



Estonia's National Action Plan for Social Inclusion

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Introduction

The National Action Plan for Social Inclusion (NAP/incl) has been prepared in connection with Estonia's participation as the member of the European Union in the European Union social inclusion process. The open method of co-ordination is applied through the national action plans for social inclusion, which aim to achieve common goals in co-operation between member states.

Member states have up until now presented action plans for social inclusion every two years - in 2001 (for 2001 - 2002) and in 2003 (for 2003 -2005). In 2003 the EU10 member states drafted **Joint Inclusion Memoranda** (JIMs) in co-operation with the European Commission. This was in preparation for the first NAPs, which will be presented in 2004 and cover 2004 - 2006.

The Estonian action plan for social inclusion follows the objectives set in the Joint Memorandum on Social Inclusion. Where the JIM sets long-term objectives for the complete solution of the problems related to the poverty and social exclusion, the NAP focuses mainly on the objectives and activities in the years 2004-2006.

The **key areas** of social inclusion cover the fields of increasing employment, improving accessibility to education, medical care and housing, and making use of information technology based opportunities to increase social inclusion. Among the risk groups, particular attention is paid to the long-term unemployed and those excluded from the labour market, school dropouts, children with special needs, disabled people, people with housing problems and victims of violence.

In the first chapter of the action plan, the economic and social situation of Estonia is described and the reasons and risk groups of poverty and exclusion are defined. The second chapter presents by policy area the Government's strategic principles for increasing social inclusion, long-term objectives, and courses of action. The third chapter describes specific activities, and the fourth gives an overview of the planned use of structural funds and the Equal Programme. The fifth chapter provides several good examples of Government initiatives to reduce exclusion. In the seventh chapter, a short overview of the process of drafting the document is presented. The drafting of the Estonian action plan was co-ordinated by the Ministry of Social Affairs. Other ministries, social partners and non-profit associations were also involved in the work.

1 Economic and social situation

1.1 Economic development

Following the transfer from a planned economy to a market driven economy Estonia's economic development since 1995 has been strong. Gross domestic product (GDP) increased during the period 1995 to 2003 by an average of 5%¹ per year. In 2004, GDP growth is predicted to accelerate to 5.3%. GDP per person has increased to 42% of the average for the European Union. Inflation has slowed down: consumer prices increased in 2003 by 1.3%, a record low level and even lower than inflation in the Euro zone (2.1%).

Wage increases in Estonia have generally been rapid in real terms and have exceeded increases in productivity. Wages have risen in all economic areas. Wages are the highest in the financial sector and the lowest in the hotel and restaurant and agriculture sectors, whereas growth has been the most rapid in real estate and business activities. For coming years, however, acceleration in the increase of productivity is predicted, as well as a slowing down of the rate of wage increase.

The tax burden has fallen from 37.3% in 1997 to 34.6% of GDP in 2002 – mainly because of the abolition of income tax on reinvested profits by companies and increasing the tax free personal income allowance. Labour has been relatively highly paid in Estonia. During the next three years the personal income tax rate will decrease from 26% to 20%. The rate of tax-free income will be raised to 2000 kroons per month by 2006.

The share of costs of the government sector has remained close to 40% of GDP from the beginning of 1990s. The greatest share (close to 40%) of the cost of the government sector consists of different social transitions, from which, in turn, the largest types of cost are pensions, health care services, sickness benefits, compensation for medicines, social assistance and social benefits for disabled people. The cost of social protection of the unemployed is about 0.7% of GDP. The general financing of labour policy has gradually increased but has, however, remained at a low level – 0.2% of the GDP. The cost of active employment market measures is therefore some 0.08% of GDP.

¹ The source of the statistics used in the document is Statistical Office, if not additionally quoted.

1.2 Social situation

1.2.1 Population

During the period between the two last censuses in 1989 and 2000, the population of Estonia decreased because of natural birth rate and migration by almost 12.5%. In 2003, the Estonian population was 1.35 million. Estonians form 69%, Russians 26% and other nationalities 5% of the population. Similarly to other European countries, Estonia has an ageing population. The population share of people aged over 60 years was about 21.8% in 2003 and is predicted to increase to 25% of the population by 2020.

The number of births fell from 25,056 in 1987, when the birth rate was the highest of all times, to 12,275 births in 1998. After that, the birth rate has remained at a relatively low level: in 2003 13,133 children were born. The total birth rate coefficient is 1.37 – below the level necessary for population reproduction. Family behaviour is characterised by the relative lack of registered marriages and frequent divorces²¹.

In 2002, 56% of children were born to parents who were not formally married, which reflects the prevalence of 'free marriages' over registered marriages, rather than an increase in the number of single parents. The share of children being raised by single parents has been stable at up to one fifth of children below 18 years old.

Average estimated life expectancy at birth fell in the first half of 1990s, reaching its lowest level in 1994, when it was 61.1 years for men and 73.1 years for women³. After that the average life expectancy has risen. In 2002, life expectancy for men was 65.2 and for women 77 years. The significant difference between the life expectancies of men and women⁴ means that most of the elderly population, especially those of a very high age, are women. The women make 58.1% of people aged 60 to 64 years and 79.2% of the people aged over 85 years.

1.2.1. Employment and unemployment

The employment rate in Estonia fell abruptly in the middle of 1990s as a result of economic re-structuring and the decrease in the population. At the same time unemployment grew rapidly, reaching a record of 14.6% in 2000. Since 2002 the number of employed people has increased and unemployment decreased thanks to favourable economic development. In 2003, for the first time in several years, the number of economically inactive people also decreased.

According to the Labour Force Survey, the employment rate was 62.6% in 2003, which is lower than the average in the European Union (64%). The employment rate of men is higher than that of women (74.5% and 65.5% respectively), which indicates women's greater inactivity. At the same time, the rate of women's employment in Estonia (58.8%) is higher than the EU objective for 2005 (57%). Also, the

² The number of marriages has in the past years remained on a continuously low level. In 2002, 5,853 marriages were registered (4.3 marriages per 1,000 residents in comparison with 7.5 marriages per 1,000 people in 1990). The number of divorces is decreasing mainly because of the decrease in the general number of registered marriages. In 2002 the divorce rate was lowest in recent years – 3 divorces per 1000 inhabitant.

³ This was caused by increased death rate among people aged 30 to 49 and 50 to 69. The death rate in the age group of over 70 decreased, which means that the average lifespan among elderly people has risen

⁴ The difference between life expectancy of men and women is 11 years at the moment of birth, however, among 60-year-olds it will fall to five and a half years.

employment rate (52.1%) of older people (55-64) exceeds the EU objective for 2010 (50%).

The unemployment rate in 2003 was 10%, which is relatively high when compared with the EU average (8%). Men's unemployment was a little higher than that of women (10.2% and 9.9% respectively).

Unemployment in Estonia is structural, which means that the demand and supply of labour is not in balance. Although the labour force is relatively highly educated, the education qualifications, skills and work experience are not always in accordance with the rapidly changing demands of the labour market. The lower the level of education, the higher is the risk of unemployment. Thus the unemployment rate of people with basic education is 17%, while the rate of unemployment of people with higher education is 5.8%.

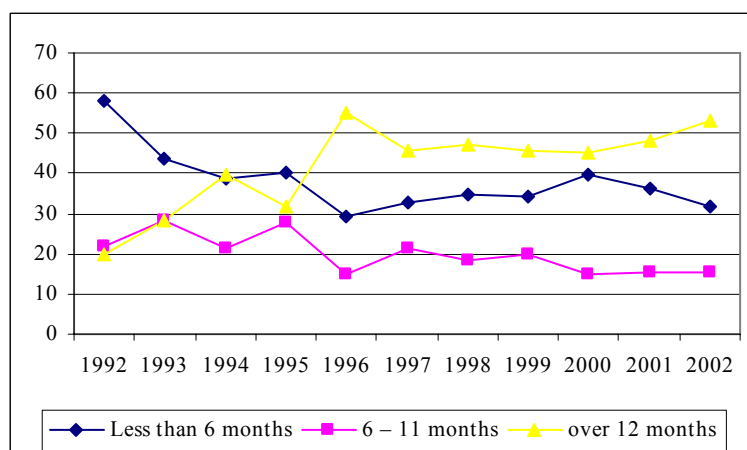
Unemployment is characterised by major regional differences. Unemployment differs by more than three times between counties: from 5% in Rapla county to 18.2% in Ida-Viru county. Unemployment has been higher than average throughout the entire transition period in both industrial North-Eastern Estonia and in agricultural South-Eastern Estonian counties.

The risk groups in the Estonian labour market are mainly young people, the long-term unemployed, disabled people, the Russian speaking population of Estonia who do not also speak Estonian⁵, and jobseekers with low educational attainment and people aged over 45 years old:

- **Youth unemployment** of (those aged 15 –24 years old) grew abruptly in 2003 and unemployment among this group is considerably higher (20.6%) than in other age groups, as usually they lack previous work experience. Young people make 7.5% of all unemployed jobseekers.
- **Long-term unemployed people** (unemployed for more than one year, see figure 1) make 46% of the total unemployed. The rate of long-term unemployment has grown among the 50 to 69 years old age group and unemployed people with low levels of education attainment. Also, very long-term unemployment (unemployed over 24 months) has increased, especially among men. Continuing long-term unemployment in the countryside has resulted in discouraged people who would like to work, but who have given up looking for work (according to data for 2003, a total of about 18,000 people).

⁵ This group was identified in the JIM, and is hereafter referred to as 'non-Estonians'.

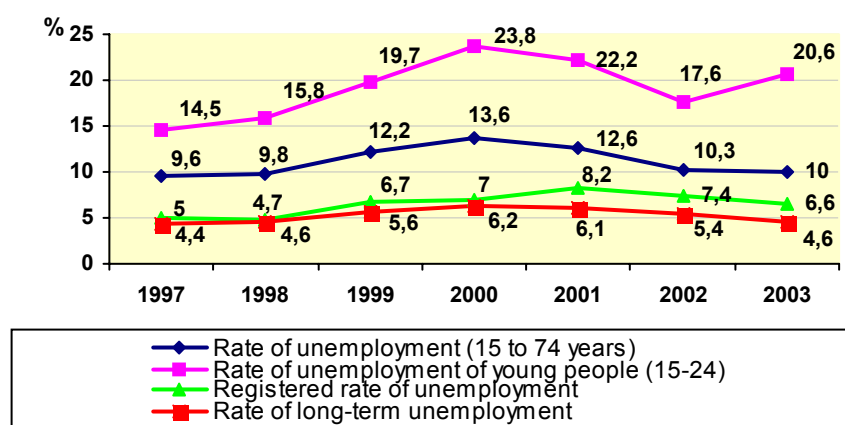
Figure 1. Unemployed by duration of unemployment (% of the total unemployed), 1992 – 2002



Source: Labour Force Survey

- The unemployment rate of **non-Estonians** is nearly twice as high as that of Estonians, being 15.2% and 7.3% respectively. The main barrier in finding work is the lack of knowledge of the Estonian language and residence in an area of high unemployment.
- **The unemployment rate of disabled people and people with long-term health problems** in 2002 was three times higher than that of people without disabilities – 26%.

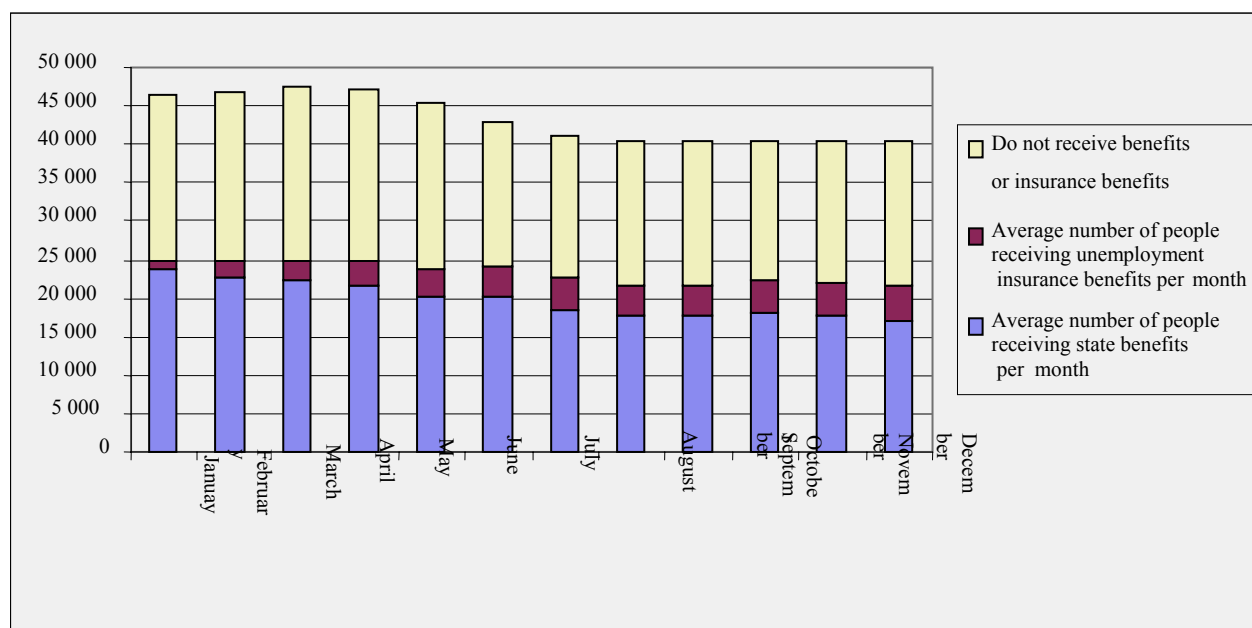
Figure 2. Dynamics of the unemployment rate in 1997 – 2003



Source: Labour Force Survey, data from the Labour Market Board

According to the Labour Force Survey registered unemployment (see Figure 2) has always been significantly lower than the number of people without jobs but who are not registered with the public employment service. Only a third of the long-term unemployed are registered at public employment offices.

Figure 3. Registered unemployed by receiving unemployment insurance benefits and unemployment benefits, 2003



Source: Labour Market Board, Unemployment Insurance Fund

A total of 99,000 unemployed people were registered at public employment offices in 2003 (an average of 43,319 were accounted for per month), among whom 54% received unemployment insurance benefits or state unemployment benefits.

1.2.2. Poverty

By using the European Union definition of the relative poverty line (60% of the median income with consumer scales 1:0.5:0.3), 17.9% of the Estonian population lived in poverty in 2002. The people at the greatest poverty risk are the **unemployed** (especially the long-term unemployed). According to research into the effectiveness of social benefits⁶, 62% of those households where no-one was in employment were poor⁷. The share of **families with children** living in poverty (see Figure 4) is decreasing, but the share of children living below the poverty line is considerably higher than the share of households or individuals living in poverty. The risk of poverty is increasing noticeably in families with three or more children. Also, the risk of poverty is high in families with single parents.

Figure 4. Families with children at the risk of poverty in 2002 (%)

2 grown-ups 1 child	12.7
2 grown-ups 2 children	15.2
2 grown-ups 3+ children	20.0
Family with a single parent	35.2

Source: Statistical Office

⁶ "Effectiveness and Impact of Social Assistance", PRAXIS, 2002

⁷ None of the household members work and at least one 16-year-old or older is unemployed.

Poverty is also experienced by **people with low wages**. The income from work is not always greater than income from benefits, if the additional expenses connected with going to work (transportation, eating out, childcare, etc) and possible loss of social benefits (Social Assistance) are taken into consideration. The lowest salaries are in the regions with high unemployment, the agriculture and hotel and restaurant sectors, but also in health care and social fields, including in social welfare institutions.

People of retirement age, 99% of whom receive state old-age pension, are generally not threatened by poverty. The lowest poverty risk is that of two pensioners living together. The poverty risk of a 65 or more year-old retired person living alone is twice as low as the poverty risk of all other residents⁸. At the same time, the income of those aged 65 – years and over is significantly lower than that of people aged under 65 years, forming an average of 70% of the latter.

On the basis of the low employment rate of **disabled people** (see item 1.2.2), it can be presumed that for the majority of disabled people the only sources of income are incapacity pension and benefits⁹.

There are no noticeable differences in the indicators of poverty of **men and women**; however, the statistics are based on households, not people. It is more likely for women to be single parents or to take care of an elderly or a disabled family member, which influences their income prospects and opportunities for social protection. Also, women are more likely to be in low paid jobs given the gender-based distribution of work in the labour market.

There were no significant differences between Estonians and non-Estonians in poverty indicators identified in the poverty study of 1999¹⁰. However, similarly to age and gender, inadequate knowledge of the Estonian language is one of the risk factors, which may deepen poverty and social exclusion. The economic situation of the non-Estonians is in particular influenced by the high unemployment rate - mainly because of the concentration of non-Estonian residents to the areas of high unemployment.

Regional differences in unemployment are also reflected in the incomes. In 2002, the net income per member of household varied from 3,085 kroons per month in Harju county (including Tallinn) to 1,636 kroons in Jõgeva county. The average net salary varied from 5,702 kroons in Harju county (including Tallinn) to 3,324 kroons in Põlva county.

1.2.3. Education

The general **level of education** in Estonia is relatively high. Research suggests literacy is 99%. In 1999 the share of people aged 29 to 59 years old with at least secondary education among the residents was 88% (compared to 64% in the European Union). During the period 1993 to 2001 the number of students increased

⁸ "The Influence of Common Pension Goals of the European Union on the Estonian Pension System", PRAXIS, 2004

⁹ According to the data of labour force study of 2002, 75% on the non-active disabled persons named pension as their main source of income (mostly pension for incapacity for work) and 18% income of their relatives. A little over half of the unemployed disabled persons named the income of their relatives as their main source of income and 22% named benefits connected with the disability.

¹⁰ „Living Conditions in Estonia in 1999: a Comparative Study“ Tartu University, Ministry of Social Affairs and UNDP 1999 (is based on the data from 1997)

by more than double and the number of students of vocational schools by a quarter. At the same time, the share of people with only a basic education or unfinished basic education increased: up to 10,000 young people aged 17 - 24 have not obtained a basic education.

One of the major problems is the dropout rate of students from schools and a large number of students repeating basic education level classes. Every year, approximately 1,000 students drop out of basic school (0.57%). The dropout rate is the highest in grades 8 and 9 (i.e. the last years of basic school), when respectively 1.2% and 2% of the students leave before graduation. The dropout rate is very high in schools for children with special needs – 6.7% in the 8th grade and 10.4% in the 9th grade – which requires further study.

Generally, the dropout rate is the highest in the first year of secondary school, which suggests that the present ratio of students entering secondary and vocational schools (70:30) is not an accurate reflection of their abilities or the demands of the labour market.

The poverty study in 1999 indicated that the low level of education attracted a higher individual risk of poverty. 31.1% of the population of working age¹¹ who had an elementary education lived in poverty. 26.5% of the residents of working age with basic education and 17.9% of the people with secondary or higher education were poor.

1.2.4. Health

The state of health of the population is indirectly characterised by the average life expectancy, which in Estonia is 10 years for men and 5 years for women lower than the average for the European Union (see item 1.2.1). The primary causes of death are cardiovascular diseases, malignant tumours, injuries and poisonings.

30% of the Estonian adult population are daily **smokers**; the share of smokers has increased among young people and especially girls. A third of children aged 14-15 years old in Estonia are tobacco smokers, the respective percentage among 16-18 year olds is 40. As a result of smoking, 3,000 people are taken ill in Estonia, while 90% of lung cancer, 80% of chronic lung diseases and 40% of cardiovascular diseases have a direct connection with smoking. An estimated 2,000 middle-aged people die in Estonia each year due to smoking.

Alcohol consumption has become more frequent in particular among children and young people. According to studies of the health behaviour of the Estonian adult population, the consumption of vodka, wine and beer has constantly increased among both men and women during the past 10 years. As a result of alcohol abuse there were 179 death cases per 100,000 inhabitants in Estonia in 2001.

The use of **narcotics** among minors has grown, and drugs are being tried at an increasingly younger age. 35% of the schoolchildren aged 14 to 17 and 10% of the schoolchildren aged 9-13 have tried narcotics.

During the past years an ever-increasing problem is the increase of **contagious diseases**, including **HIV/AIDS**. As at the end of 2003 3,621 HIV-positive people and 16 AIDS sufferers lived in Estonia.

¹¹ In the study, 15-59-year-olds were considered to be of working age.

The Estonian population is almost fully covered by health insurance which meets their health care expenses. Due to this the **availability of health care services** does not depend on personal solvency, but on the health condition and need for health care. People who do not have health insurance (less than 6% of citizens), however, are as a rule only entitled to emergency care and to limited family health care.

As becomes obvious from an analysis of use of health care services¹², residents with low income and lower level of education or unemployed people are more likely seek help from general practitioners and are hospitalised more often. As a result it could be concluded that people in worse socio-economic situations are sick and use health care services more often than the others. On the other hand, the trend may indicate the unavailability of specialist medical care and modern health care services among the poorer population, especially where self-financing and additional fees confront the patient.

The 2003 study of satisfaction with health care services indicated that every third Estonian resident would have difficulties in accessing a family doctor if the visit fee exceeded 25 kroons (currently it is free) and every second resident would refrain from seeking house calls by a family doctor if the visit fee exceeded the current 50 kroons¹³.

Gender and regional differences occur in the use of health care services. Women use most of the health care services, except for hospital treatment, more often than men. Compared to the capital city there are more residents in rural areas who have visited a general practitioner, but less of those who have visited a specialist doctor or a dentist.

1.2.5. Housing and living conditions

Most of Estonian households (85%) live in a house or an apartment that belongs to them, 13% are renting a dwelling.

As a result of housing reform, most dwellings are held in private property and state and local municipalities possess only 4% of the housing fund.

Estonia is among those European countries that are comparatively well supplied with housing space. The problem is rather the fact that the structure of living space does not correspond to the structure of households. Retired people often use living space that exceeds their needs, while larger households live in a confined space. Another problem is that the regional distribution of dwellings does not coincide with the distribution of residents. The lack of housing is noticeable in growth centres. An issue is also relatively high age and level of amortisation of dwellings. Approximately 40% of the Estonian housing was constructed before 1960.

Most of Estonian households (72%) live in buildings of multiple apartments, which are satisfactorily supplied with water and sewerage services¹⁴. A third of households, however, live in relatively poor dwellings or dwellings that do not meet their needs, and the size and comfort of living space often depend on the income of the household.

¹² „Social Inequalities in Health in Estonia”, World Bank and Ministry of Social Affairs, 2002

¹³ „Residents' Satisfaction with Medical Care”, Estonian Health Insurance Fund, EMOR, 2003

¹⁴ „Living Conditions in Estonia in 1999: a Comparative Study” Tartu University, Ministry of Social Affairs and UNDP, 1999

One reason, but not the only one, for vulnerability in the housing market is low income. Additional risk factors are unemployment, age, disability, household composition (many children, single parent families, retired people, and youth). A specific risk group in Estonia is tenants living in restituted¹⁵ dwellings, whose housing problems are caused by the lack of the opportunity for dwelling privatisation. Nearly a third of Estonian households, including a noticeable share of elderly households and lessees of restituted dwellings, have difficulties in paying their housing costs. An estimated 10% of Tallinn households have long-term debts for rent or other household expenses¹⁶.

Although the conditions commercial banks attach to housing loans have in comparison with earlier years become significantly more favourable, those taking out loans tend to be families with higher than average income, who live in the capital city or other larger towns¹⁷. Slightly less than a third of people aged over 30 years old live with their parents, grandparents or some other household¹⁸. Presumably therefore the majority of young people who live in their parents' home have no material means to obtain their own separate residence.

The number of homeless people is estimated to be 3,500, approximately 0.3% of the population. The problem of homelessness is more visible in Tallinn and in other larger towns. More than three quarters of homeless people are men aged older than 50 years. The number of homeless people is in line with the general characteristics of the population. The geographical distribution of homeless people is in line with the regional differences in the population. The main reasons leading to homelessness are unemployment and alcoholism or drug addiction¹⁹.

1.2.6. E-inclusion

There is a relatively high level of development and use of information and communication technology (ICT) in Estonia. 100% of schools and public sector institutions are connected to the Internet. All state agencies have their own web sites. Portals like e-government, e-citizen and TOM (Today I Decide), which purpose is to inform the public, offering e-services and creating possibilities to participate and be heard in social life have been created,

70% of enterprises are connected to the Internet. Approximately 140,000 homes have computers and this number has grown by a fifth every year. Among all home computers, 70% are connected to the Internet. 39% of residents have direct access to the Internet. Most of employees use Internet at work.

Certain groups, however, are not presently able to benefit fully from ICT based opportunities²⁰: minorities, people older than 50 years, people with basic education or

¹⁵ Following the ownership reform, the law extended rent contracts and the owners do not have right to evict 'old' tenants if alternative housing or compensation is not available. However, rent levels in restituted housing have been raised to the market prices and lower-income tenants are forced to move out because they cannot pay. Furthermore, many owners are interested in releasing dwellings for their own use or for transferring them to another tenure, which, in turn, forces former tenants to leave their homes.

¹⁶ Development Centre of Open Care, 2003

¹⁷ "Availability of Housing to Risk Groups", PRAXIS, 2003

¹⁸ "Availability of Housing to Risk Groups", PRAXIS, 2003

¹⁹ "Availability of Housing to Risk Groups", PRAXIS, 2003

²⁰ "Digital Divides in Estonia and Opportunities to Bridge the Divide", PRAXIS/EMOR, 2002

lower than average income, the unemployed²¹ all face difficulties in using ICT. For instance people with disabilities experience barriers in using ICT and e-services both because of the nature of their disability, as well as other reasons (insufficient education, unemployment, low income).

1.2.7. Domestic violence and trafficking in human beings

The results of domestic violence, prostitution and trafficking in human beings are a worsening of physical and mental health, injuries, being left out of work and school, weakening or loss of social contacts etc. Recently violence against women has been publicly acknowledged as a serious societal problem. The police and court statistics still do not provide an adequate picture of violence against women, but studies²² indicate that in the course of one year every fifth woman experiences violence. Among all cases of violence in intimate relationships nine times out of ten the victim is the woman. Only a small proportion of victims turn to institutions that offer help (only 10% of the victims turn to the police, 2-3% to the social workers) and often these institutions are not able to offer the victims adequate and competent help.

1.2.8. Main problems and challenges

The analysis presented above indicates that the share of people and households living in poverty is decreasing, but the risk of poverty is still relatively high at 17.9%. Three main groups of residents endangered by poverty are **unemployed people** (in particular, the long-term unemployed) and families where one or more of the members are unemployed, **families with many children**, and **single-parent families**. 62% of jobless households (where none of the adult family members work), 20% of families with three and more children and 35% of families with single parents are poor.

Unemployment, which in Estonia is the main reason for poverty and exclusion, has decreased, but remains at a relatively high level – 10%. Unemployment is higher than average among young people, disabled people and non-Estonians.

The general level of education in Estonia is relatively high and the number of students has grown among both young people and adults. Yet at the same time the share of people with only a basic education or unfinished basic education has increased. Up to 10,000 youths (aged 17 to 24 years old) may be without basic education. The number of students dropping out from schools is growing.

More health problems occur among people of lower economic status and more frequent health abusive behaviour can be noted. Health abusive behaviour (alcohol and drug addiction in particular) causes, in turn, loss of ability to work and employment, worsening of living conditions, homelessness.

20% of women experience violence every year. 2/3 of all cases of violence against women take place at home. Nine times out of ten, a woman is the victim in cases of violence in intimate relationships. At the same time, only a small proportion of victims turn to institutions that offer help (10% to the police, 2-3% to social workers).

²¹ 58% of Estonian population do not use the Internet. Among those, who do not use the Internet, there are more women than men (65%:45%) and more non-Estonians than Estonians (69%:52%).

²² "Violence and the Health of Women", Estonian Open Society Institute, 2003; Results of questionnaire to the medics "The Influence of Violence on the Health of Women" Estonian Open Society Institute, 2003

Nearly a third of Estonian households live in poor or unsuitable dwellings. The housing stock is aged and amortised. Although the poorer households live as a rule in cheaper dwellings, about a third of Estonian households have difficulties in meeting their housing costs. The problem is the non-conformity of the size and structure of housing with household: where families with many children face the problem of confined space, many elderly people live in larger than average and overly expensive dwellings.

The number of homeless people is increasing. An estimated 3,500 people do not have homes (approximately 0.3% of the population). The main circumstances leading to homelessness are unemployment and alcoholism.

Proceeding from the above, the main challenges for Estonia in tackling poverty and social exclusion are to:

- increase employment, in particular through supporting the long-term unemployed and other risk groups in getting and staying in work
- ensure a sufficient income through social security to people, who are not able to earn a living themselves because of age, disability or loss of work
- secure sufficient financial support and other aid to families with children in order to prevent and relieve children's poverty
- improve the quality and availability of education and its relevance to the demands of labour market
- enhance assistance to victims of violence and crime in order to prevent their exclusion
- improve living conditions and make housing available to risk groups
- extend active employment and welfare service measures to prevent homelessness and deal with prevention and treatment of alcoholism and drug use
- achieve a better coherence of educational, employment, social protection, health care, housing and other policies on both the national, and municipal level, in order to ensure assistance to those who need it from every perspective and according to their needs.

2 Strategy

2.1 Strategic principles and funding

Preventing poverty and social exclusion and decreasing the number of people living in poverty are some of the main challenges of Estonian economic and social development.

Estonia's strategy for social inclusion follows the common objectives of the European Union to decrease poverty and social exclusion. The basis for the strategy is the Joint Inclusion Memorandum (JIM, 2003)²³ which analyses the causes of poverty and social exclusion, assesses the influence of current policies on decreasing poverty and exclusion and defines the most important challenges and fields of activity to increase social inclusion.

The principles of Estonian strategy for social inclusion are:

- **Work is the best protection against poverty and exclusion.** A presupposition in decreasing poverty and exclusion is the highest possible employment rate of the entire working age population. Work must secure a better ability to cope economically and a better quality of life than dependency on social benefits. The tax and social protection systems must also favour and support getting work and working.
- **Education is an investment in the individual.** A good level education that meets the expectations of the labour market extends everyone's opportunities for work and self-realisation, promotes independence and well-being, and active participation in society. The education system must ensure everyone benefits from a good pre-school education, study possibilities that meet their interests and abilities, and a preparation for working life. Lifelong learning must be available to everybody, independently from previous education, social status or solvency.
- **Decent social protection.** For those, who because poor health, old age, disability or lack of suitable work are not able to earn income by working, decent income must be provided by social security. The benefits must be on such a level that they will prevent poverty where social risks emerge. In case of poverty, assistance must be provided which eliminates the reasons for poverty and avoids long-term dependency on social assistance.
- **Integrated approach to decrease poverty and exclusion.** Poverty and social exclusion are problems with several facets: solutions must offer coherence between policies in different fields – in particular, economic, educational, work-related, social protection, health care and housing policies – and so build one common strategy. For the individual this means providing coherent assistance in accordance with their needs, which, in turn, assumes co-operation between different institutions at both local and national levels.

Proceeding from the above the key areas of decreasing poverty and social exclusion are increasing employment and enhancing social protection, availability of education, health care and housing, improving health indices, decreasing violence against

²³ Joint Inclusion Memorandum, www.sm.ee

women and children, and taking advantage of the opportunities provided by information and communication technology in order to decrease regional exclusion. In addition the strategy covers needs connected with legal assistance and victim support, access to culture, sports and leisure opportunities, and includes local communities in the process of decreasing poverty and social exclusion.

Among the risk groups, particular attention is paid to the long-term unemployed and other individuals excluded from the labour market, school dropouts or young people in danger of dropping out, children with special needs, disabled people, people with housing problems and victims of crime and violence.

The implementation of social inclusion strategy is supported by the principles of the National Budget Strategy²⁴ 2005 – 2008, according to which the priorities for spending are:

- improving the quality and availability of education
- implementing active measures of labour market
- raising the income tax free minimum to 2000 kroons (by the year 2006)
- raising the level of social assistance and providing social services and other assistance to eliminate or relieve the reasons for poverty.

In the budget strategy, measurable objectives, the measures necessary for achieving those goals and their cost are presented by policy area. Proceeding from the budget strategy, a budget for the next year is drafted and approved every year. As the budget for 2005-2006 has not yet been formally approved, the figures in this Action Plan are only tentative.

It is intended to use the structural funds and EQUAL programme of the European Union to further support the activities aimed at increasing social inclusion in accordance with the National Development Plan for Implementation of the Structural Funds²⁵ (see Chapter 4), JIM and the present Action Plan for Social Inclusion.

2.2 Key areas: objectives in each policy area

In order to increase social inclusion, the following more general and long-term goals, and specific and measurable objectives, are to be achieved within the framework of this Action Plan for Social Inclusion 2004-2006. In order to achieve the longer term objectives (see activities for 2004 to 2006 in Chapter 3) the following policy areas for attention have been prioritised..

2.2.1 Employment

The long-term objectives include:

- achieving the highest possible employment rate for the entire working age population
- preventing long-term unemployment and inactivity, as well as dependency on benefits
- enabling long-term unemployed people and those excluded from the labour market get work
- providing unemployed people with more active and effective assistance in seeking and getting work than before.

²⁴ National Budget Strategy 2005 – 2008, www.fin.ee

²⁵ National Implementation Programme of Structural Funds, www.fin.ee

In order to achieve these objectives, it is planned to:

- extend and diversify the selection of active labour market and other measures
- motivate and support search for work through more extensive counselling and job mediation, and by establishing activity requirements for unemployment benefit recipients
- provide unemployed people with necessary, coherent and effective help to get work by the application of case management and joint working with other agencies where necessary
- co-operate with employers in order to find and mediate available jobs, and consult and support them in recruiting employees
- make employment offices into competent and customer-friendly establishments that are oriented towards helping people searching for work to get a job as quickly as possible.

Targets 2006

- 64.3% of the working age population is employed (2003 – 62.6 %)
- 30% of working-age disabled people are employed (2003 – 26%)
- the average duration of unemployment insurance benefit claim is 120 days (2003 – 140 days)
- the share of the long-term unemployed among all unemployed people is 45% (2003 – 46%).

2.2.2 Social protection

The long-term objectives are to:

- decrease and prevent poverty of families with children
- prevent exclusion of children with special needs
- improve disabled peoples' independence
- secure appropriate income for elderly people
- ensure decent social assistance and prevent long-term dependence on benefits

In order to achieve those objectives, it is planned to:

- raise the value of family benefits targeted on families at risk of poverty
- implement the children's rights protection strategy and ensure notification of every child in need and provide necessary assistance
- motivate and support the employment of disability pension claimants and ensure the compensation of additional costs caused by disability on the basis of need
- provide social services and assistance that support employment and inclusion
- improve the quality and availability of all social services
- reform pensions with benefits and special pensions in order to prolong working life
- raise the subsistence level and supplement social assistance with active measures.

Targets 2006:

- decrease the number of children living below the relative poverty line by 2% compared to 2003
- no more than 15% of people live below the relative poverty line (2003 – 18%)
- the income tax free minimum is 2000 kroons per month

- the value of the average old-age pension is 40% of the salary of a male unskilled worker
- the subsistence level has been raised from 500 kroons to at least 750 kroons (by 2005)
- the availability of social services has improved –1,800 adults per social worker (2,360 in 2003), and 1,340 children per one child protection worker (1,820 in 2003).

2.2.3 Education

The long-term objectives are to:

- ensure a good preparation for school for every child
- ensure study opportunities are in accordance with interests and abilities and available to everyone, including children and youth with special needs
- improve the competitiveness of school graduates in the labour market
- enable the employed, unemployed and risk groups to take advantage of lifelong learning opportunities
- prevent early dropping out from schools.

In order to achieve those objectives it is planned to:

- create opportunities for free pre-schooling, and in case of non-Estonians, the opportunity to learn the Estonian language
- develop flexible study opportunities and individual study programmes
- ensure the social skills necessary for working life are taught and vocational counselling and training are available in the classes of secondary schools
- extend the opportunities for internship in enterprises (apprenticeships)
- ensure students with learning difficulties, behavioural and social problems and their families are counselled and supported
- implement measures against school violence.

Targets 2006:

- improve pre-school opportunities for children younger than six-years old, provide children of non-Estonian speaking families an opportunity for the study of the Estonian language at no cost during the year preceding school
- 95% of the teachers have a relevant teaching qualification
- counselling centres have been established for students and their families
- the share of basic school dropouts has decreased to 0.4%
- the language immersion programme includes 20 non-Estonian language kindergartens and 26 schools, and the majority of Russian-speaking school-graduates pass the state examination in Estonian
- an action plan for lifelong education has been drafted and implemented.

2.2.4 Health and health care

The long-term objectives are to:

- promote healthy living and working environment and behaviour
- offer health care services that support a return to work and employment
- decrease the occurrence of cardiovascular diseases, malignant tumours, injuries and poisonings
- decrease the consumption of alcohol and drugs and improve the availability of addiction treatment and rehabilitation opportunities
- decrease the spread of HIV, tuberculosis and other contagious diseases
- improve the quality and availability of health care services

- ensure the availability of emergency and family health care to people without health insurance
- improve patients' rights awareness.

In order to achieve those objectives it is planned to:

- implement the mental health strategy
- implement the children and young people's health programme²⁶
- limit smoking at work and in public places
- implement the national cardiovascular disease prevention strategy
- open a free family doctor's advice phone line service
- develop rehabilitation and welfare health care services
- implement the drug addiction prevention strategy²⁷
- continue the national programme of HIV/AIDS prevention
- establish a system of protection of patients' rights and counselling.

Targets 2006

- average life expectancy increased to 72 years (71.5 in 2003)
- 40% of the population is engaged in hobby sport at least twice a week (31% in 2002)
- not more than 32% among 13-15-year-olds smoke (32.7% in 2003)
- the share of daily smokers (men 16-64) does not exceed 41% (45% in 2002)
- the alcohol-related death rate is 175 per 100,000 inhabitants (197 in 2001)
- the number of new HIV-positive people per 100,000 inhabitants is 60 (70 in 2003)
- patients' satisfaction with the availability of service is 58% (52% in 2003)
- patients' satisfaction with the quality of service is 72% (65% in 2003).

2.2.5 Housing

The long-term objectives are to:

- ensure all Estonian residents enjoy choice of housing opportunities
- improve the living conditions of the risk groups
- increase the flexibility of housing market and diversity of housing tenures
- maintain the existing housing stock
- prevent the formation of socially excluded housing areas
- prevent homelessness.

In order to achieve the objectives it is planned in particular to:

- support the growth of the rented housing fund in order to promote the supply of affordable dwellings
- make housing loans more available to young families and to tenants in restituted housing through state guarantees
- support the reconstruction of apartment buildings
- prevent homelessness by implementing active labour market and other measures to promote and sustain employment, and by providing social services to deal with prevention and treatment of alcoholism and drug addiction.

²⁶ Health Programme for Children and Youngsters www.sm.ee

²⁷ Strategy for Prevention of Drug Addiction www.sm.ee

Targets 2006:

- establish municipal rented housing to contribute to solving the housing problems of risk groups
- establish a housing loan state guarantee system contribute to solving the housing problems of young families and tenants in restituted houses.

2.2.6 E-inclusion

The long-term objectives are to:

- raise continuously the level of computer literacy and Internet access
- extend opportunities for computer studies at all levels of education
- diversify the range and availability of public e-services
- exploit the potential of information and communication technology to increase employment
- promote the information society at regional and local levels in order to prevent and decrease regional poverty and exclusion
- develop participatory democracy through ICT solutions.

In order to achieve those objectives it is planned to:

- continue co-operation between the public and private sectors to spread computer literacy and develop the network of public internet access points
- extend the opportunities for electronic communication with the state
- improve the quality and availability of Internet connection
- support local projects promoting the development of information society.

Targets 2006:

- increase the share of public e-services and their users: by 2008, 30% of the Estonian population will use public e-services
- at least 20,000 free basic IT training opportunities for adults provided each year
- all public sector websites are accessible to people with disabilities
- development of citizen portal www.eesti.ee completed
- electronic voting system for the election of local municipalities established.

3 Increasing employment

Registered unemployed people are currently entitled to the following labour market services: information about the labour market, training opportunities and vacant jobs; job mediation; vocational counselling; labour market training; labour market benefits to employers²⁸ and help with starting a new business; participation in community placements. In order to help the risk groups to get work, counsellors for the long-term unemployed and people with disabilities have been appointed at public employment offices. In the course of pilot projects, individual action plans have been developed for the long-term unemployed, and counselling, adaptation training and work practice opportunities have been developed. In order to promote disability employment, a work place adaptation service has been established.

Access to labour market services has been limited in practice due to the limited availability of funding for active labour policy: for instance, in 2003 less than 10% of the unemployed participated in the labour market training, the percentage of unemployed people who received vocational counselling was also low. Also, relatively one-sided and inflexible selection of labour market services, insufficient coherence with social services and other assistance, and modest co-operation between public employment offices and local municipalities in solving employment problems are serious issues. As a result it has been difficult to offer individual help up until now with addressing the barriers in getting work (disability, caring responsibilities, addiction problems, lack of transportation, etc).

The principles of the Government's new labour market strategy are to motivating the search for work, extend the selection of active labour market measures and provide individual and coherent assistance to the risk groups using the principles of case management and joint working between agencies. The **National Action Plan for Employment**²⁹ sets out more extensively this new employment strategy. The action plan for social inclusion concentrates on preventing **long-term unemployment** and integrating the **long-term unemployed and other risk groups** in the labour market.

- **Individual and coherent assistance**

The work of public employment offices will be reorganised in such a way that after the initial evaluation the jobseeker will be directed according to need either to a **career and counselling centre** or a **case management centre**. Those jobseekers who require first of all work mediation, counselling and other general labour market services to get work will be directed to career and counselling centres,. Case management centres will deal with job seekers who require more extensive and diversified assistance in getting a job, including additional labour market measures and social services. Also, those jobseekers who have not been able to find work with the help of career and counselling centre within at least four months will be directed to case management centres.

The task of a **personal employment counsellor** (case manager) working at the case management centre is to detect the problems that hinder the person from

²⁸ Labour market benefit is paid to the employer, who employs employees of "lesser competitiveness" (disabled people, young people, the long-term unemployed, pregnant women, parents of children under 16 years, people of pre-retirement age, people released from prison). The labour market benefit is paid during the first six months in the amount of minimum salary and during the next six months in the amount of half of minimum salary.

²⁹ National Action Plan of Employment will be presented to the European Commission on September 30, 2004.

getting work, prepare an action plan in cooperation with the jobseeker for solving the problems and getting work,
and co-ordinate and monitor the implementation of the action plan through networking with other appropriate institutions and local municipalities.

To offer individual and coherent assistance based on the principles of case management:

- **17 specialised disability employment counsellors** were trained and employed in 2004 (the number is planned to increase according to need)
- the application of the principle of case management will be extended in 2005 to the **long-term unemployed, young people and other risk groups**: for that purpose personal employment counsellors specialising in specific risk groups will be employed and trained.
Sufficient personal work counsellors (case managers) will be employed between 2004 and 2006 to allow an average estimated case load of 100 clients per month. 16 million kroons has been set aside in the state budget for 2005 and 30.4 million kroons for 2006 for the employment of counsellors.
- local networks of local employment offices, local municipalities and other providers of services are being established and enhanced. Currently 11 regional co-operation networks have been established and trained in order to help disabled people to get work. The networks include a total of 91 employees of employment and pension offices, rehabilitation establishments and vocational education institutions, and county government employees.
- **Additional labour market measures for risk groups**

Risk groups, in common with other jobseekers, have the right to general labour market measures according to their needs (counselling, employment mediation, labour market training, labour market benefits). At the same time members of the risk groups often face personal or social barriers in getting and keeping a job, and consequently they may need additional labour market or other measures.

Following additional labour market measures are offered to risk groups:

- **internship**: the priority target group is young people and the long-term unemployed. The purpose of internship is to help the unemployed gain the work experience necessary to find a steady job, and to help the employer find suitable employees. In 2005 up to 4000 unemployed people (6000 in 2006) will have the opportunity to participate in work internships. 10 million kroons has been set aside for this service (including 6 million kroons from EU structural funds) in 2005, and 15 million kroons in 2006 (including 8 million from EU structural funds).
- **work exercise**: for very long-term unemployed people and the discouraged, who have lost working skills and habits, activities aimed at developing social skills and forming working habits will be offered in co-operation with local municipalities. The work exercise serviced will be piloted in 2005 within the framework of national employment programme and 4 million kroons has been planned for that purpose, including 3 million kroons from EU structural funds.
- **public work**: the target group consists of the unemployed for whom no suitable work can be offered at that moment. Participation in public work is organised by the employment office in co-operation with the local municipality. The jobseekers get paid.

- **transportation benefits:** transportation benefit is paid in order to compensate for the transportation costs of participating in active labour market measures (in particular, labour market training and work internship) and for participants in public work..
- **labour market benefit for the employer:** wage subsidy will be used only as a last measure to secure employment for the long-term unemployed. The wage subsidy is paid with the purpose of influencing the employer's recruitment decision in favour of the long-term unemployed and is intended to be combined with other active labour market measures.
- **Work and workplace adjustment for disabled people:** the service includes a range of measures eliminate or relieve the barriers disabled people may face in getting or keeping a job. Moreover it is aimed to compensate for disability-related additional expenses connected with overcoming the barriers to starting of keeping work. The types of assistance include adjustment of working premises and equipment, support during job interview (assistance in communicating), providing special technical aids necessary for work, working with a support person, compensating for the additional transportation costs caused by the disability (in case it is not possible to use public transportation for getting to work). In 2004 the service of adjusting working places is being piloted in the framework of National Employment Programme. 5 million kroons has been planned for that purpose, including 3 million kroons from EU structural funds. In 2005, 5 million kroons has been planned for this service and 6 million kroons in 2006.
- **in-service training allowance of a disabled employee:** in order to support the competitiveness and training opportunities for disabled employees, an additional training benefit will be paid to the disabled employee. The benefit will be paid to partially compensate for the actual training costs connected with work in amount of up to 9,600 kroons in the course of three calendar years.
- **services to the employer of a disabled employee:** the employer is counselled in the recruitment of disabled people and in organising their work; they are compensated partially or fully for the adjustment costs of the work place and are allowed social tax benefits³⁰. The Ministry of Social Affairs maintains a website on the topic of disability employment (www.pite.ee), where employers can get practical information from conducting job interviews to adjusting work places. Also, the Ministry will start issuing a mark of recognition to employers friendly to disabled people.
- **supporting the job search of non-Estonian-speaking people:** providing information and counselling in Russian, and if needed, labour market training.
- **integrating ex-prisoners into the labour market:** in co-operation with the prison social workers or probation supervisors the public employment office case managers will providing information and other assistance prior to

³⁰ The state pays for the employer, who employs a person who has lost capacity for work at least within the extent of 40%, social tax from 700 kroons of the employee's salary, which means that the tax burden of the employer is decreased by 231 kroons per month per every disabled employee. This is an existing benefit, which, however, has not yet been used with awareness as a motivating labour market measure to recruit disabled people.

release from prison. After release, training in independent living skills will be offered and individual action plans implemented. The employer is supported first of all through providing a work instructor and consecutive counselling.

4 Access to resources, rights, goods, services

4.1 Education

Every child has the legally guaranteed right to an education according to his or her abilities. The school obligation lasts from the age 7 until obtaining basic education or becoming 17 years of age. From 2002 all children up to the age of 7 years old have the right to receive pre-school education in a kindergarten or a pre-school class. However, in practice not all children receive pre-school education yet. This is due either to economic or social reasons or the lack of suitable opportunities.³¹

An increasing proportion of children with disabilities attend mainstream schools. When teaching children with medium or severe intellectual disabilities the national study programme that has been adjusted to their needs is used. The general level of education of disabled people, however, is lower in comparison with others, as mobility, accessibility of public transport and buildings and the limited availability of personal support services all represent barriers to full participation in education.

One of the challenges in the continuing reform of vocational education has been to ensure vocational training programmes are relevant to the needs of labour market. At the same time the lack of teachers with good teaching qualifications at vocational education establishments³², means that students have few internship opportunities and that the reputation of vocational education is rather low. The latter is reflected in the ratio of people entering gymnasiums and vocational schools (70:30), with consequent problems for the labour market as has already been discussed.

Young people over 17 years of age, who for various reasons have not obtained a basic education, are able to continue their studies at evening schools or by distance learning and at the same time obtain a pre-vocational education. Adults have the opportunity to obtain a general secondary education through part time study and at vocational education establishments.

Education at the state-financed study places at state and municipal schools and at universities and higher educational establishments is free. An integrated system of lifelong learning and its financing is currently being developed.

Government's priorities for promoting social inclusion in education are: to ensure every child has a good preparation for school, to make learning opportunities available to everybody, to create new opportunities for lifelong learning and to implement integrated measures in order to prevent students from dropping out of school.

- **Providing every child with a good preparation for school**

Ensuring pre-school day care and education for children is the task of local municipalities. The state supports local municipalities in preparing children for school by:

³¹ 11.7% of 6-year-old children did not attend kindergartens or pre-school classes

³² 41% of the teachers at vocational education establishments are over 50 years old and 9% are younger than 30. The increase in the age of teachers is a problem on all levels of education. Since 1993, the number of 50-year-old teachers in general education schools has increased by 63%, forming 35% of the total number of teachers. 7% of the teachers are of retirement age.

- Providing a network of regional counselling centres in support of kindergartens
- Ensuring existing and new counselling centres are tied into a common network (this project will start in 2005 with the support of the EU structural funds)
- Developing a way to evaluate school readiness, and enabling individual development programmes for children with special needs to be prepared and necessary support services provided.

From 2005 it is planned to enhance the opportunities available for free pre-schooling for all 6-year-olds and to provide to children from non-Estonian speaking families with opportunities to study Estonian during the year prior to school.

The allocation of state and local municipalities funding for development of infrastructure and services of pre-school establishments has been increased to 1% of GDP. The aim is to raise the proportion of 3 to 6 year old children at pre-school establishments to 90% and the proportion of children aged one to three years to 33%.

- **Extending learning opportunities for disabled children at mainstream schools**

To achieve the better inclusion of disabled children and young people at mainstream schools, teachers are trained in special educational needs and implementing individual study programmes. It is planned to pay more attention to developing the support systems (speech therapist, special education teacher, personal assistant, teacher's assistant, sign language interpreter, rehabilitation services, organisation of transportation between home and school).

The state has supported the publishing of textbooks in *braille* and other textbooks for students with special needs. In the coming years work will be undertaken to adjust the learning environment and organisation at all levels of education so that the needs of disabled students are met. A national programme called the 21st Century School, where the priorities are to develop support systems and ensure their availability to everyone, supports the achievement of this goal.

- **Raising the preparedness of school graduates to participate in Society and the labour market**

In general education study programmes increasing stress is laid on language, communication, teamwork, analytical, decision-making and information and communication technology skills, in order to prepare students for working life. Schools will be supplied with hardware and software and special electronic teaching aids will be developed within the frame of the Tiger Leap programmes during 2001-2005 and 2006-2010. In addition, opportunities are being created for the study of EU languages and Civics.

- To improve the level of vocational education, the qualifications of teachers at vocational educational establishments will be improved and the use of practical work experience in study programmes will be extended. Learning opportunities have been made more flexible and support systems have been strengthened in order to better enable each student to enter and thrive in the labour market. It is planned to

develop regional vocational education centres and extend their functions with the support of ESF.

- In order to support the transition of risk groups from one educational level to another and from school to working life, it is planned in 2004 to commence development of an integrated system based on co-operation between different institutions and case management. To plan the supported transition of disabled students from one educational level to another and from vocation schools to working life, co-operation has been carried out with the Council of Nordic Ministers within the frames of co-operation project "School Is for Everyone". It is planned to continue this co-operation in the coming years.
- In order to better integrate Russian-language school graduates into society, the action plan of the national integration programme 2004-2007 foresees the improvement of the professional skills of teachers at schools in Russian-speaking communities: in teaching Estonian as a second language, in the inclusion of students with special needs and developing the school's study programme. Also, the network of kindergartens and schools involved in the language immersion programme will be extended (by 2007 language immersion will be present in 20 kindergartens and 26 schools).

- **Tackling the dropout rate from schools**

The reasons for the relatively high dropout rate from schools include the insufficient use of flexible teaching methods, a worsening of the economic situation of families and the lack of counselling services directed at students and their parents. During the past few years several measures have been undertaken to prevent dropping out from school – the use of individual study programmes, creating opportunities for special classes and home studies.

- In order to avoid dropouts and to take into account the special needs and abilities of students it is planned to extend the use of individual study programmes, implement remedial studies, Internet-based studies and distance learning, and enable a longer than usual study time, if necessary.
- For young people without a basic education opportunities have been created to obtain vocational skills simultaneously with the basic education: a system of pre-vocational training is being implemented, as well as the Apprentice project (creating the opportunity to study at the working place with the help of vocational schools to young people without basic education or students in the process of obtaining basic education).
- To provide early intervention and help for children with learning difficulties, behavioural or social problems it is planned to support effective co-operation between the school, parents and local social and youth departments and representatives of the police. It is also planned to start a project to establish county counselling centres in co-operation with counselling commissions and career centres with the support of EU structural funds.

In addition, it is planned to extend rehabilitation services on the basis of four regional counselling centres to children with behavioural disorders, who often also have problems at school. Moreover, it is planned to train teachers, doctors and welfare workers identifying child abuse. In 2005 a national phone line will be opened, where people can notify information about a child in need of help. This will ensure

the fast notification of children in need and will enable appropriate agencies to intervene in good time.

- To support the studies of students from poorer families or families with other social problems, children will be provided with free school lunches up to the 4th grade and support services on the basis of student homes. In 2004 to 2005 the network of student homes will be developed in order to provide 1% of the students of basic schools with a temporary place in a student home, if necessary.
- The recently launched education information system (EHIS) 2004-2010 will collect statistical data on dropping out of school and enable the analysis of the reasons for school dropout.

- **Tackling school violence**

Teachers have been trained in school violence issues and publication of relevant literature has been supported within the frame of the action plan for tackling school violence 2003-2005. Network training is carried out in the counties in order to improve co-operation between child protection workers, teachers, doctors, police, and others to solve the problems of children. By the end of 2004 the training should be under way in every county.

- **Creating opportunities for lifelong learning**

The Government has set national priorities for adult education for 2004 – 2006. In order to promote adult education a national strategy of life-long study has been prepared and is currently under discussion. The most important task is to improve the availability of in-service and re-training both to employed people, as well as the unemployed, including the risk groups. The strategy sets as the objective the elimination of the main barriers to further studying, which include low motivation and the high cost of training. In order to motivate the adults to study the strategy foresees the formation and implementation of a system of life-long study, which takes earlier learning and work experience into account. As part of the opportunity for a lifelong learning, it is planned to develop and implement career counselling services of with the support of EU structural funds.

4.2 Health care services and health promotion

Almost the entire population in Estonia is covered by a solidarity based health insurance system, which guarantees sickness benefits and access to health care services. Emergency health care is guaranteed for people without health insurance (approximately 6% of the population), and is financed from the state budget. However, local municipalities often also provide family health care from their own budgets.

As a result of health care reforms a family doctors' system has been implemented in Estonia – almost all residents are registered at the family doctors' of their own choice. In order to raise the quality of special medical care, part of this service has been concentrated in larger centres; however, the principle is that specialised medical care be available to everyone within a 70 km radius of their home or at the most, one hour's drive away. The quality standards of health care, promotion of patients' rights and obligations, and shortening of waiting lists³³ can also be pointed out as positive recent developments.

In the course of current hospital reform some hospitals have specialised in basic nursing care and long-term nursing.

When using the services of a family doctor people covered by health insurance do not pay visit fees or other additional fees. Otherwise, however, in Estonia like in many other countries, the patient's own financial contribution towards the cost of health care services has increased. The fees paid by patients cover 20% of the total health care costs. Also, patients pay for the house calls by family doctors, house calls by specialist doctors and in-patient fees. Although some of the patients covered by insurance are exempted from paying visit fees and maximum fee limits have often been established³⁴, the requirement make a financial contribution may be a barrier to using health care services for people with lower income or those needing frequent health care.

The availability of health care services requires a more thorough analysis, as the differences in the use of services (see item 1.2.4) do not necessarily indicate the differences in the availability of services. Further study is required into the question to what extent and for what reasons different resident groups experience barriers to using health care services or differences in the quality of the services rendered to them.

³³ Although there are waiting lists regarding certain health care services, there is a requirement in the agreement with Estonian Health Insurance Fund to doctors provide emergency medical care, that in case of acute conditions the patients are entitled to visit the doctor or wait for a doctor's house call on the same day, in case of chronic condition the time limit is 72 hours. The longest allowed waiting period in case of specialised doctors is four weeks, but sometimes it is difficult to guarantee by the providers of service. The patient must receive emergency medical care immediately.

³⁴ The largest allowed fee for consultation and house call of specialist doctor is 50 kroons. The hospitals may charge an in-patient fee of up to 25 kroons for a day for the first 10 days. In-patient fee must not be charged from children or staying in the hospital in connection with intensive care, pregnancy or childbirth.

Availability and quality of health care services

- **Improving the availability of health care to risk groups**

In order to improve the availability of initial health care, a **family doctor's advice line** will be started from 2005. The advice line will be free of charge (when calling on a land-line) and will operate 24 hours a day. The advice line will among other things enable people without health insurance coverage for whom access to family doctors is limited to receive initial counselling. It is simultaneously planned to increase general health care for people without health insurance cover in amount that is greater than today.

Family and ambulatory specialised medical care is provided to people as close to their homes as possible, which among other things help prevent transportation costs to reach the specialised medical care that are too high for risk groups. In addition, efforts will continue to shorten and better organise waiting lists in order to ensure that the people with greater medical need are able to get treatment in time. This in turn will prevent possible complications and the resulting increased need for personal assistance.

To improve the availability and quality of emergency medical care (ambulance) 172.7 million kroons has been allocated in the state budget for the year 2004 and 182.7 million kroons is planned for the year 2005.

- **Developing medical rehabilitation and nursing care that supports the return to the labour market**

In order to better rehabilitate the working capability of sick people, a system of medical rehabilitation services will be developed. The first step is to establish a network of medical rehabilitation services, certain services (for instance, physiotherapy) should be available at the family doctor's.

On one hand, the service of medical rehabilitation supports the independence of the person in need; on the other hand, the nursing burden on family members or others providing care is reduced enabling them to start part or full-time work. Currently, the extension of medical care services has started at the hospitals, as well as providing home nursing care. Pilot projects for training geriatric evaluation teams have started in four counties, and development plans for nursing care networks have been drafted in those counties. In 2004 other counties will be covered with pilot projects.

During the years 2004 to 2015 a nursing care network will be developed, which will provide those needing nursing or long-term care with medical, psychological and social assistance whether at the hospital or at home.

The financing of geriatric evaluation and nursing care is planned first of all from health insurance and the budgets of local municipalities. In 2004 the budget for nursing care is 96 million kroons and 118 million kroons has been planned for 2005.

To develop the rehabilitation and nursing care system, in addition to health insurance, 2.65 million kroons has been allocated in 2004 from the state budget and 7.3 million kroons has been applied for in 2005 and 2006.

- **Raising the awareness of patients and defending their rights**

It is planned to create a strategy for patients' rights, establish a system of patient counselling and raise the awareness and competence of health care professionals in understanding the needs of risk groups and providing them services.

In connection with the protection of patients' rights, the access of people without health insurance coverage to necessary medical care, the influence of patients' ability to pay on the availability of health care services, and the barriers that the risk groups may face in exercising the right of free movement of patients will be analysed.

- **Implementation of benefits for medicines and reference prices**

Health insurance covers the major part of the price of preferential medicines, but because of the rising prices of medicines, however, the patients' expenditure on medicines form the largest share of their fees for health care services. This, in turn, causes economic difficulties first of all to patients with chronic diseases and in constant need of medicines. In order to extend the selection of more cost effective medicines, reference prices are being implemented, as well as price agreements with the manufacturers of medicines. Indirectly, also the promotion of the use of generic medicines helps to limit the costs of medicines.

Health promotion

The Government's strategic objectives for promoting the nation's public health are: to increase people's healthy behavioural habits, decrease health damage caused by addictive substances, improve the nation's mental health and ability to cope with daily life, and ensure better opportunities for the healthy development of children.

- **Prevention of drug addiction**

The national strategy for preventing drug addiction is being implemented (having been worked out and approved by the Government until the year 2012). The key part of the strategy is decreasing risk behaviour of children and young people. In particular, it is planned to raise the quality of drug prevention work at the schools by increasing the emphasis on social skills. Also, prevention work is being promoted at a local level and public awareness on addiction problems is being raised. In addition to preventive work, the availability of treatment and rehabilitation services is being improved first of all in the areas of wider spreading of addiction problems.

In order to prevent drug addiction and decrease the health damage caused by drug addiction and alcoholism, 15.1 million kroons has been allocated from state budget for 2004, and 7.4 million kroons for 2005.

- **HIV/AIDS prevention**

The national programme for preventing HIV/AIDS³³ for the period 2002-2006 – aims to combat the HIV/AIDS epidemic by 2007, to decrease risk behaviour among youngsters aged 15 to 24 years, and to extend regional networking to prevent HIV/AIDS to all counties by the end of 2004.

Case managers help ensure HIV-positive people have access to health care and psychosocial services with the help of case managers. AIDS counselling offices guarantee quality voluntary counselling and testing for HIV.

By 2004 6 million kroons is planned for the prevention of HIV/AIDS within the framework of the national programme. In addition a national HIV/AIDS prevention strategy is being drafted by the Ministry of Social Affairs and the Global Fund programme is being continued which should support the objectives of the national programme financially.

- **Improving mental health**

By 2005 the Government's strategy for mental health will be completed, the main target groups of which are children and teenagers, old people, adults with serious or long-term special psychological needs, and people of working age suffering from stress or depression.

According to the strategy it is planned to raise society's awareness of the problems of mental health and distribute information on the existing sources of help. In co-operation between the public, private and voluntary sectors, a network of mental health services will be gradually formed. Also, the existing system of treatment, nursing and rehabilitation will be strengthened and complied with the needs of the clients.

Decreasing the problems of children's mental health is being addressed within the frame of the national health programme for children and youngsters. By the end of 2004 it is planned to increase the share of teachers who can cope with school violence by 10%, and the movement of assistant students will be extended.

In order to finance the health programme for children and youngsters 1.29 million kroons has been allocated from the state budget for 2004, for 2005 and 2006 the total of 3.57 million kroons has been planned. The activities directed at improving mental health are currently financed first of all from the means of health insurance. In 2005 an additional 225,000 kroons has been planned from the state budget and an additional 3.1 million kroons in 2006.

- **Preventing cardiovascular diseases**

In 2005 the national strategy for cardiovascular health³⁵ will be implemented to improve the health of heart. The strategy aims to increase individual and social responsibility for health and decrease the risk factors endangering health. The focus is on increasing the population's movement activity, improving eating habits, decreasing tobacco smoking and time spent in tobacco smoke environment improving the availability of quality health care services directed at preventing cardiovascular diseases, and improving the physical and psychosocial environment favouring the maintenance, protection and development of health. It is planned to raise health awareness and evaluate health at the level of the individual, organisation and the state, develop skills to make decisions supporting healthy choices and health, strengthen co-operation between the private, public and voluntary sectors to promote health development. 10 million kroons is planned for implementation of the strategy in 2005.

- **Decrease the consumption of tobacco products both at work and in other public places**

³⁵ Available on the web page of Health Development Institute www.tai.ee

A new draft of Tobacco Act is being processed in Riigikogu which limits smoking and establishes separate smoking areas. The draft Act also establishes stricter requirements for the composition of cigarettes.

According to the draft Tobacco Act the Government plans to carry out a national programme aimed at decreasing the consumption of tobacco products. The programme should include measures to decrease the demand for and availability of tobacco products, assisting smokers in giving up tobacco, surveillance of tobacco control, monitoring and reporting of smoking, research and international co-operation. 306,000 kroons has been planned for developing and implementing the programme in 2005 and 2.24 million kroons in 2006.

- **Supporting community-based initiatives of health promotion**

In order to support community-based initiatives of health promotion, several health promotion networks have been established: a network of healthy cities, a network of health promoting hospitals, a network of health promoting schools and a network of health promoting kindergartens/pre-schools.

An Estonian-Belgian co-operation project "Decreasing Social Inequality in Health" started in 2004. The objective of the project is to draft Estonia's strategic plan for the reduction of social inequality in health by using health promoting methods.

The health promotion work of the Estonian Health Insurance Fund supports regional and citizens' initiatives. The objective is to prevent the deepening of regional differences in the availability of health-related information, counselling and participation in activities organised through projects. The total budget of Estonian Health Insurance Fund for health promoting projects in 2004 is 14 million kroons and it will remain on the same level in 2005.

4.3 Social protection

The Estonian **social security system** ensures protection in respect of all traditional social risks. The value of social security benefits exceeds the minimum requirements established in the European Code of Social Security regarding health care services, sickness and birth benefits, old age and survivor's pensions, unemployment benefits and family benefits.

The protection of the unemployed and disabled people has improved thanks to establishment of unemployment benefits and social benefits for disabled people³⁶. The universal system of family benefits includes benefits targeted towards more vulnerable families, including families with small children, families with many children and single parent families³⁷. In 2004 a new type of benefit was established – Parental Benefit which replaces the income that the parent will not receive because of raising a child of up to its first birthday (see below for more details).

The average **old age pension** is 42.7% of the average net salary of a male unskilled worker, which means that it somewhat exceeds the minimum standards established in the European Code of Social Security. Taking into account the ageing of the population, however, even maintaining the minimum level requires effort. The **subsistence level**, which is established by the Riigikogu each year, takes into account a wide range of social, financial and political issues. The subsistence level has remained at the same level since November 1997. Inflation has therefore eroded its value. The subsistence level is used in calculating social assistance benefits.

Although the level of benefits is relatively low, benefit recipients are in certain cases still not motivated to accept work offering minimum or slightly above minimum salary (although the minimum salary is relatively low, the income earned by working may turn out to be smaller than social benefits due to the additional costs connected with going to work)³⁸.

The provision of social services belongs to the administrative area of local municipality in Estonia and the state has only a regulatory role here.

- **Securing appropriate income to elderly people**

Maintaining the value of the average old age pension at no less than 40% of the salary of a male unskilled worker: in each of the years 2004 to 2006 the value of pensions will be increased by an additional 100 kroons over the indexed increase. As a result the average old age pension will increase by approximately 1,000 kroons over three years. Together with the old age pension, the value of pensions for incapacity for work and survivor's pensions will also increase.

³⁶ The social benefits for disabled person are meant to compensate for additional expenses caused by the disability, which means these are expenses that are greater for disabled people than for other members of the society and are mainly connected with medical and social rehabilitation; needs for special education, vocational and re-training; personal assistance or special technical aids; the use of transportation, communications and other publicly available services.

³⁷ Attempts to decrease the high poverty risk of families with children are following: (a) establishing child care benefits; its amount depends on the age and number of children in the family and it is paid independently from the employment status of the parents (according to the scheme families with three or more pre-school-aged children are preferred); (b) doubling the additional benefit of single parent (from 150 kroons to 300 kroons per month); establishing an additional quarterly benefit to families who raise four or more children or triplets (150 kroons per child).

³⁸ "The Effectiveness and Influence of Social Benefits on the Offer of Labour Force", PRAXIS 2002

The financial means necessary for increasing the pensions are planned in the state budget. The assumed costs in 2004 are 307.3 million kroons. The additional cost in 2005 is 627.9 million kroons and the cost for 2006 is 1078.5 million kroons.

Increasing pensions through **prolonging working life**: where people decide to continue working and defer receiving a pension after reaching pensionable age, their old age pension will be increased in respect of the number of extra months worked (0.9% for each month). As pension is the main source of income for people aged 65 years and older, this measure also promotes a rise the standard of living working retirement.

By September 2005 a **national pension strategy** will have been developed, the objectives of which include ensuring the adequacy of pensions and promoting working. The pension study "The Influence of Common Pension Goals of the European Union on Estonian Pension System" forms the basis for the strategy.

- **Tackling poverty of families with children**

Family benefits are an important tool in tackling child poverty. The system of **Parental Benefit** started in the beginning of year 2004. The objective of the benefit is to compensate the parent for income the parent did not receive because of giving birth to and raising the child, and to support the reconciliation of work and family life. Parental Benefit is a new type of family benefit – after the period covered by birth benefits, Parental Benefit is paid to the parent for up to 225 days on the basis of the average income in the previous year. Together with birth benefits the parent's average salary is effectively replaced for one year. The measure avoids the family from falling into the poverty risk associated with being temporarily away from work in connection with childbirth. After the child is 6 months old the father can replace the mother as the benefit recipient. The cost of the benefit is 444.5 million kroons per year.

At the beginning of 2004 the **value of child benefit for the first child** was raised to 300 kroons per month. This measure costs 350 million kroons per year.

Moreover, benefits to families with many children were extended: the **benefit supplement** paid quarterly was extended to families with three children. Earlier only families with four or more children were entitled to this supplement. The supplement is paid at the rate of 150 kroons per quarter per every child and the cost of this measure is 23.5 million kroons per year.

In 2006 an increase in single parent benefit is planned along with an increase in the value of the quarterly supplement paid to families with three or more children.

- **Enhancing social protection and supporting employment of disabled people**

Between 2004 to 2006 the pension and benefit system for disabled people will be developed so that it ensures just compensation for disability-related additional costs and supports the employment and social integration of disabled people.

In the field of welfare the objectives are:

- **Improving the quality of social services**

Proceeding from the national welfare strategy, case management based and coherent social services and other forms of assistance are provided. It is planned to implement a two-level system of case management (see Employment, item 2.3.1 and item 3.1). In order to improve the quality and availability of help, the number of consultants specialising in case management will be increased in the employment system and simultaneously opportunities will be created for local governments to increase the number of social workers using case management techniques.

- **Developing social services that address barriers to working**

Under the national welfare strategy several measures are in place aimed at achieving this objective, in particular, in the field of social assistance and rehabilitation and welfare of people with special needs. In the field of social assistance it is planned to raise the subsistence level, introduce an individually focussed approach, as well as to improve coherence with employment measures (see Employment, item 2.3.1 and item 3.1), and it is planned to increase the responsibility of local municipalities and coordinate social assistance more effectively with housing services.

In order to implement social assistance measures, the Ministry of Social Affairs has proposed an allocation of 495 million kroons from the state budget for 2005, and similar amounts for the following years.

It is often difficult for people with special needs to enter employment and stay there. Therefore we intend to ensure that rehabilitation services and social benefits for disabled people work together more coherently by reforming the administration of rehabilitation and developing appropriate technical aids and personal support services. These reforms should improve the opportunities for disabled people to participate in employment.

In order to extend labour market and welfare services targeted to the risk groups (including rehabilitation and technical aids to disabled people of working age and ex-prisoners), 18 million kroons is planned in the state budget for 2005.

- **Implementing the national welfare programme for children, the elderly and people with special needs**

The main objective of the programme (2004 – 2006) is to develop services supporting independent living and other means to promote the development, social inclusion, and improved quality of life of people with special needs. The target group of the part of programme targeted towards children is children without parental care and from families with coping difficulties and the development of children's welfare specialists. Target groups of the disability-related part of the programme include disabled people of working age, disabled children and their families, and people with serious or long-term psychological or behavioural disorder and the development of specialists working in the field of welfare of people with special needs.

Implementation of the programme started in 2004, with 1.7 million kroons allocated in the state budget. The programme objective is to develop preventive services based on needs and to support local government in organising welfare for disabled people and the elderly.

4.4 Housing

The expansion of municipal housing available for rent will make an essential contribution to addressing the housing needs of those at risk of social exclusion. It is also essential to make housing loans more accessible to the specific target groups through state and subsistence benefits. Local municipalities are responsible for providing housing to the people and families who cannot afford adequate housing and, where necessary, provide for social housing for rent. Local municipalities also assist people who have difficulties with independent living to adapt the dwelling to their needs or find more suitable housing. Local governments and not-for-profit associations also provide shelter and accommodation services for the homeless.

- **Development of affordable municipal rental housing for specific risk groups**

Over the period 2004 - 2006 the state will provide financial support to increase the municipal rental housing fund. The state supports local municipalities in constructing housing for rent by covering 50% costs of purchase of apartments for rent or of the costs of renovation of the existing building or apartment(s) as rented housing. The objective is to solve the problems of tenants in restituted dwellings and support regional development by encouraging the workforce mobility (excluding Tallinn, Tartu and Pärnu).³⁹ Implementation is the responsibility of the Ministry of Economic Affairs and Communications in cooperation with the Kredex foundation and free housing associations. From 2006 it is planned to extend access to municipal rented housing to all households excluded from the housing market.

- **Providing a state housing loan guarantees for for young people and tenants in restituted buildings**

The state currently provides housing loan guarantees through the Kredex foundation to apartment associations and certain target groups (tenants in restituted housing, young families, and specialists with higher or professional education under 35 years of age). The housing loan guarantee for young families (including single parent) raising at least one child below 16 years of age is available for the purchase, construction or renovation of housing. Similarly, the state provides young specialists with loan guarantees for the purchase or renovation. Further, the state provides guarantees for tenants in restituted property who buy their own home.

- **Local municipalities' housing policies and activities**

The example of Tallinn as the major Estonian local municipality is relevant. The objective of Tallinn's housing construction programme is to reduce the housing shortage in the capital city, to slow down the rate of increase in housing rents and to reduce the rate of growth of lease debts. Tallinn plans to increase the number of municipal dwellings by 400 each year up to 2007. In addition Tallinn plans to support the private sector through the preparation of detailed plans and land for

³⁹ Development Plan of Estonian Housing for the years 2003-2008, Ministry of Economic Affairs and Communications, 2003.

building 600 dwellings a year.⁴⁰ The main programme objective is to solve the problem facing tenants living in restituted houses by 2008.⁴¹ Private sector housing will be used to meet the accommodation needs of specific groups of citizens (young families, tenants in restituted houses).

The cost of this municipal housing construction programme is estimated to be about 180 million kroons a year, 75% of which is covered by the local budget and 25% by the state budget. Municipal housing will be dispersed in order to prevent the creation of local pockets of social exclusion. Tallinn City Government also plans to repair vacant municipal housing.

⁴⁰ Dwelling houses building programme of Tallinn "5,000 dwellings to Tallinn" (Tallinn City Government, 2002), Tallinn Housing Board, 2003.

⁴¹ 70-80% of the dwellings to be built are planned for tenants in restituted houses.

4.5 Legal assistance and victim support

Competent and reliable **legal assistance** is currently inaccessible for the major part of low-income people due to high cost. Currently the provision of state legal assistance has been regulated only by court decision, where the court could exempt the insolvent person fully or partly from the payment for legal assistance. Many not-for-profit associations currently provide free legal assistance services on specific topics. Also, the law students of the universities of Tallinn and Tartu provide free legal assistance to the people not able to pay for it.

- **State legal assistance for low-income people**

In order to improve the access of people with low income to legal assistance the Riigikogu has enacted the State Legal Assistance Act under which legal assistance is expanded to extrajudicial proceedings and legal advice. The Act will come into force at the beginning of 2005. The state's contribution to the provision of legal assistance in 2004 is 26 million kroons. This budget is mainly spent on guaranteeing the attendance of criminal defence counsel in criminal matters. For the implementation of the Act in 2005 the expenses for the state's legal assistance are planned to increase to 59.5 million kroons and this level is expected to be at least maintained in the future.

Victim support services are essential for those suffering from violence or crime. Violence and crime have an impact on the physical, emotional and financial status of the victim. This worsens the victim's ability to cope and increases their risk of being socially excluded. To tackle this, the victim needs both emotional support and information on the services available. Timely victim support prevents the risk of social exclusion and unemployment.

- **Establishing a state victim support service**

Since 2001 the victim support service has been provided by the not-for-profit sector through public procurement. In 2004 the Victim Support Act came into force which set out the principles of a victim support service and the compensation paid to the victims of crime. The resulting victim support service will come into effect in 2005.

The Victim support service is a public service which aims to maintain or improve the coping ability of the victim. Victim support involves counselling and helping the victim with communicating with different institutions. All people having become the victims of carelessness or bad treatment, physical, mental or sexual violence have the right to receive the service.

Victim support service staff will be located in all counties and in Tallinn. The person in need for help turns to the victim support service specialist of the relevant district. One requirement set for the service is that immediate assistance and information be available 24 hours a day by phone. For the victim support service to meet individuals' needs as effectively as possible one of the tasks of the service is to create regional cooperation networks. Networks should include: police, security service, emergency medical care, health care workers, social workers, appropriate non-governmental organisations etc.

The expenses related to the implementation of victim support service in 2004 are 2 million kroons. From the year 2005 the expenses of providing victim support are

estimated to be 7 million kroons a year. The source of funding for the victim support service is the compensation levies paid by convicted people.

4.6 Culture, sport and leisure

Many positive examples of activities promoting the access of risk groups to culture, sport and opportunities for spending one's leisure time can be found in Estonia.

People in rural areas have often most difficulties in accessing culture. Some 560 local **public libraries** operate as special village centres in providing access both to paper based information and to the Internet. Most public libraries have public Internet access points and by the end of 2004 the last ten public libraries will also be provided with Internet connection. This Internet access and subscription to publications has turned the village libraries into meeting centres. The problem in the public libraries is the purchase of newer literature, as the finances are limited. In the following years the purchase of material for the libraries is to be improved.

The key achievement in improving access to sporting opportunities is the 4-year national **hobby sport centre** programme launched last year. This helps to develop recreational centres providing sporting opportunities all the year round in each county. The programme for sport and playground construction has successfully been launched. The "School Holiday with Sport and Culture" project has been implemented and over 10,000 children have participated so far. Although many programmes have been initiated, the main problems are the deficiency of sporting places and the insufficient accessibility of opportunities for family sport, and the high cost of hobby sport. In order to guarantee access to different fields of sport for the young and opportunities for self improvement in sport and culture during school holidays, financial support for these activities will be increased to 44 million kroons by the year 2006 (compared to 28 million kroons in 2003).

In order to improve the access of the people with low income to culture entrance is free for all visitors in all public **museums** on one day a month. Theatre and concert organisers offer discount tickets to pensioners and families with many children. Opportunities for watching the pre-premieres free are offered to the children in residential care.

In the 1990s the network of **cinemas** covering the whole country ceased to exist. Single cinemas were preserved only in major cities. Since 2002 there has been a trend of reopening of cinemas in the countryside. The Ministry of Culture supports the accessibility of culture for restoring county cinemas through the distribution of grants amounting to 1.6 million kroons in 2004. The principle is that the state participates in financing specific projects only in partnership with local governmental bodies. Since 2000 a cinema bus tours Estonia during summers to help improve rural opportunities for spending leisure time by watching films for free.

In order to improve the access of the **people with mobility impairments** to cultural institutions the renovation of all cultural and sport establishments takes access requirements into account. Currently most of national theatre buildings have ramps or lifts.

The other initiative directed specifically to the disabled people is the Estonian Library for the Blind. In cooperation with Eesti Post the Library organises free lending between the libraries in order to guarantee the access of the people with visual disabilities regardless of the district to information, culture and support for lifelong learning and self-improvement. An estimated 2500 blind and visually impaired people need audio-books, newspapers and magazines in Estonia and about 500 of them are using the relevant library service.

4.7 Decreasing the risks of exclusion

4.7.1 Increase of E-inclusion

The potential of new ICT opportunities has been consistently exploited to prevent the digital divide by region, poverty, education, employment and income status. The initiatives undertaken in the field of ICT for promoting e-inclusion have focussed on raising the awareness and use of new technologies and online-services, teaching ICT basic literacy and enhancing ICT skills, developing online-services, fostering e-democracy and local communities.

The development of information and communication technology is coordinated at the national level by the Ministry of Economic Affairs and Communications which establishes the general targets and standards of the activities. The relevant agencies seek to decreasing exclusion by using ICT for example, the Ministry of Education and Research in the topic of education, Ministry of Social Affairs in the field of labour etc. One of the key objectives of ICT activities is to improve access to ICT. For that purpose the following steps are planned:

- **Develop Internet access and computer literacy**

The objective is to ensure improved access to the communication infrastructure (lower price of Internet connection, preferential development of quick data communication networks and favouring of competition between the operators in creating the connections of end users etc.). As a result the difference in quality of Internet connections between the city and rural districts will improve and the number of connections outside the bigger cities will also increase. To improve information literacy it is necessary that most of adults be able to use the Internet at least at the elementary level. For that purpose an expansion of computer-based study has been planned. The objective is that 20,000 people participate each year in the project providing elementary computer skills training for free „Look@world“.

- **Enhancing employment opportunities by using the potential of ICT**

At the beginning of 2004 the Labour Market Board's job search portal www.amet.ee opened, which will become the easiest method for obtaining primary information on job vacancies mediated through employment offices. The portal will be further developed and unemployed people encouraged to use it. Currently the study of computer skills is often one module of the professional labour market training or part of training in effective job seeking. Sometimes the unemployed are sent to training courses in specific computer programmes, for example when a precondition for employment is the knowledge of a particular programme. It is estimated that 30% of labour market training participants receive basic computer skills training. Basic computer skills contribute to job search activity. In addition to computer study one of the priorities of the coming years is to develop incentives for employers to create opportunities for work at home.

- **Regionally balanced opportunities for ICT development**

Projects aimed at supporting the regional capacity to engage in the information based society are created in cooperation between state and local municipal governments. These also take account of regional programmes and the

development activities of County Governments. Local municipalities are included in the cooperation in public management when developing the e-services to avoid the non-compliance of solutions, waste of resources and uneven implementation.

- **Improvement of access to public sector websites**

Public sector websites aim to provide widespread public and business access to information and e-services that meet Web Accessibility (WAI) standards, making disability access easier. More attention will be paid to the physical access requirements of disabled people to public internet access points. The development of information technology based solutions is planned in the development of e-democracy. An operating electronic voting system will be created for the municipal elections being held in 2005.

- **Faster implementation of projects enabling electronic communication with the state**

The aim is to complete the projects designed to provide electronic communication with the state by 2006. Information technology based solutions will be developed to provide all main services in a web based environment. The development of the citizen portal (www.eesti.ee) will be completed with the aim of it becoming one of the main channels of the communication between the state and the citizen. ICT is especially useful for the people living in rural districts for whom the distance from state agencies is often the obstacle for receiving services.

4.7.2 Activating communities

The active local community has a significant role in guaranteeing the social inclusion of the individual. The connection and organisation of the community helps to address the problems of different risk groups and search for solutions, and develop the living environment and social network of community members. In Estonia many activities financed within the frame of national, local municipalities' or international programmes support community-based action and social inclusion.

- **Support for community initiatives**

The **Local Self-Initiative Programme** financed by the state has become the essential means for increasing local, community level initiatives. Its objectives are to support the initiatives of regional citizens' associations for developing local social environment and building organisational capacity. The target of the programme, which up to now has been the settlements with 2500 citizens, is being widened to include communities in cities. In 2004 the programme will be financed with 6 million kroons, and increases in budget to 15 million kroons in 2005 and 17.5 million kroons in 2006 are planned.

- **Inclusion of citizens in local decision-making processes**

Local municipalities have found more and more ways to involve citizens in the development of local life by including them in the process of planning and implementing specific activities. The skills of local government staff in the methods of consulting with citizens will continue to be improved by developing and distributing study materials and by adding the relevant topic to staff training programmes. Minimum requirements for including the citizens in the preparation of strategic documents regulating the local life arrangement will be specified in future.

- **Development of regional partnership and cooperation models**

The cooperation of different parties and interest groups is a significant resource in improving the life environment and in solving community problems. It helps different needs and interests to be considered, the causes of problems to be identified, prevents new problems arising in the community and overcomes the potential barriers that have hindered earlier cooperation. Current cooperation models have been project-based and initiatives have often not been followed through due to the instability of financing. The essential resource for ensuring the consistency is the network of county development centres established by the state in 2003, the main objective of which is to provide advice to different target groups on how to take advantage of the structural funds. The state sees the development and strengthening of the existing network as supporting regional partnership and cooperation.

- **Greater inclusion of voluntary organisations in policy development**

In Estonia 20,084 non-profit associations and 601 foundations were registered as at 1 June 2004. According to the data of the Register of Non-Profit Associations and Foundations 501 of those were operating in the field of health care and social welfare and 9112 had marked "other society, social and personal service" as their main activity. The role of voluntary organisations in presenting interests of different target groups, providing public and target-group specific services and in the charity is constantly developing. Associations have become significant partners for the public sector both in developing policy and in the practical implementation of solutions. Cooperation between citizens' associations and the public sector is necessary to ensure the inclusion not-for-profit sector. In October 2003 a joint commission of representatives of the Government and citizens' associations was established. An initial action plan for 2004-2006 has been prepared for the development of the Estonian civil society; the priority being is the cooperation in practice between public sector and citizens' associations and the strengthening of partnership.

4.7.3 Reduction of violence against women and trafficking in human beings

Irrespective of the greater attention being paid by the general public towards the subjects of domestic violence and trafficking in human beings during recent years, general awareness of these issues is still low. Opportunities to get help and advisory services in these issues are currently limited. There is one shelter in Estonia specifically focussed on women as victims of intimate relationship violence, and two shelters for women and children. As from autumn 2003 support groups have been opened in major cities for women suffering from violence and this network⁴² is going to be extended by the end of 2004. Until now, access to information on violence has generally been a major problem. To develop common policy against violence against women and trafficking in human beings, the Government has set the goal to develop and implement relevant national action plans. These action plans focus on gathering information and raising public awareness. Targets have been set to reduce the number of cases of domestic violence and of people becoming victims of trafficking in human beings.

⁴² The support groups network has been developed by the Estonian Social Programmes Centre.

- **Development of the system of gathering information on violence against women**

Current statistics on violence gathered by various institutions (police, shelters, medical institutions) will be collated to enable the systematic assessment of the spread of violence against women and the assessment of the impact of the measures taken to address this. Proposals will be made for improvement of the statistical system, and a system of indicators to meet international requirements will be developed.

- **Raising awareness of violence against women and trafficking in human beings**

To help women as the victims of violence and trafficking in human beings, and prevent occurrences of violence, it is necessary to influence and change **public attitudes**, and develop new violence free value awareness and norms of behaviour. It is particularly important to develop violence-free thinking and style of behaviour amongst young people. Raised public awareness will encourage victims to refer for help to the police, social workers, medical workers, psychologists, women's support groups, the victim support service, and other institutions offering help. It is also important to give attention to violent men, so that they would contact psychotherapists and other advisers for help. Actions of informing the public are being planned and implemented as much as possible by different ministries, local governments, and non-profit associations.

Actions plans for combating violence against women and trafficking in human beings foresee the launch of systematic training programmes. The programmes contribute to development of new thinking and attitude of officials dealing with cases of violence. It is indispensable to include the topics related to domestic violence, trafficking in human beings and other forms of violence against women into training programmes and curricula of police officers, court officials, and medical and social workers, and make these subjects an integral part of their professional qualification.

Special financial means have been foreseen in the National Budget Strategy for the years 2005–2006 for the development and application of an action plan for fight against violence against women and combating the trafficking in human beings.

5 Structural Funds and the EQUAL Programme

On the basis of Estonian National Development Plan for Implementation of the Structural Funds, various actions directly or indirectly contributing to reduction of social exclusion will be financed. The development plan identifies five priorities, and the measure 'Inclusive Labour Market' under the priority 'Human Resource Development' most directly relates to reduction of poverty and exclusion. The aim of this measure is to anticipate and alleviate poverty more extensively and effectively and increase social inclusion via raising the level of employment. Within the framework of this measure, special actions have been planned that are targeted at the following:

- Supporting working abilities and readiness for work of the risk groups through rehabilitation and resocialisation
- Further development and adaptation to regional and individual needs of the existing labour market services, and development and application of new measures
- Training of employees providing services to support active labour market measures and integration to the labour market
- Offering opportunities for professionally necessary language studies to people with insufficient knowledge of the Estonian language to support their integration to the local labour market
- Employment assistance and creation of protected positions or jobs with a support person, and creation of other options for transition work
- Reduction of obstacles facing women entering or returning to the labour market.

In overall amounts, these actions will be financed to the extent of 517 million Estonian kroons within the period from 2004 to 2006, while the contribution of the Estonian Government will form 20% of this amount.

Besides creation of equal opportunities on the labour market, other measures under the priority of human resource development of ⁴³ will indirectly also support social inclusion, as well as the measures under the priority of rural life, agriculture and fishery⁴⁴, and the measures for development of infrastructure and local development⁴⁵.

The objective for implementation of the **EQUAL Programme** in Estonia during the period 2004–2006 is to develop and test new measures via international cooperation to combat any labour market related exclusion, discrimination and

⁴³ Measure 1.1: An education system to secure flexibility of the labour force, coping, and life-long learning, and that is accessible to everyone (ESF).

Measure 1.2: Development of the human resources to raise economic competitiveness of companies (ESF)

⁴⁴ Measure 3.5: Restoration and development of villages (EAGGF)

Measure 3.6: Development of local initiative – LEADER type measure (EAGGF).

⁴⁵ Measure 4.1: Development of transport infrastructure (ERDF)

Measure 4.3: Modernisation of vocational and higher education, and the supporting infrastructure (ERDF)

Measure 4.4: Reorganisation of the hospitals network (ERDF)

Measure 4.5: Development of information society (ERDF)

Measure 4.6: Local social and economic development

inequality. The Programme is co-financed by the European Social Fund. Under this Programme, partnership projects of the subject 'Facilitating entering or returning to the labour market for those having difficulties with integration or reintegration to open labour market' will be supported. Preferred target groups are people with multiple risks⁴⁶, people not covered with other programmes of the European Social Fund,⁴⁷ and all people suffering from main forms of discrimination⁴⁸. It will be possible to organise combined training and consulting services directed towards employers to support the target groups. In addition, it will be possible to integrate training and creation of jobs, supporting launch of new entrepreneurship, and anticipating withdrawal from school, etc.

To support victims of trafficking and former prostitutes in social integration and entering or returning to the labour market, it will be possible under the Equal Programme to conduct surveys, engage in awareness raising activities, organise training courses to service providers, support victims, and develop cooperation to prevent trafficking in human beings and making the fight against such trade more effective.

The budget of the Equal Programme for the years 2004–2006 (2008) is 42.44 million Estonian kroons, 25% of which will be financed by the Estonian Republic.

⁴⁶ Young people with disabilities, non-Estonian women, women with low or obsolete qualification.

⁴⁷ People with addiction problems, young people having withdrawn or in danger of withdrawal from school, the homeless, etc.

⁴⁸ Because of gender, race, or ethnic origin, religious beliefs or convictions, disability, age, or sexual orientation

6 Best practice

6.1 Case management for disability employment

People with disabilities are one of the most disadvantaged groups in the Estonian labour market. This is to a great extent because of the widespread but mistaken belief that people with disabilities are incapable of work. Both people and their problems are different, though, and need individual attention and approaching by different institutions. In 2003–2004, a case management approach was developed under the framework of a PHARE Twinning Project between Estonia and the United Kingdom to help people with disabilities to get a job.

First, officials of institutions providing local services were trained to better understand the issue of disability employment, and use the methods of case management in their everyday work. Cooperation networks including local service providers like employment offices, pension boards, vocational schools, rehabilitation institutions, and social workers of county governments and local municipalities were formed in every county during the course of training. Such networks applied case management in their work; they understood the mutual relationship between the disability and work, and developed active teamwork. The networks demonstrated that they were able to help people with disabilities, many of whom with a severe disability, who excluded from the labour market, to work on the open labour market. For this purpose they did not use adaptation of work or workplaces or provide wage subsidies, but indeed solved problems in novel ways.

Thanks to this positive experience, in early 2004, the Government decided to launch implementation of case management method to help people with disabilities to the labour market. By now case managers have been hired to each county labour market office, and they have become leaders of local cooperation networks.

6.2 Local Self-Initiative programme

Residents of rural areas are often excluded because of serious social and economic problems, and limited availability of services. Local self-initiative programme is a good example of application of state measures for greater inclusion of members of local communities into formation of local organisation of life and creation of safer living environment.

Taking account of the importance of local self-initiative and role of not-for-profit associations both in local and regional development in general, a Programme for Support of Village Movement was launched as early as in 1996 already as one of six programmes for regional development. Supporting the same principles was continued in 2001 by the Local Self-Initiative Programme that was approved by the Government, while its objective was formulated as strengthening of civil initiative and cooperation on the local level in order to raise citizens' activity and responsibility for the development of local life in rural areas.

The initiative that started with the Programme for Support of Village Movement contributed to the emergence of a village-level cooperation network, and strengthened the relationships between voluntary associations of rural areas and local municipalities and county governments, which enabled to form a decentralised programme using county initiative during the course of years out of a centralised programme.

In the implementation of the programme, projects that are targeted towards encouragement of cooperation on the local level, civil law partnership activities, and citizens' associations, as well as improvement of options for subsistence and employment of the local population have been preferred. The priorities are the institutional strengthening of the local level organisations and conducting common events, regional development activity (incl. civil education, surveys, development and action plans), extension of spheres of activity of organisations, and image-development of the region (incl. research works on the peculiarities and history of the region, printed matter, neighbourhood maintenance works, conducting competitions). Options for spending leisure time and self-education and self-development have grown larger in the first place in rural areas through support to activities self-initiated by community groups.

During the course of activities of the Local Self-Initiative Programme, the citizens' associations' perception of the impact of their activities on the development of local life has become deeper, and therewith their responsibility at planning their activities has grown. In many places, local village associations have become active participants at planning of local life, as well as carrying out the activities.

6.3 Summer-time language immersion for non-Estonian young people

Besides Estonian language training provided at school to children and young people of non-Estonian origin a number of options to improve their Estonian language skills have been created with the National Integration Programme. Thus the Non-Estonians Integration Foundation has financed summer camps and family studies for language learning since 1998 (both from the state budget and foreign aid). The circle of direct organisers of such training (various non-profit associations, farms, sole proprietors) has expanded year by year. The aim of these activities is to smooth linguistic and cultural barriers, develop social skills, provide motivation arouse interest in studying Estonian, as well as raise mutual tolerance between Estonian and non-Estonian children and young people. Every year 2,000 - 3,000 children participate in this programme. This programme has attracted continuing interest from non-Estonian children and young people and monitoring surveys have in every respect proven the effectiveness of such activities in the integration process.

As for the structure of language camps, these are traditional children's summer camps with equal numbers of Estonian and other language speaking children. The overall number of children in a camp does not exceed 20-30 children. This enables active mutual communication besides language studies. At family studies, a child speaking another language spends a week up to two months on average in an Estonian family, and takes active part in the family's daily life. Quite often it pertains to families living in predominantly Estonian-speaking regions in rural areas, and for many children this is their first contact both with Estonian families and life in the countryside.

7 Preparation of the NAP

The National Action Plan for Social Inclusion is one of the Government's strategic documents, the preparation of which was coordinated by the Ministry of Social Affairs. The coordinating unit was Social Policy Information and Analysis Department that has been recently created in the Ministry of Social Affairs. For the better inclusion of the parties concerned, a steering committee for preparation of the action plan was convened, consisting of representatives of most of the Ministries in the Government and of social partners—employers and trade unions. In addition, seminars on particular policy area were organised. The seminars were attended by not-for-profit organisations involved in these issues, representatives of associations of local municipalities and members of the steering committee. Besides the above, the contribution of various parties is reflected in the action plan for social inclusion via strategic documents for specific fields that were themselves drawn up with the involvement of a range of interest groups.

The NAP combines in itself objectives set and activities planned in strategic documents of different spheres. Therefore the Ministry of Social Affairs will play a coordinating role in the implementation of the NAP and its assessment. All the Ministries will be responsible for the supervision of application and evaluation of their own action plans. Each will be responsible for the engagement of interest groups. A cooperation assembly of the Ministries and local municipalities which has several sub-workgroups, is operating for the purposes of engagement of local municipalities into the process of formation of policies of various fields.

There are few citizens' associations in Estonia that are directly engaged in activities for the reduction of poverty and exclusion, and the existing organisations rather provide services than are ready to participate in the process of development of policies. Therefore the encouragement of not-for-profit associations to cooperation should be set as a target during the coming two years. For this purpose, the associations' awareness of the decision-making processes should be raised, and they should be informed of the aims, processes and strategies of the EU at reduction of poverty and improvement of social inclusion, a substantial part of which is also preparation of action plans for social inclusion.

Annex - The Laeken indicators

1 At-risk-of-poverty rate (after social transfers)	1996	1997	1998	1999	2000	2001	2002	2003	2004
	19.9	18.5	19.4	16.7	18.3	18.2	17.9	18.3	

1a At risk-of-poverty rate by age and gender		1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	Total	19.9	18.5	19.4	16.7	18.3	18.2	17.9	18.3	
	Male	18.0	17.4	17.6	16.9	17.3	17.4	17.0	17.0	
	Female	21.3	19.2	20.7	16.6	19.1	18.9	18.7	19.5	
0–15 years	Total	22.9	21.5	19.5	20.7	21.3	18.9	17.9	19.8	
	Male	22.2	22.1	20.0	19.9	20.6	19.8	18.8	20.2	
	Female	23.6	20.9	19.1	21.6	22.0	17.9	16.9	19.3	
16–24 years	Total	20.3	19.6	18.6	20.5	21.7	20.5	20.9	21.1	
	Male	20.5	19.1	17.6	19.7	21.4	19.0	19.9	18.8	
	Female	20.2	19.9	19.6	21.3	22.0	22.0	22.0	23.6	
25–49 years	Total	18.7	17.1	16.6	17.5	18.5	17.6	17.1	18.3	
	Male	17.6	16.4	15.9	17.8	17.8	17.9	16.6	17.5	
	Female	19.5	17.6	17.1	17.4	19.1	17.3	17.6	19.1	
50–64 years	Total	16.3	17.0	20.6	14.6	13.9	17.1	19.0	16.1	
	Male	14.8	15.6	18.9	18.3	14.6	17.7	20.3	17.9	
	Female	17.3	17.9	21.6	12.2	13.4	16.6	18.1	14.7	
65 years and more	Total	22.1	18.0	24.6	9.2	16.0	18.1	15.8	16.7	
	Male	10.2	10.4	15.0	3.0	7.5	9.1	6.6	7.0	
	Female	27.5	21.6	29.3	12.1	20.6	22.9	20.8	22.0	

1b At risk-of-poverty rate <i>by activity status and gender</i>		1996	1997	1998	1999	2000	2001	2002	2003	2004
Employed	Total	11.9	11.0	10.4	10.9	9.0	9.1	8.7	9.1	
	Male	11.2	10.5	9.4	10.7	7.7	8.1	7.7	8.4	
	Female	12.5	11.4	11.3	11.1	10.1	10.0	9.7	9.7	
Self-employed	Total	23.4	25.5	26.1	19.8	16.8	15.8	13.1	15.7	
	Male	20.9	23.4	25.3	18.5	16.3	15.2	13.8	16.3	
	Female	27.9	29.5	27.3	21.6	17.8	(17.1)*	(11.9)*	... **	
Unemployed	Total	48.1	44.2	50.1	48.2	49.5	46.9	48.4	49.0	
	Male	50.3	44.2	52.6	53.9	49.0	50.0	49.8	49.4	
	Female	46.1	44.3	47.3	42.1	50.0	43.4	46.8	48.6	
Retired	Total	22.8	20.1	27.2	11.2	18.1	21.0	20.6	19.4	
	Male	13.9	13.7	19.2	8.2	14.3	15.7	15.2	14.5	
	Female	26.5	22.9	30.7	12.5	20.0	23.7	23.4	22.2	
Other economically inactive	Total	26.7	24.6	25.2	27.9	27.9	27.0	28.3	30.9	
	Male	27.6	24.6	25.7	27.6	27.3	29.1	30.0	30.2	
	Female	26.2	24.6	24.8	28.0	28.3	25.7	27.2	31.4	

* - Unreliable data (based on 20-29 people of the sample)

** - Extremely unreliable data (based on less than 20 people of the sample)

1c At risk-of-poverty rate		1996	1997	1998	1999	2000	2001	2002	2003	2004
<i>by household type</i>										
1-person household	Total	34.1	28.5	33.5	17.2	30.1	33.3	34.9	33.2	
	Male	32.5	29.3	29.2	24.2	31.7	32.5	35.2	29.4	
	Female	34.6	28.2	35.1	14.9	29.3	33.6	34.8	34.8	
1-person household, under 30 years		25.9	20.3	14.3	16.0*	33.6	31.2	39.0	28.1*	
1-person household, 30-64 years		29.6	28.1	30.3	20.1	28.5	32.3	35.9	32.6	
1-person household, 65 years or over		41.8	30.5	43.0	13.8	31.0	34.9	32.7	35.0	
2 adults, no dependent children, both adults under 65 years		NA	12.7	14.7	14.7	11.8	13.6	14.6	13.4	
2 adults, no dependent children, at least 1 adult 65 years or over		NA	9.0	8.9	6.7	9.0	10.2	6.9	9.3	
Other households without dependent children		NA	10.5	15.1	11.1	13.5	11.5	13.1	10.7	
Single-parent households, 1 or more dependent children**		NA	29.0	26.8	28.6	37.2	29.2	35.2	32.8	
2 adults, 1 dependent child		NA	15.4	13.0	14.1	13.0	15.6	12.7	14.9	
2 adults, 2 dependent children		NA	13.6	14.1	16.2	16.4	15.1	15.2	18.1	
2 adults, 3 or more dependent children		NA	29.6	24.7	24.7	22.9	20.8	20.0	24.4	
Other households with dependent children		NA	17.5	17.7	17.3	19.3	18.5	15.7	16.2	

* - Unreliable data (based on 20-29 people of the sample)

** - Compared to 1997-1999 the definition of dependent child is more precise from 2000

1d At risk-of-poverty rate	1996	1997	1998	1999	2000	2001	2002	2003	2004
<i>by tenure status</i>									

Owner or rent-free	19.3	17.7	19.6	16.0	16.9	16.9	16.9	17.8	
Tenant	21.0	21.1	18.6	20.0	27.0	29.0	26.3	22.7	

1e At risk-of-poverty threshold: (in kroons)	1996	1997	1998	1999	2000	2001	2002	2003	2004
1-person household	11261	12497	14929	15744	17880	18905	20768	23236	
2 adults + 2 dependent children	23648	26244	31351	33062	37548	39700	43613	48796	
1e At risk-of-poverty threshold: (in Euro)	1996	1997	1998	1999	2000	2001	2002	2003	2004
1-person household	737	795	948	1006	1143	1208	1327	1485	
2 adults + 2 dependent children	1548	1670	1990	2113	2400	2537	2787	3119	
1e At risk of poverty threshold: (in PPS)	1996	1997	1998	1999	2000	2001	2002	2003	2004
1-person household	NA	1861	2058	2132	2380	2375	2523*	NA	
2 adults + 2 dependent children	NA	3908	4322	4478	4998	4987	5299*	NA	

* - Provisional data

2 Inequality of income distribution - S80/S20 quintile ratio	1996	1997	1998	1999	2000	2001	2002	2003	2004
	7.0	7.0	6.7	6.5	6.3	6.1	6.1	5.9	

3 At persistent-risk-of-poverty rate (65% median)	Not available								
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4 Relative at risk-of-poverty gap	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	29.0	27.1	23.2	28.0	24.7	23.8	24.0	23.7	
Male	33.8	30.9	28.1	31.3	26.7	27.6	27.6	24.5	
Female	26.3	24.8	19.8	25.8	23.2	21.7	21.9	22.5	

5 Regional cohesion	Not applicable									
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6 Long term unemployment rate	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	NA	4.5	4.8	5.5	6.3	6.2	NA		
Male	NA	5.2	5.2	6.2	7.1	6.8	NA		
Female	NA	3.7	4.4	4.7	5.4	5.4	NA		
7 People living in jobless households	1996	1997	1998	1999	2000	2001	2002	2003	2004
People aged 0-60	NA	8.3	7.6	9.0	8.1	9.4	9.0		
People aged 0-65	NA	11.7	10.1	11.6	11.0	12.0	11.3		

8 Early school leavers not in education or training	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	NA	17.6	12.6	14.0	14.2	14.1	12.6		
Male	NA	17.8	15.0	19.0	16.3	17.1	15.6		
Female	NA	17.5	10.1	9.2	12.1*	11.0*	9.6*		

9 Life expectancy at birth**	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	69.98	70.44	69.94	70.82	70.69	70.53	71.12		
Male	64.47	64.68	64.4	65.35	65.15	64.73	65.16		
Female	75.48	75.97	75.45	76.09	76.05	76.22	76.96		

* - Unreliable or uncertain data

** - Life tables estimates are not yet recalculated after Population Census 2000 and revising of population numbers

10 Self-defined health status by income level	1996	1997	1998	1999	2000	2001	2002	2003	2004
	NA	NA	NA	NA	No methodology				

11 Dispersion around the at risk-of-poverty threshold	1996	1997	1998	1999	2000	2001	2002	2003	2004
40% of median equivalised income	8.9	7.7	7.0	7.2	6.4	6.7	6.9	6.5	
50% of median equivalised income	13.6	11.9	12.0	11.4	11.8	11.2	11.1	11.2	
70% of median equivalised income	28.0	27.1	27.8	24.9	26.8	26.3	25.9	26.1	

12 At risk-of-poverty rate anchored at one moment in time (here to 1996)	1996	1997	1998	1999	2000	2001	2002	2003	2004
	19.9	18.6	14.8	12.9	10.9	10.5	9.2	7.2	

13a At risk-of-poverty rate before social transfers, pensions excluded from social transfers	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	24.4	23.3	25.5	24.5	25.5	25.2	25.3	24.8	
Male	22.5	22.2	23.8	25.0	24.5	24.5	24.8	23.2	
Female	25.8	24.1	26.7	24.2	26.4	25.7	25.7	26.1	

13b At risk-of-poverty rate before social transfers, pensions included in social transfers	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	41.1	42.2	41.1	44.4	42.4	41.5	41.6	40.6	

Male	37.1	38.3	37.1	41.0	39.5	38.7	39.4	37.4	
Female	44.0	45.1	44.1	47.0	44.8	43.8	43.4	43.3	

14 Gini coefficient	1996	1997	1998	1999	2000	2001	2002	2003	2004
	36.8	37.5	37.0	36.5	36.2	35.3	35.2	34.4	

15 Persistence of low income (below 50% of median income)	Not available								
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16 Long-term unemployment share	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	NA	39.3	46.3	42.7	45.8	48.4	52.3		
Male	NA	42.5	44.7	43.8	48.4	52.4	59.0		
Female	NA	35.3	48.4	41.3	42.9	44.0	45.6		

17 Very long-term unemployment proportion	Not available								
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18 People with low educational attainment	Not available								
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