

Executive summary

The number of people receiving long-term care (LTC) services in Lithuania is low compared to the OECD average. Existing supply does not meet the needs of people requiring them. LTC spending in Lithuania is lower than the OECD average – 1.1% of GDP in 2019, relative to an OECD average of 1.5% of GDP. Lithuania counts 20 LTC beds per 1 000 older people, a rate less than half the OECD average of 47 LTC beds per 1 000 older people. About 2.9% of older people receive social services at home and 6.2% receive at least one outpatient home nursing service. In comparison, the OECD average of home care recipients is 8.9%. At the same time, the Ministry of Social Security and Labour supports older people with two cash-benefits which represent twice the amount of public spending on care services, are not means-tested, and are often used to buy food and utilities instead of care.

Such outcomes relate to the fragmented organisation of LTC in the country. Lithuania has no specific legislation for long-term care (LTC), and services are provided through the health care system or within social systems. Competencies for policy design and provision are divided: the Ministry of Social Security and Labour is responsible for social protection benefits and services that are provided through the municipalities, while the Ministry of Health is responsible for health care services provided through primary care or nursing hospitals. Services and benefits are funded from different sources, including the national government, local municipal budgets and the Health Insurance Fund. Users also pay a significant share of the cost out of their pockets. This fragmentation has resulted in wide differences in the services received by citizens, who often face challenges navigating the system. Needs assessment for home services provided through the health system differs from the needs assessment for social services and there is no standardised needs-assessment tool to guide admissions to nursing hospitals. Eligibility conditions also differ widely. Access to social services relies on means-testing, while access to health services for long-term care is free of charge, but subject to a volume cap in the number of services entitled per year.

Lithuania would need to increase the pool of LTC workers significantly in the face of population ageing. It has one of the lowest levels of LTC workers in the EU with only 1 worker per 100 people aged 65 or above compared to the EU average of 4 workers per 100 in 2019. There are staff shortages, in particular for nurse assistants. Most care provided to older people is still carried out by families and relatives, due to insufficient service provision. Informal or family caregivers receive little support as there are no cash-for-care benefits available nor leave from work or training for family caregivers in Lithuania. This context calls for important initiatives in at least three main policy areas.

Measures to attract and retain formal caregivers should be considered together with policies to support informal or family carers. Recruitment policies to train people out of work and those in sectors with decreasing labour demand can be used to increase the formal LTC workforce. Lithuania could also attract citizens working abroad, increasing the formal workforce and bringing the skills they have gained abroad to Lithuania. The inclusion of foreign-born workers within the formal workforce could also be facilitated, easing the migration process and providing them with an adequate set of skills. To improve the retention rates, Lithuania should consider providing LTC workers with better training and improve their working conditions, while task delegation and a joint digital registry for health and social services could contribute to better productivity in the sector. In addition, the position of care manager, as used in Denmark

and Japan, could broaden career pathways. As for policies to support informal caregivers, training options and leave, preferably paid, should be considered. While Lithuania does not include a leave for care, about two-thirds of OECD countries provide paid or unpaid leave to care for an older family member.

Lithuania could benefit from a new legislative framework with one main act on long-term care, consolidating access to rights and conditions, as in several OECD countries discussed in the report (Austria, France, Germany, Slovenia and Spain). A unified legislation is paramount to overcome the high level of fragmentation, clarify the competence of different stakeholders and the broad types of benefits and services, and ensure a single point of access. An essential requirement for integrated care is a harmonised needs assessment tool to group needs into levels, as part of a gradation scale of benefits, as in Germany and Japan. This can guarantee that people with comparable needs have comparable rights and services and encourage choice according to people's preferences.

A funding reform is pivotal to help deliver integrated care and avoid cost-shifting across different sectors of delivery, as well as promote the sustainability of financing of LTC services in the face of future challenges. Lithuania can consider three possible options, which are not mutually exclusive: 1) having a dedicated budget that pools current funding, following the example of France; 2) introducing an LTC insurance following the example of Germany and Japan); and/or 3) ensuring a broad-base for taxation as in Scandinavian countries. Harmonising the eligibility conditions between cash benefits and the services can contribute to more effective and efficient public spending. Finally, the report also suggests encouraging preventative and rehabilitation services to delay long-term care needs, as in Denmark.

Part I : The current situation of long-term care support in Lithuania



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