ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Estonia

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The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

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Summary / Highlights

In Estonia, long-term care (*pikaajaline hooldus*) is a mix of in-kind health care services provided by the Estonian Health Insurance Fund and welfare services organized by local authorities. A local social worker assesses the need for welfare services after taking into account the needs and wishes of the person concerned and their family. A doctor carries out the assessment of the need for nursing care. The welfare system provides residential care, semi-residential day care and home care. At the national level, long-term care services are provided only for people with mental disorders,; these services include living in the community, supported living and residential care. Local authorities organize services for elderly and disabled people. The health care system provides inpatient nursing care, geriatric assessment services and home nursing care services.

A person may be charged a fee for social services provided by the local municipality to them or their family. Medical services that are provided by the health care system are financed by the Estonian Health Insurance Fund, but there is a system of co-payments by users of inpatient long-term care.

Informal care plays an important role in Estonia. The role of the family has a legal basis both in the Constitution of the Republic of Estonia and in the Family Law Act, which state that the family is required to provide maintenance to family members. The majority of disabled people are cared for by their family members.

There are few cash benefits for caregivers. There is a caregiver's benefit (*hooldajatoetus*) for formal or informal caregivers who are appointed by local authorities. The conditions for receipt, and amount, of caregiver's benefit vary between local authorities: but the average amount is about one-tenth of the minimum wage, hardly replacing any income loss due to partial labour market withdrawal. There are also care benefits (*hooldushüvitis*) paid by the Estonian Health Insurance Fund, but these are short-term only. Employed parents of disabled children can also use one additional free paid day in each month.

According to existing studies, the main problems related to alleviating the care burden and removing obstacles to the labour market participation of carers arise from lack of services, restricted access to services, lack of suitable services and insufficient social guarantees for carers. The low level of integration between social and health care services restricts preventative measures that could otherwise alleviate the need for care. There is also a high regional inequality in the provision of services, such as institutionalized care, home care, and the provision of a support person or personal assistant. Current services are not flexible and diverse enough to meet the demands created by the very varied conditions that carers face.

The government has recognized these problems. The new Welfare Development Plan 2016-2023 stresses that finding solutions to the caring burden of family members, increasing their participation in the labour market, and the provision of social guarantees to them should be one of the priorities in the next few years. European Social Fund (ESF) funds will be extensively used to finance support person services, and various care services and transportation services for disabled children and adults in 2015-2020. In addition, a new working group was established by the government to map all the challenges involved in seeking to relieve the situation of care givers and to facilitate and support their participation in the labour market; and to identify possible solutions. The due date for the results and conclusions of the working group is November 2017.

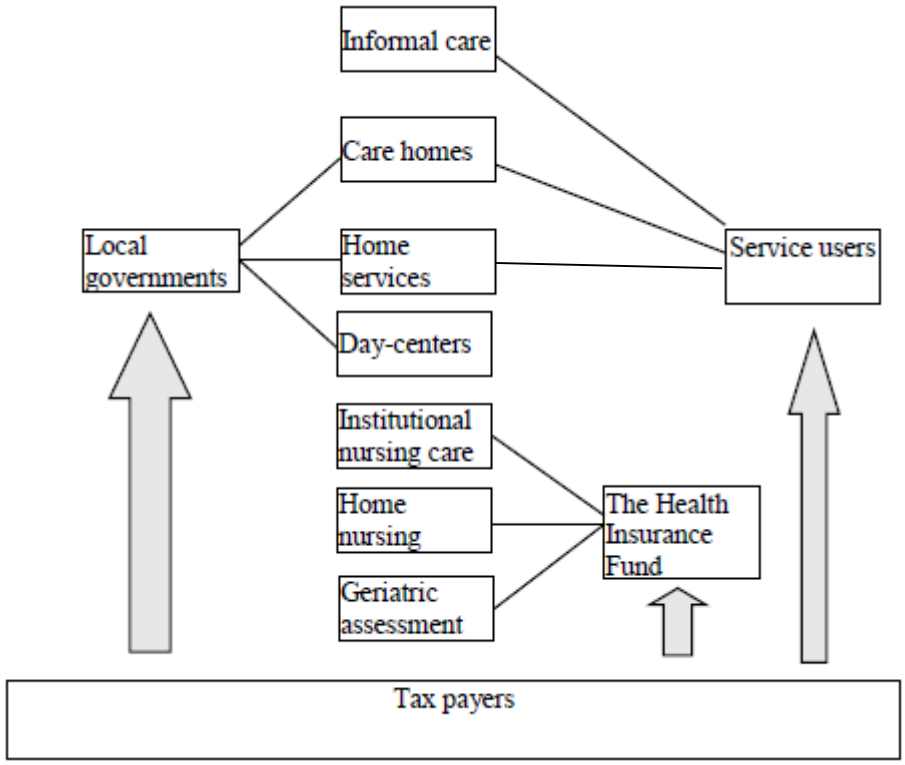
1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime[1]

In Estonia, long-term care (*pikaajaline hooldus*) is a mix of in-kind health care and welfare services organized at local level. There is no legal definition of long-term care. A local social worker, who will take action as necessary taking into account the needs and wishes of the person and their family, carries out an assessment of the need for welfare services. A doctor (either general practitioner or a medical specialist) carries out the assessment of the need for nursing care. General practitioners assess need only, and do not take part in service provision.

Hence, responsibility is divided between the health care and welfare systems (see Figure 1).

Figure 1:. Long-term care financing by segments



Source: Estonian Association of Gerontology and Geriatrics (2008)

The health care system provides inpatient nursing care, geriatric assessment services and home nursing care services (Act of Organization of Health Services (*Tervishoiuteenuste korraldamise seadus*)[2]. Medical services that are covered by the health care system are financed by an earmarked social tax levied on wages. This includes hospital care, access to physicians, and nursing care. With respect to the latter, a co-payment of 15% for inpatient long-term care (nursing care) was introduced from 1

[1] We thank Eva Lannes, Ülla Mäe and Ketri Kupper from the Ministry of Social Affairs for the data and comments they provided for this report.

[2] Tervishoiuteenuste korraldamise seadus, retrieved on 22 February 2016 at https://www.riigiteataja.ee/akt/110032011009?leiaKehtiv, and accompanying Decree of the Ministry of Social Affairs "Iseseisvalt osutada lubatud ambulatoorsete õendusabiteenuste loetelu ja nende hulka kuuluvad tegevused", retrieved on 22 February 2016 at https://www.riigiteataja.ee/akt/117012014009

January 2010 onwards[3], in part to avoid over-use of hospital resources by those not really in need of medical treatment.

The welfare system provides residential care, semi-residential day care and home care. At the national level, long-term care services are provided only for people with mental disorders; these services include living in the community, supported living and residential care. Local authorities organize services for elderly and disabled people. They are regulated by the Social Welfare Act (*Sotsiaalhoolekande seadus*)[4]. Welfare services are financed through the budget of the local municipalities. A person may be charged a fee for social services provided to them or their family. The size of any fee depends on the extent and cost of the service and the financial situation of the person and family receiving the service. The charging of a fee is decided by the authority that provides or pays for the service. For services in day-centres, co-payment by the individual or their family is rare. When it comes to round-the-clock care in care homes, however, personal contributions are common; they can amount to up to 100% of the cost. Where an individual or his family is unable to pay, the local authority may cover part of the cost.

Informal care plays an important role in Estonia (Paat, Merilain (2010)). The role of the family in caring for dependent family members is not simply a matter of fact: it also has a legal basis in the Constitution of the Republic of Estonia. Article 27 of the Constitution stipulates that “The family is required to provide for its members who are in need". In addition the Family Law Act states that "Adult ascendants and descendants related in the first and second degree are required to provide maintenance".

There are very few benefits for caregivers. There is a caregiver’s benefit (*hooldajatoetus*) for carers who are appointed by, and then paid by, local authorities; and there are short-term health insurance care benefits (*hooldushüvitis*), paid by the Estonian Health Insurance Fund as a benefit for a temporary incapacity for work.

1.2 Description of carers’ leave

In Estonia, paid care leave is only available on a short-term basis. Care benefit[5] (*hooldushüvitis*) is a temporary benefit for incapacity for work, which is regulated by the Health Insurance Act (Passed 19.06.2002 RT I 2002, 62, 377, legislation in force RT I, 30.12.2015, 59) and paid by the Estonian Health Insurance Fund to people who have a temporary disruption in employment because of caring needs.

Care benefit is paid to an insured person in cases of:

- Nursing of a child of under 12 years of age;
- Nursing of a family member who is ill at home;
- Caring for a child under three years of age or for a disabled child under 16 years of age, where the person caring for the child is themselves ill or is receiving obstetrical care.

The duration of the benefit is up to 14 calendar days in the event of nursing a child of under 12 years of age, or up to 7 calendar days in the event of nursing another family member at home.

[3] Regulation number 42 of the Estonian health insurance fund of 19 February 2009, Riigiteataja I 2009, 16, 99 retrieved on 15 February 2012 at https://www.riigiteataja.ee/ert/act.jsp?id=13231527. In practice, this amounts to EUR 6.13 per day or EUR 182 per month. Hospitals can ask for less, and many do as the compensation provided by the Health Insurance Fund for the price of a bed-day seems to be sufficient to cover more than 85% of the real cost.

[4] The amended Social Welfare Act entered into force on 1 January 2016. The amendments allow for the development of a common framework for the quality of services.

[5] Note that the homepage of the Estonian Health Insurance Fund uses the English term "care allowance" in its annual yearbooks, whereas the official translation of the Health Insurance Act uses the term "care benefit". We prefer to use the term "care benefit" as this is also used in the MISSOC database.

The benefit is paid for up to 60 calendar days if a child under 12 years is sick due to a malignant tumour and the treatment starts in the hospital (this was introduced from the 1 July 2015).

The benefit is paid for up to 10 calendar days in the event of caring for a child under three years of age, or for a disabled child under 16 years of age, if the regular person caring for the child is ill themselves or is receiving obstetrical care.

The benefit is paid by the Estonian Health Insurance Fund from the first day of exemption from work, and is 80% of the previous labour income. There is no ceiling for the benefit. The care benefit cannot be cumulated with labour earnings.

In addition to paid short-term leave, there are additional free days for parents of disabled children. A parent of a disabled child has the right to have one additional free day per month until the child reaches the age of 18. The free day will be remunerated according to the parent's average earnings. The employer is compensated from the state budget by the Estonian National Social Insurance Fund. (This free day is on top of the 3 days per year, remunerated with minimum wage, if a parent has a child under 14.) In addition, every parent who raises a child under 14 years or a disabled child under 18 has a right to receive 10 days of unpaid vacation each year[6].

1.3 Description of cash benefits

1.3.1 Carer's cash benefits

Carers can receive caregiver's benefit (*hooldajatoetus*), paid by local authorities, and short-term health insurance care benefits (*hooldushüvitis*), paid by the Estonian Health Insurance Fund as a benefit for a temporary incapacity for work, as explained in the previous section.

Caregiver's benefit is a cash benefit provided by local authorities to caregivers who support people with an assessed degree of disability in everyday activities (e.g. paying bills, organizing transportation to a doctor or to a bank when needed) and who also provide care services at home (personal assistance in eating, clothing, washing; home assistance in cleaning, cooking, buying products). The conditions of the benefit are regulated by local authorities and may therefore vary. The main condition is that the caregiver or the family member who provides care needs to be appointed by the local authority.

The amount of the benefit varies between local authorities. According to the Ministry of Social Affairs, the average caregiver's benefit was EUR 51 for a child and EUR 25 for an adult per month in 2015 (EUR 48 and EUR 25 in 2014 respectively)[7]. The range of minimum and maximum amounts was from EUR 15 to EUR 121 when caring for children and from EUR 15 to EUR 53 when caring for adults in 2014. For those carers who neither work nor receive national pensions, local authorities pay the minimum level of social tax that guarantees carers health insurance, and the minimum required contributions to the state pension scheme[8]. The exact rules of caregiver's benefit depend on local municipalities. Some municipalities allow caregivers to work at the same time, some do not. Caregiver's benefit is not subject to taxation.

[6] Töölepingu seadus (Employment Contracts Act), § 63 lg 2 and § 64 lg 1, https://www.riigiteataja.ee/akt/112072014146

[7] Sotsiaalministeerium. Sotsiaalse turvalisuse, kaasatuse ja võrdsete võimaluste arengukava 2016-2023. Arengukava aluseks oleva hetkeolukorra ülevaade. 2015, available at http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalse_turvalisuse_kaasatuse_ja_vordsete_voimaluste_arengukava_2016_2023/heaolu_arengukava_hetkeolukorra_ulevaade_2015.pdf

[8] In 2015, the minimum contribution base was EUR 355 per month, which gives the caregiver around one third of the pension of an average wage earner.

1.3.2 Care receiver's cash benefits

Strictly speaking, people receiving care do not get any additional cash benefits. However, there are various benefits for disabled children and elderly people that form part of the total income of the household to which they belong. See Annex 1 for a list of these benefits. A child with a moderate disability receives EUR 69.04 per month, and a child with a severe or profound disability receives EUR 80.55 per month, in 2016. (This is in addition to universal child benefits.) There are a few extra benefits that cover additional costs related to studying.

Benefits for people who have reached statutory pension age are smaller, just EUR 12.79 per month in the case of moderate disability, EUR 26.85 in the case of severe disability and EUR 40.91 in the case of profound disability. As a comparison, the average old-age pension was EUR 369 at the beginning of 2016. Disability allowances for working-age people are meant to cover additional expenses, and range from EUR 16.62 to EUR 53.70 in 2016. Payment of the latter has been shifted to the Unemployment Insurance Fund as part of recent work ability reforms[9].

1.4 Description of carers' benefits in kind

1.4.1 Benefits for dependent persons

People who are disabled or who need long-term care may receive variety of services organized by local municipalities. A person may be charged a fee for social services provided to them or their family.

Home care is provided by local government, helping dependent people to manage in their usual environment. Home care is not subject to any limits on its duration. Long-term support services are provided continuously for people living independently to enable them to use general public services. Home services comprise, for example, cleaning and care of the home; provision of meals, pharmaceuticals, other necessities and firewood or other fuel; and information and assistance in administrative matters.

Semi-residential care is provided by local government to support a person or their family to maintain capacity, in institutions where the person spends the day. Day-care is provided by day centres where social services, developmental and hobby activities are offered during the day. An elderly or disabled person can visit the day centre as often as they wish (or need to). Day-care centres can also offer services for people with dementia – family members/care givers bring a person diagnosed with dementia to the day-care centre and professionals take care of them. The purpose of day centres is to maintain the welfare and activity of their clients and to support them staying in their home for as long as possible.

Residential care is provided as part of the health care system or welfare system. Some welfare institutions, if holding the necessary licences, may also provide inpatient nursing care. Where residential care is part of the welfare system it is offered for an unlimited time. Residential care under the health care system is provided for a limited time and it depends on the person's health status.

Other benefits in kind

There are various other services available for disabled people and their family members. Home improvement services are provided by local authorities. Technical appliances (including prostheses) are financed by the state with possible co-payments. Disabled people and those accompanying them also have access to free public transport services.

[9] For more information on the 2016 work ability reform see Estonian Unemployment Insurance Fund "Work ability reforms", https://www.tootukassa.ee/eng/content/work-ability-reforms

1.4.2 Cost sharing for benefits in kind

Care beneficiaries pay for accommodation, nursing and catering etc. in social welfare institutions according to the contract with the institution (in welfare institutions for people with psychic disorders, beneficiaries pay accommodation and catering; care is paid partially by the state). If the beneficiaries or their family members do not have sufficient means to pay for the service, the local authority has an obligation to cover the cost.

In the case of technical appliances included in the list established by the Minister of Social Protection, part of the cost is covered by the state. Exact amounts depend on the reference prices. Mental health services for people with special mental needs are provided partially by the state and partially by the local authority. Home improvement services are provided by local authorities. Local authorities have an obligation to organize home care but they have the right to demand co-payment from the beneficiary. Most local authorities assess each case individually to determine the level of co-payment, which depends on the income of the beneficiary and their family, on other assets or other possibilities to pay for the service. Some local authorities do not demand any co-payment.

Patients pay 15% of the service cost in the case of inpatient nursing care services in the health care system.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

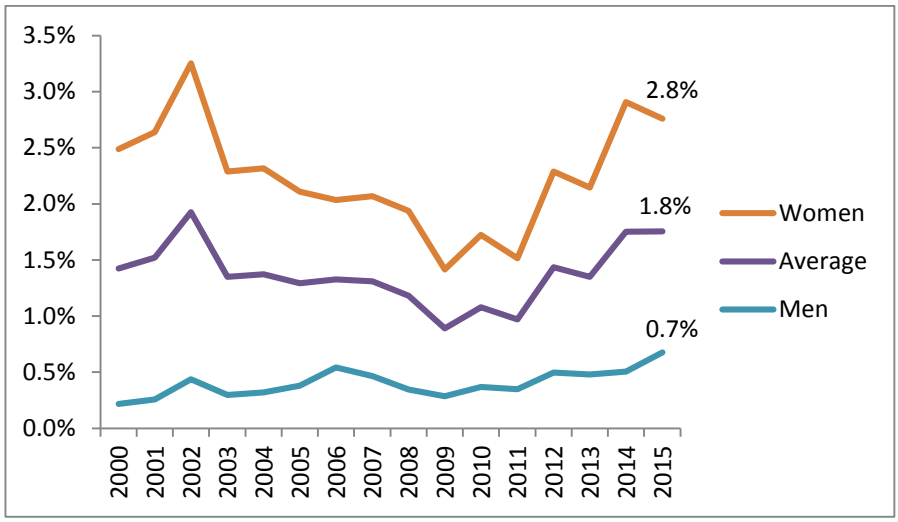
Research into the effectiveness of work-life balance measures is quite scarce, especially regarding individual measures. Statistical data on the caring burden are collected only every five years. The latest available data are for 2009 when a major survey was carried out on the social situation of disabled people[10]. (New data will be published later in 2016.) There is also an analytical background document[11] of the Welfare Development Plan 2016-2023[12], which we extensively refer to below.

[10] Puuetega inimeste ja nende pereliikmete hoolduskoormuse uuring 2009, Ministry of Social Affairs, Saar Poll OÜ, Tartu Ülikool, available at http://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Uuringu_ja_analuusid/Sotsiaalvaldkond/piu2009_loppraport.pdf

[11] Sotsiaalministeerium. Sotsiaalse turvalisuse, kaasatuse ja võrdsete võimaluste arengukava 2016-2023. Arengukava aluseks oleva hetkeolukorra ülevaade. 2015, available at http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalse_turvalisuse_kaasatuse_ja_vordsete_voimaluste_arengukava_2016_2023/heaolu_arengukava_hetkeolukorra_ulevaade_2015.pdf

[12] Sotsiaalministeerium. Heaolu arengukava 2016–2023. Eelnõu seisuga 07. jaanuar 2015, retrieved on 22 February 2016 at http://eelnoud.valitsus.ee/main#AIU0avWc

Figure 2. Inactivity rates as a result of taking care of children or other family members , proportion of 15-74 age group, by gender



Source: Statistics Estonia, on-line database, Table ML451: inactive persons aged 15-74; own calculations

In overall terms, labour force survey data in Figure 2 indicate that around 1-1.5% of the population (17,500 people in 2015) in the 15-74 age group is inactive as a result of taking care of children or other family members[13]. Among women, the proportion is considerably larger than among men (2.8% versus 0.7% in 2015).

In addition to those who are inactive, there are people who work part-time because of the need to take care of children. There are additionally about 12,000 people (about 1% of those in the 15-74 age group) who are under-employed part-time workers.

The caring burden of the Estonian working-age population is less than the European Union (EU) average according to various survey data. According to the 2010 labour force survey ad hoc module[14], 5% of women and 2.9% of men in the 25-49 age group in Estonia take care of relatives, which is less than the EU-28 average (7% and 4% respectively). In the 50-64 age group, the proportion of people taking care of relatives increases to 11.4% among women and 7.1% among men, but is still lower than the EU-28 average (14.2% and 8.6% respectively). The proportion of women among those who take care of relatives or friends aged 15 or over is 68.5% in Estonia, which is slightly more unbalanced than the EU-28 average of 60.2%. The employment rate among people who have caring obligations is higher than the EU-28 average: in 2010 66% of women aged 50-64 who had caring obligations were employed, compared with the EU-28 average of only 48.1%.

According to another survey, the European Quality of Life Survey 2012, the proportion of women who were involved in caring for an elderly or disabled relative at least once a week in 2011-12 was 14.3% (9.7% for men), which was slightly lower than the EU-28 average 15.9% (11.9% for men).

2.1.1 Carers' leave

As described in Section 1.2, the parent of a disabled child has a right to have one additional paid free day each month, or 12 days per year, until the child reaches the age of 18. Data from the Estonian National Social Insurance Fund suggests that parents have increased considerably their utilization of this additional free day in recent years. The

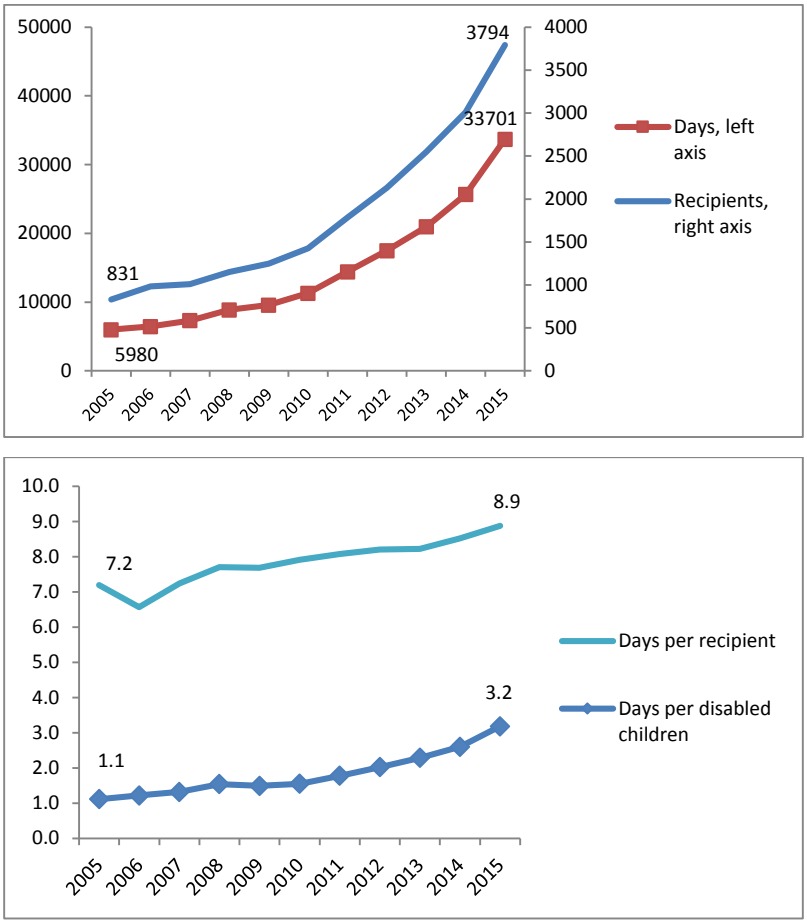
[13] The data on inactive people do not include parents who are on regular parental or child care leave, as for those people there is a separate category.

[14] Source: LFS ad hoc module, 2010: Reconciliation between work and family life.

total number of parents using the free day has increased from 831 (representing around 16% of disabled children) in 2005 to 3,794 in 2015 (36% of disabled children).

Although the number of disabled children eligible for disabled child benefits, almost doubled in Estonia from 5,357 children in 2005 to 10,578 children in 2015, the utilization of the free day has increased even more rapidly. Between 2005 and 2015 the average number of free days per recipient increased from 7.2 to 8.9 (see Figure 2, lower section) and the average number of free days per disabled child increased from 1.1 to 3.2.

Figure 3. Number of recipients and free days used by parents of disabled children



Source: Estonian National Social Insurance Fund (Sotsiaalkindlustusamet) annual statistical reports, own compilation and calculations. Note: The total number of disabled children used in the calculations is the number of children eligible for disabled child allowance at the end of each year.

There are several possible explanations for the increased take-up of this free day. First, information about the benefits and leave targeted at parents of disabled children may have increased over time. Second, the availability of in-kind services may have improved, so that more parents of disabled children may work at least part-time and, hence, be eligible for this paid free day from work. Finally, it is possible that the number of disabled children with moderate disability has increased by more than those with more severe disability. Indeed, whereas in 2005 the proportion of disabled children receiving an allowance for severe or profound disability was 66%, it had dropped to 59% by 2015[15].

[15] Based on personal communication with the Estonian Ministry of Social Affairs, it seems they do not have clear evidence as to which of the factors contribute most to the increased use of this paid leave.

2.1.2 Carers' cash benefits

The analytical background document[16] of the Welfare Development Plan 2016-2023[17] highlights that although local authorities may pay caregivers benefits for their care work, the rules vary substantially between regions. There is variation in terms of both eligibility (e.g. whether a care giver is employed or not, whether a disabled person is child or not, and whether a disabled person has family members who can support them) and amounts.

The average caregiver's benefit was EUR 51 for a child and EUR 25 for an adult per month in 2015, which corresponds to around 10% of the after-tax minimum wage (EUR 390)[18]. Hence, the caregiver's benefit hardly replaces any income loss from partial labour market withdrawal. By contrast, the replacement rate of the care benefit by the Estonian Health Insurance Fund is 80% of the previous labour income – but this is available only for a very short period.

2.1.3 Carers' benefits in kind

The same background document lists the main problems related to alleviating the care burden, and removing obstacles to the labour market participation of carers, as those arising from: lack of services; restricted access to services; lack of suitable services; and missing social guarantees, such as inadequate contributions to the state pension scheme, for carers. The low level of integration between social and health care services restricts prevention and alleviation of the need for care. The report also mentions the high regional inequality of services, such as institutionalized care, home care, and provision of a support person or personal assistant. Current services are not flexible and diverse enough to meet the demands of the very varied conditions that carers face. Because of fragmentation of financing and service provision, caregivers face a very difficult task in obtaining all the necessary services for care receivers. Local authorities lack resources to support the adaptation of disabled people's houses.

The background document acknowledges that there is no comprehensive system of social guarantees for carers.

In 2015, the National Audit Office audited the organization of independent inpatient nursing care and home nursing care. The purpose of the audit was to assess whether the independent nursing care service was accessible, met the needs of patients, was sustainably financed, and whether EU funds had been spent in a reasonable manner (National Audit Office 2015[19]). The audit concluded that the Estonian Nursing Care Network Development Plan 2004-2015 had largely failed to achieve its objectives. Independent nursing care had not been integrated with the welfare system; the accessibility and state financing of inpatient nursing care varied significantly between regions; and the trilateral (Health Insurance Fund, local authority and patient) financing principles had not been implemented. A quarter of patients who received inpatient nursing care in 2013 should actually have received a different kind of care. The National Audit Office made several recommendations based on their audit. It said that a uniform assessment system and criteria for referring people to welfare and health services

[16] Sotsiaalministeerium. Sotsiaalse turvalisuse, kaasatuse ja võrdsete võimaluste arengukava 2016-2023. Arengukava aluseks oleva hetkeolukorra ülevaade. 2015, available at http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalse_turvalisuse_kaasatuse_ja_vordsete_voimaluste_arengukava_2016_2023/heaolu_arengukava_hetkeolukorra_ulevaade_2015.pdf

[17] Sotsiaalministeerium. Heaolu arengukava 2016–2023. Eelnõu seisuga 07. jaanuar 2015, retrieved on 22 February 2016 at http://eelnoud.valitsus.ee/main#AIU0avWc

[18] Calculations by Ministry of Social Affairs, data received on 3 March 2016.

[19] National Audit Office (2015) Riigi tegevus iseseisva õendusabi korraldamisel (Activity of state in organization of independent nursing care), accessed 16 July 2015 at http://www.riigikontroll.ee/tabid/206/Audit/2343/Area/21/language/et-EE/Default.aspx

needed to be established. Organization of the health and welfare system needed to be combined to guarantee necessary and cost-effective services.

A study of the social situation of disabled people carried out in 2009 also included an in-depth analysis of the caring burden of disabled people and their family members[20]. The study revealed that only about 2% of disabled people lived in various care institutions: the rest lived with their households or alone. 48% of disabled people needed help occasionally, and 36% constantly. 46% of disabled people had a family member who helped them. The study estimated that there were about 70,000 caregivers.

Caregivers were mostly women (62%), and the average age of caregivers was 60, the majority being in the 50-75 age group. About one fifth of the family members who took care of disabled people were also formal caregivers. About half of caregivers were themselves old-age pensioners (51%); about 29% were employed; 2% were studying; and the remaining 17% were unemployed, disability pensioners or inactive (see also Annex Figure A1).

77% of caregivers (aged 16-64) who studied or worked did not have to reduce their work hours or give up working or studying because of caring obligations. 84% of caregivers who worked had normal working hours (40 hours per week) or more. Only 16% had part-time work.

According to the study 18% of caregivers reported that they had reduced their work hours or studying because of caregiving; men more than women (22% versus 14%). About half of the caregivers who worked could use flexible working arrangements (e.g. flexible start of the working day, distribution of the workload over the week). About a third of the caregivers who worked did not have such flexible opportunities.

Only about 7% of caregivers shared their caring obligations with a formal support person or nurse.

Regarding availability of services, 37% of caregivers found that they needed additional support in caring. Additional support was needed especially in the case of care for elderly people or people with a profound disability. Only 16% of caregivers reported that they had received any support during the previous 12 months from the local municipality or from the state.

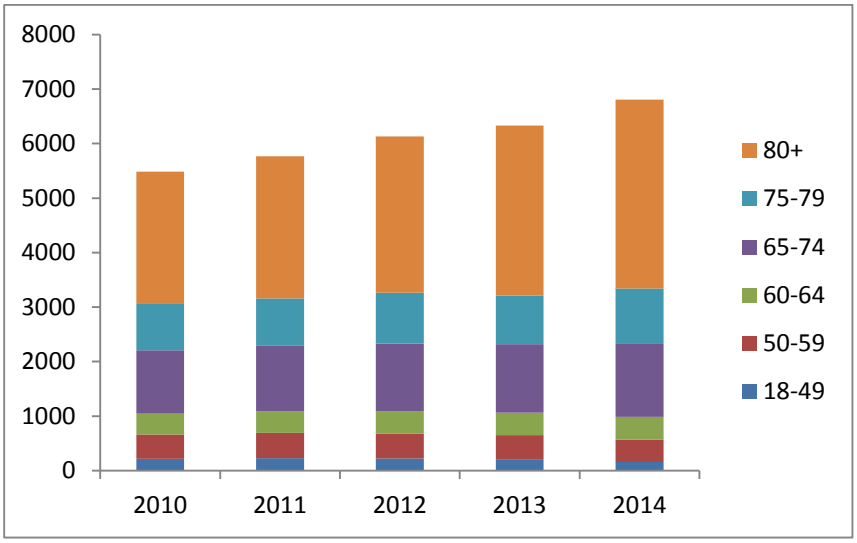
A recent survey of elderly people aged 50-74 showed that about one fifth of them had caring obligations that took substantial part of their time, and of those around 19% needed additional services and benefits to reduce their caring burden[21]. About 29% of elderly people reported that they would like to receive a wider range of home care services, followed by social transport services (reported by 23% of elderly) and personal carers (reported by 14%).

In recent years, the number of people using residential care has increased by 24% (see the following figure), suggesting an increase in the availability of the service. According to data from the Ministry of Social Affairs, a majority of the people using residential care are aged 80 or more.

[20] Puuetega inimeste ja nende pereliikmete hoolduskoormuse uuring 2009, Ministry of Social Affairs, Saar Poll OÜ, Tartu Ülikool, available at http://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Uuringu_ja_analuusid/Sotsiaalvaldkond/piu2009_loppraport.pdf

[21] TNS EMOR, Poliitikauuringute Keskus Praxis (2016) "Vanemaealiste ja eakate toimetuleku uuring 2015", available at http://www.praxis.ee/wp-content/uploads/2016/03/VEU2015-l%C3%B5pparuanne_TNSEmorSAPraxis_07122015.pdf

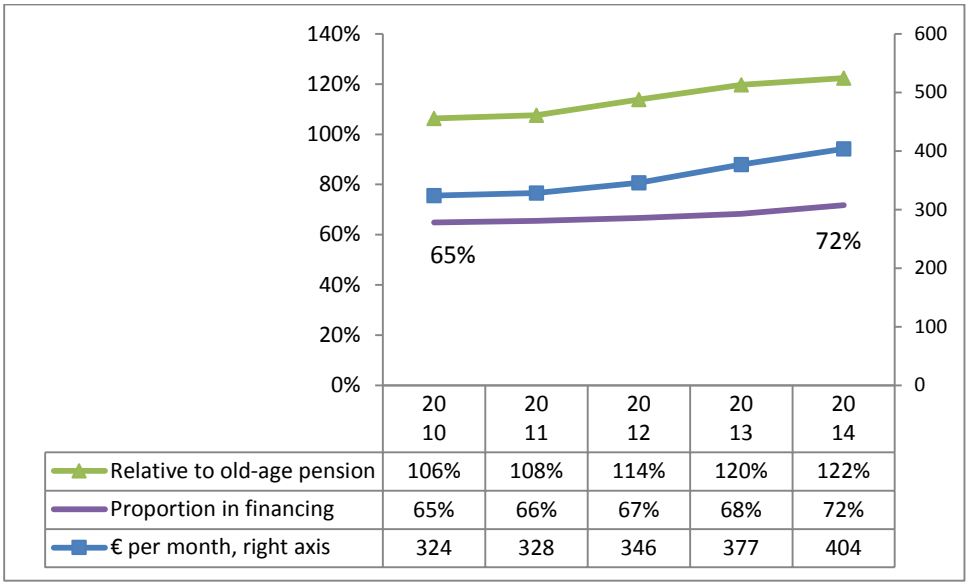
Figure 4.Number of people using residential care



Source: Ministry of Social Affairs, (2015) "Täiskasvanute hooldamine hoolekandeasutuses, 2010–2014" (Adult care in welfare institutions 2010-2014), https://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Statistika/Sotsiaalvaldkond/Sotisaalhoolekanne/taiskasvanute_hooldamine_hoolekandeasutuses_2010-2014.docx

About 72% of total financing of residential care comes from co-payments by service users, i.e. usually from their old-age pensions, or their family members. The average monthly co-payment in 2014 was EUR 404: this was about 22% higher than the average old-age pension, which means that other family members must usually also contribute.

Figure 5. Co-payments in residential care



	2010	2011	2012	2013	2014
Relative to old-age pension	106%	108%	114%	120%	122%
Proportion in financing	65%	66%	67%	68%	72%
€ per month, right axis	324	328	346	377	404

Source: Ministry of Social Affairs, Estonian National Social Insurance Fund, own calculations

2.2 Assessment of overall package of measures and interactions between measures

The few studies that have been carried out, and the analysis by the Ministry of Social Affairs, suggest that there are considerable obstacles to the provision of the social services needed by disabled people and their caregivers. The ability of local municipalities to provide services is limited because of financial constraints, and the cash benefits for families are also too low to allow them to buy relevant services from the market. On the other hand, the situation is well acknowledged and several new policy initiatives are under way (see next section).

On 4 December 2015, the Praxis Center for Policy Studies organized a high-level expert seminar on the situation of long-term care in Estonia. The seminar participants outlined more than 50 problems in the field. The most important issues were related to the fragmented financing of, and lack of co-ordination between, social and health services; the absence of common policy objectives at the state level; the caring burden of relatives; the lack of an integrated information system on services; and the unequal capacity of local municipalities. Among the many solutions that experts put forward were proposals related to the introduction of long-term insurance, better integration and coordination of health and long-term services, and better access to information on services[22].

2.3 Policy recommendations

The new Welfare Development Plan 2016-2023 stresses that finding solutions to the caring burden of family members, increasing their participation in the labour market, and the provision of social guarantees to them, should be one of the priorities in the next few years. It foresees several policy initiatives for alleviating the care burden.

Because of the lack of funds available to local municipalities, and the existing regional differences in access to services, in the 2014-2020 period European Social Fund money will be extensively used to develop services for disabled people and their family members to support their participation in the labour market (*Meede 2.2 Tööturul osalemist toetavad hoolekandeteenused* - Policy action 2.2. Care services to encourage labour market participation). There is a special instrument for the development and provision of support services for disabled children and the promotion of work-life balance (*Puudega laste tugiteenuste arendamine ja pakkumine ning töö- ja pereelu ühildamise soodustamine*). As a part of that, from November 2015 until 2020 about EUR 37 million (of which EUR 32 million will come from the European Social Fund) will be used to finance support person services for informal carers, childcare services, and transportation services for children with severe and profound disabilities[23]. The provision of these services is organized centrally by the Estonian National Social Insurance Board, which contracts with private enterprises to provide the services themselves.

As the demand for long-term services grows, because of the ageing population, provision also needs to increase. Because many disabled people are being cared for at home[24], more emphasis should be placed on developing home services and supporting more

[22] See the full list of recommendations in http://mottehommik.praxis.ee/eakate-pikaajalise-hoolduse-olukorrast-eestis/

[23] Ministry of Social Affairs. Minister Tsahkna: toetame sügava puudega laste vanemaid hoolduskoormuse vähendamisel (Minister Tsahkna: we support parents of children with severe disability with an extra measures to reduce parents' caring burden). 2015. http://www.sm.ee/et/uudised/minister-tsahkna-toetame-sugava-puudega-laste-vanemaid-hoolduskoormuse-vahendamisel, see also Estonian National Social Insurance Board "Puudega laste tugiteenuste arendamine ja pakkumine" http://sotsiaalkindlustusamet.ee/puudega-laste-tugiteenuste-arendamine-ja-pakkumine-8/

[24] About 7% of people in the age group 75+ were being taken care of by formal caregivers to whom the state paid caregiver's allowance at the end of 2013.

informal care services. The action plan of the Welfare Development Plan foresees that the proportion of people receiving home care will increase. Whereas in 2014 the ratio of people receiving home care relative to people in institutionalized care was 1.4, the Plan foresees that it should increase to 1.7 by 2019. At the same time the action plan envisages that the total number of people forced out of the labour market because of caring obligations should more than halve – from an estimated 16,300 people in 2014 to 6,800 in 2019.

In order to analyse the options for reducing the care burden of dependants' relatives, a new working group has been established by the Government Office of Estonia in cooperation with the Ministry of Social Affairs[25] consisting of representatives from a wide range of stakeholders. The purpose of the working group is to map all the challenges involved in relieving the situation of caregivers and facilitating and supporting their participation in the labour market; and also to find possible solutions. Social services and health care services provision is one aspect among others that will be considered, especially in terms of accessibility, quality and the range of services available. The due date for the results and conclusions of the working group is November 2017.

[25] The Government Office. Rakkerühm hakkab lahendama lähedaste hooldamisega seotud probleeme (The working group for analysing and solving the challenges of reducing the caring burden of people with dependants). 2015. https://riigikantselei.ee/et/uudised/rakkeruhm-hakkab-lahendama-lahedaste-hooldamisega-seotud-probleeme

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Ministry of Social Affairs. Minister Tsahkna: toetame sügava puudega laste vanemaid hoolduskoormuse vähendamisel (*Minister Tsahkna: we support parents of children with severe disability with an extra measures to reduce parents' caring burden*). 2015. http://www.sm.ee/et/uudised/minister-tsahkna-toetame-sugava-puudega-laste-vanemaid-hoolduskoormuse-vahendamisel

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Annex

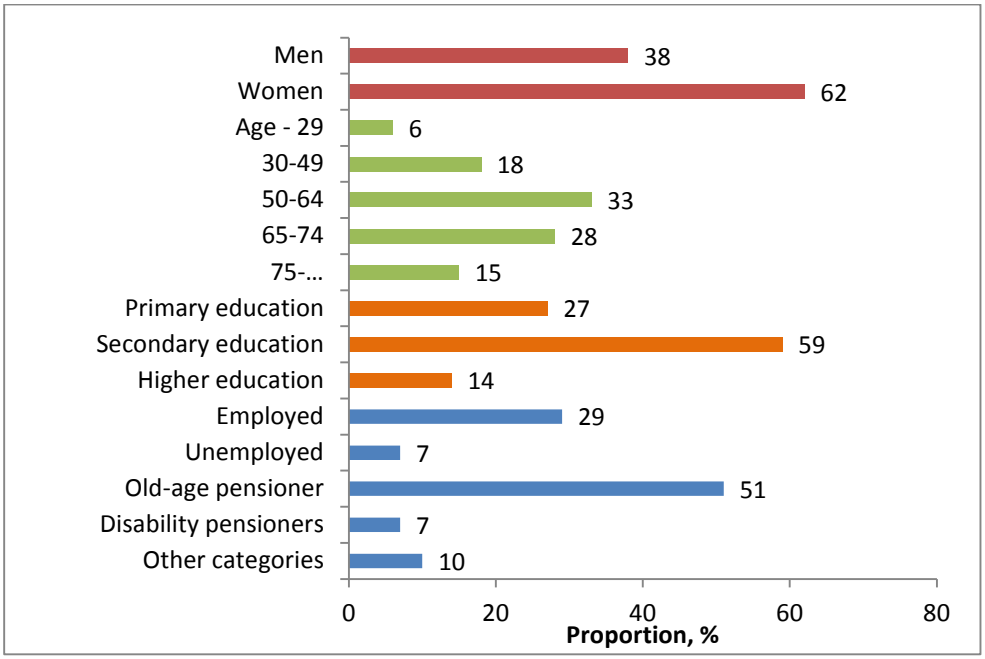
Table A1. Benefits for disabled people

Benefit	Period	Amount in EUR, 2016
Disabled child allowance to a child with a moderate disability	Monthly	69.04
Disabled child allowance to a child with a severe or profound disability	Monthly	80.55
Disability allowance for the elderly with a profound disability	Monthly	40.91
Disability allowance for the elderly with a severe disability	Monthly	26.85
Disability allowance for the elderly with a moderate disability	Monthly	12.79
Disability allowance for working-age people to cover additional expenses	Monthly	16.62 – 53.70
Disabled parent's allowance	Monthly	19.18
Education allowance to non-working disabled students to cover additional expenses	10 times per year	6.39 – 25.57
Adult training support (*täiendkoolitustoetus*)	Once during three years	Up to 613.68

Note: since 1 January 2016 the Estonian National Insurance Board no longer pays the rehabilitation allowance and work-related allowance, which are now an obligation of the Unemployment Insurance Fund as part of the Work Ability Reform. Local municipalities may pay additional benefits.

Source: Estonian National Insurance Board (Sotsiaalkindlustusamet),
http://sotsiaalkindlustusamet.ee/sotsiaaltoetused-puuetega-inimestele/,
http://sotsiaalkindlustusamet.ee/puuetega-inimestele/

Figure A1. Socioeconomic profile of caregivers, 2009



Source: Puuetega inimeste ja nende pereliikmete hoolduskoormuse uuring 2009, Ministry of Social Affairs, Saar Poll OÜ, Tartu Ülikool, available at http://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Uuringu_ja_analuusid/Sotsiaalvaldkond/piu2009_loppraport.pdf, Figure 19