

Are Concepts of Social Investment and Long-term Care Compatible? Perceptions of Long-term Care Stakeholders in Lithuania

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Our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives.

A.Gawande

Abstract

Ageing of society and long-term care (LTC) for elderly is becoming hot topic on most of European countries' social and economic policy agendas. Increasing demand for financing of LTC raises necessity for search of social policy alternatives without further increasing pressure on national budgets. Social investment approach in latest academic social policy debates is seen as an argument in favour of interpreting welfare expenditure as a "productive factor"¹. Such approach to welfare systems argues that social and economic policies are closely interrelated and social expenditure might be seen as investment that produces economic and social returns in time.

Concept of social investment is not very new and unfamiliar matter to the stakeholders involved in social policy formulation and implementation in Lithuania. Most of policy makers or practitioners in the field would define "social investment" as an investment that provides "return" in future and could be evaluated financially. In general discourse the concept is associated with investment in younger or working generation who after such an "investment" could re-pay back (provide return) in various forms to the society (for example, younger generation would integrate better into society, working generation would stay in employment or would be more qualified and efficient, etc.). However perception of what „social investment“ is in relation to ageing society, to long-term care of elderly is not clear.

Policy proposals are generated and implemented with larger success when stakeholders of particular issue participate and actively support them. Thus given the importance of stakeholders of LTC for elderly for further potential LTC policy developments in Lithuania their perceptions were analysed by exploratory survey. The article scrutinizes how various stakeholders of long-term care in Lithuania perceive "social investment", what is considered to be "an investment" and what is not. The stakeholders were asked to provide their insights on successful cooperation in the field, what criteria they consider as most significant to successful policies and their implementation while providing care for elderly. The analysis was performed taking into account rapid changes within the provision of care for the elderly in Lithuania not only in relation to common demographic trends (ageing societies in developed countries) but also due to rapid and on-going reforms of various social policy areas in relation to transition from the system representing Soviet legacy to the system that had to adjust to market economies and societal trends.

Key words: long-term care for elderly, stakeholders, success criteria, social investment in LTC

¹ ILO (2005).

Introduction

Increasing demand for long-term care for elderly is relatively new social risk in Lithuania. Until recently most of the elderly were taken care of informally in their families. Changing family structure (there are fewer families living in several generations households) and demographic situation calls for urgent search of potential solutions about the care for elderly. Share of the elderly within society is rapidly increasing in Lithuania.

Table 1: Elderly population as % of total population

Age groups	2013	2030	2045	2060
65+	18,2	27,4	30,1	26,0
80+	4,8	7,5	11,9	11,5
85+	1,9	3,9	6,0	7,3

Source: Adequate social protection for long-term care needs in an ageing society (2014), p. 178.

Beside the general worsening of demographic situation, as in most of European countries, Lithuania as other Central and Eastern European countries was reforming its social security system during the last two decades. Thus still on-going reforms add additional tensions to the system of long-term care for elderly.

Challenges of ageing society are perceived as potential threat and pressure on public expenditure in public debates. This further raises questions how to deal with the present and prepare better for the coming financial challenges related to ageing of society without putting too much pressure on current labour force raising taxations. Social investment paradigm in academic and EU policy debates is treated as an additional argument in favour of social policies which later on result in economic and social returns for a society. Thus welfare expenditure is seen not as burden on national economies but as potential for improvement of economic and human capital which leads strengthening people's current and future capacities².

Concept of social investment is not unknown term in Lithuanian social policy debates. However, this topic didn't receive so far much attention in the national social or economic policy documents. The context in which term of social investment is mentioned usually relates to family and labour market policies³. Care for elderly or even broader issues of ageing society so far were not mentioned together with social investment concept in national social policy debates or documents.

This article focuses on the analysis of the secondary data and primary qualitative data based on findings from the focus group and individual interviews on perceptions of LTC for elderly stakeholders⁴ in Lithuania. In addition to the secondary data analysis, interviewed policy makers, providers, subject-matter experts and elderly themselves were asked to further understanding on several issues:

- to find out how the stakeholders are evaluating current LTC for elderly in Lithuania;

² European Commission (2013). Social Investment Package; Bouget D., Frazer H., Marlier E., Sabato S. and Vanhercke B.(2015).

³ European Commission. ESPN Thematic Report on Social Investment: Lithuania, 2015. (Lazutka, A., Poviliunas, A., Zalimiene, L. January, 2015).

⁴ The survey conducted under Horizon 2020 project SPRINT supported by the European Union.

- discuss LTC success stories;
- to find out perceptions of stakeholders on critical success factors in LTC;
- discuss obstacles, difficulties, treats and possibilities of LTC for elderly;
- find out if stakeholders are familiar with term of social investment and if they relate this concept to ageing society and issues of long-term care for elderly.

Thus the current state of LTC for elderly in Lithuania will be briefly overviewed in section 1 of this paper. Section 2 will provide current debates in the literature and documents on social investment in LTC context. Section 3 will present methodological approach of the survey and data information. Final – section 4 of the paper – will present the survey results analysis, it will cover topics such as stakeholders evaluation of LTC for elderly in Lithuania, discussion of success stories and success factors as perceived by the stakeholders, concept of social investment in LTC context from stakeholder perspective.

1. LTC for elderly in Lithuania

Responsibility for the care for elderly is divided between two sectors in Lithuania: health and social. Health care sector mostly is providing inpatient care. Inpatient care is either provided in special nursing institutions or in nursing departments in general hospitals. Elderly patients (65 years of age or older) represent 33 percent of all hospitalisation in all hospitals⁵. A patient can stay in an inpatient nursing care under coverage from the National Health Insurance Fund for the maximum length of four months. After this period he shall be transferred to an institution within social sector's responsibility. Primary health care institutions are also providing nursing services at home.

Social sector provides variety of services for the elderly: social attendance and social care at home, social care in day care centres and residential care. Social sector services are financed mostly from state budget channelled to municipal budgets. Care and attendance at home might be provided by various specialists: social workers or social workers assistants or other specialists. Elderly might receive help in household work or personal care. Day care centres provide the elderly with possibility to receive care from several hours per day to 5 days a week. Residential care might be organised as specialised social care homes, old age homes or independent living homes. Very frail elderly are nursed in care hospitals (under the Health care system) up to 4 months.

Public spending on LTC was 0.8 percent of GDP in 2013 in Lithuania, below the average EU level of 1 % of GDP⁶.

Statistical data and the Report of National Audit⁷ indicated that the system is not functioning well, there are a lot of issues to be solved: starting from provision of the information on availability of social services in different municipalities to unsatisfied demand for various LTC services for elderly. Thus in spite of on-going reforms, there are a lot of issues to improve.

⁵ Adequate social protection for long-term care needs in an ageing society (2014), p.172.

⁶ European Commission. Lithuania: Health Care & Long-Term Care Systems. An Excerpt from the Joint Report on Health care and Long-Term Care Systems & Fiscal Sustainability, published in October. 2016 as Institutional paper 37. Volume 2 – Country Documents. Economic and Financial Affairs. Economic Policy Committee. P. 389.

⁷ Report by the National Audit Office on compliance of existing social services with increasing needs of elderly in Lithuania (No. VA-P-10-9-10), 30th June, 2015.

Several surveys were conducted recently concerning care for elderly in Lithuania⁸: on expectations of older population in Lithuania about their future care at old age and on working conditions of formal social care providers at home.

Expectations of Lithuanians about care at old age⁹

Older Lithuanians¹⁰ indicate that most reliable and acceptable care at old age is perceived to be by the closest members of the family. Thus informal care is perceived as the most reliable in Lithuania: 90,7 percent of the respondents indicated closest family members, 70,1 percent – other relatives and 50,6 percent respondents indicated acquaintances and neighbours as most reliable carers at old age. Public/municipal institutions representing formal care providers were mentioned by 44,2 percent of the respondents as reliable, while private care institutions were considered as reliable by 49,9 percent. Church/parish institutions were mentioned by 35,3 percent and non-governmental by 34,4 percent of the respondents.

When asked about the desired care provider at old age, care by closest members of family was indicated as most desirable by 66,6 percent of the respondents. Public/municipal care institutions were mentioned as desired care providers by 10,4 percent of the respondents. 9,3 percent of the respondents couldn't indicate the desired care provider¹¹. Private care providers were indicated as desired by 8,7 percent of the respondents.

Results of the survey raises further questions about perceptions within the society about children's responsibilities towards their elderly parents. According to the results of the survey, biggest part (58 percent) of the older population in Lithuania believe that children shall take care of their elderly parents in any case. About one fifth (22 percent) believe that children should take care of the elderly parents only if there is financial support for the children and only 13 percent of older population in Lithuania think that children do not have to take care of their elderly parents.

Among the factors that might influence further development of informal care in Lithuania possibility to work flexible working hours for the relatives taking care of elderly (30 percent of respondents) and possibility to employ family members as carers (23 percent of the respondents) were mentioned.

When asked about the form of support at old age, the respondents of the survey indicated that monetary support is the preferred form of care at old age (more than 70 percent) rather than direct social services. Only one in five respondents would like to receive the services directly.

Only every fifth respondent of the survey (27 percent) agree that they would like to receive some of the services electronically¹² (rather younger in the respondent group, receiving higher income or residents of bigger cities). Ten percent of the respondents indicated that such services would not be accessible to them since they do not know how to use computers.

⁸ Sector's for Elderly Care Transformations: Demand for Services and Labour Force and Quality of Employment (Pagyvenusių žmonių globos sektoriaus transformacijos: paslaugų, darbo jėgos poreikis ir užimtumo kokybė). (2017).

⁹ Ibid.

¹⁰ Expectations of the population aged 50-65 were surveyed. This age group was selected in order to find out expectations and needs of potential service recipients in coming 10-20 years.

¹¹ Answered as "I don't know" or did not answer at all.

¹² By e-mail or via internet. For example, some information or consultation services.

When asked who should finance care at old age, most of the respondents (46,1 percent) indicated that all the services shall be financed by the state, only one in five (20,9 percent) would agree to pay part of the services themselves, one in four (26,3 percent) would agree to pay only for better quality of the services additionally.

Working conditions of formal care providers at home¹³

Typical formal care provider at home is older educated female: 98,6 percent of the survey respondents were female, almost 60 percent were older than 50 years of age, 64 percent with high or higher education.

Almost 14 percent of social workers providing care for elderly at home were working with fixed-term work contracts which is 7 times higher percentage than the average situation in Lithuania¹⁴ according to Eurostat data. Very low net salaries of employees providing care at home also are standing out in comparison with average wage in Lithuania.

In spite of low salaries, most of the surveyed employees expressed their positive attitudes towards their work. 83,9 percent of the respondents indicated that they like their job, 92,9 indicated that it is important to them being able to help others, 67 percent said to be proud of their job. 70,8 percent of the survey respondents indicated that they are not considering job change in near future.

Among the main factors that could improve their satisfaction with job were mentioned higher salary (97,9 percent), more other social guarantees (66,7 percent), better work equipment (computer, telephone, etc.) (58,4 percent) and better possibilities to increase professional qualifications and career possibilities (56,1 percent).

To summarise, primary responsibility for LTC for elderly still rests with family members according to the perceptions of older members of Lithuanian society, as the surveys show. Formal LTC is still perceived as the last source for the care.

2. Social investment in LTC context

Social investment (SI) as a paradigm is gaining more and more attention in the latest discussions on transformations of welfare state (Esping-Andersen, G., Gallie, D., Hemerijck, A., Myles, J. (2002), Hemerijck, A. (2012, 2015), Morel, N., Palier, B. and Palme, J. (eds.). (2012), Nicaise, I. and Shepers, W. (2013), Leoni, T. (2016)). Social investment approach to welfare state policies shifts emphasis from social expenditure as a cost factor in the economies to rather opposite approach – treatment of social expenditure as a potential to enhance developments of societies as more equal and inclusive. Social investment as a social policy paradigm focuses on the welfare state not only as a burden, but as an investment in the future. However, there is no clear agreement on single definition of social investment in academic debates.

¹³ Sector's for Elderly Care Transformations: Demand for Services and Labour Force and Quality of Employment (Pagyvenusių žmonių globos sektoriaus transformacijos: paslaugų, darbo jėgos poreikis ir užimtumo kokybė). (2017).

¹⁴ 2,1 percent in 2015.

Social investment as welfare policy approach received attention not only by academic community but also by International Labour Office and European institutions¹⁵. As the European Commission defines: *Social investment is about investing in people. It means policies designed to strengthen people's skills and capacities and support them to participate fully in employment and social life. Key policy areas include education, quality childcare, healthcare, training, job-search assistance and rehabilitation*¹⁶.

However, still remains not very clear what social investment means in relation to long-term care for elderly or even broader policies related to ageing of societies. There is no clear agreement about that in academic debates, ILO or EU documentation and policy papers. Therefore further on for the purposes of this article the definition by SPRINT project¹⁷ of SI within the context of LTC will be used:

Social Investment within the context of long-term care is defined as welfare expenditure and policies that generate equitable access to care to meet the needs of ageing populations, improve quality of care and quality of life, increase capacities to participate in society and the economy, and promote sustainable and efficient resource allocation.

Concept of social investment is not completely new in Lithuanian social policy context as well. However, most of public discussions interpret social investment as an investment that provides “return” in future and could be evaluated financially. Usually the concept is associated with investment in younger or working generation who after such an “investment” could re-pay back (provide return) in various forms to the society (for example, younger generation would integrate better into society, working generation would stay in employment or would be more qualified and efficient, etc.)¹⁸. Thus interpretation of the concept of SI in broader sense or in relation to LTC for elderly was not researched yet in Lithuania. Preliminary assumption of the research was that policy makers and practitioners of LTC would not relate those two concepts together.

3. Methodology and data

The article is grounded on the analysis of national and international documentation, academic literature, secondary and primary data. Primary qualitative data on perceptions of the stakeholders of LTC for elderly concerning LTC system in Lithuania and social investment was collected with help of a focus group and individual interviews. The semi-structured in-depth interviews with stakeholders – focus group and individual – were following the same scenario. There were six participants in the focus group and six individual interviews¹⁹. The survey respondents included policy makers' representatives from the Ministry of Social Security and Labour and the Ministry of Health, representatives of long-term care for elderly providers (public and private, institutional care, day centre, social services at home), representatives of the supervisory institution, policy expert, elderly themselves and others with experience in LTC.

The design of survey questionnaire was based on literature on LTC for elderly analysis and consultations with experts from Horizon2020 SPRINT project. The questionnaire included following topics in LTC for

¹⁵ ILO (2005). Social Protection as a Productive Factor; European Commission (2013). Social Investment Package. Brussels, EU., Bouget D., Frazer H., Marlier E., Sabato S. and Vanhercke B. (2015).

¹⁶ <http://ec.europa.eu/social/main.jsp?catId=1044>.

¹⁷ Horizon 2020 project SPRINT supported by the European Union.

¹⁸ ESPN Thematic Report - Lazutka, R, Poviliunas, A. and Zalimiene, L., 2015.

¹⁹ Please see Annex 1 for the information on the participants of the survey.

elderly: evaluation of LTC system in the country, identification and evaluation of critical success criteria for LTC, identification of obstacles, difficulties, threats and possibilities in implementation of LTC policies in the country, the decision making in LTC provision, perceptions of the concept of Social Investment (SI) and perceptions of return on social investment.

Survey administration

The goal of the survey was to have insights from various stakeholders in LTC for elderly: starting with policy makers to care providers to elderly themselves. Thus identification of the persons with experience in it or expertise in at least one aspect of LTC was of primary objective in selecting the respondents for the survey. Potential respondents were chosen based on purposive sample. All selected respondents were provided in advance with the information on the survey and cover letter to ensure informed consent by e-mail. The letter of consent and information on the project was provided by the Personal Social Services Research Unit at the London School of Economics and Political Science. Each respondent was asked to sign consent form before starting the focus group discussion or individual interviews.

The focus group and the individual interviews following same semi-structured interview scenario were carried out in February-March, 2017.

4. Findings from the survey

Evaluation of LTC system

Long term care system for elderly is evaluated unambiguously in Lithuania. As one respondent indicated “not everything is good, there is variety of different institutions and different municipalities, there are a lot of practical and legal issues”. Another respondent evaluated LTC system as “not very good, more on average to negative slope”²⁰.

Initial features of market for LTC services could be observed in Lithuania already: municipalities can choose which services and institutions select for care provision for the residents of the municipality. However, LTC services are unequally developed in different municipalities: different municipalities provide very different services, it is not always possible to choose those services that would be most appropriate in particular case²¹.

²⁰ Quite extensive explanation was provided why the evaluation is not very positive: “An elderly person needs more and more care and services with age. From very beginning there might be very little help that is needed but with time there will be much bigger demand for care in the future. Since placement of an elderly into an institution is done via municipalities, they play some “games”. Which means that they send “easier” cases to their own institutions without thinking properly about future of this person and his need for more intensive care in near future. Those municipal LTC institutions usually are not fitted to provide more intensive care. Thus when a person gets weaker, he is being placed in care hospital. According to the legal regulations, such person in care hospital might spend 4 months (such stay there is covered by the health care system) and afterwards there are no alternatives what to do with such elderly person: LTC institution is not able to provide more intensive care since they are financed only to cover social care but not medical care expenses and support. Thus the elderly becomes “placeless”.”

²¹ “It is very fragmented, health care institution there, day care centre 100 km away, etc. Until we will not have broad spectrum of services, there will be discrepancies in the system. If I do not like this institution and there is only one in the town – what shall I do?... Do I have to move to different town? But I lived most of my life here... so I choose to stay”.

Another sign that LTC for elderly is not “very attractive” activity for the municipalities is the fact that not all municipalities have LTC institutions for elderly in spite of received financing for social programs from the national budget. Among such municipalities are those that are considered as “strong” and well taken care of. As explained by one respondent, a mayor better would choose to buy LTC services either in institutions of other neighbouring municipalities (which cost much cheaper) rather than have the institution themselves. Thus differences among municipalities providing very differing level and quality of social services and LTC for elderly were noted in the discussions.

When asked to evaluate the system, majority of the respondents, especially those who work for longer time in the system, replied that “it depends with what you are comparing”. If comparing with the systems present in some Western European countries, there are still big differences and the system might look very underdeveloped. On the other hand, most of the respondents indicated that the situation is “normal”, reflecting economic and social development of the country. Most of the respondents mentioned that huge progress was made from the inherited LTC system from Soviet times to the present arrangements within LTC system for elderly. The system that was inherited from Soviet times was called as “gulag” by several respondents (in focus groups and individual interviews) who work in LTC system. The institutions of LTC for elderly during Soviet era were considered as something traumatising, as last resort for those with no other alternatives. Therefore the progress that is made from such a system was mentioned several times as big achievement of the country. Changes in personnel structure, in attitude towards elderly in the institutions were mentioned as well.

Respondents mentioned that recent boom of private institutions willing to provide LTC services for elderly and applying for licences to perform the activities was noted. However, the respondents were mentioning that the initial objective is to “use property” or “make profit” often are identified in informal conversations when there are requests about requirements for such institutions. There are already several cases when licences are taken away from private institutions because of poor conditions, insufficient security measures, no lift in premises with several floors, etc. As one respondent mentioned, “when initial incentives from private provider is just profit making, that’s why there are results like that”.

All the respondents mentioned that the system intends to make it possible for the elderly to stay at home as long as possible. However, still long way to go to have the desired system²².

Talking about responsibilities for care at old age, most of the respondents of the survey confirmed findings of the survey conducted earlier on in Lithuania²³ concerning the perceptions about responsibility for care at old age of Lithuanian society: “In general LTC institutions for elderly are still very slowly received by the society as something positive: there is still perception that four generations shall live together under one roof and that children shall take care of their elderly parents” as one of the respondents concluded.

²² As one interviewee mentioned: “House for the elderly should be organised in such a way that if an elderly is not able live self-sufficiently, he should get care and support until he passes away. But now an elderly is being transferred from institution to institution: the weaker he gets, the “further” he is pushed away... Alzheimer’s or dementia at old age is often considered as mental disease and a person with such indications ends up in huge mental care public medical institutions. Thus this person is not treated decently at old age.”

²³ Sector’s for Elderly Care Transformations: Demand for Services and Labour Force and Quality of Employment (Pagyvenusių žmonių globos sektoriaus transformacijos: paslaugų, darbo jėgos poreikis ir užimtumo kokybė). (2017).

As it was noted during the discussions, the society's "maturity" is reflected by the LTC for elderly system. It was mentioned several times during the discussions that *responsibility* and *maturity* of the society is crucial in order to have successful provision of LTC for elderly in a country.

Critical success criteria

When asked about success stories in LTC, respondents concentrated their discussions on success criteria from various perspectives: societal, institutional and individual level.

Starting with individual level, success story is a situation when a person willing to stay at home has possibility to receive help and services at home instead of being moved to an institution. Key success factor on individual level depends on "proper and competent communication" by service providers to the elderly about their rights and available services.

When respondents - residents of the LTC for elderly institution - were asked what is important for them when making decision about the move to institutional care, answer was that it is important to be around people similar to them, with similar values. Availability of medical care 24/7 (which is not the case because of legal restrictions for social care institutions) is also mentioned as a priority. Professional qualification of employees in LTC provision was mentioned as very important factor as well.

A representative of an institution identified as "success story" admitted that they have 24 persons over 90 years of age currently in the institution (one third of the residents). Instead of sending weak and frail elderly to a health care institution²⁴, the institution made reconstruction of the house on the lower floor for nursing facilities with special access to it, bathing, special beds, etc. "We take care of the residents during all the last stages of their lives" – and this fact is seen and received by the residents as some safety criteria of not being transferred from one institution to another when they get weaker. Such approach by the institution to elderly is seen as important success criteria from an individual perspective as well.

As for the institutional success stories, many respondents agreed that there are several institutions that could be said to be "success story". When asked why the respondents consider the stories of specialised housing for elderly²⁵ as success, one of the explanations was about very special groups of LTC "clients" and big political support that was received for founding these homes as main success criteria. When asked additionally if such special client social groups are critical for the success, one of the respondents explained that similar life experiences and values make it easier for people living together get by, have common interests. Some other examples of problematic cases when residents of LTC institution in the same room were placed with very distinct life experience prove that some "commonality" among residents add to the success criteria. On the other hand, several respondents were very thoughtful and hesitant about social justice issues²⁶. Therefore it was mentioned that there is no one or correct answer in such situations.

There are many institutions, public and private, in Lithuania which have good and modern infrastructure but they are not considered to be success stories. Analysing success criteria from institutional

²⁴ That would be legally permitted.

²⁵ As success stories were mentioned two specialised housing cases: The House for Elderly Deportees ("Tremtiniu namai", the institution for people who were deported to Siberia or other places from Lithuania or political prisoners during Soviet regime) and The House for Elderly Priests (Marijampolės specialieji globos namai).

²⁶ "Who we are to "rate" people", "shall we treat every individual equally?", "shall we take into account person's input into society or not?", etc.

perspective, the interviewee representing “success case” in Lithuania indicated that “role of the employees is very important”. Also the respondent mentioned that the house is very special because of the “spirit of unity and understanding” among the residents and the employees²⁷. Thus as other respondents later confirmed when asked about most important success criteria, “human factor”²⁸ is the crucial for success.

Talking about success of LTC system in broader sense, one of the respondents mentioned that integrity and continuity of service provision for elderly is very important: elderly should get service at home when it is sufficient, later they shall be entitled for more intensive care, some assistance at home and if the situation is deteriorating only then institutional services shall be considered. The system would work best if there would be possibility to monitor situation of an elderly from one “centre”. As another respondent mentioned that possibility to provide integrated care services on national level²⁹ is already a success story. Thus cooperation among different institutions, especially when the responsibilities for LTC provision is divided between the two ministries, is crucial for the success.

Success of the LTC system as a whole most of all depends on “political will and integrity”. Some of the decisions that have to be made in order to have well-functioning LTC system might be not attractive to electorate in short term (invest into LTC for elderly rather than infrastructure for sports, leisure, etc.) therefore politicians are not making steps for the improvement of the system.

To summarise the said in the interviews, the respondents indicated that most important factors for success of LTC system are human issues (values, attitudes, behaviour)³⁰, possibility to assure continuity of the services for elderly, accessibility to LTC services (assessment of needs, availability and access to information), orientation of the system towards “client” of LTC. Orientation to client was mentioned as all the other aspects “uniting” factor that is important for the success of the system.

Obstacles and difficulties in implementation of LTC

The biggest hindrance for the success of LTC provision system in general is seen to be “low self-consciousness of our politicians, low level of political will”.

Proper development of LTC care in the country is slowed down by inadequate old age pensions, as mentioned by several respondents. Without additional co-payments from family members or municipalities, elderly very rarely can afford any support at old age – be it services at home or public institutional care. Inadequate pensions make it difficult to choose those services that would be best for the elderly³¹.

²⁷ “We know each other very well, there is no necessity to check in papers who is who – we know every single person in the House. We know the relatives very well also. (...) We all were seeking for the same goal – that this would be HOME for the residents and nice place to work for the employees”.

²⁸ “Heart is needed here”, “earlier we had *people* approaching us for the care, now we have *service recipients*”.

²⁹ A project was financed from EU structural funds.

³⁰ Human factor was most often mentioned criteria from every aspect: be it elderly in the care or employees working in LTC sphere or politicians who shape the policies and make administrative decision on the system.

³¹ „If an elderly has too small old age pension, he depends on good will of the municipality or others. If he would have sufficient income to cover expenses for the services – immediately the system would balance”. “Too little purchasing power of old age pension. If price for a service would be equal to pension income – then immediately more providers would enter the market from various sources, private and NGOs. Market would balance much better”.

A lot of issues in LTC for elderly system are related to demographic situation in Lithuania: many elderly in Lithuania are left “behind” by their children or relatives who could potentially care for them because of emigration. Social workers that are visiting elderly at home or care about them in the LTC institutions mention that elderly suffer from loneliness because their families live abroad.

Separate ministries are responsible for the different areas in LTC provision. Cooperation among the two sectors is not sufficient at all³². Differences in level of financing of services provided by the two sectors – health care and social security – starts from the governmental level³³. “If social security and health sector institutions would have equal opportunities to provide some similar services (nursing, etc.) and would be reimbursed by the state budget on the same level, many issues would also disappear”, some of the respondents summarised.

Among the weaknesses the differences in LTC provision models among different municipalities were mentioned: the supervisory institutions provide general guidelines and recommendations how to organise LTC for elderly but there are no obligations to implement them. Thus some of the municipalities are actively including private and non-governmental institutions into the system and cooperate quite successfully, others have quite rudimentary options in choice of LTC for elderly. Some municipalities solve problems of housing for homeless people with help of LTC institutions. This raises additional issues when the residents of the institutions are concerned: very different expectations, different educational levels, life experiences create some tensions among the residents in the same institution.

As an obstacle in implementation of LTC is lack of information on available services for elderly provided by municipalities. Not all municipalities provide complete list of services available for elderly. It is difficult for people to understand which institutions are responsible for what, where to apply for different support and services (no clear information provided by responsible institutions). Thus issue of danger of elderly being left behind was also raised several times during the survey (in focus group and individual interviews)³⁴.

Differences in personnel qualifications for social workers in social care institutions and nurses in health care institutions performing the same job in LTC provision for elderly are mentioned also as an issue to be solved as well.

When prompted questions were asked about financing situation of the LTC system in Lithuania, if it is sufficient, some respondents answered that this “is not that problematic”. The biggest issue concerning financial situation within the system is that “when the money for social issues (significant amounts) from the budget are transferred to the municipalities, the money are not used for the social programs. Some

³² “For example, a person who is in social care institution becomes paralysed, he is being cared for there. Logically social care institution shall be receiving health care money from health care fund for such care (they provide exactly the same services as in a health care institution). But no – health care fund doesn’t recognise such care as qualified medical care. (...) Why this is happening? Because costs for the nursing services within health care sector are almost twice higher than in the social security sector. (...) This is not talked openly in Lithuania, it is not convenient topic to talk about. Salaries in the two sectors often differ as much as twice.”

³³ “We have eight people working with licensing social care institutions, while in health care sector – about 70 people. So you see the differences. (...) This starts on governmental level. They (medical employees/doctors/nurses) have strong professional unions, they lobby well in the government, get rights and the laws securing higher salaries.”

³⁴ „If no relatives? Then municipality is covering and placing person in cheapest institution. Or even can leave this person behind. How this can happen? – Simply... Where it is written that a municipality shall care? How many elderly are dying lonely at home without any care in Lithuania?..”

money are transferred to road reparations, etc.”. Thus importance of legal restrictions to use the money devoted to social programs on other budget items would help the situation, in respondents’ opinion. Thus new rules on use of municipal budget for social issues might be as a potential solution for better provision of LTC for elderly.

Threats and possibilities in implementation of LTC

Current faults of the public sector in general in Lithuania are mentioned among the threats and among possibilities for improvement in the sector. Main issues concerning public sector are lack of efficiency, better governance, transparency, higher remuneration. They were mentioned as those factors that would help to improve the LTC system in Lithuania as well.

Improvement of the LTC system will happen with increased efficiency of the public sector in Lithuania. Among shortcomings of public sector lack of transparency in management was mentioned. There was no legal requirement to rotate top managers of public institutions which resulted in situations when some of the managers were staying in charge for an institution in LTC for decades.

One of the biggest threats for the LTC system is increasing number of the elderly in the country and shortage of medical specialists and care providers. The educational institutions provide relatively big numbers of carers or nurses with necessary qualifications, however many of the specialists leave the country and emigrate to Western European countries where their qualifications are recognised and they receive several times higher salaries for the same jobs. Therefore low salaries for the employees in social care institutions are mentioned also as a treat for the system³⁵. Job as a social care provider or a nurse is becoming less and less attractive in the country.

Inclusion of more private or non-governmental LTC institutions and better cooperation with them was mentioned as potential direction for further development of the system. “There is no market or not sufficiently developed market”, as one respondent indicated. On the other hand, if potential private providers are mostly motivated by future profit, entry to LTC provision by private institutions might not provide envisaged results in improvement of the situation, as mentioned by some of the respondents. The form of ownership – be it public or private – doesn’t mean *a priori* the efficiency or desirability of an institution.

Among possibilities for improvement of the LTC system bigger inclusion of technologies in providing care was mentioned as well as wider choice of the services.

As one respondent summarised, “the system will start to level up when amount of old age pension will be sufficient to buy a service at old age. Then immediately a lot of problems would disappear”.

To summarise, biggest threats for the system are demographic factors (high emigration and low birth rates in the country), insufficient political will (this was mentioned practically by all the respondents) in making decisions in LTC provision, small old age pensions preventing elderly to pay full price for LTC services, no proper coordination of the implemented policies and instruments on various political levels. Constant reforming process of the system makes it difficult to sustain and adjust to implemented changes, as it was mentioned: “the direction of the reforms is right but too slow”. As for the internal organisation of the LTC system, it was mentioned that the sector is “inefficient”, there is no proper

³⁵ “You can’t pay the same for cleaners and social workers even if the later only clean... You have to communicate with that person, answer 100 questions... You come for 5 minutes but you leave after an hour – elderly think of 1000 reasons how to keep you around, how to have your attention. But you have 27 people like that... it is very difficult job.”.

motivation system to the employees of the sector who are very low paid in comparison with the other public sectors (or private). Low remuneration for employees in social institutions in general was mentioned as one of the treats that stops further development of the system.

Decision making in LTC provision

When time comes to make a choice of LTC services for elderly, most often it is collegial decision by the elderly himself, social worker (who is assessing needs) and family members³⁶. The problem arises when institutional care is needed by an elderly but the municipality where he lives doesn't have any LTC institution for elderly or has only institutional care without any other alternatives (such as services at home, attendance, day centre, etc.).

When respondents of the survey were asked where they would like to spend their own old age, very different answers were provided: starting from priority to stay at home, in his/her own environment to a residence in an institution. Respondents representing different generations provided different perceptions about responsibilities for elderly: younger respondents indicated that they do not expect to be cared for by their own children, they expressed an opinion that children shall live their own lives instead of taking care of elderly parents. Ideal old age for younger respondents would be: "to live in specialised residence where most of the residents would be of the same age, even friends". Other respondents added that this situation is becoming realistic, even if it is slow yet.

Another respondent said that she hopes that in due time there will be more technologies available which could monitor blood pressure, sugar level in blood, etc. and if there is a problem – some signals would be immediately sent to some monitoring centre from where help could be provided. It was said that that even it sounds like fantasy at the moment, this is already happening bit by bit in various spheres. On the other side beside to technological advancement, it was mentioned that human contact is very important and some communication would be expected also: if no family members, then social workers or somebody else.

Several stakeholders of the LTC mentioned that they would not be against staying in one of the institutions that they are familiar with. On the other hand, some respondents were more critical and expressed hope that when they will retire there will be institutions with more comfort and there would be possibility to have separate room or an apartment in specialised residence for the elderly. They also expressed hope that by the time of their retirement (in three decades or so) there will be more options to choose from, there will be a market for various LTC services and there will be more various public or private institutions offering different levels of services.

Possibility to be treated with dignity and respect are among the criteria that the respondents were wishing for themselves while choosing their own care at old age³⁷.

³⁶ "The person is important but other stakeholders are not less important".

³⁷ A respondent working in an LTC institution for elderly (perceived as successful case) smiled: "those elderly that live with us are treated as human beings with their names, experiences and their history. When they are back home they are simply "grandma" or "grandpa". They are interesting to us. They live fulfilling live, children are visiting them. I wouldn't mind living like this at old age".

Values, attitudes and “maturity of society” in general was brought to the discussion while choice for care was discussed. It concerns not only employees of LTC service providers but elderly themselves as well as all society in general³⁸.

Social Investment

When asked about concept of “social investment”, most of the respondents were doubtful and not sure about the question. One of respondents said: “social investment is very broad term”. Clarifying questions were asked by the respondents if they were asked about financial investments or investments in a broader sense. After clarification by the moderator/interviewer that the question was about broader investments, an opinion was expressed that probably such investments when financial return is not the main objective by an investor could be called “social”. Immediately some associations were mentioned with “social enterprise” phenomenon.

One of the respondents when asked if he relates social investment concept to old age and care very confidently answered positively. He added that social investment probably consists of two parts: financial resources which are devoted to various social issues and level of human consciousness. When asked about “human consciousness” responded clarifying that it is about understanding of generational responsibilities, about not overburdening children with care for their parents: children of elderly have to care for their own children and elderly have to have possibility to live decently at old age and die with dignity.

After such opening of the discussion on social investment, respondents were providing examples of social investment: investment into employees of LTC (such as good quality training programs), possibility to have day care provision at home for the elderly (it enables a person to stay fit and healthier for longer time, at the same time allowing relatives of such person to work while the person is taken care of by service providers).

One respondent defined that from health care perspective a situation when a person who lives long and good quality of life might be called as an investment. Therefore social investment into long-term care is meaningful talking from this perspective. Other attempts to define social investments were about standards of care in LTC or decent life and improvement of life quality at old age. Therefore it seems that with broader discussions respondents were able to define social investment as relevant topic to the LTC provision.

Other respondent mentioned that social investment in LTC is about dignity of a person in care and it reflects maturity of the society, but to talk about “return” on such investment is not adequate. Therefore quality and level of support in a country’s LTC system to elderly is a reflection of economic situation and maturity of a society.

Return on Social Investment

When further asked about return on social investment, the discussion started about “return” in a form of relations among generations. “Investment” of time and resources into children doesn’t mean that children are “obliged to pay back the investment”. Social investment in LTC would allow family members of the elderly in care to better balance family responsibilities and professional career, as one of the

³⁸ “Social sphere is especial because it reflects all the other systems in the country in itself. All the systems are very much interlinked together”.

respondents mentioned. Immediately day care centres for elderly as an example of successful investment in this case were mentioned again.

As potential example of social investment in LTC for elderly provision changing assessment criteria in institutional supervision were mentioned. As few of the respondents mentioned, earlier LTC for elderly institutions were asked to provide statistical data on square meters/showers/toilet seats per head in an institution, number of sheets/clothing/hygiene accessories distributed. Current assessment criteria includes questions about satisfaction of elderly and their family with the services provided, evaluation of general atmosphere and ambience in the institutions, how cosy and comfortable rooms are, etc. This is already big step towards improvement of quality and shows positive direction in institutional care provision.

Finances are not among the most important “return” on investment, as one of the respondents mentioned. He mentioned that social investment initiatives very likely to receive a lot of political support by voters but politicians are not conscious about that³⁹.

Concluding remark in the discussions during the focus group and individual interviews was that investment by the state into decent old age is meaningful social investment, it shows how “strong” is the state not just from economic perspective, but in terms of safety at old age, ability to combine various responsibilities for family members of elderly.

Concluding remarks

Lithuanian system of LTC for elderly went through many changes during the last two decades, there are many positive changes and significant improvements in comparison with the system inherited from soviet times. However, in spite of the improvements, the system is considered as underdeveloped in terms of availability of services for the elderly, insufficient market for the services, administrative inefficiencies, shortages in supply of services, poor remuneration for the employees in the system, etc. One of main obstacles for improvement is low level of old age pension which does not allow to the elderly to buy necessary services without co-payment from family members or municipalities.

Perceptions of population about responsibility for elderly are changing very slowly in the society – still biggest part of older population believe that primary responsibility for that rests with children and closest family. However, in spite of these perceptions, reality is that many elderly are left without family support due to high emigration rates of working age population in Lithuania. Thus on the macro level, demographic trends are among the biggest treats for the system. On the other hand, among other threats shortage of social workers and other employees in the sector due to underpayments shall be mentioned.

As the results of the survey indicated, most of the stakeholders in LTC for elderly associate success of the system with political responsibility and will of the politicians. Other, human factors, were most often mentioned by most of the respondents: importance of treatment of elderly with dignity in all last stages of their lives. In order to have treatment of elderly with dignity, political responsibility, stable and developed LTC system mature society is needed, as most of the respondents concluded.

The main challenges of the LTC for elderly remain improvement of governance of the system, coordination of various institutions involved in LTC provision enabling elderly to receive continuous care,

³⁹ “They have motivation to build tennis courts but nothing for elderly. Low intellectual level of our politicians and business people”.

provision of financial schemes allowing elderly to buy necessary services and development of LTC service market.

As for the social investment within LTC context, most of the respondents do not have immediate association of LTC for elderly with social investment. However, provision of various social programs as potential factors influencing improvement within the system were provided as potential examples of such investment by stakeholders of LTC. Most of the stakeholders would not consider financial return on such investment as appropriate measure of the success. "Human" criteria, such as dignity, respect, maturity were mentioned by most of the respondents when asked about "return" on social investment.

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Annex 1

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3rd March, 2017

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20th March, 2017

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