>lt;sup>20</sup> Eurostat. Online data code: SPR\_EXP\_SUM.

<sup>&</sup>lt;sup>21</sup> The amendments also give heat producers more flexibility in finding cheaper raw materials. In addition, the deadline for domestic electricity consumers to choose an independent electricity supplier has been extended by six months. This is relevant for about 500,000 consumers who have not done so by December. In this way, there will be fewer consumers of guaranteed electricity supply who are likely to pay a higher price for electricity.

exclusion problems, shape socially mixed urban structures, and contribute to meeting social housing needs (MoF, 2021). There is no information known to the authors of this report on the results of this measure.

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