



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

Country: Estonia
Author(s): Anu Irval, Helmi Tampere, Eha Lannes, Katre Pall, Luule Sakkeus, Monika Haukanömm, Mari Kreitzberg

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.

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.

Summary of changes since 2008

Housing and homelessness:

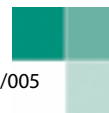
According to the Social Welfare Act, one of the social services is the housing service. Local governments are entitled to provide housing for persons or families who cannot provide it for themselves or for their families, in the form of a rented social apartment. Where a person has mobility restrictions, coping problems or cognitive (communication) problems, local government has to help by providing or finding more suitable accommodation. Social housing or social premises mean dwellings in municipal ownership, for people needing social services. Support homes are institutions providing daily or periodic 24hour care to disabled people living at home.

The Estonian housing fund has not provided accommodation accessible to and usable by disabled persons. Adaptation of dwellings will be supported and guidelines developed for apartment associations and local governments in the framework of ESF programme “Welfare measures to support employment 2007-2013”.

The number of people using the housing service in social apartments and on social premises has grown by over 60% from 2001 (at the end of 2001 – 2,233 users, in 2005 – 3,584 users). The proportion of service users of pensionable age was 43% at the end of 2005, while the proportion of people with special needs was 28% (some of the people with special needs and people in pensionable age may overlap).

Housing services in the form of social housing and premises, in support homes, at the end of the year:

	1999	2000	2001	2002	2003	2004	2005	2006
Number of places	1402	1 577	1 700	2 055	2 553	2 727	2 844	2 987
...adapted to people with special needs	80	115	89	137	141	125	144	142
Number of inhabitants	1448	1 682	18912	2 653	3 224	3 439	3 584	4 020
...living alone	1005	1 119	1 208	1 494	1 866	2 065	2 246	2 435
...living as a family	443	563	683	1159	1 358	1 374	1 338	1 585
... of whom are people with special needs	245	340	372	718	803	953	1 002	1 070
...people in pension-able age	970	1 057	1 220	1 037	1 459	1 467	1 543	1 630
Proportion in population, %	0,11	0,12	0,14	0,20	0,24	0,25	0,27	...



Ministry of Social Affairs

Welfare services concerning housing for persons with special mental needs are assisted living and living in a community.

Assisted living:

Assisted living is a service for supporting a person's social coping and integration with society by providing housing together with assistance and consulting them in their everyday life activities with the aim that they should live independently. The service provider has to:

- 1) Consult the person in their every-day life activities, including about budgeting,
- 2) Consult on use of the premises and carrying out the main tasks in home care, including how to use postal and financial services,
- 3) Consult on how to live in a community with its rules and help to maintain the rules, in particular if two persons receiving services live together,
- 4) Provide opportunities to adapt the premises to their needs,
- 5) Assist them in their independent living and help them to acquire independent housing.

Requirements for rooms:

Rooms used for the provision of services must comply with the requirements set for living quarters. In the accommodation unit there should be at least one room per customer, a separate room for cooking and eating, and a WC and bath or shower should be available.

Living in a community:

Living in a community means that the environment is a family-like arrangement with accommodation, meals and common activities providing opportunities for persons to develop the ability to live together with others. The service provider should provide a secure, family-like housing environment helping to develop abilities to cope with everyday life, taking into account each person's health status. They should assist with time and leisure planning and develop their working abilities according to each person's capabilities. They should provide opportunities to work and assist them in this, as well as provide other assistance needed in living in a community.

Statistics:

Adult population with special psychiatric needs receiving assisted living services (supported living and living in a community)

(during a year)

	2003	2004	2005	2006	2007
Supported living	565	562	618	678	687
Living in a community	28	32	39	43	45

Ministry of Social Affairs

Further information on application procedures:

http://www.ensib.ee/toetused/erihoolokanne_eng2008.html.

Estonian legislation does not include a definition of homelessness, but the concept has been defined in national statistical reports on night shelter services. According to these reports, a person is homeless if he or she does not have any legal relationship (ownership, tenancy, permanent accommodation agreement) with any dwelling, room or part of these that qualifies as a living area.



People in this group do not have a residence; they do not earn the income to purchase a residence, and they lack the social abilities to change the situation they are in.

New strategies and actions for the inclusion of disabled people:

The government can support active participation of disabled persons in social life primarily by developing services for disabled persons.

Income and additional expenses arising from disability are supported by a number of social benefits. Inclusive educational policy has brought a need to identify the students that need alternative organisation of studies or additional studies. The principles of equal opportunities, availability and accessibility are relied on to ensure education opportunities for everyone and additional measures are frequently required to implement these principles. Changing people's attitudes is a long-term process.

Local governments provide disabled persons with the social services prescribed by the Social Welfare Act: counselling, rehabilitation services, provision of technical appliances, domestic and housing services, foster care and care in social welfare institutions (including day centres). The local governments additionally have the right to establish other social services required for coping (e.g., transportation, personal assistance and support, catering, laundry services, etc.) according to their resources and requirements. Social services are provided according to the principle of case management.

The Estonian NAP 2008-2010 foresees 4 new measures:

1. Development of services to support the rehabilitation system and independent coping of disabled persons by implementing the ESF programme "Welfare measures to support employment 2007-2009", the new Social Welfare Act and "Estonian Housing Development Plan 2008-2013". Period: 2008-2013.
2. Supporting income and employment opportunities of disabled persons by implementing the ESF programme "Increasing the supply of qualified labour 2007-2013", the new Social Welfare Act and the new Social Benefits for Disabled Persons Act. Period: 2008-2013.
3. Promoting education of disabled persons with the help of the ESF programme "Development of the content of vocational education 2008-2013" and the "Estonian Higher Education Strategy Implementation Plan 2008-2010". Period: 2008-2013.
4. Conducting surveys and analyses on disabled persons with the help of ESF programmes "Improving the quality of working life 2007-2008" and "Welfare measures to support employment 2007-2009". Period: 2008-2009.

For detailed information please see the Ministry of Social Affairs website

<http://www.sm.ee/tegevus/sotsiaalne-kaasatus/d.html>

New changes in incomes, benefits and pensions:

Benefit levels are established by the State Budget Law. For 2009 the levels for disabled people, see: Social Insurance Board:

http://www.ensib.ee/toetused/sotstoetused2009_eng.html

For pensions there are two variables that change annually: one is the pensionable accumulation period at each age, the other is the rate. (see

http://www.ensib.ee/toetused/toovoimetuspens2009_eng.html)



New changes in long-term care and support:

Developing a network of care institutions, raising the qualifications of staff in care institutions and developing a sustainable financing system are measures adopted through the European Social Fund programme "Welfare measures to support employment". The provision and payment of such services and benefits is regulated by the [Labour Market Services and Benefits Act](#). The labour market services which are suitable for a client are selected in accordance with their individual needs (see also <http://www.sm.ee/eng/activity/working-and-managing/labour-market-services-and-benefits.html>).

People are able to obtain additional services and benefits to those regulated by the Labour Market Services and Benefits Act above through the European Social Fund programme "Increasing the Supply of a Qualified Labour Force 2007–2013".

County-level workshops will be organised and advice will be provided to local governments to establish a shared vision of the potential locations of welfare institutions in the county in order to create an optimal Estonia-wide network of care and nursing care services. A model for long-term planning of social welfare measures, resources and social service jobs will be developed, to create a knowledge-based foundation for identifying the need for generic and special social services. A manual on care, and training on its use will be prepared, to raise the qualification of the staff in care institutions. In addition, training on working with dementia patients will be provided to staff of care homes and activity instructors of people with special needs. Expert workshops will be organised, different financing models will be analysed and a description of the future financing system will be prepared with a view to developing financial sustainability of the care system.

Implications of the economic crisis:

Unemployment has increased and is at the level of the last quarter of 2000 and 1st of 2001, previously the highest levels of unemployment recorded in Estonia after the so-called Russia crisis in 1998

(see

[http://pub.stat.ee/pxweb.2001/Dialog/varval.asp?ma=ML441&ti=UNEMPLOYED+PERSONS+BY+DURATION+OF+UNEMPLOYMENT+%28QUARTERS%29&path=../Databas/Social life/09 Labour market/12Unemployed persons/04Short term statistics/&lang=1](http://pub.stat.ee/pxweb.2001/Dialog/varval.asp?ma=ML441&ti=UNEMPLOYED+PERSONS+BY+DURATION+OF+UNEMPLOYMENT+%28QUARTERS%29&path=../Databas/Social%20life/09%20Labour%20market/12Unemployed%20persons/04Short%20term%20statistics/&lang=1)). Although it might be assumed that the same applies for disabled people, there are no short-term statistics differentiating different population groups. Data for 2008 does not yet indicate the changes due to economic crisis. However, a comparison between the first half of 2008 and the similar period in 2009 in relation to activity and inactivity among the population aged 15-74, shows that in a year the number of inactive disabled population has diminished (see <http://www.stat.ee/dokumendid/37136>). It remains to be seen whether there is some structural change among those who are ill or disabled. It might even be that during the economic crisis the employment rates of disabled persons will not reduce at a similar pace, due to the Social Tax Act. According to this measure an employer who recruits a disabled person can receive state support in the payment of social taxes. This group might be retained if an employer needs to reduce workload but cannot afford to pay social tax according to the minimum wage (see Decree No.113 on special cases in payment of social tax <https://www.riigiteataja.ee/ert/act.jsp?id=13174591>).

The economic crisis will most probably affect most the provision of various services for disabled persons by local governments.

In particular, in local governments where the age structure is unfavourable (mostly where there is a high elderly population) the resources will reduce markedly.



The provision of services is regionally very variable but as there is no overall data collection it will be very difficult to assess regional disparities. However, it may be assumed that they are going to increase as there is also no systematic regional policy to help to alleviate the problem.

On September 10, 2009 in Tallinn, Estonia, the representative organisations of disabled people in three Baltic countries (Estonia, Latvia and Lithuania) presented a memorandum to the governments of these countries addressing the main concerns of disabled persons in these countries (decisions that had not been discussed with representative organisations, the reduction of access to local services rehabilitation and institutional care for people needing most assistance, lack of development of new services, threats to workplaces for disabled people, and the problems of disabled people seen as a low priority etc.); see:

<http://www.epikoda.ee/include/blob.php?download=epiknews&id=0309>

<http://www.epikoda.ee/index.php?op=4&id=0278>



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 protection and social inclusion?

The Estonian National Strategic Report on social protection and social inclusion 2008-2010¹ describes the main strategic approaches to be taken in accordance with the Lisbon strategy. The government of Estonia has set the strategic objective of achieving rapid, socially and regionally balanced and sustainable economic development. In terms of national development the government considers it crucial to enhance everyone's ability to lead an independent life and increase everyone's motivation to improve their standard of living.

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

- increasing employment and preventing long-term unemployment and inactivity;
- supporting the active participation of disabled and elderly people;
- increasing the effectiveness of social protection and applying incentives and services that support working;
- creating equal opportunities to acquire quality education that is in accordance with one's abilities;
- improving health indicators and extending quality lifetime;
- improving the quality and availability of medical and nursing care.

The Estonian national report describes persons with disabilities as group at risk in the labour market, as their unemployment rate is more than twice that of the general population. The main reasons for the unemployment and inactivity of persons with disabilities are lack of adequate means of transportation; limited opportunities for formal education and in-service training; employers' low interest in employing disabled people; and lack of flexible work arrangements. Many disabled people are willing or able to work only part-time, but part-time employment is not very widespread in Estonia. The main measures to increase the inclusion of people with disabilities during 2008-2010 involve:

- development of services to support rehabilitation and independence;
- supporting income and employment opportunities;
- promoting education;
- conducting surveys and analyses.

The Ministry of Social Affairs' Strategic Action Plan 2009-2012² describes persons with disabilities as key stakeholders. The Ministry's action plan sets out the state's responsibility to guarantee the social inclusion and social participation of persons with disabilities.

¹ Estonian national reports on strategies for social protection and social inclusion are available on the internet at http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/Sotsiaalne_kaasatus/Sotsiaalse_kaitse_ja_k_aasatuse_riiklikud_aruanded/National_Report_on_Strategies_for_Social_Protection_and_Social_Inclusion_2008-2010_.pdf

<http://www2.sm.ee/kaasatus/failid%2FNational%20Report%20on%20Strategies%20for%20Social%20Protection%20and%20So%85.pdf>

² The Ministry of Social Affairs' action plan 2009-2012 is available on the internet at [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)



To better fulfil this obligation, the need to include a specific objective for measures targeting people with disabilities in the National Strategic Report on social protection and social inclusion 2008-2010 emerged.

The Government organised a joint seminar with stakeholders on new objectives and measures in June 2008. As a result of these consultations, the national report for 2008-2010³ establishes the objective of supporting people with disabilities and their family members to participate actively in society and working life.

The main measures to achieve the objective include:

- developing the rehabilitation system and services for independent coping;
- supporting incomes and enhancing the opportunities to work of persons with disabilities;
- guaranteeing access to education and promoting the education of persons with disabilities;
- conducting surveys and research on persons with disabilities and their family members' needs, coping and opportunities to work, and also surveys among service providers;
- promoting social relations and participation in the decision-making process.

The Estonian NAP 2008-2010 outlines four new measures:

- 1) Development of services to support the rehabilitation system and independence of disabled persons by implementing the ESF programme Welfare measures to support employment 2007-2009, the new Social Welfare Act (2008) and the Estonian Housing Development Plan 2008-2013. Period: 2008-2013.
- 2) Supporting income and employment opportunities of disabled persons by implementing the ESF programme Increasing the supply of qualified labour 2007-2013, the new Social Welfare Act and the new Social Benefits for Disabled Persons Act. Period: 2008-2013.
- 3) Promoting the education of disabled persons with the help of the ESF programme Development of the content of vocational education 2008-2013 and the Estonian Higher Education Strategy Implementation Plan 2008-2010. Period: 2008-2013.
- 4) Conducting surveys and analyses on disabled persons with the help of the ESF programmes Improving the quality of working life 2007-2008 and Welfare measures to support employment 2007-2009. Period: 2008-2009.

For detailed information please see the Ministry of Social Affairs' website <http://www.sm.ee/tegevus/sotsiaalne-kaasatus/d.html>.

Rehabilitation

The reform of the rehabilitation system started in 2005 with a focus on facilitating employment. A methodological plan, guidelines and tools for training rehabilitation teams will be developed and training for rehabilitation teams will be organised.

³ The new national report on strategies for social protection and social inclusion 2008-2010 has been available on Ministry of Social Affairs' website since September 2008

<http://www2.sm.ee/kaasatus/failed%2FNational%20Report%20on%20Strategies%20for%20Social%20Protection%20and%20So%85.pdf>.

For information on related issues, see also:

<http://www.egga.ee/index.php?id1=8&keel=ee>

Implementation of the new Social Welfare Act (2008) will establish several new social services and improve existing social services for disabled persons to support independent coping and living in the normal environment.

These new services include: a daily life support service, supported life service, employment support service, living in the community service, 24-hour care service, home care service, personal assistant service, support person service, care service (24-hour and day care in social welfare institutions and long-term nursing care service), adapted housing service and transportation service for disabled people. Creation of a network of counselling centres is planned for the future.

Employment

The scope of active labour market measures targeting employed and unemployed disabled persons will be expanded in 2009. Employed disabled persons will be offered workplace adaptation, appliances required for work, career counselling, specialist training and a support person if the employee needs repeated training. Unemployed disabled persons will be offered career advice, specialist training, work practice, work exercises, psychological counselling associated with employment, social rehabilitation and customised solutions. A system of professional evaluation of disabled persons will be launched in 2010 and the knowledge of trained experts will be used in the provision of labour market services. To prevent inequality of a disabled employee in comparison to colleagues without disabilities, additional disability-related costs of working (alternative means of transport, faster wear of prosthetic appliances, etc.) will be partially compensated.

Education

In order to facilitate education, a transport service (for the purpose of studying, working and using public services) for persons with a physical or mental disability or impaired vision will be provided. Study resources (e.g. workbooks, textbooks, etc.) for students with special needs will be developed and/or improved in the course of developing the vocational education system. Materials from abroad will be adapted and translated as needed. Pedagogic and methodological in-service training will be provided to teachers in vocational education institutions to foster their professional abilities and skills, including their ability to support students with special needs and to direct them towards lifelong learning. State-commissioned education will be restructured and the cost per study place will be increased, and teacher in-service training and national curricula for teacher training will be developed together with supporting study resources. A benefits system will be developed for vocational students from difficult economic backgrounds. Educational opportunities and support services for students with special educational needs, with learning difficulties and behavioural problems and for students in penal institutions will be expanded.

The Action Plan for Social Inclusion and Protection of the Rights of Disabled Persons⁴ outlines the main responsibilities for implementing policies and measures targeting people with disabilities. The plan describes measures to be undertaken to support independent living, education, employment and participation in 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.

⁴ The Action Plan for the Social Inclusion and Protection of the Rights of Disabled Persons is available on the internet at <http://www.epikoda.ee/index.php?op=2&path=Invapoliitika%2FInvapoliitika+%FCIdkontseptsiooni+rakendamine> (only in Estonian).



Social welfare concept paper

The social welfare concept paper concentrates on questions of social assistance, childcare, subsistence benefits, social welfare institutions, case management and rehabilitation.

It is a key document for the social welfare system. For people with disabilities the main target is rehabilitation.

The development of rehabilitation services is of key importance in assisting disabled persons to increase their ability to act and support themselves independently. Social benefits for disabled persons are increasingly 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 programme 2006-2021⁵

This programme aims to improve the quality of life of residents of special care homes and/or persons who need special care. The principal tasks are reducing the need to place persons in special care homes, improving living conditions in special care homes, reducing the number of persons in institutional care, etc. People with mental disabilities are the main focus of the Special care development programme.

Estonian housing policy 2008-2013⁶

The State's general aim in housing is to guarantee all citizens of Estonia the opportunity to choose their accommodation. Its 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 housing and civil societies engaged in the housing sector to solve problems independently and put into practice their own individual housing strategies.

The Estonian housing stock has not been built or adapted to be accessible to and usable by disabled persons. In order to adapt housing to the needs of disabled persons, adaptation of accommodation will be supported and guidelines on adapting accommodation for disabled persons will be developed for apartment associations and local governments.

Transport Development Plan 2006-2013⁷

The general objective in the field of transport is to ensure 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 declares that the transport system must ensure mobility of people and goods while being effective, safe and environmentally friendly. This plan also focuses on the needs of people with special needs, using the concept of "universal design".

The General Concept Paper of the Republic Estonia on Policy for Disabled Persons
The UN Standard Rules and the action plan for their implementation contain measures and actions to equalise the opportunities of disabled people. The goal of these rules was to provide to disabled people the same rights and obligations as any other member of society.

⁵ <http://www.sm.ee/eng/pages/goproweb0443>

⁶ <http://www.mkm.ee/index.php?id=1733>

⁷ <http://www.mkm.ee/index.php?id=9019>

Action plans for implementing the general concept paper on Estonian policy for disabled persons contain aims and measures to improve the educational and employment opportunities of disabled people, to guarantee their income, develop social security measures and the welfare service, provide access to information and buildings, ensure opportunities for participating in cultural events and leisure activities, enable participation in the work of organisations of disabled people and involvement in decision-making processes, plus raising society's awareness of disabled people.

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) is considered one way to alleviate the shortage of labour that has emerged as a result of Estonia's economic growth and ageing population.

The programme Welfare measures to support participation in working life 2007-2009⁸ was elaborated by the Ministry of Social Affairs in order to better utilise European Social Fund resources. The main measures to improve the employment opportunities of persons with disabilities and their family members involve:

- Supporting the restructuring of the rehabilitation system for disabled persons to improve their employability, including
 - development of the methodological basis, guidelines and measures for the training of rehabilitation teams;
 - training of rehabilitation teams under this new system.
- National measures for developing advice services designed to promote employability, including
 - establishment of a centre for disability-related information and assistive technology;
 - development of advice 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 the care burden, including
 - training and information activities concerning welfare services that reduce the care burden;
 - training for local social workers on case management;
 - training on the "STAR" social services database;
 - 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 specialised care services.

In order to promote evidence-based policy implementation, the programme makes provision for several studies and surveys on coping, employment opportunities, and so on. For further information, please see question 1.3.

1.2 Major actions (policy or practical examples)

All people with disabilities have access to social security, and measures are divided into social benefits and social services (general and special services). Since 1999, development policy has focused on implementing social policy measures as an investment in people and, through people, investment in the economy and society as a whole.

⁸ The programme Welfare measures to support participation in working life 2007-2009 is available on the internet at <http://www2.sm.ee/esf2007/index.php?id=51> (only in Estonian).

The subsidiarity principle is adopted in service provision, meaning that public obligations are generally performed by the state body nearest to the citizen and at the nearest level (the primary level) to the person in need of assistance. Client-centred welfare focuses on an individual's needs, and the set of services and benefits offered should be developed proceeding from a specific person and his or her surrounding environment.

Now all 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, using the subsidiarity principle, and all help provided draws on client assessment and needs.

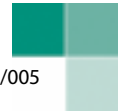
According to the Constitution, everyone is equal before the law. The Chancellor of Justice is a constitutional institution to whom everyone whose rights and freedoms have been violated has the right of recourse. The Chancellor of Justice resolves discrimination disputes that arise between persons in private law on the basis of the Constitution and other laws. The Chancellor of Justice is responsible for the application of the principle of equality and equal treatment.

A precondition for independent living and employment of people with disabilities is a good education (i.e. education for all, irrespective of the severity or extent of a disability). According to the Preschool Childcare Institution Act, the focus is on the early detection of children with special needs and early intervention. Children with special needs have an equal opportunity to attend standard kindergarten where they are in ordinary groups but some types of support (teaching assistant, speech therapy, personal assistant, etc.) may 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 counts as three non-disabled children. Children with special needs are given individual development plans and they attend development interviews, during which development methods are chosen with their parents.

According to the Education Act, each child who reaches school age (seven years) has the right to be admitted to the school nearest to his/her home but there are some special schools in larger centres. Today, we are of the opinion that there are no children who cannot be taught, curricula can be adapted to suit each child and there is no classification on the basis of disability. Everybody must have the opportunity to attend school continuously. The standard education system has an obligation to apply various support systems to improve involvement of children with special needs.

The education of children with special needs can be conducted using one of three curricula of different levels, all based on the main national curriculum. These curricula are known as the simplified curriculum, the managed curriculum and the individual curriculum. County advisory committees have been organised in order to give advice to pupils, parents and schools. Advice and study support centres provide specific learning support, help identify the special needs of pupils with learning disabilities and supervise the compilation of individual curricula. All formal teacher training curricula prepare students for working with children with special needs.

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. Work is important not only in terms of earnings; it is equally important in terms of social networks and self-esteem.



Young people with disabilities can acquire vocational education both in ordinary vocational schools and the Astangu Vocational Rehabilitation Centre⁹. This is the only public centre in Estonia providing social and vocational rehabilitation to persons with all kinds of disabilities. Young people are admitted to vocational education on the basis of their rehabilitation plans or other similar documents.

Under the Employment Contracts Act (amended and implemented July 2009), unequal treatment of employees is prohibited, where discrimination is taken to occur when a person applying for employment or an employee is discriminated against on any unlawful ground, including disability.

Rehabilitation services are provided to support the ability of persons to manage independently, their social integration and employment or commencement of 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. The rehabilitation team and local government social workers cooperate with the aim of helping disabled people.

People with disabilities and their organisations are actively involved in the policy making process. All policy documents and new laws with a bearing on disability issues are discussed and co-ordinated with organisations representing disabled people. In 2003, five organisations formed a Forum, which is in contact with the Ministry of Social Affairs and coordinates discussion of issues affecting disabled persons. The minutes of their discussions are available online¹⁰ (the organisations are: the Estonian Chamber of Disabled People, the Estonian Union of Persons with Mobility Impairments¹¹, the Estonian Federation of the Blind¹², the Estonian Association of the Deaf¹³, and the Estonian Organisation of Mentally Disabled People¹⁴).

The government supports the active participation of disabled persons in society primarily by providing services. Income and additional expenses arising from disability are supported by a number of social benefits. Inclusive educational policy has brought about the need to identify students that need an alternative organisation of studies or additional studies. The principles of equal opportunities, availability and accessibility are applied to ensure educational opportunities for everyone and additional measures are frequently required to implement these principles. Changing people's attitudes is a long-term process.

Local governments provide disabled persons with the social services prescribed by the Social Welfare Act: counselling, rehabilitation services, provision of technical appliances, domestic and housing services, foster care and care in social welfare institutions (including day centres). Local governments additionally have the right to establish other social services required for coping (e.g. transportation, personal assistance and support, catering, laundry services, etc.) according to their resources and requirements. Social services are provided according to the principle of case management.

⁹ <http://www.astangu.ee/>

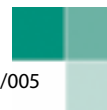
¹⁰ <http://www.epikoda.ee/index.php?op=2&path=Organisatsioon%2FKoost%F6%F6kogu>

¹¹ <http://www.elil.ee/eng/>

¹² http://www.pimedateliit.ee/index.php?main_id=70

¹³ http://www.ead.ee/info_eng.html

¹⁴ <http://www.hot.ee/evpit/>



Housing and homelessness

According to the Social Welfare Act, the housing service is a social service. Local governments are responsible for providing housing for persons or families who cannot provide it for themselves, in the form of a rented social apartment.

Where a person has mobility restrictions, coping problems or cognitive (communication) problems, local government has to help by providing or finding more suitable accommodation. "Social housing" or "social premises" mean housing in municipal ownership for people needing social services. "Supported homes" are institutions providing daily or periodic 24-hour care to disabled people living at home.

The Estonian housing stock does not include accommodation accessible to and usable by disabled persons. Adaptation of dwellings will be supported and guidelines developed for apartment associations and local governments in the framework of the ESF programme Welfare measures to support employment 2007-2013.

The number of people using the housing service in social apartments and on social premises has grown by over 60% from 2001 (2 233 users at the end of 2001; 3 584 users in 2005). The proportion of service users of pensionable age was 43% at the end of 2005, while the proportion of people with special needs was 28% (the categories of people with special needs and people of pensionable age may overlap).

Housing services in the form of social housing and premises and in supported homes at the end of the year 2006:

	1999	2000	2001	2002	2003	2004	2005	2006
Number of places	1402	1577	1700	2055	2553	2727	2844	2987
...adapted to people with special needs	80	115	89	137	141	125	144	142
Number of inhabitants	1448	1682	18912	2653	3224	3439	3584	4020
...living alone	1005	1119	1208	1494	1866	2065	2246	2435
...living as a family	443	563	683	1159	1358	1374	1338	1585
... of whom are people with special needs	245	340	372	718	803	953	1002	1070
...of pensionable age	970	1057	1220	1037	1459	1467	1543	1630
Proportion of population, %	0.11	0.12	0.14	0.20	0.24	0.25	0.27	...

Welfare services as regards housing for persons with special mental needs include assisted living and living in a supported community.

Assisted living: Assisted living is a service supporting people to cope in society and helping their integration within society by providing housing together with assistance and advice in their everyday activities with the aim of building their ability to live independently. The service provider has to:

- Advise the person in their everyday activities, including budgeting;
- Advise on use of the premises and carrying out the main domestic tasks, including how to use postal and financial services;
- Advise on how to live in a community with its rules and provide help to keep the rules, in particular if two people receiving services are living together;
- Enabled clients to adapt the premises to their needs;
- Assist them in their independent living and help them to acquire independent housing.

Requirements for rooms: the provision of services must comply with the requirements set for living quarters.

In the accommodation unit there should be at least one room per client, a separate room for cooking and eating, and a WC and bath or shower should be available.

Living in a community: this means that the environment is a family-like arrangement with accommodation, meals and common activities providing opportunities for persons to develop the ability to live with others. The service provider should provide a secure, family-like housing environment helping to develop the ability to cope with everyday life, taking into account each person's health status. They should assist with time and leisure planning and develop their work skills according to each person's capabilities. They should provide opportunities to work and assist them in this, as well as provide any other assistance needed to live in a community.

The adult population with special psychiatric needs receiving assisted living services (supported living and living in a community)(for each year):

	2003	2004	2005	2006	2007
Supported living	565	562	618	678	687
Living in a community	28	32	39	43	45

(Data from the Ministry of Social Affairs¹⁵)

Estonian legislation does not include a definition of homelessness, but the concept has been defined in national statistical reports on night shelter services. According to these reports, a person is homeless if he or she does not have any legal relationship (ownership, tenancy, permanent accommodation agreement) with any dwelling, room or part of these that qualifies as a living area. People in this group do not have a residence, they do not earn a sufficient income to purchase a residence, and they lack the social abilities to change their situation. There is no specific information available about the situation of disabled people in relation to homelessness.

1.3 Recent research about disabled people's equality and social inclusion

The approach of Estonian research on disabled persons is mainly medically-based¹⁶.

¹⁵ For information on application procedures, see: http://www.ensib.ee/toetused/erihoolekanne_eng2008.html

¹⁶ Teek, Rita; Raukas, Elve; Oitma, Eneli; Kruustük, Katrin; Žordania, Riina; Joost, Kairit; Kull, Mart; Öunap, Katrin (2007). Pärilik ehk geneetiline kuulmislangus. Eesti Arst (Tartu : 1989-), 4, 254 - 261.

Puusepp, H.; Männik, K.; Zilina, O.; Parkel, S.; Kurg, A.; Öunap, K. (2007). Vaimse arengu mahajäämuse geneetilised põhjused: X-liiteline vaimse arengu mahajäämus. Eesti Arst (Tartu : 1989-), 4, 239 - 245.

Köverik, K.; Kutsar, D.; Eelmäe, P. (2007). Eesti lasteaiaõpetajate valmidus õpetada kehalise puudega lapsi tavalasteaias. Kehakultuuriteaduskonna Teadus- ja õppemetoodiliste tööde kogumik (28 - 36). Tartu: Tartu University Press

Teek, Rita; Raukas, Elve; Oitma, Eneli; Kruustük, Katrin; Žordania, Riina; Joost, Kairit; Kull, Mart; Öunap, Katrin (2006). Varajase algusega kuulmislanguse geneetilised põhjused Eesti lastel. Eesti Arst, 9, 621

Padrik, M. (2006). Milles seisneb kõnearengu puude spetsiifilisus? . Eripedagoogika. Logopeedia ja emakeel., 26, 13 - 20.

Paales, L. (2008). Kurtide kogukond, viipekeel ja pärimus visuaalsusele toetuvates tehnoloogilistes keskkondades . Mäetagused, 38, 55 - 74.

Paales, L. (2008). Kurtide kogukond, viipekeel ja pärimus visuaalsusele toetuvates tehnoloogilistes keskkondades. Mäetagused. Elektrooniline ajakiri, 38, 55 - 74.

Kikkas, Kaido (2004). Give us Bytes rather than Bucks: Of the Impact of Free Software movement and Online Communities to the Empowerment of People with Disabilities in Eastern Europe. In: *Proceedings of the IADIS International Conference "Web Based Communities 2004": IADIS International Conference "Web Based Communities 2004"*. (Toim.) Kommers, P.; Isaias, P.; Nunez, M.. Lisbon: IADIS Press, 2004, (1), 402 - 409.



The Survey of the Disabled Population (conducted by the Ministry of Social Affairs) provided the basis for further research¹⁷. The main aim of the survey was to gain an overview of the social conditions of the disabled population and to evaluate the accessibility and quality of services offered by the Government.

In order to understand the main problems regarding social inclusion faced by disabled persons, in 2008 the Ministry of Social Affairs launched two qualitative surveys: one about work-related issues among disabled people and the other on their awareness and usage of measures offered by the authorities to improve their well-being¹⁸.

The Estonian Association of Geriatrics and Gerontology¹⁹ has promoted research in the field, in particular through running the CARMA project²⁰. Some of their publications also deal with measures for decreasing the exclusion of the elderly (among them people with disabilities)²¹.

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

It is interesting to find that, according to survey data, disabled people aged 40+ all have experience of working, whereas among most younger age groups the proportion who have never worked is between 30-40% (Sakkeus L). This potentially raises the question of how the transformation of society has affected the opportunities for the disabled population to be socially active.

Some disabled people are “active” and run volunteer organisations or do related work. On the other hand, there are a number of disabled people who are “stuck between four walls” due to various barriers, such as poor health, low educational achievement, mobility barriers, and resulting low self-esteem. They tend to be inactive, and sadly also insufficiently informed about their rights and opportunities. There exists a general lack of information, especially among unemployed and more inactive people. Certain automatic measures, such as regular pension payments, function for almost everyone. On the other hand, more complex services, which involve a lot of bureaucracy and red-tape, are not always accessible.

Most employment market services are well-known and available, but poorer people, who are often inactive, are less likely to find a job for themselves²².

¹⁷ Masso Märt., Pedastsaar Katrin (2007). Puuetega inimeste toimetulek ja vajadused / EV Sotsiaalministeerium, sotsiaalpoliitika info ja analüüsi osakond. – Tallinn, 2007. – 18 lk. – (Sotsiaalministeeriumi toimetised. Poliitikaanalüüs, ISSN 1736-3896, ISSN 1736-390X; 2007, 1). (The subsistence and needs of people with disabilities. Proceedings of the Ministry of Social Affairs No.1, 2007[on the basis of the Survey of the Disabled Population in Estonia in 2006] (in Estonian). [http://www.sm.ee/est/HtmlPages/toimetised_20071/\\$file/toimetised_20071.pdf](http://www.sm.ee/est/HtmlPages/toimetised_20071/$file/toimetised_20071.pdf) Mikko Lagerpetz, Krista Hinnõ, Sofia Joons, Erle Rikmann, Mari Sepp, Tanel Vallimäe (2007). *Isiku tunnuste või sotsiaalse positsiooni tõttu aset leidev ebavõrdne kohtlemine, elanike hoiakud, kogemused ja teadlikkus*. Uuringuraport. Tallinn 2007, Sotsiaalministeerium (Discrimination of individuals because of personal characteristics or social position, beliefs of the population, experience and knowledge. Survey report. In Estonian [http://www.sm.ee/est/HtmlPages/Isikutunnustevõisotsiaalsepositsioonitõttuasetleidevavõrdnekohtlemine_Uuringuraport/\\$file/Isiku%20tunnuste%20või%20sotsiaalse%20positsiooni%20tõttu%20aset%](http://www.sm.ee/est/HtmlPages/Isikutunnustevõisotsiaalsepositsioonitõttuasetleidevavõrdnekohtlemine_Uuringuraport/$file/Isiku%20tunnuste%20või%20sotsiaalse%20positsiooni%20tõttu%20aset%20)) Sakkeus L. (2007). Survey of the Disabled Population in Estonia 2005-2006. Presentation to Washington Group meeting, September 17-19 2007, Dublin

¹⁸ Qualitative research on awareness of measures supporting employment and/or studies of the disabled in Estonia (incl. their attitudes and motivation to become employed and/or to continue their studies). Ministry of Social Affairs, Tallinn 2008

¹⁹ <http://www.egga.ee/index.php?id1=8&keel=ee>

²⁰ CARMA project (Care for the Aged at Risk of Marginalization), http://www.egga.ee/CARMA_sooivitus.pdf

²¹ Soots A, Kivisaar S, Tisler M, Saks K, Kolk H, Oja K. Soovitused eakate tõrjutuse vähendamiseks Euroopas. *Sotsiaaltöö* 2006,1:28-32.



Elderly people with disabilities are at risk of marginalisation in all countries covered by the CARMA project (Austria, Belgium, Estonia, Germany, Italy, Northern Ireland/UK, and Norway). Recommendations to prevent the marginalisation of disabled elderly people include enhancing 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 medicalisation of care. Co-operation versus isolation and competition between care institutions could spread good practice and improve the service system. Assessment of the 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 means of communication 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 in order to ensure good quality 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 marginalisation. 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 knowledge of the special needs of people with disabilities and of older people. Among other practical measures, the CARMA project suggests a professional complaint management system, reduced staff turnover, and the inclusion of volunteers (Saks *et al*, 2006).

As regards discrimination, the survey's main conclusion is that as a whole, disabled people experience less discrimination than their family members or population without any impairments. This applies particularly to workplaces, mostly due to the low employment rate among disabled people which reduces the probability of facing discrimination in the workplace. 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 do disabled people encounter inequality to a greater extent. As concerns attitudes, the only difference for disabled people is felt in their relationships with their neighbourhood compared to the population without a disability. People with a disability encounter more inequality if they are older or have obvious physical impairments. Usually disabled people do not know where to turn to improve their situation (Lagerspetz *et al*, 2007).

As the issue of equality is not so acute among disabled persons, the main focus should be on monitoring the situation in order to facilitate access to different services and evaluate the impact of the measures outlined in the National Plan on the real quality of life of disabled persons.

²² Measures supporting the employment of disabled people in Estonia. Results of a qualitative study. Ministry of Social Affairs, GFK Custom Research Baltic, 2008
http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/PITTM_final_EN_2_.pdf



In order to understand real needs, an analysis of the Estonian Health Interview Survey 2006 and the launch of a second round of the Survey of the Disabled Population are planned for 2009. Other plans include the following, mainly carried out with the help of funding from the ESF²³:

- Elaboration of training and methodology for rehabilitation teams (2008);
- Training for rehabilitation teams according the new system introduced in 2009;
- Survey of measures supporting disabled persons in employment (2008);
- Survey of rehabilitation services and their organisation (2008);
- Survey of the disabled population II (2009);
- Information centre for persons with disabilities (2007-2009);
- Training for local government social workers (2007-2009);
- Training of childcare assistants for children with disabilities (2007-2008);
- Training of support people for households with disabled child(ren) (2007-2008);
- Survey of disabled children and their households (2009);
- Survey of support service user numbers (2009);
- Integrated care and nursery system (2007-2009).

One area which has been examined to a small extent is the impact of informal care on reducing inequality between different groups. This should be further addressed in future research.

²³ ESF in Estonia 2007-2013: Priority 3: Good quality and long working life,
<http://www2.sm.ee/esf2007/index.php?id=51>



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 data from the Survey of the Disabled Population²⁴. There have been no publications specifically focusing on poverty among the disabled; most cover overall risks for poverty, which especially apply to the disabled population as risk factors (lower educational attainment and unemployment) are common among this group. However, the groups most at risk of poverty are non-Estonians, rural populations and people with children - categories into which disabled people rarely fall²⁵. As to the impact of benefits on reducing the risk of poverty, research has found that benefits have the biggest effect on families with many children²⁶. Households with multiple children and households with one parent are at the greatest risk of poverty²⁷.

Disabled persons rely mainly on state benefits, and the comparatively high expenses incurred by their health condition aggravate the possibility of social exclusion. However, working-age persons with disabilities have on average lower incomes than those at retirement age as the older generation have almost all been employed at one time, which results in higher levels of benefits for them (Masso, Pedastsaar 2007). The introduction of parental benefit from January 2004 for parents (mother or father by choice) after maternity leave ends aims to reduce the risk of poverty among households with children.²⁸ Parental benefit is granted for:

- the period starting from the date on which the right to receive the benefit arises until 575 days after maternity benefit has been granted 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 is granted as of the date of birth of the child until the day when the child attains 18 months of age.

As concerns poverty, specifically targeted research on poverty among different groups of disabled persons could be of relevance. The best source for such an analysis would be the Estonian Health Interview Survey, which has already been conducted²⁹.

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

For more detailed information please see the following web pages:

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

²⁴ Masso, Märt; Pedastsaar, Katrin. Puuetega inimeste toimetulek ja vajadused / EV Sotsiaalministeerium, sotsiaalpoliitika info ja analüüsi osakond. – Tallinn, 2007. – 18 lk. – (Sotsiaalministeeriumi toimetised. Poliitikaanalüüs, ISSN 1736-3896, ISSN 1736-390X; 2007, 1).

²⁵ Tiit, Ene-Margit. Vaesus ja selle mõõtmine. Vaesuse suundumused Eestis / EV Sotsiaalministeerium, sotsiaalpoliitika info- ja analüüsi osakond. – Tallinn, 2006. – 14 lk. – (Sotsiaalministeeriumi toimetised. Poliitikaanalüüs, ISSN 1736-3896, ISSN 1736-390X; 2006, 8).

[http://www.sm.ee/est/HtmlPages/toimetised_20068/\\$file/toimetised_20068.pdf](http://www.sm.ee/est/HtmlPages/toimetised_20068/$file/toimetised_20068.pdf)

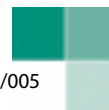
²⁶ Võrk, A.; Paulus, A. Peredele suunatud rahaliste toetuste mõju vaesuse leevendamisele Eestis. (The effect of cash support to families on alleviating poverty in Estonia) Riigikogu toimetised.2007. 15, pp.98-105

<http://www.riigikogu.ee/rva/toimetised/rito15/artiklid/14vork.htm>

²⁷ Tiit, E.-M. (2004). Eesti pere areng XX sajandil ja XXI sajandi alguses. – Missugust perepoliitikat me vajame? Tartu, 12—26.

²⁸ Parental benefit http://www.ensib.ee/toetused/vanemahyvitis2008_eng.html

²⁹ <http://www.tai.ee/?id=4890>



http://www.ensib.ee/frame_eelarve_eng.html
www.sm.ee

For legal acts please see:

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

1. Pensions for incapacity for work

When calculating the pension for incapacity for work, the larger of the following is taken into account:

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

The total pension for incapacity for work is the larger of the two of the sums above plus an increment based on the degree of loss of capacity for work. If the pension for incapacity for work is smaller than the national pension (a minimum pension paid to people who are not entitled to a pension based on contributions from employment on the condition that they have lived in Estonia for at least five years before applying; currently 1913.14 kroons), the pension for incapacity for work is paid at the same level as the national pension.³⁰

According to the Eurostat database the pensions for incapacity for work per inhabitant (at constant 1995 prices) in Euros comprised the following amounts in Estonia:³¹

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

Figures from the Estonian Social Insurance Board for average pensions in kroons are presented in the following table.³²

Average pension for incapacity for work (in kroons per person, 1 EUR=15.6466 EEK)								
	2001	2002	2003	2004	2005	2006	2007	2008
Average 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

³⁰ http://www.ensib.ee/frame_pensionid_eng.html 30.07.2008

³¹ <http://epp.eurostat.ec.europa.eu/extraction/30.07.2008>

³² http://www.ensib.ee/frame_eelarve_eng.html 30.07.2008

Persons receiving national pension due to incapacity to work	978	907	860	837	832	907	968	1187
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- Eligibility criteria

In 2000 a new system for determining the degree of disability and incapacity for work was adopted in Estonia. Up to 2000, disability assessment committees rated incapacity for work using three categories of disability. These three categories (1st group, 2nd group and 3rd group of disability) were the basis for receiving the disability pension. From 2000, medical assessment committees have determined incapacity for work in percentages (10, 20, 30 etc up to 100) and classify the disability using three degrees of severity (profound, severe or moderate). The pension for incapacity for work is one type of state pension.

The following have the right to receive the pension for incapacity to work:

- permanent residents of Estonia;
- aliens who are living in Estonia with a permanent residence permit or right of residence.

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

Age	Required pensionable service or accumulation period
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 the event 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 requirement for a pensionable service period.

A person declared to be permanently incapable of work is granted the pension for incapacity for work for the whole period that he/she is incapable of work, but not after he or she has reached the age to receive the old-age pension.

Number of persons declared incapable of work for the first time in the reference year³³

DECLARED INCAPACITATED FOR WORK FOR THE FIRST TIME by sex, percentage 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 from the Social Insurance Board.								

The total number of recipients of pensions for incapacity for work is presented in the following table.³⁴

³³ E.-M. Tiit. Vaesus kui risk (2005) – kogumikus Eesti edu hind, Eesti Entsüklopeediakirjastus
Kutsar, D., Harro, M. Tiit, E.-M. , Matrow, D. (2004). Children's welfare in Estonia from different perspectives. – in Children's Welfare in Ageing Europe, Tartu, 81—141.
Kreitzberg, M., Tiit, E.-M. (2004) Poverty and inequality. Household living niveau, ESA, Tallinn, 80—90.
Tiit, E.-M. (2004). Eesti pere areng XX sajandil ja XXI sajandi alguses. – Missugust perepoliitikat me vajame? Tartu, 12—26.

³⁴ Budget of Social Insurance Fund: http://www.ensib.ee/frame_eelarve_eng.html 30.07.2008

Persons receiving a 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 the national pension due to incapacity for work	3167	2908	2536	2553	2644	2702	2857	3039

Benefits for disabled people

The State compensates additional expenses resulting from the need for personal assistance through the system of social benefits for the disabled. The need for personal assistance is defined by the degree of disability (profound, severe or moderate). The level of disability is assessed depending on whether the person needs personal assistance 24 or 12 hours a day or at least once a week. The level of disability can change due to rehabilitation, use of technical aids, adaptation of the living environment and other circumstances.

Receipt of social benefits for the disabled is independent of receipt of the pension for incapacity for work and its level. Such benefits are paid regardless of whether the disabled person is employed or not.

Social benefits for disabled persons are 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.³⁵ There are nine classes of social benefits for disabled persons and they are calculated on the basis of the "social benefit rate", a benchmark figure established by the *Riigikogu* [the Parliament] in the state budget for each budgetary year. The social benefit rate in 2008 was 400 Estonian kroons.

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

- 65% of the social benefit rate for a person with a moderate disability (260 Estonian kroons in 2008 and 2009);

³⁵ Penions: http://www.ensib.ee/frame_pensionid_eng.html 30.07.2008



- 140% of the social benefit rate for a person with a severe disability (560 Estonian kroons in 2008 and 2009);
- 210% of the social benefit rate for a person with a profound disability (840 Estonian kroons in 2008 and 2009).

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

- 50% of the social benefit rate for a person with a moderate disability (200 Estonian kroons in 2008 and 2009);
- 105% of the social benefit rate for a person with a severe disability (420 Estonian kroons in 2008 and 2009);
- 160% of the social benefit rate for a person with a profound disability (640 Estonian kroons in 2008 and 2009).

The **disabled child allowance** is paid monthly to a child under 16 years of age for additional expenses caused by the disability and for activities prescribed in the rehabilitation plan of 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).

The **caregiver's allowance** is 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, of an amount equivalent to 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, of an amount equivalent to 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, of an amount equivalent to 100 % of the social benefit rate (400 Estonian kroons).

The **disabled parent's allowance** is paid monthly to the following persons if they are raising a child up to 16 years of age (or a child up to 19 years of age who attends primary 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 disabled parent's allowance is 75 % of the social benefit rate (300 Estonian kroons).

The **education allowance** is paid monthly (except in July and August) to a non-working disabled student who attends years 10 to 12 of upper secondary school 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. The education allowance is paid according to the actual additional expenses of the person but cannot be less than 25% or more than 100% of the social benefit rate (100-400 Estonian kroons).

The **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. The employment allowance is paid to partially compensate for actual expenses incurred by the disabled person in relation to employment. A sum of up to 10 times the social benefit rate can be paid out during the three calendar years from the date when the benefit is first granted. If the additional expenses made during these three calendar years are smaller than the maximum sum, the sums actually paid by the disabled person for goods or services will be compensated.

The expenses compensated by the allowance must be incurred during employment. Expenses made before the beginning and after the end of employment are not compensated by benefits. The allowance is paid upon presentation of documents proving expenses incurred during the previous calendar year, and the application for the allowance must be submitted by March 31 of the current year.

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

The **in-service training allowance** is paid for vocational training and formal education acquired by a working disabled person within the adult education system. The in-service training allowance is paid to compensate partially for actual training expenditure of 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 writing of all circumstances that bring about a cessation, suspension or change in the amount of benefit awarded.

Table: Recipients of social benefits for disabled persons

Type of benefit	2000	2001	2002	2003	2004	2005	2006	2007	2008
Disabled child allowance*	4 409	4 722	4 923	5 125	5 302	5 357	5 295	5 538	5 745
Disabled adult allowance	-	84 168	88 794	92 605	98 032	102 263	107 431	110 495	79 193
Caregiver's allowance * (by number of children)	2 071	26 841	31 813	35 230	38 060	2 053	1 837	1 602	1 520
... 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	1 376

Disabled parent's allowance*	1 472	1 784	1 591	1 525	1 521	1 535	1 212	1 550	1 049
Education allowance to non-working disabled students	15	32	27	31	27	16	19	19	22
Rehabilitation allowance (for persons aged 16-65) one-time lump sum	-	115	1 381	1 614	1 815	1 848	2 274	2 082	2 160
In-service training allowance (one-time lump sum)	-	4	30	52	34	56	51	52	71

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

² In this year, disabled children's allowance was awarded to a parent of a disabled child aged 3-18.

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

* Disabled parent's allowance is awarded according to the number of 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	2008
Disabled child allowance*	84 194.3	87 190.3
Disabled adult allowance	501 281.1	46 8877.4
Disabled working-age person's allowance		55 082.0
Disabled elderly allowance		37 705.2
Employment allowance		135.2
Caregiver's allowance * (dependent on number of disabled children)	6 091.4	5 630.4
... to a non-working parent of a disabled child aged 3-16	5 553.7	5 137.4
Disabled parent's allowance*	4 990.8	5 468.1
Education allowance to non-working disabled students	73.9	81.5

Rehabilitation allowance (for persons aged 16-65) one-off allowance	1 652.0	1 711.4
In-service training allowance (one-off allowance)	250.4	363.4

Source: Estonian Social Insurance Board

http://www.ensib.ee/frame_eelarve.html³⁶

Table: Recipients of disabled child allowance, 2000-2008:

Type of benefit		2000	2001	2002	2003	2004	2005	2006	2007	2008
Disabled child allowance	Total number	4 409	4 722	4 923	5 125	5 302	5 357	5 295	5 538	5 745
	Moderate disability	2 691	1 778	1 720	1 783	1 812	1 822	1 782	1 747	1 742
	Severe and profound disability	1 718	2 944	3 203	3 342	3 490	3 535	3 513	3 791	4 003

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: Recipients of disabled adult allowance, 2000-2008:

Type of benefit		2000	2001	2002	2003	2004	2005	2006	2007	2008
Disabled adult allowance	Total number	...	84 168	88 794	92 605	98 032	102 263	107 431	110 495	79 193
	Moderate disability	...	29 251	31 780	32 038	31 486	32 945	35 058	36 073	24 110
	Severe disability	...	41 427	43 947	48 038	52 945	55 742	58 427	60 306	44 941
	Profound disability	...	13 490	13 067	12 529	13 601	13 576	13 946	14 116	10 142

... = data are missing .The Social Benefits for Disabled Persons Act entered into full force at the beginning of 2001.

Social Insurance Board

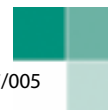
Source:

[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

³⁶ See also Sotsiaalvadkonna 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)

**Table: Recipients of caregiver's allowance, 2000-2005:**

Type of benefit		2000	2001	2002	2003	2004	2005	2006
Caregiver's allowance (depends on number of disabled children)*	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 a severe disability		-	15 979	20 566	24 381	26 738	141	133
Caregiver's allowance for a profound disability		-	8 668	9 090	8 825	9 347	44	39

² In this year, caregiver's allowance was awarded to a parent of a disabled child aged 3-18.

Note: * On 1.04.2005 the funds for the disabled adult caregiver's allowance were transferred to local governments and data 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 find employment. The overarching message is that work is the best protection against poverty and exclusion and education is an investment in the individual. A good level of education that meets the requirements 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, regardless of previous education, social status or solvency.

Disabled people are included in mainstream policies for income protection and additional expenses resulting from disability are partially compensated.

The incapacity for work pension and social benefits for disabled persons continue to be paid if the beneficiary takes up employment. Although this means that receipt of benefits 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 finance for social benefits is a concern. A new approach has to be taken towards paying benefits to both working-age and retired people with disabilities. Due to the low levels of pensions and benefits, the increase in the number of disabled people might not be a problem. However, the rapid ageing of the population will place the pension scheme under scrutiny. The ageing population will also inevitably lead to a greater burden both on health-related funding schemes and social funding schemes. There have been some suggestions to increase the age of statutory retirement in the future (at present 63 years) as general employment rates are quite high in Estonia and comparable with the EU average.



Other suggestions deal with supplementary sources of finance and funding schemes relying on taxes received outside employment.³⁷

³⁷ Tiit E.-M, Leppik L., Vörk A., Leetmaa R. Projekti “EL ühiste pensionieesmärkide mõju Eesti pensionisüsteemile” 07.04.2004 ettekanded.

http://www.praxis.ee/index.php?page_id=1075&menu_id=140&lang=et

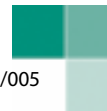
Andres Vörk, ettekanne Soome Tööministeeriumi seminaril “Impacts and cost-effectiveness of ALMP and ASP on inclusion: Insights from Finland, Germany, and Spain”

Helsinki 09.10.2006 http://www.praxis.ee/data/Vork_EstoniaALMP.pdf

Andres Vörk. Eesti rahva tervise ja majanduse vaheliste seoste analüüs. Projekti lõppraporti tutvustus Sotsiaalministeeriumis 05.06.2006 <http://www.praxis.ee/data/AVorMakromajandusjatervis050606.pdf>

Andres Vörk. Eesti tervishoiu rahastamissüsteemi jätkusuutlikkuse analüüs. Ettekanne Riigikogu sotsiaalkomisjoni avalikul istungil Riigikogu valges saalis. (Analüüsi prognoosi osa tugineb [SEM mudelile](#).)

06.07.2005 <http://www.praxis.ee/data/PRAXISTHRahastamine06072005.pdf>



PART THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

In Estonia the quality of care of elderly disabled persons is poor, especially home care. The quality of life of persons in institutions is somewhat higher than at home, where they feel insecure³⁸. A new concept, Care-Related Quality of Life, has been created and validated by empirical study. A set of instruments for assessing quality of professional care, quality of care management and quality of life of older clients in care settings has been developed. Key variables for monitoring quality in home and institutional care have been identified, including monitoring of the quality of care of persons with dementia. Practical recommendations 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, preliminary electronic versions of a short monitoring instrument, MAsT and MAsT-D, have been developed³⁹.

An economic analysis of independent living versus institutionalisation as the basis for decision-makers to promote schemes which support independent living has been carried out.

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

The basis for national policy is laid out in the Estonian General Concept Paper on Disability and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. The Social Welfare Act provides the organisational, economic and legal basis of social welfare and regulates relations to social welfare. Justified need as identified by a comprehensive and thorough assessment of a person's condition and social skills is the basis for the provision of services which facilitate independent coping. The assessment of the condition and ability of person results in a range of services which are oriented towards independent coping and ensure a level of social coping agreed in society. Maximum linkage of disabled people with general public services is primary.

The following social services are available: counselling; rehabilitation; provision of prosthetic, orthopaedic and other appliances; childcare; domestic help; housing; foster care; substitute home service; care in social welfare institutions; and other social services required for coping.

³⁸ Care Keys Research. *Care-related Quality of Life*. Springer, 2007

Project report on care needs of people with dementia.

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

Project Carma (<http://www.egga.ee/RecommendationsFinalwCoverTOC.pdf>)

³⁹ 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, Mikkilä 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

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

There are two criteria for qualifying for assistance. The first criterion is that a person's general physical or psycho-social ability does not allow him/her to manage in everyday life. This ability is assessed by local governments and entitlement is decided on a case-by-case basis.

The second criterion is disability, which is assessed by medical assessment committees and classified into profound, severe or moderate disability. 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 a severe or profound disability.

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

Rural municipalities and city governments must help 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. The Special Care Programme was launched for people with mental disorders in 2004⁴⁰.

The current system of care and support does not limit disabled people's choices about where they live. The system provides support and services to a person with disability in any place where he/she lives. If somebody needs help, a local government social worker must assess them and provide help based on this needs assessment.

For many non-health related services, the recipient is expected to contribute. The extent of the contribution may depend on the recipient's economic situation (means testing). Services may be provided free of charge if the recipient is not able to contribute. Rules and procedures are set by each local government. In 2006, recipient contributions paid for 1% of total costs of the domestic help service, 8% of total costs of the day care service and 55% of total costs of institutional care (*Sotsiaalvaldkonna arengud 2000-2006*).

Disabled people manage their own finances. A guardian has the right to manage a disabled person's affairs only under a court order due to this individual's incapacity. However, if an individual needs institutionalisation, the pension usually covers part of the costs of institutional care, the rest being paid either by the local government or a relative. The person will have a small amount of cash for everyday needs.

An individual's financial resources might have an effect on the quality of long-term care as a person might choose a special private nursing home. However, there has been no evidence-based assessment of the quality of care in nursing homes, for which reason it is hard to tell. The quantity and range of services could also depend on an individual's financial resources but on the whole, everybody receives according to his/her needs but in restricted amounts due to scarce funding from the state budget.

⁴⁰ Special Care Development Programme: <http://www.sm.ee/eng/pages/goproweb0443>



As mentioned above, depending on his/her financial situation, a person might receive additional funding from local government; however, each local government decides on the size of its contribution on a case-by-case basis.



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 this: their health condition, lack of suitable work, and a belief that employers do not want to hire disabled persons. On the other hand, employers and the community have the attitude that disabled persons pose more problems in various areas of life than “normal” people do. Such an attitude may arise from lack of awareness, which in turn may cause fear of persons with disabilities.

The situation has improved since the new Social Welfare Act was adopted in 2008 introducing several benefits, in particular for disabled persons of working age. It also facilitates the creation of specially equipped workplaces for disabled persons on the employer’s side. The Special Care Programme adopted in 2004 helps people with mental disorders to cope in society through introducing such services as assistance in everyday life, supported living, assistance in working, 24-hour care, 24-hour care with reinforced support and 24-hour caretaking with reinforced supervision.

The provision of a range of benefits helps to reduce inequalities between different groups of disabled people as well as with the total population. In particular, benefits related to education, rehabilitation, employment, and in-service training provide the opportunity to be more actively involved in society.

There is a lack of information about how disabled people can be included in society among disabled persons as well as among employers. A better media plan would improve the situation. Estonia is a country with quite a high level of computerisation, and e-services in principle facilitate the inclusion of disabled people. However, projects to improve the computer skills of the disabled should be prioritised. In several cases, well-meant services and benefits are offered in scarce amounts owing to the shortage of resources both at state budget as well as at local government level. Only a decision to increase the share of social expenditure from the state budget could significantly improve the situation, but the current economic situation in Estonia will not allow this in the very near future.

Estonia has adopted a policy of mainstreaming disability, and progress has been made in this area. Many fields of life take disability into consideration. However, this process has to continue, making all stakeholders and decision makers in relevant areas (regional development, transportation, education, culture, tourism and business development) aware of disability-related issues.

During 2007 and 2008, work on a national strategy for universal design/design for all commenced. Relevant stakeholders from the disability movement, the design community and ministries are working to identify ways of improving 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*. The experience of Nordic countries has been taken into consideration while planning the national strategy and identifying working methods. Non-governmental stakeholders have been actively working towards achieving the best results in the field.

The General Regulation on Structural Funds for the period 2007-2013 states for the first time that funds should be implemented in an accessible manner. However, the funds’ operational programmes do not often include criteria for their accessible implementation.



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 take place throughout the country. Therefore efforts are to be made to involve all the relevant stakeholders in the process.

As the main target is improving access of people with disabilities to the open labour market, mainstream active employment measures apply to people with disabilities along with targeted measures.

Until recently, sheltered and supported employment provision for people with disabilities unable to enter the open labour market was limited. Opportunities for long-term training and employment support along with job-creation schemes have recently been developed - bringing the possibility of supported employment to the regions. The European Social Fund has been used to facilitate the creation of employment and training facilities in the Estonian regions - enabling municipalities to better focus on employment for people with disabilities, including those who need long-term or permanent support for work.

Information about quality of life and social inclusion has been increasingly reaching the media in Estonia and contributing to a wider understanding of disability matters. The media generally portrays developments in an objective manner. However, at times the specificity of the content confuses mainstream journalists, resulting in an imprecise presentation of the situation.

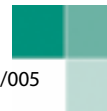
The EQUAL media project (a community initiative) has been very helpful in increasing the visibility of the disability movement and innovative social protection initiatives in general. The Russian language media (targeting an immigrant population) also actively seeks information on disability and social inclusion in general, which has been appreciated by the relevant stakeholders, including disability NGOs.

There is no specific objective for including people with disabilities, and all persons with disabilities are dealt with horizontally in the national plan for social protection. The idea of not setting a specific objective and dealing horizontally with measures for persons with disabilities in the national plan was suggested and supported by organisations representing disabled people. Under the Action Plan for Social Inclusion and Protection of the Rights of Disabled Persons⁴¹, measures aim to support independent living, education, employment and participation in society of people with disabilities. Priority areas include better responding to the educational and developmental special needs of children with disabilities and supporting employment of adults with disabilities.

There are several areas which have still not been covered by research on the inclusion of disabled people in society. In particular, it is necessary to understand better to what extent the needs of disabled persons have been met and what still needs to be done.

Further development and implementation of electronic instruments for assessing the needs of care-dependent clients and quality of care is needed. The effectiveness of new methods for increasing quality of care and quality of life of clients is also an area for further research.

⁴¹ The Action Plan for Social Inclusion and Protection of Rights for Disabled Persons is available on the internet at <http://www.epikoda.ee/index.php?op=2&path=lnvapoliitika%2Flnvapoliitika+%FCldkontseptsiooni+rakendamine> (only in Estonian)



4.2 One example of best practice (brief details)

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

The aim of the project was to increase awareness and computer skills among disabled people, to increase their level of employment activity and provide a wider range of options for employment 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 paid or working as volunteers.

In the modern world, computer skills expand disabled people's awareness of employment opportunities and help them to cope with everyday life, capabilities and information reception and increase their competitiveness in the labour market.

The project was organised by Tallinn City Board for Disabled Persons (69 persons). The free internet access point received nearly 700 visits over a period of seven months. Its broad 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.

The project's budget was EUR 19 232, of which ESF support accounted for EUR 14 424. Microsoft started to support the project in August 2006. The idea can be picked up by other local governments. Commercial sponsorship can be sought as well as financing from the local government budget.

European Social Fund projects are also good examples of best practice (see the report on the European Social Fund in Estonia 2007, http://www2.sm.ee/esf2004/up/files/304/ESF_raamat.pdf_smallest_cdr.pdf⁴²).

The Estonian Rural Development Plan could also be used as a best practice example as regards efforts to improve the accessibility of projects. Measure 3.1 on financial support for diversification of the rural economy offers extra points for projects that improve accessibility of facilities or increase the employment of people with disabilities in rural regions. Disability organisations are involved in the evaluation process, which has increased the visibility and awareness of the needs of people with disabilities. The initiative is of great value as rural communities often do not have the same resources for improving accessibility and offering services for people with disabilities as bigger urban communities. However, no evaluations have been published as yet.

4.3 References

Estonian national report on strategies for social protection and social inclusion 2006-2008
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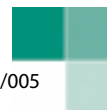
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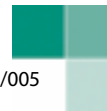
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