



Report on the social inclusion and social protection of disabled people in European countries

Country: Estonia

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Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

Estonian national report on strategies for social protection and social inclusion 2006-2008ⁱ describes the main strategic approaches in accordance with Lisbon strategy. The government of Estonia has set a strategic objective to achieve the rapid, socially and regionally balanced and sustainable economic development of Estonia. In terms of national development the government considers it crucial to favour everybody's ability to lead an independent life and motivation to develop and improve one's standard of living.

The prerequisites for ensuring economic and social ability to cope include a competitive education, a decent work and good health. The social protection system should secure the decent ability to cope where social risks (sickness, old age, incapacity for work, unemployment, etc.) emerge. Strategic policy areas include:

- increasing employment, prevention of long-term unemployment and inactivity;
- increasing the efficiency of social protection and applying incentives and provisions that support working;
- providing equal opportunities for obtaining quality education that is in accordance with abilities;
- improving health indicators and extending quality life-time;
- improving the quality and availability of health and long-term care.

The Estonian national report describes persons with disabilities as one risk group on the labour market as their unemployment rate is more than twice higher than general unemployment rate. The main reasons for unemployment and inactivity of the persons with disabilities are lack of adequate means of transportation; limited opportunities of formal education and in-service training, employers' low interest in employing disabled people and lack of flexible work forms. Many disabled people are willing or able to work only part-time, but the part-time employment is not very widespread in Estonia.

The main measures to increase the inclusion of people with disabilities during 2006-2008 involve:

- the elaboration of a vocational and professional rehabilitation system for disabled people (including disabled youth)
- the development of welfare services enabling the disabled person to maintain his or her position in the labour market (i.e personal assistant or support person; social transport, sheltered and supported employment)
- the reform of social benefits system for disabled people to support disabled people who work or study more. For that purpose work-related costs of disabled people will be assessed and compensation provided.
- the consideration of the individuality of students in study and educational activities, strengthening of school monitoring of students with special educational needs, implementation of necessary support services and application of preventive measures in order to avoid development gaps and dropouts from school.

The provision of access to education for disabled children (including physical access), and the availability of supplementary support services. For instance the School Network Office, a division of the Ministry of Education, intends to adjust the learning environment for students with special educational needs.



The National Examination and Qualification Centre supports the implementation of the national curriculum for simplified basic education and the national curriculum for students with moderate and severe learning disabilities by providing necessary literature and teaching aids.

As described above, the Estonian national report on strategies for social protection and social inclusion 2006-2008 deals horizontally with the social inclusion of disabled people and there is no specific objective for the inclusion of persons with disabilities. The idea not to set a specific objective and to deal horizontally with the measures for persons with disabilities in the national plan was suggested and supported by the persons with disabilities organisations.

The main responsibility for implementing the policy and measures for persons with disabilities is under the *Action Plan for Social Inclusion and Protection of Rights for Disabled Persons*ⁱⁱ. The Plan describes in the first place the measures which are undertaken to support independent living, education, employment and participation in the society of people with disabilities. Priority areas include better responding to educational and developmental special needs of children with disabilities and supporting employment of adults with disabilities.

Welfare concept

Welfare concept concentrates on the questions about social assistance, childcare service, subsistence benefits, social welfare institutions, case management and rehabilitation. This development document is a key paper in social welfare system. As to the people with disabilities the main target is on their rehabilitation. The development of rehabilitation services is of key importance in assisting the disabled persons to increase their ability to act and support themselves independently. Social benefits for disabled persons are more and more connected with rehabilitation, the aim of which is to teach disabled persons how to cope independently as much as possible in their changed situation.

Special care development program 2006-2021

<http://www.sm.ee/eng/pages/goproweb0443>

Program aims at bettering the quality on life of residents of special care homes and/or persons who need to be in special care. The principal tasks are reducing the need to place persons in special care homes, improving the living conditions in special care homes, reducing the number of persons in institutional care etc. The main focus of the special care development programme is for people with mental disabilities.

Estonian Housing Policy 2008-2013

<http://www.mkm.ee/index.php?id=1733>

The general aim of the state in housing is to guarantee the possibility of all citizens of Estonia to choose a dwelling. The main task is to create such conditions (legal regulation, institutional management and supporting measures) in the housing market that enable the owners and tenants of dwellings and civil initiative societies engaged in housing sector to solve the problems independently and put into practice individual dwelling strategies.

Transport Development Plan 2006-2013

<http://www.mkm.ee/index.php?id=9019>

The general objective in the field of transport is to ensure for all people (including the physically impaired) and enterprises access to the sites necessary for their day-to-day activities. Thus, an effective transport system is an important prerequisite for economic growth and social development. The Transport Development Plan mission declares that the transport system must ensure mobility of people and goods while being effective, safe and environmentally friendly. In this plan we also turn attention to the needs of people with special need, using concept “universal design”.



Facilitating the entry of disabled persons to the labour market through providing necessary services (professional and vocational rehabilitation; assisted work; protected work; personal assistant; support person; transportation opportunities) is considered one way to alleviate the shortage of labour supply that has emerged under the conditions of economic growth and ageing population in Estonia.

For the coordination to better implement the European Social Fund resources, the programme *“Welfare measures to support the participation in working life 2007-2009”ⁱⁱⁱ* was elaborated by the Ministry of Social Affairs. The main measures to improve the working opportunities for persons with disabilities and their family members involve:

- Supporting the restructuring of the rehabilitation system for disabled persons for better employability, incl
 - development of the methodological basis, guidelines and measures for the training of rehabilitation teams
 - training of rehabilitation teams under the new system developed
- National measures for developing the counselling services designed to promote employability, incl
 - establishment of the centre for disability-related information and assistive technology
 - development of counselling centres for people with special physical and mental health needs or special social needs and their families
- Development of local welfare services that promote employability and reduce care burden, incl
 - training and information activities concerning the welfare services that reduce care burden
 - training for local social workers on case management
 - training on social services database STAR
 - training for carers of children with a severe or profound disability
 - training for support persons for disabled children and their families
 - development of a model for predicting the need for social services and general and specialized care services

For evidence-based policy implementation, the programme foresees several studies and surveys on coping, working possibilities etc of persons with disabilities and their family members. For further information, please see question 1.3.

The Ministry of Social Affairs’ strategic action plan 2009-2012^{iv} describes persons with disabilities as one of the key stakeholders. The Ministry’s action plan foresees the state responsibility to guarantee the social inclusion and social participation of persons with disabilities. To better fulfil the obligation, the need to elaborate a specific objective for the measures targeted to people with disabilities in the national report on strategies for social protection and social inclusion 2008-2010 has emerged.

Together with stakeholders a seminar on a new objective and measures was held in the middle of June 2008. As a result of the consultations, in the new national report for 2008-2010^v the objective to support the people with disabilities and their family members to participate actively in society and working life will be established.

The main measures to achieve the objective will include:

- to develop the rehabilitation system and services for independent coping
- to support the incomes and to enhance working possibilities of persons with disabilities
- to guarantee the accessibility to and promote the education of persons with disabilities



- to conduct surveys and research on persons with disabilities and their family members needs, coping and working possibilities, but also surveys among service providers
- to promote social relations and participation in the decision-making process

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

All people with disabilities have equal access to social security and measures are divided into social benefits and social services (general and special services). Since 1999 our development policy engaged in implementation of social policy measures as an investment in people and through people in the economy and society as a whole. Upon providing help, the subsidiary principle shall be proceeded from, in accordance with which public obligations are generally preferably performed by the state body nearest to the citizen and at first the resources at the nearest level (the primary level) to the person in need of assistance shall be used. The client-centred welfare centres around an individual with his or her different needs, and the set of service-benefits offered shall be developed proceeding from a specific person and the environment surrounding him or her.

Now all different benefits (except for state pension for incapacity for work and social benefits for disabled people) and social welfare services designed for disabled people are provided jointly by using subsidiary principle and all provided help draw on client assessment and needs.

A precondition for independent living, and working, of people with disabilities is good education, i.e. education for all irrespective of the severity or extent of a disability.

According to the Constitution, everyone is equal before to law. One constitutional institution where everyone whose rights and freedoms are violated has the right of recourse is the Chancellor of Justice. The Chancellor of Justice resolves discrimination disputes which arise between persons in private law on the bases of the Constitution and other laws. Chancellor of Justice is responsible for the application of the principle of equality and equal treatment.

According to the Preschool Childcare Institution Act, the focus is on the early detection of children with special need and application of intervention education. Children with special needs have a equal opportunity to attend standard kindergarten where they are in ordinary groups but some support system (teaching assistant, speech therapy, personal assistant, etc.) bay be used if required. If children with special needs are integrated into ordinary groups, the number of children in the groups is decreased- one child with special needs accounts for three healthy children. Children with special needs are given individual development plans and they attend development interviews during which the best development methods are chosen with the parents of child.

According to the Education Act, each child who reached school aged (7 years)has the right to be admitted to the school witch is near to his/her home. Today we are of the opinion, that there are no children who cannot be taught, curricula are adapted and there is no classification on the bases of disability. Everybody must have opportunity to attend school and for continuous study. The standard education system includes an obligation to apply various support systems for better involvement of children with special needs.

Teaching can be done pursuant to three curricula of different level. The main one is the national curriculum, this is used as a basis for compiling a simplified curriculum, managing curriculum and individual curriculum. County counselling committees have been organised in order to give advice to pupils, parents and schools. The counselling and study support centres provide specific learning support, help find out special needs of pupil, learning disabilities and supervise the compilation of individual curricula. All formal education curricula for teacher training prepare students for working children with special needs. But we have some special schools in larger centres.



Estonia proceeds from the assumption that each disabled child is capable of learning and acquiring education, but the challenge is to find a suitable mode of study for each learner. Basic education is compulsory in Estonia, but it is essential to pay particular attention to further study opportunities. It is education that determines the ability to cope and work for people with disabilities. However, work is important not only in terms of earnings; it is equally important in terms of social networks and self-esteem accompanying employment: that supports the understanding 'I am needed'.

Young people with disabilities can acquire vocational education both in ordinary vocational schools and the Astangu Vocational Rehabilitation Centre. Vocational education of young people with special needs have been ensured with opportunities for acquiring vocational education. They are admitted to vocational education on the basis of their rehabilitation plans or some other similar documents.

According to the Employment Contracts Act unequal treatment of employees is prohibited, whereby discrimination shall be taken to occur where a person applying for employment or an employee is discriminated against all grounds, incl. disability.

Rehabilitation services are provided to support the ability of persons to manage independently, their social integration and employment or commencement to employment. These services entail preparation of an individual rehabilitation plan, provision of the services listed in the plan and supervision of the person in carrying out the activities listed in the plan. Rehabilitation team and local government social workers cooperate with the aim to helping the disabled.

People with disabilities and their organisation are involved actively in policy making process. All policy documents and new laws, which bear on disability issues are discussed and co-ordinated with disabled people's representative organizations.

5 organisations of disabled people (The Estonian Chamber of Disabled People, The Estonian Union of Persons with Mobility Impairment (<http://www.elil.ee/eng/>), The Estonian Federation of the Blind (http://www.pimedateliit.ee/index.php?main_id=70), The Estonian Association of Deaf (http://www.ead.ee/info_eng.html), Estonian Mentally Disabled People Organisation (<http://www.hot.ee/evpit/>) formed in 2003 the Forum which is the organisation to be in contact with Ministry of Social Affairs and coordinate the problems of disabled persons. The protocols of their decisions are available on the web-site:

<http://www.epikoda.ee/index.php?op=2&path=Organisatsioon%2FKoost%F6%F6kogu>

1.3: What is the most recent research about disabled people's equality and social inclusion in your country?

The main focus of Estonian research community related to disabled persons is mainly medical-based^{vi}.

The basis for further research was laid down by implementing the Survey on Disabled People (by Ministry of Social Affairs)^{vii} The main aim of the survey was to get the overview of the social conditions of the disabled population and to evaluate the accessibility and quality of the services, offered by the government.

In understanding the main problems of social inclusion of disabled persons, in 2008, Ministry of Social Affairs has launched two qualitative surveys about work-related issues among disabled people, as well as about their awareness and usage of the measures offered by the authorities to improve their well-being^{viii}.



Estonian Association of Geriatrics and Gerontology

(<http://www.egga.ee/index.php?id1=8&keel=ee>) has promoted research in the field, in particular through implementing Project Carma^{ix}. Some of their publications concern also measures for decreasing the exclusion of the elderly (among them people with disabilities)^x

Mainly the disabled people are optimistic about their possibilities to overcome their impairments, however, they do not think that the Estonian society is fit to offer the needed help. The main problems concern employment for disabled in younger ages, attainment of education as well as access to different services (Masso 2007). Accessibility of services is mainly hindered by the economic constraints as the implementation of the National Action Plan is also restricted in its funding.

To some extent it is interesting to find that according to the survey data disabled people from ages 40+ at the survey moment have all working experience whereas among the younger ages in most age groups the proportion of never worked is between 30-40% (Sakkeus L). It might rise the question of the effect of transformation society on the possibilities of disabled population to be socially active.

There is active part of disabled people who run the volunteer organisations or do the related work. On the other hand, there is a number of disabled people who are „stuck between four walls” due to various barriers, such as poor health-condition, low education-level, moving barriers, and consequently low self-esteem. They are passive part of disabled people, and sadly also insufficiently informed about their rights and possibilities. There exists general lack of information, especially among unemployed and more passive people. Certain spontaneous measures, such as regular pension-payments are naturally functioning for almost everyone. On the other hand, more complex services, for which a lot of bureaucracy and red-tape is needed, are not accessible. Most employment market services are known and available, however poorer people who are often passive, don't find job for themselves. (Qualitative... 2008)

Elderly with disabilities are at the risk of marginalization in all project (CARMA) countries (Austria, Belgium, Estonia, Germany, Italy, Northern Ireland/UK, Norway). Recommendations for prevent marginalization of disabled elderly people should include enhance the system itself – a paradigm shift in caring. Universal social rights covering a wide range of care related areas should be introduced with efforts to eliminate the medicalization of care. Cooperation versus isolation and competition between care institution could spread good practise and improve the service system. Assessment of needs of care-dependent older people is crucial in care planning. Assessment must be fair and transparent as well as performed with reliable and comprehensive instruments. New communication means and different kinds of media should be used to spread information on care. Empowerment of service users and older people in general can be achieved by active involvement of the client in the development of care arrangements. Informal care should be supported but also monitored for assuring good quality of care and to prevent abuse of older care dependent people. The costs of services that are not covered by care allowances or insurance can be so high that some care dependent elderly cannot afford certain services and run the risk of marginalization. Offering services free of charge would prevent that. Services for people with dementia should be available. In addition, services that assist with overcoming gendered division of labour should be implemented for widowed men and women. Assistive technology for ensuring more autonomy for disabled older people should be available and further developed. Training for architects/engineers/urban planning experts should be enhanced in order to increase their expertise about the special needs of people with disabilities and of older people. Among other practical measures CARMA project suggests a professional complaint management system, reduced fluctuation of staff, and the inclusion of volunteers (Saks et al, 2006)

According to the survey report on discrimination the main conclusion is that as a whole disabled people themselves experience even to a lesser extent different kind of discrimination than the family members of those disabled people or population without any impairments.



In particular it applies to working places, mostly due to the low employment rate among the disabled which reduces the probability of being discriminated at the working place. The latter situation also applies to the sphere of education. In the sphere of services people with or without impairments have experienced discrimination to a similar extent.

Only in the sphere of medical services disabled people encounter inequality to a greater extent. As concerns the attitudes the only difference for disabled people is felt in their relationships with neighbourhood compared to population without disability. People with disability encounter more inequality if they are older or with evident physical impairments. Usually the disabled people do not know to whom to turn for improvement of the situation (Lagerspetz, *et al* 2007)

As the equality issue is not so acute among the disabled persons, the main focus should be to monitoring the situation in order to facilitate the accessibility to different services and evaluate the impact of the measures in National Plan on the real quality of life of disabled persons. In order to understand the real needs the analysis of Estonian Health Interview Survey 2006 and launching the 2nd round of the Survey for Disabled Population in 2009 are foreseen. Main other plans include the following, mainly carried out with the help of funding from ESF^{xi}:

- Elaboration of rehabilitation teams training and methods (2008)
- Rehabilitation teams trainings according the worked out new system in 2009
- The survey of supporting measures for disabled persons in employment (2008)
- The survey of rehabilitation services and organizing them (2008)
- Survey of the disabled persons II (2009)
- The information centre for persons with disabilities (2007-2009)
- The training of social workers of local governments (2007-2009)
- The training of childcare and the persons for children with disabilities (2007-2008)
- The training of supportive person for households with disabled child(ren) (2007-2008)
- The survey of disabled children and their households (2009)
- The survey of supportive services loads (2009)
- Integrated care and nursery system (2007-2009)

One area which has been tackled to a low extent is the impact of informal care on reducing the inequality between different groups and should be addressed more in the future research questions.



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

The main aspects of the situation of the disabled population are covered by the data from Survey on Disabled Population^{xii}. There are no specifically focused publications on poverty issues of the disabled persons, most cover overall risks for poverty which apply to disabled population the more as among the disabled population the risk groups (persons with higher prevalence of lower education, unemployment) prevail. However, in overall poverty risks main risks are identified among non-Estonian, rural and population with children which are not prevalent among disabled population^{xiii}. As to the impact of benefits of reducing poverty risks research findings have identified that the biggest effect of benefits has been on families with many children^{xiv}. The highest poverty risk is in households with multiple children and in households with one parent^{xv}

Coping ability of disabled persons relies mainly on the system of state benefits and due to greater expenses on average to their health conditions aggravates the possibilities of social inclusion. However, working-age persons with disabilities have on an average lower incomes than those in retirement age as the older generation have almost all had working experience which amounts to greater amount of benefits for them (Masso, Pedastsaar 2007). Specifically aiming at lowering the risk of poverty of households with children has been the introduction of parental benefit since January 2004 for parents (mother or father by choice) after the maternal leave ends.^{xvi} Parental benefit shall be granted for:

- the period as of the date on which the right to receive the benefit arises until 575 days after the grant of maternity benefit if the pregnancy and maternity leave of the mother of the child commences at least 30 calendar days before the estimated date of delivery as determined by a doctor.
- If the mother of a child does not have the right to receive maternity benefit, parental benefit shall be granted as of the date of birth of the child until the day when the child attains 18 months of age.

As concerns the poverty issue the specifically targeted research on the poverty of different groups of disabled persons could be of relevance and the best source for such an analysis is the implemented Estonian Health Interview Survey^{xvii}

2.2 Type and level of benefits (key points and examples)

For detailed information please see:

<http://pub.stat.ee/px-web.2001/Database/Sotsiaalelu/13Tervishoid/06Vaegurlus/06Vaegurlus.asp>
http://www.ensib.ee/frame_pensionid_eng.html
http://www.ensib.ee/frame_eelarve_eng.html
www.sm.ee

For legal act please follow:

<http://www.legaltext.ee/en/andmebaas/ava.asp?m=022> (chapter 3)

1. Pensions for incapacity for work

Upon calculation of the pension for incapacity for work is taken as basis the biggest of the following:

- a) old-age pension, being calculated according to the pensionable service and accumulation period of a person who is permanently incapable for work;
- b) old-age pension in case of a 30-year pensionable service period.

Amount of the pension for incapacity for work is the biggest of the two of the sums above and percentage of the loss of the capacity for work.

In case the calculated pension for incapacity for work remains smaller than the amount of national pension (1913,14 kroons), the pension for incapacity for work is paid in the amount of the national pension.^{xviii}

According to Eurostat database the pensions for incapacity for **work per inhabitant (at constant 1995 prices)** in Euros comprised for Estonia the following amounts:^{xix}

2000	2001	2002	2003	2004	2005
19.2	15.9	17.6	21.1	24.4	28.8

According to Estonian Social Insurance Board the average pensions in kroons are presented in the following table.^{xx}

Average pension for incapacity for work (in kroons per person, 1EEK=15.6466 Euro)

	2001	2002	2003	2004	2005	2006	2007	2008
Average for total	1057	1037	1111	1244	1367	1625	1842	2241
- loss of capacity for work:								
100%	1281	1310	1459	1664	1849	2214	2532	3084
90%	1190	1198	1309	1492	1662	1995	2287	2785
80%	1159	1127	1180	1328	1477	1770	2027	2470
70%	889	917	1029	1176	1309	1571	1804	2197
60%	824	827	899	1004	1120	1344	1542	1880
50%	802	801	870	938	1005	1179	1311	1614
40%	802	801	868	933	994	1160	1273	1579
Persons receiving national pension due to incapacity to work	978	907	860	837	832	907	968	1187

- criteria for eligibility (who can receive this?)

Since 2000 a new system for determining the degree of disability and the incapacity for work was adopted in Estonia.



Up to 2000 disability assessment committees determined the incapacity for work in three categories of disability. These three categories (1st group, 2nd group and 3rd group of disability) were the ground for receiving the disability pension.

From 2000 medical assessment committees determine the incapacity for work in per cents (10, 20, 30 and etc up to 100) and the disability in three degrees of severity of a disability (profound, severe or moderate).

Pension for incapacity for work is one of the types of state pensions.

The right of receiving of the pension for incapacity for work have:

* permanent residents of Estonia;

* aliens, living in Estonia with a terminal residence permit or right of residence.

The right for the pension for incapacity for work has a person, who is at least 16 years of age and has been declared to be permanently incapable to work, loss of whose working capacity is 40 to 100 per cent and who by the initial date of granting of the pension has acquired the following pensionable service or accumulation period in Estonia:

Age Required pensionable service or accumulation period

Age	Required pensionable service or accumulation period	No. years
16-20	years	No required period
21-23	years	1 year
24-26	years	2 years
27-29	years	3 years
30-32	years	4 years
33-35	years	5 years
36-38	years	6 years
39-41	years	7 years
42-44	years	8 years
45-47	years	9 years
48-50	years	10 years
51-53	years	11 years
54-56	years	12 years
57-59	years	13 years
60-62	years	14 years

In case of permanent incapacity for work that has emerged as the result of a labour injury or professional disease, the pension for incapacity for work is granted without a pensionable service period requirement.

To a person having been declared to be permanently incapable for work is granted the pension for incapacity for work for the whole period of incapability for work, but not for longer than attaining the age of the old-age pension.


Number of persons declared incapacitated for work for the first time in the reference year^{xxi}
DECLARED INCAPACITATED FOR WORK FOR THE FIRST-TIME by Sex, Percentage of the incapacity for work and Year

	2000	2001	2002	2003	2004	2005	2006	2007
Males and females								
Incapacity for work total	8 855	9 684	9 574	9 760	10 982	11 539	12 034	12 201
100% incapacity for work	1 179	1 305	1 461	1 490	1 500	1 770	1 852	1 762
90% incapacity for work	384	449	453	333	380	413	452	513
80% incapacity for work	3 565	2 899	2 399	2 416	2 794	2 722	3 017	3 092
70% incapacity for work	430	645	595	718	815	855	867	918
60% incapacity for work	1 680	1 661	1 559	1 590	1 749	1 695	1 749	1 771
50% incapacity for work	591	1 024	1 070	1 074	1 213	1 257	1 239	1 249
40% incapacity for work	806	1 411	1 615	1 697	1 996	2 252	2 247	2 237
Males								
Incapacity for work total	5 303	5 809	5 479	5 396	6 093	6 182	6 420	6 505
100% incapacity for work	777	921	1 006	1 005	1 084	1 133	1 172	1 112
90% incapacity for work	268	304	293	217	234	271	282	336
80% incapacity for work	2 116	1 819	1 460	1 430	1 653	1 564	1 692	1 725
70% incapacity for work	254	380	328	404	462	481	517	534
60% incapacity for work	938	914	825	794	876	851	952	945
50% incapacity for work	338	514	552	511	617	606	584	597
40% incapacity for work	493	796	797	835	914	1 023	949	994
Females								
Incapacity for work total	3 552	3 875	4 095	4 364	4 889	5 357	5 614	5 696
100% incapacity for work	402	384	455	485	416	637	680	650
90% incapacity for work	116	145	160	116	146	142	170	177
80% incapacity for work	1 449	1 080	939	986	1 141	1 158	1 325	1 367
70% incapacity for work	176	265	267	314	353	374	350	384
60% incapacity for work	742	747	734	796	873	844	797	826
50% incapacity for work	253	510	518	563	596	651	655	652
40% incapacity for work	313	615	818	862	1 082	1 229	1 298	1 243

Footnote:

Data of the Social Insurance Board.

The total number of recipients of pensions for incapacity for work are presented in the following table.^{xxii}



Persons receiving pension for incapacity for work

	2001	2002	2003	2004	2005	2006	2007	2008
Total	43394	47140	51339	55480	59174	61921	65497	67459
- loss of capacity for work:								
100%	4449	5449	6644	7538	7830	8169	8620	8853
90%	1107	2041	2546	2747	2977	3068	3171	3280
80%	22887	21519	21090	21550	21913	21984	22295	22152
70%	1599	2663	3256	3898	4532	4929	5521	6022
60%	9611	9060	9666	10174	10780	11182	11923	12257
50%	1755	2891	3561	4163	4813	5408	6049	6484
40%	1986	3517	4576	5410	6329	7181	7918	8411
Persons receiving national pension due to incapacity to work	3167	2908	2536	2553	2644	2702	2857	3039

2. Benefit for disabled people

The state compensates the additional expenses resulting from the need of personal assistance for the person through the social benefits for the disabled scheme. The need of personal assistance is defined by the level of disability. The disability could be profound, severe or moderate. The level of disability depends on the fact whether the person needs personal assistance 24 or 12 hours a day or at least once a week. The level of disability could change due to rehabilitation, use of technical aids, adaptation of life environment or other circumstances.

The social benefits for the disabled are not connected with receiving pension for incapacity for work or its amount. Also the benefit is paid regardless of whether the disabled person is employed or not.

Social benefits for disabled persons shall be granted and paid to permanent residents of Estonia or persons residing in Estonia on the basis of a temporary residence permit with moderate, severe or profound disabilities which cause additional expense.^{xxiii}

There are nine classes of social benefits for disabled persons and they are calculated on the basis of the rate of social benefits. The rate of social benefits is established by the Riigikogu in the state budget for each budgetary year. The rate of social benefits in 2008 is 400 Estonian kroons.



Allowance for disabled person in working life is paid monthly to a person with moderate, severe or profound disability from 16 years of age to pensionable age for the compensation of additional costs caused by the disability and for the activities in the rehabilitation plan, if it exists:

- 65% of the social benefit rate for the person with moderate disability (260 Estonian kroons in 2008);
- 140% of the social benefit rate for the person with severe disability (560 Estonian kroons in 2008);
- 210% of the social benefit rate for the person with profound disability (840 Estonian kroons in 2008).

Allowance for disabled person in pensionable age is paid monthly to a person with moderate, severe or profound disability in pensionable age for the compensation of additional costs caused by the disability and for the activities in the rehabilitation plan, if it exists:

- 50% of the social benefit rate for the person with moderate disability (200 Estonian kroons in 2008);
- 105% of the social benefit rate for the person with severe disability (420 Estonian kroons in 2008);
- 160% of the social benefit rate for the person with profound disability (640 Estonian kroons in 2008).

Disabled child allowance shall be paid monthly to a child under 16 years of age for the additional expenses caused by the disability and, upon existence of a rehabilitation plan, for the activities prescribed therein in an amount equal to:

- 270 % of the social benefit rate to a child with a moderate disability (1080 Estonian kroons);
- 315 % of the social benefit rate to a child with a severe or profound disability (1260 Estonian kroons).

Caregiver's allowance shall be paid monthly to:

- one parent or step-parent of a child of 3 to 16 years of age with a moderate, severe or profound disability if the parent or step-parent cannot work due to raising the disabled child, in the amount of 75 % of the social benefit rate (300 Estonian kroons);
- one parent or step-parent of a child of 16 to 18 years of age with a severe disability if the parent or step-parent cannot work due to raising the disabled child, in the amount of 60 % of the social benefit rate (240 Estonian kroons);
- one parent or step-parent of a child of 16 to 18 years of age with a profound disability, in the amount of 100 % of the social benefit rate (400 Estonian kroons).

Disabled parent's allowance shall be paid monthly to the following persons who are raising a child of up to 16 years of age (or a child up to 19 years of age who goes to basic school, high school or vocational school):

- disabled single parent;
- one of two disabled spouses;
- disabled step-parent;
- disabled guardian who is raising a child alone;
- disabled person who is raising a child alone and with whom a written foster care contract has been entered into pursuant to the Social Welfare Act.

The amount of disabled parent's allowance is 75 % of the social benefit rate (300 Estonian kroons)



Education allowance shall be paid monthly (except in July and August) to a non-working disabled student who attends upper secondary school in years 10 to 12 or who attends a vocational school or institution or an institution of higher education, and who has additional expenses in relation to his or her studies as a result of the disability. Education allowance shall be paid according to the actual additional expenses of the person but in an amount of not less than 25% or not more than 100% of the social benefit rate (100-400 Estonian kroons).

Employment allowance is paid to a disabled working person of 16 years of age or older who has work-related additional costs due to the disability.

Employment allowance is paid to compensate partly for the actual expenses made by the disabled person in relation to working with the disability in the social benefits rate of up to 10 times during three calendar years from the time of firstly granting the benefit. If the additional costs made in three calendar years are smaller than the maximum sum, the sums actually paid by the disabled person for goods or services will be paid back as benefits.

The expenses compensated with allowance must be made during employment. The expenses made before the beginning and after the end of employment shall not be compensated for with benefits. Allowance is paid according to presented documentation on expenses for the expenses made during the calendar year. Allowance is paid for the expenses of the previous calendar year, if the application for receiving the allowance has been submitted by March 31 of the current year.

Rehabilitation allowance shall be paid for the active rehabilitation of disabled persons of 16 to 65 years of age in rehabilitation institutions. The rehabilitation allowance shall be paid to compensate partially for actual rehabilitation expenditure in an amount of up to 200 % of the social benefit rate during a calendar year (up to 800 Estonian kroons).

In-service training allowance shall be paid for vocational training and formal education acquired by a working disabled person within the adult education system. In-service training allowance shall be paid to compensate partially for actual training expenditure in an amount of up to 24 times the social benefit rate (up to 9600 Estonian kroons) during three calendar years as of the first grant of the allowance.

A recipient of social benefits is obliged to inform the local pension office within 10 days in a written form of all circumstances that bring about the cessation, suspension or change in the amount of the awarded benefit.

Table: Receivers of social benefits for disabled persons * end of the year, (one-time allowance during the year)

Type of benefit	2000	2001	2002	2003	2004	2005	2006	2007
Disabled child allowance*	4.409	4.722	4.923	5.125	5.302	5.357	5.295	5.538
Disabled adult allowance	-	84.168	88.794	92.605	98.032	102.263	107.431	110495
Caregiver's allowance * (by the number of wards)	2.071	26.841	31.813	35.230	38.060	2.053	1.837	1 602
... to a non-working parent of a disabled child aged 3-16	2.071 ²	2.194	2.157	2.024	1.975	1.868	1.665	1 441
Disabled parent's allowance*	1.472	1.784	1.591	1.525	1.521	1.535	1.212	1 550
Education allowance to non-working disabled students	15	32	27	31	27	16	19	



Rehabilitation allowance (for persons aged 16-65) one-time allowance	-	115	1.381	1.614	1.815	1.848	2.274	2082
In-service training allowance (one-time allowance lump sum)	-	4	30	52	34	56	51	52

Note: *As the end of the year, exclusive rehabilitation allowance and in service training allowance (increasing size since the beginning of the year)

² Disabled allowance is given to a parent of a disabled child aged 3-18.

* Since 1.04.2005 the finds for disabled adult caregiver's allowance were transferred to local governments and data are missing.

*Disabled parent's allowance is given by the number of the disabled children in one family.

Source: Social Insurance Board

[http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/\\$file/arvudes2006koos%20inglise.pdf](http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.pdf)

Social sector in figures -2006, Ministry of social affairs

http://www.ensib.ee/frame_eelarve.html

Total expenditure in thousand Estonian kroons by type of benefit

Type of benefit	2007
Disabled child allowance*	84 194.3
Disabled adult allowance	501 281.1
Caregiver's allowance * (by the number of wards)	6 091.4
... to a non-working parent of a disabled child aged 3-16	5 553.7
Disabled parent's allowance*	4 990.8
Education allowance to non-working disabled students	73.9
Rehabilitation allowance (for persons aged 16-65) one-time allowance	1 652.0
In-service training allowance (one-time allowance lump sum)	250.4

Source: Estonian Social Insurance Board

http://www.ensib.ee/frame_eelarve.html

see also ^{xxiv}

Table: Receivers of Disabled child allowance, 2000-2006:

Type of benefit		2000	2001	2002	2003	2004	2005	2006
Disabled child allowance	Total number	4.409	4.722	4.923	5.125	5.302	5.357	5.357
	Moderate disability	2.691	1.778	1.720	1.783	1.812	1.822	1.822
	Severe and profound disability	1.718	2.944	3.203	3.342	3.490	3.535	3.535

Social Insurance Board

Source:

[http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/\\$file/arvudes2006koos%20inglise.pdf](http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.pdf)

Social sector in figures -2006, Ministry of social affairs

http://www.ensib.ee/frame_eelarve.html

Table: Receivers of Disabled adult allowance, 2000-2006:

Type of benefit		2000	2001	2002	2003	2004	2005	2006
Disabled adult allowance	Total number	..	84.168	88.794	92.605	98.032	102.263	107.431
	Moderate disability	..	29.251	31.780	32.038	31.486	32.945	35.058
	Severe disability	..	41.427	43.947	48.038	52.945	55.742	58.427
	Profound disability	..	13.490	13.067	12.529	13.601	13.576	13.946

.. — The data are missing .The Social Benefits for Disabled Persons Act entered into full force in the beginning of 2001. (Disabled adult allowance)

Social Insurance Board

Source:

[http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/\\$file/arvudes2006koos%20inglise.pdf](http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.pdf)

Social sector in figures -2006, Ministry of social affairs

http://www.ensib.ee/frame_eelarve.html

Table: Receivers of Caregiver's allowance, 2000-2005:

Type of benefit		2000	2001	2002	2003	2004	2005	2006
Caregiver's allowance (by the number of wards)*	Total number	2.071	26.841	31.813	35.230	38.060	2.053	1 837
To a non-working parent of a disabled child aged 3-16		2.071 ²	2.194	2.157	2.024	1.975	1.868	1 665
To a non-working parent of a disabled child aged 18-18 and to a non working caregiver or guardian of a disabled person aged 18 and older)		-	24.647	29.656	33.206	36.085	185	174
caregiver's allowance for severe disability		-	15.979	20.566	24.381	26.738	141	133
caregiver's allowance for profound disability		-	8.668	9.090	8.825	9.347	44	39

² Disabled allowance is given to a parent of a disabled child aged 3-18.

Note: * Since 1.04.2005 the finds for disabled adult caregiver's allowance were transferred to local governments and data for disabled adult caregiver's allowance are missing.

Social Insurance Board



Source:

[http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/\\$file/arvudes2006koos%20inglise.pdf](http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.pdf)

Social sector in figures -2006, Ministry of social affairs

http://www.ensib.ee/frame_eelarve.html

2.3 Policy and practice (summary)

People with disabilities are not seen as a separate target group for income policies. The main policy measure for income security is helping people to get employed.

Yes. Overarching message is that work is the best protection against poverty and exclusion and education is an investment in the individual. A good level education that meets the expectation of the labour market extends everyone's opportunities for work and self-realisation, promotes independence and well-being and active participation in society. Lifelong learning must be available to everyone, independently from previous education, social status or solvency.

Disabled people are in the mainstream policies for income protection with the additional expenses emerging from disability partially compensated.

Incapacity for work pension and social benefits for disabled persons are continuously paid if the beneficiary takes up employment. Although it does not create a disincentive for working, it also shows the weak link between benefits and employment policies for people with disabilities.

Incapacity for work pension and social benefits for disabled persons are continuously paid if the beneficiary takes up employment. Although it does not create a disincentive for working, it also shows the weak link between benefits and employment policies for people with disabilities.

The sustainability of financing the social benefits is a concern. New approach has been taken towards working-age and old-age people with disabilities in paying social benefits. Due to the low levels of pensions and benefits the increase in the number of the disabled people might not be a problem. However, the rapid ageing process will put the pension scheme at the scrutiny. The ageing will inevitably lead also to greater burden both to health-related funding schemes and social funding schemes. There have been some suggestions in the future to increase the age of statutory retirement (at present at 63 years) as the general employment rates are quite high in Estonia and comparable with EU average. The other suggestions deal with the supplementary sources and funding schemes relying on taxes received outside employment.^{xxv}



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

Saks, K.; Tiit, E.-M.; Soots, A.; Täht, E.; Urban, R. Hooldusest sõltuv elukvaliteet, hoolduse kvaliteet ja juhtimise kvaliteet. CareKeys Eesti uuringu tulemused, 2006, Tartu TÜ Kirjastus

Keller, Kai; Tulva, Taimi; Saks, Kai (2008). Koduhooldus Põhja- Tallinnas. teenuste kvaliteet ja seda mõjutavad tegurid. Sotsiaaltöö, 6, to be published]

Care Keys Research. *Care-related Quality of Life*. Springer, 2007

Project report on care needs of demented people

(http://www.egga.ee/DEMENTSUSEGA_ISIKUTE_VAJADUSED_KokkuvotePikk.pdf)

Project Carma (Care for the Aged at Risk of Marginalization)

(http://www.egga.ee/CARMA_soovitus.pdf)

Vaarama M, Tiit E-M, Muurinen S, Pieper R, Saks K, Sixsmith A, Hammond M. Instrumentation of the Care Keys research. In: Care. related quality of life in old age. Concepts, models, and empirical findings. Eds: Vaarama M, Pieper R, Sixsmith A. Springer, New York, 2008, pp.19-44 ISBN 978-0-387-72168-2

Tiit E-M, Saks K, Vaarama M. Care Keys data and statistical methods. In: Care. related quality of life in old age. Concepts, models, and empirical findings. Eds: Vaarama M, Pieper R, Sixsmith A. Springer, New York, 2008, pp.45-61. ISBN 978-0-387-72168-2

Saks K, Tiit E-M. Subjective quality of life of care-dependent older people in five European Union countries. In: Care. related quality of life in old age. Concepts, models, and empirical findings. Eds: Vaarama M, Pieper R, Sixsmith A. Springer, New York, 2008, pp.153-167. ISBN 978-0-387-72168-2

Saks K, Tiit E-M, Muurinen S, Munkkila S, Frommelt M, Hammond M. Quality of life in institutional care. In: Care. related quality of life in old age. Concepts, models, and empirical findings. Eds: Vaarama M, Pieper R, Sixsmith A. Springer, New York, 2008, pp.196-216. ISBN 978-0-387-72168-2

Vaarama M, Pieper R, Ljunggren G, Muurinen S, Saks K, Sixsmith A. Care-related quality of life: An overview. In: Care. related quality of life in old age. Concepts, models, and empirical findings. Eds: Vaarama M, Pieper R, Sixsmith A. Springer, New York, 2008, pp.301-326. ISBN 978-0-387-72168-2

Sotsiaalvdkonna arengud 2000-2006. EV Sotsiaalministeerium, sotsiaalpoliitika info ja analüüsi osakond. – Tallinn, 2008. – 144 lk. – (Sotsiaalministeeriumi toimetised. Trendide kogumik, ISSN 1736-3896, ISSN 1736-390X; 2008, 2).

[http://www.sm.ee/est/HtmlPages/Trendid2007-mai/\\$file/Trendid2007-mai.pdf](http://www.sm.ee/est/HtmlPages/Trendid2007-mai/$file/Trendid2007-mai.pdf)

In Estonia the care of elderly disabled persons is on low level, especially the home care. The quality of life of persons in institutions is somewhat higher than at home, where they feel themselves insecure^{xxvi}

A new concept – Care-Related Quality of Life was created and validated by empirical study. The set of instruments for assessing quality of professional care, quality of care management and quality of life of older clients in care settings was created. Key variables for monitoring quality in home care and institutional care were found, also for monitoring quality of care of persons with dementia. Practical recommendation include tools for care managers for monitoring quality of care, care management and quality of life of clients in long-term care settings. In addition to questionnaires, a preliminary electronic versions of a short monitoring instrument MAsT and MAsT-D were developed.^{xxvii}



Economic analysis of independent living versus institutionalisation as the basis for decision-makers to promote the schemes which support independent living.

3.2 Types of care and support (key points and examples)

The basis for the national policy is laid out in the General Concept of Disability of Estonia the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. The Social Welfare Act provides the organisational, economic and legal basis of social welfare and regulates the relations to social welfare. The justified need of people as identified by a comprehensive and thorough assessment of their condition and social skills are the basis for the provision services which facilitate independent managing. The assessment of the condition and ability of person results in a choice of services which are oriented towards independent managing and ensure a level of social managing agreed in society. The maximum linking of people with general public services is primary.

Available social services are the following: counselling, rehabilitation service, provision of prosthetic, orthopaedic and other appliances, childcare service, domestic service, housing service, foster care, substitute home service, care in social welfare institutions and other social services needed for coping.

According to the Social Welfare Act, persons whose physical or psycho-social ability does not allow to manage in everyday life, are entitled for assistance. Local governments (more than 200 units in Estonia) decide the eligibility for different kinds of services or benefits.

There are two criteria for qualifying for assistance. The first criterion is the general physical or psycho-social ability that does not allow to manage in everyday life could be one criterion for entitlement. The ability is assessed by local governments and the entitlement is decided on that basis (case-by-case approach).

The second criterion is disability which is assessed by medical assessment committees and classified into profound, severe or moderate. The level of disability depends on the fact whether the person needs personal assistance 24 or 12 hours a day or at least once a week. Some social services are provided only for persons with severe and profound disability.

In order to provide disabled persons with equal opportunities with other persons, their active participation in community life and independent ability to cope, rural municipality governments and city governments shall establish opportunities to reduce or remove restrictions caused by the disability by treatment, education and translation service; establish in co-operation with competent state authorities, opportunity for vocational training which would raise the ability of disabled people to compete in the job market; adapt employment positions and establish occupational centres, in co-ordination with competent state authorities; organise transportation for the disabled; guarantee access to public spaces for disabled persons; appoint a support person or personal assistant, if necessary; arrange for guardianship or establish curatorship.

Rural municipalities and city governments shall organise the coping of people with disabilities in need of assistance by the provision of social services, payment of social benefits, provision of emergency social assistance and other assistance. Since 2004 the Special Care Programme was launched for mentally disordered persons^{xxviii}

The current system of care and support does not limit disabled people's choices about where they live. This system provides support and services to a person with disability in all places where he/she lives. If somebody needs help the local government social worker must assess them and all provided help originate on esteemed needs.

For many non-health related services, the recipient is expected to contribute.



The extent of contribution may depend on economic situation of the recipient (means tested). Services may be provided free of charge if the recipient is not able to contribute. The rules and procedures are set by each local government. In 2006, recipient contribution accounted for 1% of total costs in domestic service, 8% of total costs in day care service and 55% of total costs in institutional care (Sotsiaalvaldkonna arengud 2000-2006...)

Can disabled people choose to manage their own finance for care and support? (e.g. using personal assistance budgets, direct payments, allowances to individuals or their carers, etc)

Yes. Only in cases the court has ordered a guardian due to incapability of the person, the guardian has the rights to manage in the name of the disabled. However, in case the person needs institutionalisation the pension usually covers part of the costs in institution, the rest is paid either by the local government or a relative. The person will have some small cash for every-day life needs.

To what extent does the quality care and support depend on the financial resources of the individual disabled person or their family?

The financial resources might have an effect on the quality in long-term care where persons can choose between some special private nursing homes. However, there are no evidence-based assessment of the quality of activities in nursing care homes for which reason it is hard to tell. The amount and variation of services could also depend on one's financial resources but on a whole everybody receives according to the needs but in restricted amounts due to scarce funding resources as a whole in the state budget. As referred above depending on the economic situation, the person might receive additional funding form local government, however, each local Government decides on the amount of the contribution case- by-case.



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

On the one hand, the motivation of people with disabilities to find work and participate actively in society is very low. There are several reasons for that: health condition, lack of suitable work, opinion that employers do not want to hire disabled persons. On the other hand, also employers and community hold a negative attitude that disabled persons pose more problems in different life areas than normal people do. Such an attitude may arise from unawareness, which in turn may cause fear of persons with disabilities.

The situation is improving since the new Social Welfare Act in 2008 was adopted which introduced several benefits in particular for those disabled persons in the working age. It also facilitates the creation of specially equipped working places for disabled persons on the employer's side. Special Care Programme adopted in 2004 facilitates the coping of the mentally disordered people in the society through introducing such services as assistance in everyday life, supported living, assistance in working, 24 hour caretaking, 24 hour caretaking with reinforced support and 24 hour caretaking with reinforced supervision.

Establishment of different benefits facilitates to reduce the inequalities between different groups of disabled people as well as with the total population. In particular the benefits related to education, rehabilitation, employment, in-service training are providing the possibility to be more actively involved in social life.

Please provide one (or more) recommendations for positive change in the social inclusion / social protection of disabled people in your country.

There is a lack of the information about the possibilities to be included in the social life among disabled persons as well as among employers. To have a better media plan would improve situation. Estonia being a country with quite high computerisation and e-service level facilitates in principle better inclusion of disabled people, however, targeted projects towards the education in computer skills for them should be prioritized. In several cases the well meant services and benefits are offered in scarce amounts owing to the shortage of resources both at the state budget as well as at the local government level. Only principle decision to increase the share of social expenses from the state budget could significantly improve the situation, however, current economic situation in Estonia does not allow it in the very near future.

Mainstreaming disability is the adopted policy in Estonia and the development in this field has improved. Many fields of life are taking the disability aspects into consideration. Still the process has to continue, bringing the disability aspects to all stakeholders and to more decision makers within the relevant departments - concerning regional development, transportation, education, culture, tourism and business development.

During 2007 and 2008, the work for creating a national strategy for Universal design/Design for all has emerged. Relevant stakeholders from the disability movement, the designers community, the ministries are working with identifying the possibilities for better co-ordination and gathering input for the National strategy for Universal Design/Design for all, taking into consideration the Council of Europe report Achieving full participation through Universal Design. Also the Nordic Countries experience have been taken into consideration while planning the National strategy and identifying the working methods. Non-governmental stakeholders have been actively working with achieving best results in the field.

The EU program period for 2007-2013 is for the first time stating in the General Regulation of Structural Funds, that the funds should be implemented in an accessible way. The operational programs of the funds anyhow does not often include the criteria on accessible implementation of the funds.



Improving social inclusion through implementation of the European Structural Funds in an accessible way for all will be of great importance, as the implementation will be taking place throughout the country. Therefore efforts are to be made to involve all the relevant stakeholders to facilitate the process.

As the main target is improving access of people with disabilities into the open labour market, mainstream active employment measures are open for people with disabilities along with earmarked measures as well.

Anyhow, until recently, the sheltered and supported employment provision for those people with disabilities who are not able to enter the open labor market, was limited. Possibilities for long-term training and employment support along with options for job-carving has recently developed - bringing the possibilities of supported employment into the regions. The European Social Fund has been used to facilitate the creation of employment-training facilities in the Estonian regions - enabling the municipalities to focus on employment of people with disabilities better, involving also those who need long-term or permanent support for work.

Information about the quality of life and the social inclusion theme has been increasingly reaching the media in Estonia, this way contributing to wider understanding of disability matters. The media is picturing the developments generally in an objective manner, from time to time, the specificity of the content is confusing for the various mainstream media actors, resulting in a non-precise presentation of the situation.

The efforts of Community initiative EQUAL media project has been very helpful to increase the visibility of the disability movement and the visibility of innovative social protection initiatives in general. The Russian language media (i.e. targeting immigrant population's audience) is as well actively seeking information on matters of disability and social inclusion in general, which has been appreciated by relevant stakeholders, including the disability NGO-s.

There is no specific objective for the inclusion of persons with disabilities and all persons with disabilities are dealt horizontally in the national plan for social protection. The idea not to set a specific objective and to deal horizontally with the measures for persons with disabilities in the national plan was suggested and supported by the persons with disabilities organisations. Under the Action Plan for Social Inclusion and Protection of Rights for Disabled Persons^{xxix} the measures are targeted towards support of independent living, education, employment and participation in the society of people with disabilities. Priority areas include better responding to educational and developmental special needs of children with disabilities and supporting employment of adults with disabilities.

There are several areas which are still not covered with data about the inclusion of the disabled in the society. In particular it is needed to understand better to which extent the needs of the disabled persons have been met and what can be done.

Further development and implementation of electronic instruments for assessment of needs of care-dependent clients and quality of care is needed. Effectiveness of implementation of new objective methods on quality of care and quality of life of clients is also one of the areas for further research..



4.2 One example of best practice (brief details)

Computer training and access of disabled persons (October 2005 – June 2006)

The aim of the project was to increase awareness and computer skills among disabled people, to increase the level of activity and options for activities by arranging computer training for beginners, by creating a free public Internet access point, and by offering the experience and help of support persons, either hired or working as volunteers.

Because in the modern world it enlargens their awareness of the possibilities to get work, coping with everyday life, capabilities and information reception and increase of their competitiveness in labour market

Tallinn City Board for Disabled Persons (69 persons). Free Internet access point received nearly 700 visitations in a period of seven months.

A broader aim was to teach computer skills to disabled persons living in Tallinn and thus to provide them with better opportunities for communication and participation in public life.

19 232 EUR, of which ESFsupport is 14 424EUR, however since August 2006 Microsoft started to support the project.

The idea can be picked up by other local governments and sponsorships can be seeked as well as it can be planned in the budget.

European Social Fund projects (see also report on European Social Fund in Estonia- 2007 - http://www2.sm.ee/esf2004/up/files/304/ESF_raamat.pdf_smallest_cdr.pdf ^{xxx})

As another example Estonian Rural Development Plan could be used as a best practice example on effort making the implementation of the projects accessible. **The measure 3.1. Diversification of rural economy investment support** is offering extra points for projects, what are improving accessibility of the facilities or improve the employment of people with disabilities in the rural regions. The disability organisations are involved in the evaluation process, what have increased the visibility and awareness of the needs of people with disabilities. The initiative is of great value as the rural communities often does not have the same possibilities for improving accessibility and offering services for people with disabilities what the bigger urban communities could cater for. However, we cannot yet refer to published evaluations.



Qualitative research on the awareness of the measures supporting the employment and/or studying of the disabled in Estonia (incl. their attitudes and motivations to become employed and/or to continue their studies). Ministry of Social Affairs, Tallinn 2008

Project Carma (Care for the Aged at Risk of Marginalization),
http://www.egga.ee/CARMA_soovitus.pdf

Strategic action plan of Ministry of Social Affairs 2009-2012
[http://www.sm.ee/est/HtmlPages/Sotsiaalministeeriumiarengukava2009-2012/\\$file/Sotsiaalministeeriumi%20arengukava%202009-2012.pdf](http://www.sm.ee/est/HtmlPages/Sotsiaalministeeriumiarengukava2009-2012/$file/Sotsiaalministeeriumi%20arengukava%202009-2012.pdf) (only in Estonian)

National report on strategies for social protection and social inclusion 2008-2010
<http://www2.sm.ee/kaasatus/failid%2FNational%20Report%20on%20Strategies%20for%20Social%20Protection%20and%20So%85.pdf>

Organisations of Disabled Population:
 Estonian Chamber of the Disabled Persons and the network
<http://www.epikoda.ee/include/blob.php?download=epikmain1&id=1086>
<http://www.epikoda.ee/index.php?op=2&path=Organisatsioon%2FKoost%F6%F6kogu>,

Estonian Association of Deaf
http://www.ead.ee/info_eng.html,

Estonian Union of Persons with Mobility Impairment
<http://www.elil.ee/eng/>,

The Supporting Union for Mentally Disordered Persons
<http://www.hot.ee/evpit/>,

Estonian Union of the Blind
http://www.pimedateliit.ee/index.php?main_id=70,

Database of Estonian Legislation in English:
<http://www.legaltext.ee/en/andmebaas/ava.asp?m=022>,

Estonian Association of Geriatrics and Gerontology
<http://www.egga.ee/index.php?id1=8&keel=ee>

Social Sector in Figures 2006
[http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/\\$file/arvudes2006koos%20inglise.pdf](http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.pdf),
www.sm.ee,

Research articles from Estonian Research Portal (<https://www.etis.ee/index.aspx?lang=en>) on disabled persons:

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