



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

**ORDER
CONCERNING APPROVAL OF AN ACTION PLAN ON THE TRANSITION FROM
INSTITUTIONAL CARE TO FAMILY AND COMMUNITY SERVICES FOR DISABLED
PERSONS AND CHILDREN WITHOUT PARENTAL CARE FOR 2014–2020**

14 February 2014 No. A1-83
Vilnius

Pursuant to Clause 4.3.5 of the Strategic Planning Methodology approved by Resolution of the Government of the Republic of Lithuania No 827 of 6 June 2002 ‘*Concerning approval of the Strategic Planning Methodology*’ and with the aim to implement the provisions of Clause 1 of the ‘Ministry of Social Security and Labour’ Subsection of the ‘Planning Documents Being Prepared or Implemented under the Programme of the Government of the Republic of Lithuania’ Section of the Priority Measures Implementing the Programme of the Government of the Republic of Lithuania for 2012-2016 approved by Resolution of the Government of the Republic of Lithuania No 228 of 13 March 2013 ‘*Concerning approval of the Priority Measures Implementing the Programme of the Government of the Republic of Lithuania for 2012-2016*’, I hereby:

1. **A p p r o v e** the Action Plan on the Transition from Institutional Care to Family and Community Services for Disabled Persons and Children Without Parental Care for 2014-2020 (appended);
2. **R e c o m m e n d** that the municipalities should take part, within the scope of their competence, in the implementation of the relevant measures.
3. **C h a r g e** the relevant Vice-Minister with the responsibility for the enforcement of this Order.

Minister of Social Security and Labour

Algimanta Pabedinskiėnė

APPROVED
by Order of the Minister of Social
Security and Labour of the Republic
of Lithuania
No A1-83 of 14 February 2014

**ACTION PLAN
ON THE TRANSITION FROM INSTITUTIONAL CARE TO FAMILY AND
COMMUNITY SERVICES FOR DISABLED PERSONS AND CHILDREN WITHOUT
PARENTAL CARE
FOR 2014–2020**

**CHAPTER I
BENDROSIOS NUOSTATOS**

1. The purpose of the Action Plan on the Transition from Institutional Care to Family and Community Services to Disabled Persons and Children Without Parental Care (hereinafter referred to as the ‘Plan’) is to identify consistent and coordinated actions promoting the development of a system of the transition from institutional social care to family and community services for disabled adults with mental and/or psychic disabilities (hereinafter referred to as the ‘disabled adults’), children and youth with mental and/or psychic disabilities (hereinafter referred to as the ‘disabled children’), children without parental care including infants (hereinafter referred to as the ‘children without parental care’) and families as well as support for families and guardians/carers (hereinafter referred to as the ‘reorganisation’) in the period 2014-2020.

2. The Plan has been prepared having regard to:

2.1. The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol (hereinafter referred to as the ‘Convention on the Rights of Persons with Disabilities’) ratified by the Republic of Lithuania Law on the Ratification of the United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol;

2.2. The United Nations Convention on the Rights of the Child ratified by the Republic of Lithuania Law on the Ratification of the United Nations Convention on the Rights of the Child;

2.3. The United Nations Guidelines for the Alternative Care of Children approved by the 64th Session of the General Assembly on 14 February 2010, Resolution No A/RES/64/142;

2.4. The European Disability Strategy 2010–2020 approved by the Commission Communication of 15 November 2010 No KOM (2010) 636.

3. Terms and definitions for the purposes of this Plan:

3.1. **Protected workplace** – a workplace in the labour market individually adapted to a disabled adult of working age, at which he/she may work with the help of an assistant.

3.2. **Protected housing** – provision of housing in the community to a disabled adult or an individual leaving the care system (for up to 3 years to a disabled adult, or longer – as long as he/she needs assistance) combining this with individual assistance from a social worker and other community services aimed at restoring or developing the person’s independent living skills.

3.3. **Community services** – high quality social, healthcare, educational, cultural etc. services of various forms and types which are alternative to institutional care, enable the person to live in the community and receive specialised community assistance meeting the individual needs of the person/family and allow children to grow in the family, and promote the service recipients’ independence, comprehensive involvement in the community and social inclusion.

3.4. **Institutional care** – placing of children without parental care, disabled children and disabled adults in residential social care institutions and infants’ homes accommodating from

several tens to several hundred of persons permanently living there; due to the specificity of such institutions, community relations of such persons are limited, social skills are weak, and opportunities for integration into society are minimal. Such institutions are characterised by a group rather than individual care and by an institutional culture (strict internal rules and regulations etc.).

3.5. Integrated provision of services – a coordinated provision of services of support/assistance in educational, social and healthcare areas for children and their parents/guardians.

3.6. Child care in the family – guardianship/care of children without parental care by spouses / single persons according to the procedures prescribed by laws and other legal acts.

3.7. Individual leaving the care system – an adult leaving a child care home or a carers' family or a social family [*a non-profit public entity providing care to 6-12 children*] whose care has ended because he/she has reached the full age and who needs support for the start of his/her independent life.

3.8. Care professional – an individual that provides, according to the procedure prescribed by laws and other legal acts, professional social services or care to children without parental care or disabled children that are not linked by family relations.

3.9. Group living home – a social care institution accommodating up to ten disabled adults who live in a home environment and receive ongoing specialist assistance. Residents of a group living home receive the necessary services at this home and use other community services. Due to their nature, group living homes are classified as community services.

3.10. Community child care home – a child care home that is run according to a model of an environment close to a family environment, is established in separate premises (a house or an apartment) in the community, and is designed for children without parental care, disabled children or children with other special needs (up to 8 children). Such homes are classified as community services due to their nature.

Other terms used in the Plan have the meanings defined in the Republic of Lithuania Law on Social Services, the Republic of Lithuania Law on Social Integration of Disabled Person, the Republic of Lithuania Law on Education, the Republic of Lithuania Law on the Healthcare System and other legal acts.

4. According to the information available to the Ministry of Social Security and Labour, there were 244,600 disabled adults in Lithuania in 2012. According to the Department of Statistics of Lithuania, in 2012 there were 38 residential care institutions for disabled persons accommodating 6,100 disabled adults, with 51.6% of them (3,200 people) with psychic disabilities and 35.4% with mental disabilities. Around 32,400 disabled adults and elderly people attend day-care centres and around 15,800 receive services at home. There are 107 mental health centres in Lithuania providing the primary mental health care. According to the National Centre for Mental Health, in 2012 the rate of diagnosing new mental and behavioural disorders was 316 per 100,000 population, and there were 5,513 patients per 100,000 population at the end of 2012.

5. According to the information available to the Ministry of Social Security and Labour, there were 15,500 disabled children in Lithuania in 2012. As of 1 July 2013, there were 4 care institutions for disabled children and youth accommodating 150 children and 504 youth, 94% of whom have mental and/or psychic disabilities. 327 children live in 5 homes for infants with development disorders, 21% of whom have mental and/or psychic disabilities. In 2012, there were 88 childcare homes in Lithuania accommodating 3,600 children, 35% of whom were children with special needs, 20% had behavioural and emotional disorders, and 10% were children with a medium or grave disability.

6. According to the information available to the Ministry of Social Security and Labour, there were 462 children aged 0 – 3 years at child care institutions in Lithuania in 2012. Considering that such form of care poses the greatest risk to the child's development, children of this age should not be in institutional care at all.

7. According to the State Child's Rights Protection and Adoption Agency under the Ministry of Social Security and Labour, there were 10,542 without parental care in 2012, which

accounts for 1.9% of the total number of children in Lithuania. For 2,695 of these children (25.56%), temporary care has been established, and for 7,847 (74.4%) permanent care has been established. 4030 of the children were in social care institutions (38.2% of the total number of children in care), 407 were in social families (3.86%), and 6,105 children in families (57.9%).

8. In 2012, 801 children were returned from childcare homes to their biological families (which accounts for 7.59% of the total number of children in care and 19.8% of the total number of children in care institutions). For 193 children, institutional care has been replaced with care in the family/social family (such children account for 1.8% of the total number of children in care and 4.8% of the total number of children in care institutions).

9. 210 children were adopted in 2012 (2% of the total number of children in care and 5.2% of the total number of children in care institutions). 98 of the children were adopted by foreigners and 112 were adopted by families of Lithuanian citizens.

10. According to the Department of Statistics of Lithuania, in 2012 there were 34 crisis centres and temporary accommodation places for mothers with children; about 2,500 people are receiving services there. At 71 family support centres services are provided to about 3,800 families.

CHAPTER II STRATEGIC GOAL, OBJECTIVES AND TASKS

11. The strategic goal of the Plan is to develop a system of an integrated provision of services which would enable every child and every disabled person, or his/her family, guardians or carers to receive individual services tailored to their needs and the requisite community support, and which would allow every child without parental care to grow in a safe environment conducive to the child's development – either in a biological family or, in the absence of such family, the family of foster parents or guardians.

The Plan sets three objectives and the tasks that have to be carried out in order to attain these objectives. An analysis justifying the objectives and tasks is provided and the evaluation criteria are defined, together with the values of the criteria that will allow to determine the degree of attainment of the Plan's objectives.

12. *Objective 1 of the Plan: Ensure a harmonious environment and conditions for every child including disabled children to live in his/her biological family, and for a child without parental care – to live in the family of guardians or foster parents or in a social family and to receive community support.*

12.1. Preventive services and community services to families and children are lacking. The system of the children's day-care and after-school education services is not adequate, including insufficient access to such services, which is particularly relevant to rural areas.

12.2. Institutional care has been established for more than one third of the children in care. Over 35% of the children in the institutional care are under 3 years of age, whereas at this age it is very important for a child to grow in a family, to develop the child's relations with the family etc. Families at social risk are not receiving the adequate assistance that could facilitate the formation of secure links with the biological family and the placing of children in care into families.

12.3. The system of guardianship/care in the families is underdeveloped and there is no system of care professionals in place; the children's guardians and carers lack specialists' assistance. In recent years, the number of people willing to become guardians for or adopt children is decreasing as there is no sufficient diversity of the forms of the child guardianship/care in the family.

12.4. Families raising disabled children do not get the requisite community support, therefore, part of disabled children live in care institutions.

13. Tasks to be carried out in order to attain Objective 1 of the Plan:

13.1. Strengthening the integrated provision of community services to children and families. The main lines of carrying out of this task are as follows:

13.1.1. Developing and implementing preventive measures aimed at resolution of family issues and enabling the child to grow in his/her family. The network of the child day-care centres will be expanded and access to them will be improved, positive parenting skills training programmes for parents will be implemented, institutional collaboration will be enhanced in terms of exchange of information on potential risks of separating a child from his/her family, a coordinated system of care for new mothers and newborns and a family support system will be implemented;

13.1.2. Developing the infrastructure of the integrated community services and increasing access thereto for the children and their parents that are at social risk and cannot ensure an appropriate family environment or meet the child's needs. Social, educational, cultural, healthcare and legal services will be provided in an integrated manner, upon assessment of the child's/the parents' needs for the development of social skills and positive parenting skills, temporary housing, motivation to work and work search, treatment of addictive disorders or other diseases, mediation and other services;

13.1.3. Creating and developing a system of a comprehensive provision of services to disabled children and children with special needs as well as their families. Various services will be provided according to individual needs, peculiarities of development and age including the perinatal period; the network of day-care centres is being expanded; a service of short-term support to the family (respite break) and a service of a personal assistant to the child and the family will be provided;

13.2. Strengthening and promoting initiatives raised by individuals, social families and non-governmental organisations to care for children, adopt children or provide social services to children without parental care, children at risk and disabled children. This task will be carried out along the following main lines:

13.2.1. Reinforcing work with the child's family members (grandparents, uncles, aunts etc.) and the community so that they are enabled to take care of the child. Social work done with the child's family will involve the child's family members and the community, godfathers, neighbours and teachers who know the family and the child and will include the planning of the help that community members could offer to the child and the family, also in the case if the child is separated from his/her parents. Individual consulting and training is provided to community members involved in the process;

13.2.2. Enabling parents of disabled children to receive the healthcare, social, educational and respite break services provided in an integrated manner. Services of assistance to families with a disabled child will be developed at the social services/healthcare institutions and new forms of community services to families will be introduced;

13.2.3. Implementing a system of care professionals. A care professional's activities model will be developed, including a search for, recruitment, training and evaluation of care professionals, financing mechanism and a support system;

13.2.4. Enhancing the system of the child guardianship/care in the family. A set of services for a child under guardianship/care will be developed, focussing on the individual needs of the child; the guardians' skills and the guardians' selection process will be improved by developing a national guardians' database; the guardian's selection process will involve the child's social worker and social workers certified under the Programme on the Training and Consulting for Guardians and Foster Parents; a system of support for the families – guardians/carers of children will be developed (including e. g. ongoing training, individual consulting, self-help groups) and an efficient system of incentives for guardians will be created;

13.2.5. Improving the adoption system. The burden of documents to be submitted by potential foster parents will be reduced, the term of validity of the conclusion of the foster parents' preparedness for adoption will be increased from 12 to 18 months, the age of children that may be included in the list of children with special needs for adoption will be lowered from 8 to 7 years; the 3-month childcare leave (for the adaptation of the adopted child) will be granted within 1 months from the effective date of the court order on adoption;

13.2.6. Improving the technical facilities available to the child rights protection institutions and social workers that work with families at social risk so that access to the services provided in an integrated manner to the child and the family is improved and inter-institutional cooperation is ensured;

13.3. Gradually reorganising the infant care homes, care homes for children without parent care and disabled children's homes. This task will be carried out along the following main lines:

13.3.1. In the reorganisation of child care homes, giving priority to children under 3 years of age, disabled children as well as those institutions which will be identified, upon assessment, as the ones posing the greatest risk of in terms of the children's safety and meeting of their needs. Pilot childcare home projects will be selected and reorganisation will be implemented at such care homes;

13.3.2. Limiting the provision of institutional care to children without parental care at care homes for infants with developmental disorders; using the resources available to such institutions, enhance the early rehabilitation for children with developmental disorders (i. e. children having developmental/health/psychological/social/emotional disorders that determine the disability), implement the respite break service arrangement for families and provide healthcare and consulting services for families raising disabled children and families into which disabled children are due to be born;

13.3.3. Assessing the individual needs of children placed in care institutions. An in-depth analysis of the needs of each child living in a care home to be reorganised (including the needs for services) will be made, together with an assessment of the child's links with the biological family, family members and other persons. Upon selection of the most suitable form of alternative care, for each child a plan of transitional phases will be prepared, ensuring that these phases involve, apart from the child, his/her representatives, other children and individuals and/or organisations that will provide alternative services;

13.3.4. Assessing the needs and opportunities of the community from which the children living in the child care home have come. Identify the existing community social networks and access to services; with the help of experts and in collaboration with state institutions, municipalities and NGOs, the existing community services will be enhanced and new integrated services will be developed in the localities that lack the services required by children and families;

13.3.5. Taking account of the needs of the children living in child care homes and of the community needs and opportunities, prepare action plans for the child care homes to be reorganised, with the help of experts and in collaboration with state institutions, municipalities and NGOs;

13.3.6. Preparing the institutional care staff and communities for the reorganisation. The staff will be involved in the development of the alternative care system and the search for the best solutions having regard to the child's needs and the opportunities available to the family, the community and the staff. Staff competences will be evaluated and competence development plans will be prepared so that the staff are enabled to provide community services to the families and the children, to perform the care functions etc.;

13.3.7. Improving the services to the individuals leaving the care system. For the individuals leaving the care system, a system of intermediate, protected housing or social housing system will be created and a social worker's assistance will be provided on an individual basis in order to facilitate integration in the society;

13.3.8. Limiting the placing of children, in particular, children under 3 years of age, in child care homes by enhancing social support for families at maternity clinics and in the community;

13.3.9. Reorganising the child care homes by setting up community services that are alternative to institutional care and by reinforcing support for the guardians'/carers' families and social families.

14. *Objective 2 of the Plan: Enable the disabled adults and their families/guardians/carers to receive individual community services meeting their needs.*

14.1. Quite a lot of disabled adults currently residing in care institutions could live in the community. While the infrastructure of services to such persons is being rapidly developed, there is still a lack of such services as day occupation, accommodation at a home for independent living or group living home, protected housing, individual assistance by a social worker, crisis overcoming services etc. There is no social rehabilitation or adaptation after a long hospitalisation or institutional care.

14.2. Preventive healthcare services, supervision over long-term use of medicines, relapse prevention and suicide prevention services for disabled adults are lacking; insufficient provision of information to disabled adults and their families about health disorders, their causes, treatment and consequences, treatment and recovery prospects, medicines and their side effects. Healthcare and social services for persons with psychic disorders or intellectual development disorders that may lead to disability are lacking.

14.3. Closer collaboration is required between the healthcare, social security and education systems in the organisation and securing the continuity of the services provided in an integrated manner. The efficiency of the disabled adults' employment system is low and the protected workplaces system is inoperative.

14.4. The opportunities for recognising independent or partially independent disabled adults as incapable persons, provided by the current laws, are being abused, and the priorities of enablement and development of independence are being neglected.

14.5. Families that provide care to their disabled members lack social, psychological and methodological assistance. People providing care to a disabled adult family member are not enabled to combine family life with work, therefore, the family's income decreases or the disabled person's benefits become the only source of income for the family. Therefore, family members experience social seclusion and lose work skills and financial resources, their health might deteriorate. Respite break services and day social care are lacking. Family members and other people who are close to the disabled person are often not knowledgeable about mental disorders, causes of their aggravation etc. Staff of social services, educational and law enforcement institutions sometime lack knowledge of mental and psychic disorders and consequences thereof; social workers lack competences for working with disabled adults with the aim to restore or improve their psycho-social functioning.

15. Tasks to be carried out in order to attain Objective 2 of the Plan:

15.1. Increasing the opportunities for independent or partially independent disabled adults to live in the community, receiving the required assistance that enables the person to take part in the life of the community. The main lines of carrying out of this task are as follows:

15.1.1. Developing the integrated domiciliary services provided to disabled adults depending on their individual needs and enhance social work with them. Community services will be developed for disabled adults and persons with psychic disorders or intellectual development disorders that may lead to disability; the network of domiciliary services will be expanded; the current day occupation services for disabled adults will be strengthened and new services will be set up and developed (day occupation services, various forms of occupation therapy, abilitation services, social skills and independent living skills teaching services etc.) for those people who cannot participate in the labour market; the number of social workers assigned to work with disabled people in the community will be increase; the personal consultant (case management) service will be developed, and team work will be enhanced;

15.1.2. Promoting the disabled adults' integration into the labour market. Creating favourable and flexible working conditions taking account of the mental disabilities and the psychic condition of disabled adults of working age (shorter working day and/or week, split working hours with a rest period during the day, separate premises for a short rest etc.), developing the system of protected workplaces, implementing facilities for the teaching of applied subjects at school, pre-employment rehabilitation and motivation, protected workplaces, occupational rehabilitation, vocational orientation and training, employment at social enterprises and vacant jobs in the market, through consistent work with employers and by testing of new forms of employment of disabled adults;

15.1.3. Developing a long-term system of provision of social services in the non-governmental organisations sector. Searching for new forms of collaboration between municipalities, NGOs and communities and new forms of financing in order to ensure the continuity of the services and the ongoing close collaboration in the planning, organisation and providing of social services to disabled adults;

15.1.4. Setting, with the help of experts, the standards and quality requirements for the provision of the new community services. The standards for the provision of new community services will enable a successful development of the quality community services in the municipalities;

15.2. Ensuring community support for disabled adults who are not independent. The main lines of carrying out of this task are as follows:

15.2.1. Developing community services of high quality and their infrastructure for dependent disabled adults according to their individual needs. Developing the infrastructure of group living homes, day centres, respite break services and services of providing a lift; implementing the social skills' development and maintaining as well as employment programmes; enabling those disabled persons who require individual care or nursing to receive the services at specialised nursing and care homes; developing integrated nursing and social care in care homes for disabled persons; independent monitoring of human rights at psychiatric hospitals and social care institutions;

15.2.2. Gradually reorganising the residential social care institutions for disabled adults. Selecting and implementing pilot projects on the reorganisation of residential social care institutions by establishing or adapting the infrastructure of community services and specialised nursing and care homes to the needs of the specific community and using the available human and material resources;

15.2.3. Preparing, with the help of experts, feasibility studies on the reorganisation of the residential social care institutions, with the active involvement of municipalities, NGOs and communities in the reorganisation process;

15.2.4. Carrying out, with the help of experts, the health condition and independent living skills' assessments of people placed in residential social care institutions, prepare an individual assistance plan for each person, with the active involvement of the disabled persons themselves as well as people close to them;

15.2.5. Carrying out an assessment of competences of the staff of the residential social care institutions being reorganised as well as their motivation for working at community establishments; prepare, with the help of experts, their competence development plans by applying both qualitative and quantitative assessment methods so that the staff can provide the community services etc.;

15.2.6. Preparing and implementing, with the help of experts and through close collaboration of state institutions, municipalities, NGOs and communities, plans on the community services, provision of protected housing or social housing, and (for totally dependent disabled adults who need constant nursing at specialised nursing and care institutions) establishment of infrastructure in the community.

15.3. Strengthening assistance for families providing care to disabled adults and for other people close to them and providing care to them, promoting informal assistance, and building competences of specialists working with disabled adults. The main lines of carrying out of this task are as follows:

15.3.1. Enabling families of disabled adults and other people who are close to them to receive social, psychological and legal assistance and promote the respite break services. Developing the family support services and respite break services (at social services/healthcare institutions or at the disabled adult's home and the community) for members of families providing care to disabled adults; implementing the new forms of support for families; organising the dissemination of methodological assistance to families and consulting, psychological and legal assistance services; implementing family support programmes; organising education of and informing families and other persons providing care to disabled adults about psychic disorders,

their prevention and treatment, prevention of relapse and suicide, medicines and their side effects, treatments and recovery prospects, patient psychology, consequences of mental and/or psychic disorders on the individual's functioning, nursing of disabled adults etc. Training will be organised for disabled adults and people close to them on the forms of exercising their rights in order to enable the disabled adults to make decisions independently;

15.3.2. Promoting non-formal assistance to families providing care to disabled adults. Promoting voluntary work of providing assistance to disabled adults and their families as well as self-help groups of families providing care to disabled adults at home (the families coordinate between themselves and help each other in providing care to disabled family members, organising rehabilitation, education, training and occupation, resolving social and health issues, participating in cultural or sports events and community life); provision of both formal and non-formal assistance in decision-making;

15.3.3. Building competences of specialists working with disabled adults and their families, enhancing collaboration between healthcare, social services, education and other specialists in the assistance provision process. Organising training of the specialist services' staff on mental and psychic disorders, forms of exercise of disabled people's rights, assistance in decision-making; organising supervision and training of specialists working with disabled adults aimed at enabling these adults and increasing their independence.

16. *Objective 3 of the Plan: Promote changes in the values of society by forming a positive attitude toward the reorganisation of the system and ensure publicity of the processes.*

Negative attitudes toward disabled persons prevail in society; due to fears and lack of knowledge about mental and psychic disabilities society tends to stigmatise. Children in care are stigmatised due to society's attitude to poverty and families at social risk.

The negative public opinion on child care homes/guardianship/care system leads to a negative attitudes toward children in care, as a result of which people are reluctant to become the child's guardians/carers or to adopt children.

17. Tasks to be carried out in order to attain Objective 3 of the Plan:

17.1. Promote a change in the values of society with the aim to create a tolerant society and open communities. The main lines of carrying out of this task are as follows:

17.1.1. Increasing awareness of mental disabilities and psychic disorders as well as their consequences for the functioning of the individual. Anti-discrimination measures will be implemented; the mass media will be asked to disseminate information on cases of successful social inclusion of disabled people; public training courses on equal opportunities and the Convention of the Rights of Persons with Disabilities will be organised, with the involvement of municipalities, NGOs, state and local politicians, and the mass media; access to culture will be promoted and supported; training on healthy lifestyle aimed at the prevention of both general and specific diseases will be organised;

17.1.2. Reinforcing education on positive parenting, support for the child and disabilities. Meetings will be organised with the staff of pre-school educational establishments and schools and parents of the children attending them to discuss the opportunities for a mixed education of disabled children and health children; meetings/discussions with communities and local politicians will be organised and social networks of various groups of the population will be reinforced;

17.1.3. Informing local communities about the damaging effects of institutional care and the benefits of the current reorganisation for both the child/disabled adult and the community. Qualitative and quantitative service indicators will be publicly presented, the benefits of the reorganisation will be discussed etc.;

17.1.4. Monitoring and evaluating the reorganisation process, regular provision of information to the public about processes that are planned and/or are under implementation. The public will be regularly furnished with information on the progress, objectives, processes and results of the reorganisation; the public, communities, persons receiving care and their families will be actively involved in the reorganisation process; external and internal evaluations of the reorganisation will be carried out, involving experts, NGOs and municipalities and conducting

quantitative and qualitative studies for evaluation purposes; quality assessments of new community services and pilot projects will be carried out, with NGOs, municipalities and research institutions actively involved in the process.

CHAPTER III IMPLEMENTATION OF THE PLAN AND RESPONSIBILITY

18. The implementation of the Plan will be coordinated by the Ministry of Social Security and Labour. Participants in the implementation of the Plan include the Ministry of Education and Science, the Ministry of Culture, the Ministry of Healthcare, the State Child's Rights Protection and Adoption Agency under the Ministry of Social Security and Labour, the Department for the Affairs of Disabled Persons under the Ministry of Social Security and Labour, the Lithuanian Municipalities Association, the Social Services Supervision Department under the Ministry of Social Security and Labour, non-governmental organisations (NGOs) and municipalities.

19. Measures to attain the objectives and to carry out the tasks of the Plan have been defined (Annex 1 to the Plan), specifying the timeframes of implementation and responsible entities.

20. The criteria for the evaluation of the implementation of the Plan are set out in the document 'Implementation Criteria for the Plan' (Annex 2 to the Plan).

21. An inter-institutional monitoring group formed by the Minister of Social Security and Labour has been charged with the responsibility for the monitoring of the Plan.

22. Implementation of the Plan is financed by the European Union Structural Funds for 2014–2020.

MEASURES OF THE ACTION PLAN ON THE TRANSITION FROM INSTITUTIONAL CARE TO FAMILY AND COMMUNITY SERVICES FOR DISABLED PERSONS AND CHILDREN WITHOUT PARENTAL CARE FOR 2014–2020

STRATEGIC GOAL: DEVELOP A SYSTEM OF AN INTEGRATED PROVISION OF SERVICES WHICH WOULD ENABLE EVERY CHILD AND EVERY DISABLED PERSON, OR HIS/HER FAMILY, GUARDIANS OR CARERS TO RECEIVE INDIVIDUAL SERVICES TAILORED TO THEIR NEEDS AND THE REQUISITE COMMUNITY SUPPORT, AND WHICH WOULD ALLOW EVERY CHILD WITHOUT PARENTAL CARE TO GROW IN A SAFE ENVIRONMENT CONDUCTIVE TO THE CHILD’S DEVELOPMENT – EITHER IN A BIOLOGICAL FAMILY OR, IN THE ABSENCE OF SUCH FAMILY, THE FAMILY OF FOSTER PARENTS OR GUARDIANS

Item No	Objectives and measures	Time frame	Implementing entities
Objective 1: Ensure a harmonious environment and conditions for every child including disabled children to live in his/her biological family, and for a child without parental care – to live in the family of guardians or foster parents or in a social family and to receive community support			
1.1.	Prepare, with the help of experts and by implementing innovative projects, a methodology for the assessment of how the child’s needs are met in a family, which would help identify early crises in the family, determine the child’s needs and draw up a plan on the provision of assistance to the family and the child.	2015–2016	Ministry of Social Security and Labour, municipalities, NGOs
1.2.	Develop, with the help of experts and through implementation of new social technologies, models for the integrated provision of services to the child and the family and promote the service provision in the	2015–2020	Ministry of Social Security and Labour, municipalities, NGOs

	communities		
1.3.	Develop, with the help of experts and through implementation of new social technologies, models for the integrated provision of services to disabled children and children with special needs and the families and promote the service provision in the communities	2015–2020	Ministry of Social Security and Labour, municipalities, NGOs
1.4.	Improve qualifications and skills of staff working in the child welfare area	2014–2020	Ministry of Social Security and Labour, State Child’s Rights Protection and Adoption Agency, municipalities, NGOs
1.5.	Develop the rendering of psychological aid to the child and the family in the process of the integrated provision of services and develop a model, involving innovative methods, for the work of psychologists working with the children and families in the area of social services.	2015–2020	Ministry of Social Security and Labour, Ministry of Health, Ministry of Education and Science, municipalities, NGOs
1.6.	Strengthen, as part of implementation of innovative projects, social assistance to parents that raise children under 3 years and pregnant women.	2015–2020	Ministry of Social Security and Labour, Ministry of Health, municipalities, NGOs
1.7.	Develop the system under which a search for guardians/carers and foster parents for families including social families will be conducted and they will be selected, prepared, consulted and assisted.	2015–2020	Ministry of Social Security and Labour, State Child’s Rights Protection and Adoption Agency, municipalities, NGOs
1.8.	Establish a system of care professionals and strengthen social families through pilot projects.	2016–2020	Ministry of Social Security and Labour, State Child’s Rights Protection and Adoption Agency, municipalities, NGOs
1.9.	Select, for reorganisation purposes, residential care institutions for children without parental care and disabled children, i. e. regional pilot projects (hereinafter referred to as the ‘pilot institutions’ for children).	2014	Ministry of Social Security and Labour, municipalities
1.10.	Prepare the reorganisation projects for the pilot institutions for children: make an analysis of the existing service infrastructure in the regions, assess the health condition and social skills of each child without parental care and each disabled child residing in the institutions; assess competences and motivation of the institutions’ staff; on the basis of the aforesaid, draft the plans on the infrastructure and the individual	2015–2016	Ministry of Social Security and Labour, municipalities, NGOs, social care institutions

	transition from institutional care for the residents of such institutions.		
1.11.	On completion of needs self-assessment by municipalities, project development feasibility studies and development plans, establish, in collaboration with NGOs, the infrastructure of child day-care centres and other community services to children and families in municipalities.	2016–2020	Ministry of Social Security and Labour, municipalities, NGOs
1.12.	Reorganise care homes for infants with development disorders by strengthening the early rehabilitation of development disorders and increasing access to healthcare services for disabled children and children with special needs, implement the respite break service system for families, provide consulting to families which are raising disabled children or into which disabled children are due to be born.	2016–2020	Ministry of Health, Ministry of Social Security and Labour, municipalities, care homes for infants with development disorders
1.13.	Develop the protected housing (housing for independent living) for young individuals leaving the care system.	2016–2020	Ministry of Social Security and Labour, municipalities, NGOs
1.14.	Improve legal acts governing the child's guardianship/care in the families including social families and adoption.	2014–2020	Ministry of Social Security and Labour, municipalities, NGOs
1.15.	Improve technical facilities available to child's rights protection institutions and social workers dealing with families at social risk in order to enable access to the integrated services provided to children and families and to ensure interdepartmental collaboration.	2015–2017	Ministry of Social Security and Labour, State Child's Rights Protection and Adoption Agency, municipalities
Objective 2: Enable the disabled adults and their families/guardians/carers to receive individual community services meeting their needs.			
2.1.	Develop and test models for the planning and provision of sustainable and innovative services in municipalities, with the help of experts and NGOs	2015–2020	Ministry of Social Security and Labour, municipalities, NGOs
2.2.	With the help of experts, set the standards for the new forms of social services provided to disabled adults and their families in the community.	2015–2016	Ministry of Social Security and Labour, municipalities, NGOs
2.3.	Implement projects on the improvement of skills of staff responsible for the administration of social services and provision of community services to disabled adults and their families; improve competences of	2014–2020	Ministry of Social Security and Labour, municipalities, NGOs, social care institutions

	staff at the pilot care institutions; promote interdepartmental collaboration.		
2.4.	Select, for reorganisation purposes, residential care institutions for disabled adults, i. e. regional pilot projects (hereinafter referred to as the ‘pilot institutions for disabled adults’).	2014	Ministry of Social Security and Labour
2.5.	Prepare the reorganisation projects for the pilot institutions for disabled adults: make an analysis of the existing service infrastructure in the regions, assess the health condition and social skills of each disabled adult residing in the institutions; assess competences and motivation of the institutions’ staff; on the basis of the aforesaid, draft the plans on the establishment of infrastructure and the community service system for residents of such institutions.	2015–2016	Ministry of Social Security and Labour, Department for the Affairs of Disabled Persons, municipalities, NGOs
2.6.	On completion of the projects’ development feasibility studies and development plans, develop, in collaboration with NGOs, establish the infrastructure network for community services in the municipalities (day occupation centres, independent living homes, group living homes, psychosocial rehabilitation centres etc.) as well as protected housing for disabled adults.	2016–2020	Ministry of Social Security and Labour, municipalities, NGOs, social care institutions
2.7.	Implement projects on new forms of social services for disabled people and their families, implement new social technologies, establish a protected workplace system, ensure favourable and flexible working conditions having regard to mental disabilities and psychic condition of disabled adults of working age (shortened working day and/or working week, split working hours with rest breaks, separate premises for a short rest).	2016–2020	Ministry of Social Security and Labour, municipalities, NGOs
2.8.	Implement integrated nursing and care projects.	2014–2020	Ministry of Social Security and Labour, municipalities
2.9.	Implement family support programmes, develop services to families such as the respite break services to families providing care to disabled	2015–2020	Ministry of Social Security and Labour, Department for the Affairs of Disabled

	adults at social services institutions, at home and in the community, introduce new forms of family support, organise the dissemination of methodological assistance to families and the provision of consulting and psychological and legal assistance.		Persons, municipalities, NGOs
2.10.	Organise education and information of families and other close persons providing care to disabled adults about psychic disorders, their prevention and treatment, prevention of relapse and suicide, medicines and their side effects, treatments and recovery prospects, patient psychology, consequences of mental and/or psychic disorders on the individual's functioning, nursing of disabled adults etc.	2015–2020	Ministry of Social Security and Labour, municipalities, NGOs
2.11.	Promote voluntary work to assist disabled adults and their families; form family self-support groups.	2015–2020	Ministry of Social Security and Labour, Department for the Affairs of Disabled Persons, municipalities, NGOs
2.12.	Improve competences of specialists working with disabled adults and their families, enhance collaboration of specialists on healthcare, social services, education etc. in the provision of services	2015–2020	Ministry of Social Security and Labour, Ministry of Health, Ministry of Education and Science, Social Services Supervision Department, NGOs
2.13.	Implement facilities for the teaching of applied subjects at school, promote pre-employment rehabilitation, vocational orientation and training, employment at social enterprises and vacant jobs in the market, through consistent work with employers and by testing of new forms of employment of disabled adults.	2016–2020	Ministry of Social Security and Labour, Ministry of Education and Science, NGOs
2.14.	Review legal acts governing the provision of community services to disabled adults and amend them if necessary.	2014–2020	Ministry of Social Security and Labour
Objective 3: Promote changes in the values of society by forming a positive attitude toward the reorganisation of the system and ensure publicity of the processes			
3.1.	Form a reorganisation monitoring group and conduct ongoing monitoring and evaluation of the reorganisation.	2014–2020	Ministry of Social Security and Labour, municipalities, NGOs
3.2.	Implement anti-discriminatory measures, organise public courses on equal opportunities and the UN Convention on the Rights of People	2015–2020	Department for the Affairs of Disabled Persons, municipalities, NGOs

	with Disabilities.		
3.3.	Organise courses on healthy lifestyles aimed at prevention of diseases and disabilities.	2016–2020	Ministry of Social Security and Labour, NGOs
3.4.	Organise educational activities to disseminate methods of positive upbringing in the families.	2016–2020	Ministry of Social Security and Labour, Ministry of Education and Science, State Child’s Rights Protection and Adoption Agency, NGOs
3.5.	Carry out external and internal evaluations of the reorganisation process, involving experts and NGOs and conducting quantitative and qualitative studies for evaluation purposes.	2014–2020	Ministry of Social Security and Labour, municipalities, NGOs
3.6.	Establish a reorganisation unit/office for the implementation of the measures of the Action Plan on the Transition from Institutional Care to Family and Community Services for Disabled Persons and Children Without Parental Care for 2014-2020.	2014	Ministry of Social Security and Labour

Annex 2
to the Action Plan on the Transition from
Institutional Care to Family and Community
Services for Disabled Persons and Children
Without Parental Care for 2014-2020

EVALUATION CRITERIA FOR THE ACTION PLAN ON THE TRANSITION FROM INSTITUTIONAL CARE TO FAMILY AND COMMUNITY SERVICES FOR DISABLED PERSONS AND CHILDREN WITHOUT PARENTAL CARE FOR 2014–2020

Item No	Description and unit of measure of the criteria for the evaluation of objectives and measures	Values of evaluation criteria		Data source
		2012–2013	2020	
	STRATEGIC GOAL: Develop a system of an integrated provision of services which would enable every child and every disabled person, or his/her family, guardians or carers to receive individual services tailored to their needs and the requisite community support, and which would allow every child without parental care to grow in a safe environment conducive to the child’s development – either in a biological family or, in the absence of such family, the family of foster parents or guardians			
	Indicator of access to/development of community services for disabled people (ratio between community service recipients and institutional care recipients)	2,8 (baseline value)	4,3	Ministry of Social Security and Labour
	Children placed in child care institutions as a percentage share of children without parental care	57%	25%	Ministry of Social Security and Labour
1.	OBJECTIVE 1: Ensure a harmonious environment and conditions for every child including disabled children to live in his/her biological family, and for a child without parental care – to live in the family of guardians or foster parents or in a social family and to receive community support			
1.1.	Families with children receiving community support as a percentage share of the total number of households with children	2.35%	5%	Ministry of Social Security and Labour
1.2.	Children involved in child day-care centre, open youth centre and informal education activities or receiving	20%	25%	Ministry of Social Security and Labour, Ministry of Education and

	community services as a percentage share of the total number of children			Science, municipalities
1.3.	Children in institutional care as a percentage share of the total number of children in care	38%	20%	Ministry of Social Security and Labour, State Child's Rights Protection and Adoption Agency, municipalities
1.4.	Number of reorganised care homes for infants with development disorders	0	5	Ministry of Health, Ministry of Social Security and Labour, municipalities
1.5.	Number of reorganised children care homes and children/youth social care homes	0	10	Ministry of Social Security and Labour, municipalities
1.6.	Number of care professionals (individuals)	0	400	Ministry of Social Security and Labour, State Child's Rights Protection and Adoption Agency, municipalities, NGOs
2.	OBJECTIVE 2: Enable the disabled adults and their families/guardians/carers to receive individual community services meeting their needs.			
2.1.	Disabled persons receiving community services as a percentage share of the total number of disabled persons – social service recipients	73%	80%	Ministry of Social Security and Labour, municipalities
2.2.	Employed disabled adults of working age as a percentage share of the total number of disabled adults of working age	28%	38%	Ministry of Social Security and Labour
2.3.	Decrease in the number of disabled adults placed in institutional care	-	40%	Ministry of Social Security and Labour
2.4.	Number of reorganised residential care institutions for disabled adults	0	5	Ministry of Social Security and Labour, municipalities
2.5.	Number of staff of social care institutions organising and providing community services who have improved	3,321	10,000	Ministry of Social Security and Labour, Ministry of Health,

	their skills during the past five years			Ministry of Education and Science, municipalities
2.6.	Number of established new institutions for community services (independent living homes, day occupation centres, group living homes, psychosocial rehabilitation centres etc.) including protected housing for disabled adults	0	70	Ministry of Social Security and Labour, Department for the Affairs of Disabled Persons, municipalities
3.	OBJECTIVE 3: Promote changes in the values of society by forming a positive attitude toward the reorganisation of the system and ensure publicity of the processes			
3.1.	Public opinion on discrimination against disabled persons (score) (1 – lowest discrimination, 10 – greatest discrimination)	5.07	3	Ministry of Social Security and Labour
3.2.	Families giving a positive evaluation of the environment for the child and the family as a percentage share of all families with children	10%	20%	Ministry of Social Security and Labour, municipalities