



Mobilecare

Social dialogue as a tool to improve the
conditions of functioning of intra-EU labour
mobility in home-based care services

Title

Social dialogue as a tool to improve the conditions of functioning of
intra-EU labor mobility in home-based care services – MobileCare :
Case of Lithuania



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Introduction

In Lithuania , as in other EU countries , society getting older : increasing older age people and increasing their part in common population in the structure . According to the data of the Department of Statistics , at the beginning of 2024 general population number In Lithuania consisted of about 2.88 million of their 65+ years of age persons amounted to 586.9 thousand , i.e. about 20%, while between 2005 and 65+ years old persons accounted for 15.8% of the total country population It is predicted that by the beginning of 2050 In Lithuania, 65+ years old groups persons will account for 28.5% of the country population . Old age maintenance level – senior age people number per 100 working population age people – in Lithuania in 2019-2050 almost will double during this period will increase from 30% to almost 60% ¹. Therefore long-term maintenance services is becoming increasingly important sustainable social politics part of the 2022 European Commission announced communication because of European maintenance strategies ², in which it

¹

https://sam.lrv.lt/uploads/sam/documents/files/Veiklos_sritys/Tinklo%20reforma/EBPO%20ataskaitos%204%20skyrus_%20IPP%20FINANSAVIMAS.pdf

² <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0440>

is stated that care creates structure , which reinforces societies and brings together Generation . High quality and affordable long-term maintenance services are still available a lot for whom inaccessible , unaffordable . For example , almost half of the 65+ age group persons have dissatisfied long-term maintenance services need .

International the aim of the project " *Social dialogue as a tool to improve the conditions of functioning of intra-EU labor mobility in homebased care services - MobileCare* " is to clarify maintenance services organization , accessibility , employees who provides services customers at home work conditions and mobility in six European countries . Lithuanian professional The Solidarity union is this project partner

Live-in care services in Lithuania

Research object : social and nursing services , social dialogue and social partners influence social politics solutions , services customer at home providing employees .

Research methods : *desk research* , documents , law acts analysis , semi to structure interviews with specialists and experts , *focus groups* discussion , *online survey* .

English language usage word " **care**" , Lithuanian translation would be " **supervision** ". Lithuanian social politics in discourse The term " care " means social services (LR Social protection and labor ministries adjustable areas) and nursing (LR Health protection ministries adjustable area). Lithuania until so far no integrated nursing and social services services (long-term maintenance service) model that ensures nursing and social services services provision together . This led to systemic reasons : regulatory lack and limitations of financing shortage of specialists deficiency , underdeveloped infrastructure , planning and services need setting fragmentation , interinstitutional cooperation lack ³of services fragmentation are also determined by different financing sources - social services financed from municipal , state and service recipient personal funds , and health services – from Mandatory health insurance fund. 2023 in Lithuania delivered Long-term maintenance services reform of health care provision . The Ministry of Health of the Republic of

³ Long-term maintenance model legal regulatory impact assessment .

<https://sam.lrv.lt/public/canonical/1732617037/26475/Ilgalaik%C4%97s%20prie%C5%BEi%C5%ABros%20modelio%20teisinio%20reglamentavimo%20poveikio%vertinimas.pdf>)

Lithuania protection ministry consulted Economic cooperation and development organizations experts ⁴. In 2023 it was prepared by the Seimas of the Republic of Lithuania Health affairs to the committee submitted Lithuanian long-term maintenance law project . Long-term maintenance services provision model had to combine health care and social services integrated In the model⁵ named maintenance services provision principles : accessibility , appropriateness , collaboration , complexity , security , teams work . Attention attention to growing long-term maintenance for older people over 65 years old for individuals need . Home the goal is to include regions , increase services availability , scope , quality and increase services recipients number of . The aim is to implement full health care and social services sector integration , creating new long-term maintenance services organization and provision model , which would cover outpatient and inpatient (nursing and social care chain) in all in municipalities) assistance . In long-term maintenance process including volunteers , patient relatives and communities members of the Law project it wasn't like that accepted , by so far is consideration stage in the Seimas of the Republic of Lithuania .

July 21, 2023. Ministry of Health of the Republic of Lithuania protection and the Social Security of the Republic of Lithuania protection and work ministers by order (No. A1-492/V-836) was approved long-term maintenance services provision order description and long-term maintenance services provision basics qualifications improvement programs content guidelines . The program consists of 120 hours duration teaching courses . The program is designed for long-term maintenance services providing for personnel : social employees , nurses , individual maintenance workers and nurses assistants .

English language the term " **live -in care**" is used would be translated as " **care while living " customer "at home "** . The latter term is used in Lithuanian rights in the acts regulating social services and nursing services , none used because such services actually In Lithuania There is no . Although both social services , both nursing (outpatient) services) are provided customers at home , but these services provided during the day , rarely in cases on weekends , and never night during , that is the work that working for that real education having employees . Most often these services

⁴ <https://sam.lrv.lt/lt/veiklos-sritys/asmens-sveikatos-prieziura/kompetenciju-centru-ir-regioninio-collaborationi-modeliu-pagristos-asmens-sveikatos-prieziuros-istaigu-tinklo-vystymas/ilgalaikes-care-services/>

⁵Čiurlionis M. Development of a model of long-term care services.

provides persons working in institutions , according to work Social contract services can to be provided and how individual activity , but nursing services must to be licensed .

Maybe closest to **live - in care** service In Lithuania would be , yes called , **temporary respite service** (more) in the text , see chapter " Social services ").

Because Lithuania still does not have integrated approach to long-term care , and care , while living customer at home , until so far no than widely discussed in public in discourse , nor being investigated science employees , in this at work is described in general long-term maintenance services situation Lithuania (legal) regulation and practical insights) , and answer the researchers' formed questions regarding live - in care services regulation , accessibility , etc. (questions 3-7) in Lithuania no opportunities .

Yes same no opportunities and to interview employees who working , living customer at home In Lithuania . Official data about such employees no , possibly is cases where people looking for helpers who could to look after / to nurse families members , but official data there is no , because there is no such thing services . Find and to question people who possibly provides such service , perhaps no whole time while living , but at least by helping at nights or weekends , there is complicated . *Online* questionnaire was distributed between maintenance providers using " snow " " bunch " method , but obviously dominates social employees or assistants who provides maintenance services customer at home , during the day , upon arrival at client .

Interview and *focus groups* discussions during participants was asked about that which they knows about " **live -in care**" service . Most answers it was that about service is heard , service necessary , but In Lithuania such services none . Answers was : " *nursing " at home , I am encountered , service needed " , " services customers at home - very necessary , very missing especially on weekends . Families members gets tired , starts conflicts " , " about service , living customer at home , I am not heard , maybe abroad . In Lithuania to have a person who would nurse and live customer at home is too expensive . If hospital does not accept , takes care of household , family members , mostly unqualified staff " , " life customer at home is luxuries subject " , " services and life customer at home , a novelty for us , Scandinavian in countries it 's been a long time is " . Only one interview having given person said that his in the environment is a person whose close families*

member supervises Ukrainian , she lives there clients at home (unfortunately, but to give she refused the interview).

Interview participated persons emphasized that , at night during maintenance services provides household members or wanted help through acquaintances , or wanted opportunities relative to place inpatient in the institution (nursing care) hospital , nursing home).

In the presence of for heavy for cases when necessary nursing (outpatient) services , people perhaps more inclined to trust stationary treatment institution " *People " more inclined call the GMP and go to the hospital , or to rely on outpatient help customer " at home " . " I think many people more trusts institutional care , they would like that person would be supervised nursing in a hospital , under the care of a care facility . "*

Interview during It turned out to be another " live - **in care**" services , if it were provided In Lithuania , the aspect is employees who would provide such services , work terms and payment for work in Lithuania Work the code is quite strict regulates work and rest time , payment for work nights and weekends . " *Kiltų questions because of work conditions customer at home " , " employees work time strictly regulated if should to work whole per day , should to reorganize work , pay for work at night , our institution no capable to provide such services " .*

Such service would require additional financial and human resources .

Social dialogue and its role

Social dialogue is very important and effective measure deciding social society disputes that very frequent states social and economic in the transformation process. This dialogue helps reduce tension between individual society layers , and the Government are made conditions to listen interested work markets participants positions and find for everyone most acceptable decision . In 2017, after the adoption of new Work code changed definition of social dialogue . The term social dialogue is replaced by social partnerships Social partnerships work in relationships purpose and principles provides that social partnership implemented : by drawing up bilateral , trilateral councils , with the participation of their in the activities and in the formation agreements because of labor , social and economic questions ; initiating , leading collective negotiations and concluding collective contract ; information , consulting procedures and participation employer legal person

in management . Social partnership can to be in progress these levels : national , branch , territorial , employer , workplace . In Lithuania works Lithuanian Republic tripartite the council is social partners by agreement from equal number equal rights members (trade unions , employers , government) institution . Agreement regarding the Trilateral Agreement between the Republic of Lithuania councils establishment signed in 1995. The Labor Code of the Republic of Lithuania Article 185 of the Code indicates that 1 . Lithuania Republic tripartite council is being made four years for the term from twenty one member : seven national at the level operating professional unions delegated representatives , seven national at the level operating employers organizations delegated representatives and seven Lithuanian Republic Governments delegated representatives . Tripartite councils composition formalized Lithuanian Republic Governments by resolution .⁶ Professional unions organizations and employers organizations that claim delegate own representative to the Trilateral council , has to comply with Work in the code established criterion . Trilateral council is considering questions and provides conclusions and suggestions labor , social and economic politics areas and due to questions that need to consider guided International work organizations conventions No. 144 " Regarding tripartite consultations international work norms " implemented by the provisions of the LR tripartite councils meetings is happening one once a month . LR Tripartite councils on the agendas dominates work relationships , work payment , minimum work pay , safety and health questions .

The question is whether the Trilateral council is sufficient institution , respond various social politics phenomena ? Are social partners include deciding social politics questions like often under discussion e.g. long- term maintenance questions ? Directly question because of work and commitment for the family adjustment can to be associated with long-term care / nursing services , their accessibility .

Social employees represents Lithuanian social employees professional Solidarity Union , Lithuania social institutions employees professional Union , Lithuania states civil servants , budgetary and public institutions employees professional Union , Lithuania social services providing employees professional Union , Lithuania public services trade unions federation . These organizations with the Lithuanian Social protection and labor ministry is signed Social services branches collective

⁶ [Labor Code of the Republic of Lithuania](#) , Article version enters into force on: 2024-10-25, Legal act version enters into force on: 2025-01-01

contract . Contract applicable budgetary , municipal institutions employees who is contract signed professional unions members .

Employees who working in others in organizations , as such as , Caritas, Order of Malta , public , private institutions that is accredited , licensed and can to provide long-term maintenance services customer at home , or persons who engaged in individual activity , practically no represented , not professional unions members . Part persons providing maintenance services customers at home , possibly working " in the shadows " (i.e. without work) contract or business certificate / individual activities certificates).

Social institutions leaders unites into Municipalities social services institutions managers Association (SSPIVA). Associations main activity – good work experience diffusion , mutual communication and cooperation deciding social services consumer problems,⁷ Organized by qualifications lifting courses , seminars , sharing good practice , but no included in the policy formation of the SSPIVA as if it were social partner responsible for services consumers , customers , but no everyone customers who necessary services is for municipalities belonging to social services institutions customers . It arises question what represents long-term maintenance services consumers , customers , who necessary services ?

Health protection in the sector working employees representing nine organizations , including between Lithuanian nursing specialists organization , with the Ministry of Health of the Republic of Lithuania protection ministry is signed Lithuanian national health system (LNSS) branches collective contract . Contract every year updated . Nurses unifying and representing Lithuanian nursing specialists organization (LSSO) in public in space little heard , should stronger representation nurses interests . How said , one in negotiations participated representative , " *nurse represented LSSO, but their voice in negotiations practically could not be heard . Could to negotiate larger salaries , as negotiated doctors . That between nurses and caregivers assistants missing . How said respondents : " for us missing general practices nurses . More often they is gathering to work inpatient in the institution , nor to provide services customer at home , or chooses to work beauty in the area , or going abroad " , " nurses I don't really want to come. to work in this sphere . Required dignified salary " , " nurse work In Lithuania heavy , little paid and valued ."*

⁷ <https://www.ssgivasociacija.lt/apie-mus/>

It is worth mentioning that although *online* in the survey participated respondents in the answers dominates positive work organization assessment , however expected higher material and moral employees evaluation . " *I previously I worked In Ireland , because there was better work conditions : higher salary , clearer social insurance and more professional opportunities . Yes same work there were places there more , but maintenance services area was better organized and evaluated*

In Lithuania a few times was trying expand the LR Trilateral councils format , including the fourth actor – organized civil society , NGOs, but these tests was not successful , as was the attempt to establish Economic and social affairs committee (or council) which could to become platform social partners and civil society society representatives to discuss more diverse topics , than is discussed in the Trilateral Conference of the Republic of Lithuania in the council ,

Several the latter years in the Republic of Lithuania in Trišalė in the council was not discussed than about Long-term maintenance reform , nor about the Social Security Administration of the Republic of Lithuania services law amendments , nor others social / nursing services questions .

During the interview, when asked how they assess social dialogue, whether they are involved in the dialogue in the formation and implementation of social policy issues, respondents said that “ *we are all still learning social dialogue, we still need progress and competencies* ”. They said that they are not organized “ *because we have not been able to create an association of institutions that provide care services in clients' homes, we are unorganized, therefore we are unable to influence decision-making and changes*”, on the other hand, “ *we are social policy executors, practitioners, we do not have a significant impact on policy formation, maybe they could ask our opinion more often* ”. There could be more cooperation “ *the more cooperation, the better* ”. Another opinion was “ *social dialogue is not developed, everything is imposed from above*”, “ *patient interests are not taken into account / people do not know their rights, do not know what services they can receive, there is a lack of information*”.

Since municipalities play an important role in the implementation of social services, it would be appropriate to develop social dialogue at the municipal level. Representatives of service-providing institutions said that dialogue with municipalities exists, it is more intense if the institution is founded by a municipality, all municipalities have established social service centers. For private

institutions, it may be a little more complicated. The number of private institutions providing services is increasing. Since the need for services is growing, municipalities must provide greater funding.

To the question of whether social partners are involved in the formation of budgets - at the municipal level, Mandatory Health Insurance - all respondents answered negatively. Thus, it can be stated that social dialogue exists, but it is poorly developed in the formation and implementation of social policy issues. Perhaps these issues could be of more concern to traditional social partners, or the dialogue should expand and include more actors.

Social services

Main social services management institutions are : 1) Lithuanian Republic social protection and labor ministry ; 2) municipalities institutions and municipalities administration ; 3) Social services maintenance department at Social protection and labor ministries (hereinafter referred to as Social services maintenance Department of Lithuania social work council , advisory , public basically operating institution at Social protection and labor ministries , implementing social services area employees regulation , performs these functions : 1) analyzes and evaluates social work challenges all his levels ; 2) advises and provides conclusions and offers Social protection and labor for the ministry strategic social work , how professional activities , improvement , social on service issues.3. Lithuania social work councils regulations and composition confirms social Minister of Defense and Labor .

Social policy in the Republic of Lithuania is implemented and social services can be provided by both state-supported institutions and representatives of the private sector, as well as non-governmental organizations and public institutions that meet public interests and do not seek profit.

Legal literature indicates that “Most social service institutions in Lithuania have the status of a budgetary institution, their founder is the state (county) and municipality. State social service institutions in Lithuania (i.e. institutions directly founded by the state) still make up a fairly large part of the entire network of social service institutions. <...> Now these are stationary care

institutions – nursing homes for the elderly, nursing homes for the disabled, and children’s homes, which are administered by counties . ”⁸

The Law on Social Services of the Republic of Lithuania (hereinafter referred to as the Law on Social Services) identifies three types of social services:

Preventive social services Article 8, paragraph 1 of the law It is provided that " Preventive social services provided for everyone for individuals (families) and / or communities seeking to strengthen the ability of a person (family) independently to take care of with one's (family's) life , to encourage personal (family) participation society in life , community social activity and social inclusion , yes same to deepen personal (family) knowledge and develop his (her) skills , so that in the future would be avoided possible social problems and social risk occurrence " ⁹, and on the 2nd - " Preventive social for services attributed potential social services recipients search service , complex services family , community work , information , sociocultural and other services provided social approved by the Minister of Security and Labor social services in the catalog . " ¹⁰

General or community social services that Social services Article 9, paragraph 1 of the law in the context of „<...> provided for a person (family) whose abilities independently to take care of their (family) life and participate society in life can to be educated or compensated separately , without permanent specialists help provided services .”¹² The aforementioned in paragraph 2 of the article detailed general social services content - „ <...> are assigned consulting , mediation and representation , transport organization , catering organization , provision the most necessary clothes and shoes and other services provided social approved by the Minister of Security and Labor social services in the catalog .”¹³

Special or resident social services that Social services Article 10, paragraph 1 of the law in the context of „<...> provided to a person (family) whose abilities independently to take care of their

⁸Laimutė Žalimienė, *Social Services* (Vilnius: VU Special Psychology Laboratory, 2003), p. 23.

⁹Law of the Republic of Lithuania on Social Services No. X-493 (19 January 2006), Official Gazette (2006, No. 17-589)

¹⁰Ibid., Article 8, paragraph 2.

¹¹See footnote 10: Laimutė Žalimienė, p. 25.

¹²See footnote 11: Law on Social Services of the Republic of Lithuania, Article 9(1).

¹³Ibid., Article 9, paragraph 2.

¹⁴See footnote 10: Laimutė Žalimienė, p. 25.

(family) life and participate society in life to educate or for them compensate preventive and/or general social services "not enough ." ¹⁵ The aforementioned in paragraph 2 of the article detailed general social services content - „<...> are assigned home help , social services skills education , support and/or recovery , children's day social care , social maintenance for families , temporary respite , social rehabilitation for persons with disabilities in the community , social workshops , psychological and social rehabilitation for children in the community and others services provided social approved by the Minister of Security and Labor social services in the catalog ." ¹⁶

This research in context most relevant is **special social Social services** services in the catalog ¹⁷ **for special social for services attributed to :**

- **social care;**
- **social care** (divided into daily, short-term and long-term according to duration);
- **temporary respite service.**

Social for maintenance attributed home help , social services skills education , support and/or recovery , children's day social care , social maintenance for families , temporary accommodation , social rehabilitation for persons with disabilities in the community , social workshops , psychological and social rehabilitation for children in the community and others services provided social approved by the Minister of Security and Labor social services in the catalog .

Home help service , that is - person at home provided services that help for a person (family) to manage in the household , to take care of personal life and participate society in life ; Services Recipients - Adults persons with disabilities and their family ; elderly age individuals and their family , social risk experiencing families , children with disabilities and their family , others individuals and their family (temporarily) because of illness or other reasons independence lost persons . Service provided – up to 10 hours per week . Services composition : nutrition organization , assistance in preparation food , food products , household measures shopping , delivery , everyday person hygiene and care , assistance household and home in preparation , escort to various

¹⁵See footnote 11: Law on Social Services of the Republic of Lithuania, Article 10, paragraph 1.

¹⁶Ibid., Article 10, paragraph 2.

¹⁷ Order of the Minister of Social Security and Labour of the Republic of Lithuania on the approval of the catalogue of social services, Consolidated version from 2024-07-01 to 2026-12-31;

institutions , other help organization diseases exacerbations or crises in other cases services needed in order to per person to form opportunities to live own at home . Social service home help can to provide individual maintenance employees , Home help service specific to a person , taking into account his needs , can to be different . Home help services provision organizes and coordinates social employee

Social care services

Day social care – during the day per person provided permanent specialists assistance , including vitally important functions support and/or independence Education ; Service provided for children with disabilities , adults for people with disabilities , the elderly age for individuals . Services provided person at home or Days in social care centers , personal at home If service provided daily **in** a social care center: from 3 hours per day up to 5 days a week . If service provided person at home : from 11 to 25 hours per week , from 11 to 40 hours per week a person with a disability who established first or second level individual help provision expenses compensations need (until 31 December 2023 – special permanent nursing need).

Exceptional in cases where per person , taking into account individual his needs and independence (for the individual , from families members not receiving assistance and/or care , for one living for the person and others for individuals determined by the mayor of the municipality cases), it is necessary longer duration services , can to be is assigned from 11 to 70 hours per week duration service .

When the service provided person at home , that is is power supply organization help in preparation food , food products purchase , delivery , assistance nourishing or person food , household measures purchase , delivery , assistance household and home in preparation , help preparing , washing , ensuring everyday person hygiene and other nature help , health maintenance services organization , escort to various institutions , other services needed in order to per person to form opportunities to live own at home . Service can to provide : social employees , individual maintenance employees , social services institutions employment specialists , social services institutions social educators , psychologists , psychotherapists , health maintenance specialists others specialists

Temporary respite service , that is is help giving possibility to rest for the person (family) caring for the person who established individual help provision expenses compensations need (until 31 December 2023 – special permanent need for nursing or care (assistance) (hereinafter referred to as being under care) person). Recipients - person (family) caring for the person being cared for person . Service provided - supervised person at home and/ or temporary respite in the institution .

Services provision duration and frequency - up to 720 hours per year (due to one supervised personal). **Services composition** – possibilities services to the recipient temporarily to rest from supervised person nursing , care granting ,

everyday supervised person maintenance granting services recipient rest during . **If service provided supervised person at home , guaranteed everyday his care , including :** feeding organization (if food presents other services) or food products purchase , delivery and assistance in preparation food or food preparation , assistance feeding or personal food , assistance washing , daily person hygiene , assistance preparing , assistance household and home in preparation or at home preparation , health maintenance services organization (emergency medical assistance , outpatient nursing services person at home , etc.) , escort to various institutions , communication , leisure organization , other assistance related to daily life supervised person care and daily routine, taking into account his independence and needs .

If service provided in the institution , is ensured everyday supervised person care , including : accommodation , meals organization , assistance nourishing or person food ,

help washing , daily person hygiene , assistance preparing for health maintenance services organization and/or provision , communication , leisure organization , education organization (for persons with disabilities) up to 21 years old), next assistance related to daily life supervised person care and daily routine, taking into account his independence and needs .

If service provided person at home , service can to provide : individual maintenance employees .

If service provided in the institution : individual maintenance employees , health maintenance specialists , social services institutions employment specialists , social employees , psychologists .

Temporary respite service in the institution provided only together with accommodation service .

Services provision organizes and coordinates social employee . Temporary respite service organized and provided according to individual each services recipient and supervised person needs

. If individual maintenance employee , providing temporary respite service , remains to spend the night supervised person at home , for him have to be secured for that necessary conditions – all accommodation provided inventory , compiled opportunity to use supervised person at home existing dishes , other inventory and all amenities for human physiological and hygienic needs to satisfy . By providing temporary respite service , has to be assured uninterrupted supervised per person provided social , health maintenance and other services provision .

Social services providers :

1. Social services institutions (non-governmental organizations , municipalities or states budgetary institutions , etc.) ;
2. Social services providing physical persons .
3. Social services institutions groups :
 - 3.1. stationary social services institutions ;
 - 3.2. stationary long-term maintenance institutions ;
 - 3.3. non-stationary social services institutions ;
 - 3.4. families ;
 - 3.5. group life house ;
 - 3.6. general life house ;
 - 3.7. family house ;
 - 3.8. temporary respite institutions .

Nursing services

Nursing is person health maintenance part , covering health education , strengthening and preservation of diseases and risks factors prophylaxis , healthy and sick persons physical , mental and social Nursing care services for individuals is provided health care , social care, other in institutions (enterprises) and at home , where they lives .

Nursing - general practices nursing (includes outpatient nursing services at home), belongs to licensed services group . Each licensed person health maintenance service is regulated general and special requirements (rights acts), which confirms health Minister of Defense .¹⁸ Licensed services , ie . and personal health maintenance specialists provided person health maintenance services , **cannot to be provided according to business certificates , individual activities certificate . This illegal activity .**

Outpatient nursing services at home (ASPN). This person health maintenance services that health maintenance specialists team (nurse , nurse 's team) assistant , physiotherapist) provides patient at home . These services goal to form conditions per person with what longer independently to live in the community , ensuring corresponding health condition health care and social services integrated provision , in order to save person independence , to protect from diseases exacerbation or existing symptoms progression , depending on the person and his/her families needs and personal and his families , states opportunities .

By providing nursing service at home , nurse waste injections , drips connection , maintenance and drip infusion catheter ; takes blood , urine, etc. for laboratory use for research ; performs electrocardiogram , wounds care , bedsores prevention and care , artificial body openings care (stoma maintenance), enteral food , etc. Shipping outpatient nursing for services at home extracts patient families doctor . Services recipients is persons who according to Nursing services need evaluation questionnaire is established small , medium or large nursing services need ; - persons who after would provide surgery services remains confused ability independently to take care of own personal life and is necessary postoperative nursing at home .

During the calendar year incentives accessories from the PSDF budget funds paid for no more as : 52 visits at one ASPN recipient , for whom established small nursing services need ; 156 visits at one ASPN recipient , for whom established average nursing services need ; 365 visits at one ASPN recipient , for whom established big nursing services need .

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https://sam.lrv.lt/uploads/sam/documents/files/Veiklos_sritys/Tinklo%20reforma/Licencijavimo%20tvarka%2C%20apimanti%20ambulatory%20nursing%20services%2C%20bei%20main%20reglementai.pdf

Palliative help , that is nursing services themselves for the most difficult (most often heavy oncological disease) patients **with** incurable progressive disease, for the patient and his relatives life for quality to improve , to facilitate physical and psychological suffering , help to address other psychosocial and spiritual problems. Palliative help services can to be provided patient at home , in a day hospital or inpatient . Sending palliative help for services to receive extracts healing doctor . Services recipients - Health by order of the Minister of Defense established indications for children and adults .

Conclusions

1. In Lithuania, as in the rest of Europe, the proportion of older people in the total population is increasing, which is why the demand for long-term care services is increasing. The issues of organizing and financing long-term care services receive little attention in the general public discourse.
2. Lithuania still does not have an integrated model of nursing and social services (long-term care services) that ensures the provision of nursing and social services together.
3. Social dialogue is working, but social partners are not sufficiently involved in shaping solutions to social policy issues, and there is insufficient representation of service providers and clients.
4. Social services, as a public service, are provided in clients' homes in Lithuania, but are not provided at night. *Live-in* care is not yet regulated at all in Lithuania and does not formally exist.
5. It would be appropriate to continue discussions at both the national and EU levels and to form a common policy at the European Union level.

Annex 1. Main legal acts regulating social and care services

- Constitution of the Republic of Lithuania
- Labor Code of the Republic of Lithuania
- Law of the Republic of Lithuania on Social Services, 19 January 2006, No. X-493, New version from 1 July 2024 Order of the Minister of Social Security and Labour of the Republic of Lithuania on the approval of the description of the procedure for payment for

social services, 2024. June 11. No. A1-397, Vilnius, Order of the Minister of Social Security and Labour of the Republic of Lithuania on the approval of the catalogue of social services, Consolidated version from 2024-07-01 to 2026-12-31;

- Draft Law of the Republic of Lithuania on Long-Term Care; Law of the Republic of Lithuania on the Health System; Law of the Republic of Lithuania on Health Insurance;
- Law on Healthcare Institutions of the Republic of Lithuania; Order of the Minister of Health of the Republic of Lithuania on outpatient specialized personal healthcare institutions approval of service provision requirements , 2007. June 22. No. VV-528. Vilnius.
- Order No. V-1026 of the Minister of Health of the Republic of Lithuania of 14 December 2007 “On the approval of the description of the requirements for the provision of outpatient home care services and the procedure for payment for these services” .
- Order No. V-14 of the Minister of Health of the Republic of Lithuania of 11 January 2007 "On the approval of the Description of Requirements for the Provision of Inpatient Palliative Care Services for Adults and Children and Payment from the Budget of the Mandatory Health Insurance Fund and the Description of Requirements for the Provision of Outpatient Palliative Care Services for Adults and Children and Payment from the Budget of the Mandatory Health Insurance Fund"

Appendix 2. *Focus* group discussions participants and questions

Date: 2024-12-09, time – from 4 p.m. to 5:30 p.m.

JOIN LINK: <https://meet.google.com/zmi-uwrv-ebb>

Participated in :

1. Kristina Krupavičienė – Chairwoman of the Lithuanian Trade Union “ Solidarumas ” .
2. Alma Nevierienė – Social employees professional Chairwoman of the Solidarity union .
3. Regina Jarošienė – Medicine institutions employees professional Chairwoman of the Solidarity union .
4. Zivile Neimantė-Byčenkova – Public Institution “ Nursing "to you, director . "
5. Remigijus Samuilevičius – Public Institution Experience employment director
6. Lina is a nurse .

7. Danutė – Live-in care worker In Germany .
8. Laima – Lawyer , expert .
9. Jovita Pretzsch – LPS “ Solidarity ” projects coordinator
10. Jolanta Keburienė – Fast medical help Chairwoman of the Workers' Union " Solidarmas "

Discussion moderated by : Dr. Inga Blažienė , Daiva Kvedaraitė

Discussions topics :

- ✓ Social dialogue as a means of influencing decisions in social policy, specifically in the field of long-term care and nursing, at local, national and EU levels.
- ✓ Organization, financing and accessibility of long-term care (assistance and nursing) for clients at home.
- ✓ Working conditions of employees who provide care and nursing services in the client's home.
- ✓ Challenges faced by service organizers.
- ✓ Work in Lithuania or go to another country?

Questions for discussion :

- “Live-in care” – long-term care (help) and / or nursing , living customers at home : what you know about this in general ? Or is such services need In Lithuania ? In other EU countries ? Or you know people who provides such services (in Lithuania) and abroad)?
- Main challenges , problems (old age) age persons) long-term maintenance in the field – what services most missing (institutional maintenance / services at home)? What kind employees most missing ? How do you rate it ? services financing ? How do you assess provided services quality of employees ? work conditions (physical / psychological);
- What kind help most should sector development ? State , municipalities , NGOs? How could at problems decision to contribute social partners – industry , national , European level ?

Appendix 3. Semi-structured interview respondents and questions

Interview respondents

1. Prof. Dr. Laimutė Žalimienė – Professor, Faculty of Philosophy, Vilnius University; Senior Researcher, Employment and Social Welfare Research Department, Institute of Sociology, Lithuanian Social Science Centre.
2. Natalya Shostak – Member of the Council of the Trade Union of Medical Institution Employees "Solidarity" .
3. Jolanta Keburienė is the chairwoman of the Lithuanian ambulance workers' trade union "Solidarumas".
4. Živilė Neimantė-Byčenkova – Director of the Public Institution “Slauga jums”
5. Chastity Jusiene – Vilnius city social services center director
6. Reda - disabled person to whom established special need for constant care.
7. Laura is an individual care worker and *Caritas* representative.
8. Daiva – has been caring for a close family member at home for a year.

Interview do 2024 November 19th of the month - 23rd of December

Interview questions

I. Participation in social in dialogue

1. What do you think about SD at the EU and national, sectoral, regional, company level?
2. What issues are social partners involved in?
3. Are you involved in the formulation and implementation of social policy issues?
4. How did the consultations take place when considering the reform of the provision of long-term care services?
5. How were the consultations conducted during the preparation of the National Nursing Policy Guidelines for 2016-2025?
6. Are you a member of the Nursing Committee under the Ministry of Health of the Republic of Lithuania, which is responsible for implementing the guidelines in its activities?

II. Services financing

1. How are social partners involved in the consideration and adoption of state and municipal budgets?
2. How do social partners participate in the consideration and adoption of the Compulsory Health Insurance budget?

III. Organization into professional unions / Organizing into employers' organizations

1. How often do you receive referrals from workers from other EU countries and third countries who provide home care services?
2. Does the organization you represent have employees from other EU countries or third countries?
3. How often do LT employees contact you, wanting to go to work as home care providers in other countries?

IV. What is maintenance at home services regulatory level ?

1. In your opinion, is the level of regulation of services sufficient?
2. Which legal acts should be amended, supplemented, or new ones adopted?

V. Is there to determine maintenance at home services standards ?

1. Do you think the labor standards are sufficient?
2. What do you think should be changed?

VI. What is maintenance services demand ? How is it? provided ? - institutional care , informal (family) care , care services at home , day care , health in institutions (hospitals)? (Need to collect data)

VII. What is services satisfaction level ?

VIII. Why maintenance at home services provides services providers from other EU countries and third countries ? (Lithuania) no relevant ?)

Appendix 4. Respondents and questions from *the online* survey of workers who provide personal care or nursing services in clients' homes

Surveys respondents

In the survey participated (in the submitted questions answered (51 respondents (were expected no less than 30). All respondents – Lithuanian citizens who provides maintenance services customers at home . About 30% of respondents are 25-45 years old, about 60% are 45-65 years old ; 3 respondents lives and works In Germany , provides maintenance services and lives customer at home (*live -in care*), 1 – in Norway provides nursing services customer at home ' according to need ' , 1 – lived and worked in Ireland (*live -in care*), others lives and works In Lithuania – provides maintenance services customer at home or in nursing /care facilities .

Surveys questions

Lithuanian professional Union " Solidarity " partner rights participates international in the project " Social dialogue as measure improve employees providing maintenance services customers at home , work and life conditions and mobility European In the Union – (MobileCare)". Project goal to find out how works social dialogue in EU countries and what is employees who provides long-term individual care / nursing services at home , at work conditions regulation . In most countries growing long-term maintenance importance , and in the sector working employees (mostly women) are facing new challenges . Project the goal is to share good countries experience social dialogue, long-term care / nursing in the area and employees mobility in the area .

Kindly we would like to ask reply below submitted questions . Your person data will not be are published . To the questions possible to answer by pressing link or simply in “ word ” format . Thank you for cooperation .

<https://forms.gle/eCMeHomRciAGaSSVA>

1. What country do you work in?
2. How is your work organized?
 - 2.1. Do you work in the home of a person you care for?
 Yes No I don't know
 - 2.2. Do you work in a residential facility (hospital, nursing home, etc.)?
 Yes No I don't know
3. How long have you been working at this job?
4. Were there any special requirements for the employee?
 Yes No I don't know

If you answered " **Yes** ", maybe you can list them .

5. If you work in a foreign country, why did you choose to work in a foreign country and not in Lithuania?

6. Where did you find out about the job, working conditions, and salary?
7. Were there any problems/challenges you faced at work?
 - Yes
 - No
 - I don't know

If you answered " Yes " maybe you can **briefly** describe .

- 7.1.If you answered "Yes", who did you turn to for help?
 - Employer
 - Trade union
 - Government institution
 - Friends
 - Family members
 - Supervised person
 - other
8. Are you a member of a trade union?
 - Yes
 - No
 - I don't know
9. Your age – select according to the specified age group:
 - Up to 25
 - 25-45
 - 45-65
 - 65 +
10. Your education – choose according to the specified level
 - Basic education
 - Secondary education (with or without qualifications)
 - Technological, professional education
 - Incomplete higher education (1-2 years)
 - Higher education
11. What else would you like to write, notes, comments?



Mobilecare

Social dialogue as a tool to improve the conditions of functioning of Intra-EU labour mobility in home-based care services



verband für häusliche betreuung und pflege e.V.



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