VALSTYBĖS KONTROLĖ
PUBLIC AUDIT

PROMOTING ACTIVE AGEING

17 March 2026

No. VAE-2

SUMMARY

Relevance of the audit

Lithuania's population is aging significantly—at the beginning of 2026, 28.8% of Lithuania's permanent residents were 60 years of age or older; it is projected that by 2100, this group will account for 43.5% of the population, and those aged 65+ will account for 37.6% of all Lithuanian residents (20% in 2022)[1]. Life expectancy is increasing, but it still falls short of the EU average: in Lithuania it stands at 77.5 years, while in the EU it is 81.5 years[2].The number of healthy life years also remains lower—60.9 years in Lithuania, compared to 63.1 years in the EU[3]. Lithuania, along with the other Baltic countries, has one of the highest employment rates among people aged 65+. This is driven by a low income replacement rate for social security pensions, the ability to combine a pension with earned income, and a rising retirement age[4]. However, in Lithuania, more than a third (36.9%) of people in this age group are still at risk of poverty—nearly three times more often than the EU average[5].

Active ageing is one of the policy concepts that, together with healthy ageing and lifelong learning, can help an ageing society thrive. Promoting active ageing is particularly important for building an inclusive society based on intergenerational solidarity, where everyone, regardless of age, has the opportunity to participate fully in social, economic, and cultural life[6]. Active ageing, like healthy ageing, is a personal choice and responsibility, but it depends on the environment in which people live, work, and socialise.

[1] According to data from the Official Statistics Portal.

[2] Life expectancy, internet access: Life expectancy by age and sex (accessed on 12/03/2026).

[3] Life expectancy, internet access: Healthy life years by sex (from 2004 onwards) (accessed on 04/11/2025).

[4] Flexible forms of retirement: A policy analysis of 28 European countries, European Social Policy Analysis Network (ESPAN), 2025.

[5] At-risk-of-poverty rate, internet access: At-risk-of-poverty rate of older people by sex and selected age groups - EU-SILC and ECHP surveys (accessed on 04/11/2025).

[6] Green Paper on Ageing: Fostering Solidarity and Mutual Responsibility Between Generations, European Commission, 2021.

Public policy can play an important role in creating a supportive environment, as the measures implemented can help ensure that healthy ageing and active ageing are also chosen by vulnerable individuals. This would have a positive impact on the labour market and social security systems[7] and contribute to a better quality of life for older people (aged 60 and older)[8].

Objective and scope of the audit

The objective of the audit is to assess whether government policy and the measures implemented ensure active ageing for older people.

Key audit questions:

- ✓ whether the country's national policy focuses on the active participation of an ageing society;
- ✓ whether the country promotes the social inclusion of older people and the participation of people of retirement age in the labour market, with a view to keeping them active for as long as possible;
- ✓ whether social services and digital inclusion create conditions that enable older people to remain independent?
- ✓ whether measures are being taken in the country to address the problem of loneliness among older people?

The audited entity is the Ministry of Social Security and Labou, as it is responsible for formulating policies on active ageing and the social inclusion of older people (aged 60 and over), as well as for organising and coordinating the implementation of these policies to ensure their opportunities to participate in public life[9].

We would like to thank the audited entity, all 60 municipalities and their public health offices, the State Social Insurance Fund Board (SODRA), the Ministry of Education, Science and Sport, the Ministry of Health, the Ministry of Culture, the Ministry of Economy and Innovation, the Communications Regulatory Authority, the Employment Service, the Office of the Equal Opportunities Ombudsman, the Qualifications and Vocational Training Development Centre, the Association of Local Authorities in Lithuania, the Association of Lithuanian Higher Education Institutions for the Organization of Joint Admissions, the Innovation and State Digital Solutions Agencies, cultural institutions, universities of the third age, the Lithuanian Pensioners' Union "Bočiai," the Lithuanian Association of Older People "Senjorų pasaulis," Lithuanian *Caritas*, the Lithuanian Red Cross, the Order of Malta Relief Service, and academics at Vilnius University.

The audit period is 2022–2024. To assess the changes, we used data from previous years and from 2025.

When analysing the promotion of active ageing through participation in cultural, volunteer, educational, and healthy lifestyle activities, the target group selected was older people aged 60 and over, as defined by the Ministry of Social Security and Labour. When evaluating measures designed to keep older people active in the labour market for as

[7] Ibid.

[8] Regulations of the Ministry of Social Security and Labour, para 7.12.

[9] Regulations of the Ministry of Social Security and Labour, para 7.12.

long as possible, the target group selected was people aged 65 and older—those who have already reached retirement age and are no longer covered by employment policy.

During the audit, we assessed social services aimed at maintaining the independence of older people so that they could remain active; we did not cover social services provided to people in need of care or nursing at home or in care facilities, nor did we cover policies and measures for people with disabilities.

The audit was conducted in accordance with the International Standards of Supreme Audit Institutions[10]. The audit criteria, procedures performed, and methods applied are described in more detail in Annex 2, "Audit Criteria, Procedures Performed, and Methods Applied" (p. 119).

Key audit results

The government's social inclusion policy and the measures being implemented are not sufficiently effective, consistent, targeted, and inclusive enough to ensure the employment of older people, their participation in educational, cultural, health, and volunteer activities, to help address the problem of loneliness, and to promote active ageing.

1. State policy does not focus sufficiently on the active participation of an ageing society

In Lithuania, although ageing is recognised as one of the most significant demographic challenges, there is no integral state policy to promote active ageing. There are no defined areas of well-being for older people, and there is a lack of strategic direction, specific goals, objectives, measures, and a designated budget, while initiatives are scattered across different policy areas—social security, health care, education, and the labour market. No impact indicators have been established to assess progress in this area; the only indicator used—the at-risk-of-poverty rate—does not cover the entirety of active ageing. A survey of the target group shows that 40% of residents who have retired on early or old-age pensions have not been active in any activities in recent years, while demographic indicators (the ageing index and median age) reveal rapid population ageing, therefore the need for an integral active ageing policy is only growing. In the funding competitions for non-governmental organizations representing older people organised by the Ministry of Social Security and Labour for 2022–2025, the requirements were unjustifiably tightened (the required duration of operational experience and the number of branches have increased without justification regarding their impact on project quality) and an inadequate system of indicators has been established: indicators that are unambitious or do not reflect project quality or impact, and changes in activities have not been analysed. As a result, the number of participating organisations decreased by 14–79%, and the quality, impact, and real added value of projects were not assessed. Without a goal, objective, or indicators used to promote active ageing, the ability to ensure long-term, coordinated, and effective planning, implementation, and impact assessment of active ageing policies is limited (Section 1.1, p. 20).

[10] ISSAI 3000 - Performance Audit Standard, internet access: https://www.valstybeskontrole.lt/LT/post/15649/ (accessed on 04/11/2025).

There is insufficient coordination of the activities of institutions involved in promoting active ageing. The Ministry of Social Security and Labour is responsible for formulating policy on active ageing and the social inclusion of older people (60+), and for coordinating its implementation; however, in 2024–2025, it failed to adequately perform 4 out of 5 functions: it did not comprehensively analyse the situation of older people in Lithuania, it did not sufficiently coordinate the implementation of measures aimed at promoting their social inclusion, it did not systematically prepare and submit proposals to other institutions regarding the promotion of social inclusion and the provision of opportunities for these individuals, with the exception of proposals regarding draft legislation under preparation. The Ministry does not have an established process for carrying out these functions, and there is a lack of human resources to ensure their consistent and focused implementation: the functions of formulating and implementing active ageing policies for older people have been assigned to a single employee. OECD experts emphasise that the lack of a dedicated division or department responsible for implementing the active ageing agenda is one of the main reasons for limited capacity. Due to this institutional structure, active ageing policy in Lithuania is not implemented consistently, there is a lack of evidence-based decisions and a coordinated approach, and consequently, the state is unable to adequately address the needs of older people and ensure their full social inclusion (Sub-section 1.2, p. 26).

2. The state's actions are insufficient to keep people of retirement age in the labour market

The state's actions to encourage the participation of people of retirement age in the labour market are insufficient: current legislation and employment policies are focused solely on people of working age. Special laws applicable to civil servants, judges, and researchers limit the possibility of continuing this work after reaching retirement age. This creates conditions for discrimination and reduces participation in public sector activities. Data show that the number of working retirees is increasing every year (2022–2025: from 81,300 to 89,800), with the majority (60%) choosing the private sector, where there are fewer restrictions. The Labour Code does not restrict the right of persons of retirement age to work: flexible working arrangements are available to all employees, regardless of age, but no additional guarantees regarding more flexible forms of employment apply. The state also does not provide measures aimed at retaining people of retirement age in the labour market or preparing them for retirement, including financial, social, and emotional preparation. The ability to receive both wages and an old-age pension while working is the most important flexibility mechanism. According to a survey of the target group, the main reasons why respondents worked or are working after reaching retirement age are job satisfaction and self-expression (49.9%), the desire to stay busy and feel needed (44.9%), as well as financial reasons—old-age pensions and social benefits are insufficient to make a living (41.2%), the desire for a higher pension, and the need to support relatives (35.7%). A large proportion of working pensioners are concentrated in professions that require significant experience and where there is a noticeable labour shortage, such as management, education, healthcare, and transportation. The country has not established a target employment rate for people of retirement age (according to *SODRA* data, 14.1% of old-age pension recipients are employed), and the health problems experienced by a significant part of this group (37.2%) limit their participation in the labour market even further. According to Eurostat data, life expectancy in good health in Lithuania stands at 60.9 years, which is lower than the EU average of 63.1 years; consequently, many people reach retirement age already facing

health issues that limit their ability to work. To address the challenges posed by an ageing society and ensure the inclusion and retention of older people in the labour market, targeted, evidence-based policies are needed, including the prevention of discrimination, adaptation of working conditions, more flexible forms of work, and consistent retirement planning (Sub-section 2.1, p. 31).

3. It is important to promote the social inclusion of older people to keep them active for as long as possible

Older people are not systematically and intentionally included in cultural activities. Although older people were not the target audience for the projects "Culture Without Barriers – Talking Books" and "Museums for Human Well-being," these initiatives could indirectly contribute to their participation in cultural activities. The "Social Prescription" initiative, implemented in nearly one-third of municipalities, focuses on the psychological well-being and social inclusion of people of retirement age and includes cultural activities for participants; however, in implementing the initiative, challenges in inter-institutional cooperation arise between the Ministry of Culture and the Ministry of Health, particularly regarding funding, the division of responsibilities, and the coordination of activities; the target group (lonely, inactive individuals aged 65 and older) is difficult to reach, family doctors are not involved in the process and do not refer individuals who need this assistance. Only 2 out of 60 municipalities included specific measures in their planning documents aimed at promoting the participation of older people in cultural activities, while the remaining 58 municipalities carried out activities intended for all residents without taking into account the needs of older people. The main reasons are that cultural activities are planned for all residents collectively, there is a lack of financial resources and staff, and it is unclear what kinds of activities older people would like. During the audited period, at least one cultural institution in 48 municipalities carried out activities specifically for older people, 3 did not, and 7 did so not every year. The main forms of activities carried out were educational sessions, concerts, and singing and dancing activities; most often, the activities were free of charge (60% of the institutions that carried them out) or offered at a discount (18%). Data from a survey of the target group show that 42.7% of older people have participated in cultural activities organised in their local community over the past year. Older people's participation is most often limited by a lack of motivation, health issues, perceptions of age, and a mismatch between the activities offered and their interests. At the national and municipal levels, the needs of older people are not being properly assessed or incorporated into planning processes, and there is no consistent collection of data on their participation or monitoring of outcomes; consequently, cultural participation initiatives remain fragmented. This results in a missed opportunity to improve the quality of life for people of this age group, strengthen their social inclusion, and enhance their mental and emotional well-being through culture (Sub-section 2.2, p. 49, and Sub-section 4.3, p. 96).

Older people are not interested in participating in volunteer activities. The Ministry of Social Security and Labour, which is responsible for volunteering policy, implemented two measures related to volunteering by older people in 2022—skills development and a project competition for non-governmental organizations—which were not continued. In 2023–2025, the state did not implement any measures, but in 2025, a progress measure for individuals aged 30 and older was approved, and the initiative "Strengthening and Developing Volunteer Activities" was launched, with a budget of EUR 7.48 million for 2025–2030, of which EUR 4.4 million is allocated to the National Volunteer Service Program,

though the funds have not yet been utilized, and EUR 2.77 million is allocated to improving the quality of volunteer coordination; the remaining part is allocated to promoting civic engagement among students, even though the target group is people aged 30+. There are no indicators for assessing volunteering among older people, monitoring covers only the general population's participation. A survey of the target group showed that 10.4% of respondents had volunteered in the past year, but 72.9% had not volunteered and did not intend to do so. The main reasons were lack of motivation, health problems, lack of time and information, and a passive attitude due to age. Nevertheless, interest ranges from 22.7% to 27% among respondents aged 60–70; women are more inclined to volunteer than men, with the most important motivations being helping others (59.6%) and staying active (40.4%). The number of older volunteers in cultural institutions and third-age universities is growing, but there is a shortage of volunteer coordinators and funding. Due to unstable funding and the lack of a systematic approach to activities, there is a shortage of volunteer coordinators and indicators for monitoring, so the impact of state measures on the volunteering of older people is not assessed and their potential remains untapped (Sub-section 2.2, p. 57).

Lifelong learning refers to all learning activities undertaken at any stage of a person's life with the aim of improving personal, civic, social, and professional competencies; however, educational and learning opportunities for older people are limited. The OECD notes that in Lithuania, participation in training among people aged 50+ (less than 20 %) is lower than the EU average (34%), and the gap in participation between younger and older people is one of the largest in the EU. The insufficient involvement of older people in learning activities is due to a lack of measures—adult education is mostly geared toward working-age people under 65, while older people do not have access to the state's EUR 500 training basket in the "Kursuok" system of individual learning accounts, and the range of programs offered is not tailored to the needs of these people. In 2024, only one person aged 66 or older completed the training after paying for it out of own pocket. In 2024, the project "Expanding Learning Opportunities for Seniors," aimed at people aged 65+, was launched; however, the training is available only to members of third-age universities, not to all older people. The training coverage is limited, as up to 5% of all members of third-age universities can participate. Although there has been an increase in older people's participation in formal education and a growing willingness among employers to invest in employee training between 2022 and 2024, older people's participation in education and training in Lithuania remains low and uneven. Municipalities rarely conduct systematic analyses of older people's learning needs: only 2 out of 60 municipalities have carried out such studies, and third-age universities typically rely solely on the opinions of participants. By municipality, between 0.1% and 9.1% of all older people in the municipality participated in the activities of third age universities in 2024. Third-age universities offer activities to people of retirement age that help expand knowledge, skills, and cultural interests, but are not geared toward labour market needs or professional retraining. 67% of third-age universities indicated that insufficient long-term funding limits the ability to hire lecturers, the availability of facilities and equipment, and the organisation of various activities, particularly in rural areas. As a result, some older people are unable to participate in training; services reach primarily those who are active, motivated, and educated, while socially marginalised and less active groups remain unreached. At the national level, learning policy is focused on participation rates rather than outcomes—the application of acquired competencies in daily life, community activities, or the labour market— and therefore learning services do not sufficiently contribute to the goals of active ageing and longer participation in the labour market (Sub-section 2.3, p. 63).

In Lithuania, activities aimed at improving digital skills—including initiatives targeting older people—are carried out by various institutions across the country, but there is no overall national coordination. An analysis of the two main projects targeting older people -"No One Is Forgotten" and "Connected Lithuania: Improving Digital Skills"—revealed that they were not based on a comprehensive, data-driven analysis of the target group's needs. Experts emphasise that training content should be personalised and tailored to specific needs, but the responsible institutions do not analyse the needs of older people. Data also shows that people of retirement age (65–74) use the internet the least—64.9%, compared to 82.4% for those aged 55–64, and over 92% for younger age groups. According to Eurostat data from 2025, 65.2% of Lithuanian residents aged 65–74 used the internet, while the EU average was 79%. A survey of the target group revealed that 5.5% of respondents had participated in digital literacy training. No training needs analysis has been conducted at the national level, and information on completed or ongoing activities is collected in a fragmented manner; consequently, there is no assessment of whether programs are reaching groups with the lowest digital skills or of the progress being made. Projects are carried out without knowing the actual number of older participants, their needs, or the expected benefits, so the digital divide is not narrowing (Sub-section 2.3, p. 71).

All municipalities implement public health promotion programs, but most of the measures are aimed at all adults, so it is unclear what proportion of participants are older people. Two core services were provided specifically for this group in 2023–2025: the promotion of physical activity, implemented in all municipalities, and the "Social Prescription" initiative, which operated in 18 of the 60 municipalities. Despite the fact that participants in the initiative can choose health-promoting activities, these remain less popular (35% participated in them in 2024, while 49% chose cultural activities). According to the target group survey, one-third of respondents have participated in health-promoting activities over the past year. The monitoring system is also inadequate—the approved list of health indicators includes only one indicator for assessing the health status of older people (incidents of falls), which has not been updated since 2019 and does not adequately reflect actual needs. Although the national targets for physical activity and the "Social Prescription" program were met or exceeded in 2024, some municipalities failed to meet them: 11 municipalities failed to meet the physical activity indicator, 15 failed to meet the number of sessions, and 4 municipalities failed to meet the "Social Prescription" participant indicator (in some cases, only 34% was achieved). These disparities and limited data mean that the health promotion measures provided by municipalities do not constitute a uniform and targeted offering for older people, and differences in resident participation exacerbate regional disparities (Sub-section 2.3, p. 73).

4. Social services and digital inclusion do not provide sufficient support for older people to remain independent

In Lithuania, the social services system is more focused on addressing already expressed needs for assistance rather than on prevention; there is a lack of social services designed to ensure the independence of older people. Due to insufficient data recording in the Family Social Support Information System, some preventive (sociocultural services and information) and general services (counselling, mediation and representation, provision of essential clothing and footwear, and organisation of food, personal hygiene, and care services) have not been established, making it difficult for municipalities to objectively forecast the need for services and ensure their availability. This results in uneven social services—some municipalities fail to meet even the minimum standards, particularly in

areas critical to independence, such as home care (18%), transportation services (33%), social skills training and support (46%), and psychosocial support (76%). 65% of municipalities did not provide psychosocial support, and 63% did not provide services for the development, maintenance, and/or restoration of social skills. There are also cases where municipalities significantly exceed the established standards; for example, the target value for transportation organisation was exceeded by six times in one of them. The Ministry assesses the level of service development in municipalities but does not identify the causes of these disparities. 56 out of 60 municipalities do not plan measures to expand services for older people, which means that service infrastructure, including day centres, is neither accessible nor developed: 7 municipalities do not have such centres and do not plan to establish them, even though 6 out of 7 municipalities had an old-age dependency ratio higher than the national average (148), ranging from 158 to 298. The survey revealed that 29% of respondents had a need for social services but did not use them for various reasons, primarily (16.2%) because they were unaware of such services, did not know how to access them, or were too shy to ask for help. Access to social services for older people remains inadequate; they are often left without the necessary services that would help them maintain their independence, reduce social exclusion, and ensure active participation in the community (Sub-section 3.1, p. 75).

The issue of digital exclusion among older people remains relevant due to a lack of digital skills, health issues, a preference for handling matters in person, and other factors. To date, no comprehensive analysis of the accessibility of digital services has been conducted at the national level, covering not only older people but also service providers and the identification of services, and responsibilities are fragmented among institutions. As a result, not all services inaccessible to people with lower digital skills have been identified, and it is unknown whether alternative (non-digital) methods of providing them have been developed. Measures are being planned without data-driven analysis. A survey of the target group shows that, over the past year, only half of older people used digital services independently; 24% needed assistance, while 26% did not use them because they did not feel the need to. The most frequently cited reasons for not using them were a lack of skills (59.3%), fear of making mistakes and concerns about data security (55.5%), and the complexity and confusion of digital services (51.3%). Most respondents are unable to independently make an online doctor's appointment (59.3%), submit documents or fill out applications (53%), or pay bills or transfer money (41.1%). The greatest digital divide persists in the municipalities with the oldest populations (as measured by the demographic aging index). The country is focused on the digitisation of services and increasing digital literacy, rather than maintaining alternative services (in person, by phone, or through intermediaries) for people who are unable to use digital services. Furthermore, there are no indicators in place to assess changes in the accessibility of digital services for older people. It is also not possible to evaluate the impact of measures such as digital literacy training or how the accessibility of digital services is changing. Although the infrastructure is available—by 2025, more than 6,000 computer workstations had been installed in 1,243 public libraries— the number of public access users is not increasing, and only 9.4% of older people use computer equipment in public spaces, mostly due to the need for assistance or social interaction. Technical access alone does not solve the problem of engagement—individualised support and a user-friendly service environment are essential. Unless all hard-to-reach digital services are identified at the national level and alternative channels are ensured, digital services will remain limited in accessibility for older people (Sub-section 3.2, p. 81).

5. The problem of loneliness among older people remains unresolved in the country

In Lithuania, loneliness is not identified as a social problem in any of the state's strategic documents, nor has a goal been set to address this issue. The feeling of loneliness is a widespread problem among older people. According to survey data, over the past 12 months, 34.5% of older people have felt lonely very often, often, or sometimes. No systematic analysis or studies have been conducted in Lithuania to assess the impact of loneliness among older people on their health, well-being, and the state (health and social security systems, the economy). International studies show that loneliness contributes to illness, impairs mental health, increases mortality, raises government spending on healthcare, and hinders economic activity. If the problem of loneliness is not identified and no goal is set to reduce it, long-term and coordinated solutions will not be developed, and no specific measures to reduce loneliness will be implemented; this problem among older people may remain unsolved, increasing the social and economic burden on the state (Sub-section 4.1, p. 89).

There is no established or monitored indicator to measure the level of loneliness among older people in the country or in municipalities. There are no established criteria for systematically identifying older people experiencing loneliness, nor are there institutions responsible for this. 87% of respondents who felt lonely very often, often, or sometimes did not seek help. One-third of those who experienced loneliness never considered seeking help, and nearly as many know where to turn but have never done so. This indicates that mere awareness is insufficient—there is a lack of motivation or trust, or feelings of shame and stigma prevail. Another fifth do not acknowledge the problem, stating that they have no need to seek help (even though they felt lonely). This highlights the need to expand information channels tailored to different audiences, reduce the stigma associated with asking for help, and strengthen the role of local communities in disseminating information and organising assistance. Without criteria and data collection procedures that would allow for the identification of lonely individuals, and without monitoring, assistance does not reach those who need it most (Sub-section 4.2, p. 92).

Individual initiatives are being carried out to reduce loneliness. Between 2022 and 2024, one targeted state measure was implemented: funding was provided for a project by non-governmental organizations to provide telephone-based emotional and psychological support services to older people. The target for this measure—the number of people who received such assistance—is exceeded every year, and in 2024, it was exceeded by as much as 3.5 times. This indicates a significant need for such assistance; however, without knowing the number of people living alone, it is unclear what proportion of those who need this assistance actually receive it. One of the measures aimed at reducing loneliness is the state-initiated initiative “Social Prescription” for 2023–2025, in which public health offices from 18 municipalities (out of 60) participated at least once (4 in 2023, 17 in 2024, 18 in 2025), while the remaining municipalities did not carry out the initiative’s activities. In 2024, the total number of participants exceeded the target—3,226 participants compared to the planned 1,970 (achievement rate: 164%), but 4 out of 17 public health offices failed to meet the target. It was not assessed, and there is no data, as to whether the project reached the target group based on the participant selection criteria; therefore, it is not possible to assess the initiative’s impact on reducing loneliness. 52% (179 out of 345) of respondents who felt lonely very often, often, or sometimes over the past 12 months did not participate in cultural, educational, health-promoting, social, or volunteer

activities that could help reduce feelings of loneliness. Public health offices also implement other measures aimed at strengthening mental health and preventing suicide. These measures are related to addressing the problem of loneliness but are targeted at residents of various age groups, without singling out older people. The provision of these services is uneven; for example, in 2023–2024, implementation in some municipalities is as low as 2–3%, while in others it exceeds 200%. Such disparities indicate that equitable access to services is not guaranteed, and residents' ability to receive mental health support depends on the municipality in which they live (Sub-section 4.3, p. 96).

Recommendations

To the Ministry of Social Security and Labour

1. To ensure that state policy is oriented towards the active participation of an ageing society (Audit result 1):

    1.1. Define the state policy on active ageing by identifying the areas of well-being, objectives, tasks, measures, impact indicators, and a sustainable budget for older people.

    1.2. Adopt a decision on the institutional framework to ensure the consistent performance of functions related to the formulation, implementation, and coordination of policies promoting active ageing.

    1.3. Establish evidence-based quality requirements for the competitions organised by non-governmental organisations representing older people and strengthen the monitoring of competition projects, including an analysis of the quality and results of activities, as well as an assessment of the impact on the inclusion of older people.

2. To increase the employment rate of people of retirement age who are willing and able to work by allowing them to combine work and retirement (Audit result 2):

    2.1. Submit proposals to the relevant institutions regarding the removal of age limits for employment in the Laws on Civil Service, Courts, and Science and Studies, and work toward their implementation by actively participating in the legislative amendment process.

    2.2. Make a decision regarding the implementation of flexible working arrangements, additional safeguards, health promotion, or other support measures for older people, taking into account their identified needs.

    2.3. Identify and implement comprehensive measures to help people approaching retirement prepare for retirement, addressing financial, psychological, social, and professional issues, which would facilitate a smooth transition to this new stage of life and enable them to remain active in society and/or the labour market.

    2.4. Set a target employment rate for people of retirement age in strategic planning documents and monitor changes in that rate to ensure that people of retirement age who are willing and able to work participate in the labour market.

3. In order to maintain the greatest possible independence among older people (Audit result 4):

    3.1. Establish mandatory minimum standards for municipalities regarding the development of preventive and general social services aimed at maintaining independence and systematically analyse the reasons for falling short of or exceeding these standards, thereby encouraging municipalities to expand these services.

    3.2. Provide means of informing older people about social services designed to help them maintain their independence, thereby enabling them to receive the necessary assistance in a timely manner.

4. To improve the accessibility of services provided through digital channels for older people and thus maintain their independence (Audit result 4):

    4.1. Conduct a comprehensive analysis at the national level of the accessibility of services provided via digital channels for older people, assessing regional differences and focusing on municipalities where the demographic ageing index exceeds the national average.

    4.2. Based on the results of the analysis, initiate legislative amendments that would establish a mandatory minimum standard for the accessibility of services provided via digital channels, requiring public service providers to offer at least one non-digital alternative for service delivery (by telephone or in person), and in municipalities with significant demographic ageing, an appropriate density of physical service locations or mobile consultant services.

    4.3. Initiate legislative changes to require an assessment of the user experience of older consumers before rolling out a new service delivered via digital channels at the national level.

    4.4. Monitor digital skills development activities, including an assessment of whether project content meets the needs of older people, assessing the achievement of results and progress in digital skills at the national level, and, based on these results, initiate a transition from mass training to a model of continuous, individualised counselling, expanding the network of such counselling services.

5. To address the issue of loneliness among older people and ensure they receive the necessary assistance (Audit result 5):

    5.1. To assess the impact of loneliness on individuals' mental and physical health, their quality of life, and the state's social and health care systems; and to establish a target for the prevention and reduction of loneliness, an indicator of the level of loneliness among older people, and its target value.

    5.2. Establish criteria for assessing loneliness, use them to identify lonely individuals (including participants in the "Social Prescription" program), and plan measures to reduce loneliness.

    5.3. Provide measures to encourage single people to seek help.

6. In order to create favourable conditions for older people to engage in volunteering, the National Volunteer Service Program should identify older people as a separate target group and provide for measures designed to encourage their volunteering (including the development of volunteer activities that match their physical capabilities and self-esteem, as well as increasing awareness and motivation to participate), funding, and indicators (Audit result 3).

To the Ministry of Culture

7. To increase the participation of older people in cultural activities (Audit results 3 and 5):

    7.1. Assess the cultural needs of older people and incorporate the results of this assessment into the planning of cultural activities.

    7.2. Establish indicators of older people's involvement in cultural activities and, based on an assessment of needs, make decisions that encourage cultural institutions—taking into account the specific nature of their activities—to promote the active participation of older people in their programs, for example, by involving them as co-creators or volunteers.

    7.3. Monitor the growth of the older audience at national and state cultural institutions by requiring them to include visitor monitoring data by age in their annual activity reports.

    7.4. Revise the model of the “Social Prescription” initiative by establishing an efficient implementation and coordination mechanism, as well as a system for evaluating its effectiveness and impact on the psychological well-being of the target group and expand the initiative’s implementation nationwide.

    The Ministry of Culture refuses to outline specific measures that would lead to measurable changes. The Ministry notes that, given reduced funding, it is prioritising the fulfilment of existing commitments for 2026–2028 and does not have the capacity to initiate new research or service development; and the implementation of the recommendation would not be carried out on time without additional targeted funding and would not ensure significant qualitative changes (see Table 2 of the Plan for the Implementation of Recommendations, p. 112).

To the Ministry of Education, Science, and Sport

8. To involve older people in education and training activities (Audit result 3):

    8.1. Remove age restrictions for people aged 65+ regarding funding for training in the "Kursuok" system of individual learning accounts.

    8.2. Provide for a priority area within the "Kursuok" system of individual learning accounts dedicated to learning programs designed to promote active ageing, covering the development of professional, civic, social, health literacy, and other competencies.

    8.3. Change the funding model for the participation of people aged 65+ in programs run by third-age universities and other providers of non-formal adult education

and continuing education from a project-based model to one that provides an individual learning basket ("money follows the person").

8.4. Raise awareness of educational and learning opportunities (including third-age universities) and their benefits for older people' activity levels, emotional well-being, and health.

The Ministry of Education, Science, and Sport refuses to implement parts of recommendations 8.2 and 8.3, stating that the learning basket model for older people would require additional funding and that it cannot guarantee the implementation of such a measure. The measures proposed to implement part of Recommendation 8.4 are not adequate to bring about change—the Ministry does not commit to achieving measurable results by raising awareness of educational and learning opportunities and their benefits for older people's activity, their emotional well-being and health (see Table 2 of the Plan for the Implementation of Recommendations, p. 114).

To the Ministry of Health

9. To increase older people's participation in healthy lifestyle activities and reduce regional disparities (Audit results 3 and 5):

9.1. Improve the selection mechanism for participants in the "Social Prescription" initiative, enabling public health offices to reach the initiative's target group (people aged 65+ who experience loneliness, social exclusion, etc.).

9.2. Strengthen the involvement of individual and public health care professionals by encouraging the registration of individuals (aged 65+) in the "Social Prescription" initiative.

9.3. Establish a minimum mandatory list of basic public health care services for older people for municipalities and recommend that municipal administrations link the performance evaluations of public health office heads to the actual participation of older people in these activities.

9.4. Raise awareness of the activities carried out by public health offices by using the most accessible methods of communication for older people, for example, clearly indicating when, which phone number to call, and which activities one can register for.

The measures and deadlines for implementing the recommendations, the expected impact of the audit, and the indicators for assessing the changes are presented in the section of the report titled "Plan for the Implementation of Recommendations" (p. 102). Up-to-date information on the status of the implementation of the recommendations, the results, and the changes that have taken place is published in the open data section of the National Audit Office's website: https://www.valstybeskontrole.lt/LT/AtviriDuomenys.