



Recent progress in the process of deinstitutionalisation of special care services in Estonia

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One of the priorities of the European Union is to move from institutional care to community-based care. In Estonia, the initial plans for the process were made more than a decade ago, while more progress has been made only recently, developing new services and analysing the possibilities of including local governments in the service provision. Still, several challenges lie ahead.

Description

Transition from institutional to home-care and community-based care (deinstitutionalisation) is an important EU priority. The process includes mainly two dimensions: 1) developing and providing community-based support services to prevent the need for institutionalisation and enable people to live independently; and 2) providing services in smaller, home-like institutions (family-type houses). In Estonia, the process in relation to welfare services for adults with special mental health needs (special care services) was, in principle, launched more than a decade ago.

There are around 50,000 persons with mental health issues in Estonia, and the number is increasing by around 5% each year (Krais-Leosk, 2018). The system of special care for adults is mainly financed from the state budget. In 2018, there are 8,365 service places available and 1,635 persons on the waiting list (Estonian Social Insurance Board (ENSIB)).

In 2006, the Programme for Reorganisation of State-owned Special Care and Welfare Institutions and Services was adopted, setting out a future vision for the special care system, including: 1) shortening the waiting list for services by increasing the number of service places from 4,500 to 7,000 by 2011; 2) reorganising the provision of services by 2021 into 219

modern, family-type houses instead of old large manors or hospital-type buildings; and 3) increasing the share of support services (the ratio of support services to twenty-four-hour services would increase from 1.03 in 2006 to 1.90 in 2011). (Kokk and Kurves, 2006)

The process started with the reorganisation of the infrastructure; however, the development of the system and services was not specifically targeted. The need for additional or specific services and the need to improve the availability and accessibility of services was emphasised in 2008 (National Audit Office) In 2012, it was concluded that the availability of services was still fragmented and the quality was variable (Bogdanov and Pertel, 2012).

In 2014, the Special Care and Welfare Development Plan for 2014–2020 was adopted. Deinstitutionalisation was included in the plan and two main indicators were set: 1) the ratio of support services to twenty-four-hour institutional care services will increase from 1.1 in 2014 to 1.5 in 2017 and 2.5 in 2020; and 2) the percentage of persons benefiting from twenty-four-hour service, living in service units housing more than 30 people, in relation to the total number of persons on these services will drop from 65% in 2014 to 40% in 2017 and 30% in 2020. Several measures were also foreseen to develop services and provide more flexibility.

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In 2018 the process is ongoing, and though it is slower than initially planned in 2006, there are positive developments, especially since recent years. The ratio of the services was 1.6 in 2016, while the value of the second indicator was still 65% (Ministry of Finance). Thus, there has been a clear increase in the provision of support services.

By 2013, 55 family-type houses had been built. Additional investments from the European Regional Development Fund (ERDF) were planned for the period 2014-2020. €56 million will be used to reorganise 1,200 places, create at least 200 new places and build family-type houses (Habicht and Kask, 2018). The basic annual budget has increased from €8.7 million in 2006 to €24.1 million in 2016 (Ministry of Social Affairs).

In 2018, the increased budget (around €29 million) made it possible to create 500 additional service places, and two new services were launched: 1) an everyday support service for adults with severe or profound autistic spectrum disorder; and 2) a daily or weekly support service, for support with day-to-day life, for adults with severe or profound mental disorders (Krais-Leosk, 2018). Also, a long-term protected work service was launched in 2016, helping persons with disabilities to enter, adjust to and participate in the labour market.

In 2018, the first service design project ended. The aim of the project was to analyse the special care system and design it according to the needs of the clients and principles of deinstitutionalisation. It also followed the suggestion made in 2015, i.e. the need to include local government more in the special care system (Bugarszki et al 2015). During the project, a pilot was carried out, testing ways of giving local governments a greater

role in organising the services. Initial testing showed many issues and flaws in the system, and further testing and planning are foreseen (Trinidad Wiseman).

Outlook & commentary

Overall, Estonia has followed the EU priorities and has taken considerable steps towards deinstitutionalisation, but there remain challenges.

First, the process has been rather slow but has sped up recently. The main reason for this was a lack of finances. ERDF support has been used to reorganise the infrastructure for service provision, but the basic budget has increased, mostly due to the need to cover wage increases for the personnel. In recent years, additional finances have been found and rather good progress made. However, overall, social protection costs in Estonia are still among the lowest in the EU. At the same time, the need for services will increase in the future, as the number of persons needing mental health services is growing and there are still around 1,300 persons on the waiting list for services.

Secondly, public attitudes are still not supportive of the aims of the process. The idea of living and working side-by-side with persons with mental health issues is not yet very acceptable to people. Research suggests a need for more awareness-raising activities in communities (Bugarszki et al 2015).

Thirdly, for the system to be efficient in the future, local governments must be more involved in the process and service provision. First steps towards this involvement have been taken, but there is a long way still to go.

As the progress has been rather recent, it is difficult to assess its impact so far. The latest review of

the situation was carried out a few years ago (Bugarszki et al 2015), while the most recent measures have been implemented since. In 2017 (Aaben et al 2017), an evaluation framework for long-term care deinstitutionalisation was created: this could be used for this purpose.

Further reading

- Aaben, L., Paat-Ahi, G. and Nurm, Ü.-K. (2017). [Pikaajalise hoolduse deinstitutionaliseerimise mõju hindamise raamistik](#). Tallinn: Poliitikauuringute Keskus Praxis.
- Bogdanov, H. and Pertel, T. (2012). [Vaimse tervise teenuste kaardistamine ja vajaduste analüüs](#).
- Bugarszki, Z., Medar, M., Wilken, J.P., Ewijk, J.P., Saia, K., Narusson, D., Kriisk, K., Susi, M., Kiis, A., Rahu, A. and Sooniste, I. (2015). [Uuring psüühilise erivajadusega inimestele suunatud erihoolekandesüsteemi ümberkorraldamiseks ja töhustamiseks teiste riikide praktikate alusel](#). Tallinn, Tallinna Ülikooli Ühiskonnateaduste instituut.
- Habicht, A. and Kask, H. (2018). [Puueteaga inimeste eluolu Eestis. ÜRO puueteaga inimeste õiguste konventsiooni täitmise variraport](#). Eesti Puueteaga Inimeste Koda.
- Kokk, P. and Kurves, T. (2006). [Programme for Reorganisation of State-owned Special Care and Welfare Institutions and Services](#).
- Krais-Leosk, M. (2018). Erihoolekandes on nii muresid kui ka rõõmustavaid arenguid. *Sotsiaaltöö*, 2/2018, pp. 29-32.
- Ministry of Social Affairs. (2014). [Special Care and Welfare Development Plan for 2014–2020](#).
- National Audit Office. (2008). [Riigi tegevus psüühiliste erivajadustega inimeste riikliku hoolekande korraldamisel](#).
- Trinidad Wiseman. [Teenuse disain erihoolekandeteenuste ja teenusesüsteemi ümberkorraldamiseks ja arendamiseks](#).

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