Peer Review on "Improving reconciliation of work and long-term care"

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On the way to developing long-term care system

DG Employment, Social Affairs and Inclusion

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1 Introduction

This paper has been prepared for the Peer Review on "Improving reconciliation of work and long-term care". It provides a comparative assessment between the policy situation in the Host Country and the situation in Estonia.

There is no formal definition of "long-term care" or "informal carers" in Estonian legislation; consequently, there is no integrated long-term care policy framework in place. The Estonian welfare system comprises both a centralised system (services provided by state) and a localised system (services provided by local governments). According to the Local Government Organisation Act (2018), elderly welfare is a responsibility of local municipalities. Therefore, local governments have an obligation to provide and develop social services and benefits for the elderly. Long-term care, often related to the elderly, is provided under the healthcare and welfare systems. The healthcare system provides inpatient[1] and home nursing care. Long-term services provided at the national level are only for people with psychiatric disorders. This fragmentation in service organisation often leads to a lack of coordination between the two sectors, despite the overlap in target populations (World Bank, 2017).

An important feature of the Estonian long-term care system is the focus on the responsibility of family members, as defined in legislation. The Family Law Act (2017, §96) states that: "Adult ascendants and descendants related in the first and second degree are required to provide maintenance". This provision does not require that family members personally provide the care to their family members, but they are required to financially help the person in need if necessary. If the person does not have sufficient resources or no legal ascendants/descendants who are required to provide maintenance and help pay for the service, then the services are partially financed by local government. It is important to note that although the local municipalities are required to organise the services, they are also permitted to charge fees for them (the financial situation of the person receiving the service and his or her family must be taken into consideration).

Estonia stands out from other European Union (EU) countries as having one of the lowest expenditures on long-term care services: public expenditure on long-term care in 2013 was 0.6% as a share of GDP in Estonia, while this figure was approximately 1.5% in Germany, Austria and Luxembourg, 2.5 % in Denmark and Finland and over 3.5% in Sweden, the Netherlands and Norway (OECD, 2016). The Estonian social welfare sector currently faces many difficulties. According to a World Bank report (World Bank, 2017), the Estonian population is ageing rapidly, is less healthy than the EU average and requires more assistance in daily living activities. For example, in 2016 10% of people aged 16 and over felt that they were largely, and 24% to some extent, limited in daily activities[2] due to health reasons (Estonian Social Survey, 2016[3]).

Accordingly, long-term care service provision in Estonia is deemed insufficient to meet current needs. Relevant available data in Estonia is lacking, but the growing number of users of institutional services suggests that there is a greater need for services that support care giving in the home environment and living in the community. According to the OECD (2011), the provision of social services in Estonia is fragmented and the quality and availability of services varies amongst local municipalities. Tasuja, Kommel, and Linno (2010) have highlighted that social transfers in Estonia are not sufficient for maintaining an adequate standard of living at old age, and that the social security system creates the social exclusion of older people. Consequently, many older people in Estonia rely on the support of their family. Moreover, it has been highlighted that for

[1] Inpatient nursing care is 24 hour health care service provided by hospitals or residential care homes which hold specific license. The service includes different nursing and medical procedures prescribed by a doctor.
[2] Activities that people do on a daily basis, such as making a meal, shopping, self-care etc.
[3] The Estonian counterpart of the EU-SILC.

those who have children, one way to cope with economic uncertainty in old age is through co-residency with adult children (Laidmäe, Hansson, Tulva, Lausvee, & Kasepalu, 2010; Tasuja et al., 2010).

The absence or poor availability of services supporting life in the community and home-based care often necessitates that the person be referred to a facility-based care service without considering their real needs; an additional concern is that this type of care is more expensive. Another challenge is the shortage of appropriate 24-hour general care services for the elderly and special care services for people with mental health disorders. There are also certain groups (i.e. elderly people with dementia) that do not have access to appropriate care options and suitable social services. A necessary legal framework must be created for the provision of such services and relevant services must be provided. Underdeveloped public services, and the absence of adequate (publicly financed) coverage has led to a situation where the burden of care falls disproportionately on informal caregivers, giving rise to significant economic and social costs (World Bank, 2017).

In sum, the main challenge in Estonia is to develop a policy framework for a long-term care system and to define the role of informal carers in legislation. It is encouraging that long-term care is currently on the political agenda. Between 2016-2017, a special task force was assembled at the Government Office. The aims of the task force were to analyse the long-term care burden in Estonia and to develop policy guidelines and solutions to decrease it; in practice, this would be done by offering high-quality integrated social and health care services at both a state and local level, according to actual needs. Based on those policy recommendations, the Ministry of Social Affairs will submit an action plan for planned changes in the long-term care system to government in November 2018. As quality long-term care services are yet to be developed in Estonia, the introduction of labour market regulation that would support the reconciliation of work and care is not a particularly high policy concern. However, one of the aims for creating long-term care services more available is to reduce the care burden of informal carers and through that, support the reconciliation of work and care.

2 Situation in the peer country

2.1 People in need of long-term care in Estonia: basic facts and figures

As stated in the host country discussion paper, in Estonia too there is an increasing number of people in need of long-term care. This situation is caused by many factors. One of the most important factors is that the population is ageing, resulting in a higher prevalence of people with chronic diseases, health problems and disabilities.

Figures from 2018 indicate that approximately 156 700 people are registered has having an 'official' disability in Estonia (Social Insurance Board, 2018). According to the population prognoses, the proportion of people aged 65 and older will form 25% by 2030 and 30% by 2060. For comparison, at the beginning of 2018 this figure was 19.6% (Statistics Estonia, 2018). As special care needs arising due to health problems is more prevalent in older people, the increasing number of elderly people and people with disabilities has obvious implications. The care need is also evidenced by the fact that although the average life expectancy has increased[4] in Estonia, the healthy life

[4] According to the Statistics Estonia 2017 data the average life expectancy reaches to 73,65 years for men and 82,3 for women. Available at: http://pub.stat.ee/px-web.2001/Dialog/varval.asp?ma=RV045&ti=OODATAV+ELUIGA+S%DCNNIMOMENDIL+JA+ELADA+J%C4%C4NUD+AASTAD+SOO+JA+VANUSE+J%C4RGI&path=../Database/Rahvastik/01Rahvastikunaitajad_ja_koosseis/02Demograafilised_pehinaitajad/&lang=2

expectancy for men and women over 65 years in Estonia is very short, compared to Nordic countries (for men it was 5,5 years in 2016 whereas only Croatia and Slovakia had fewer years and for women 7,0 years whereas average was 10,1 years (Eurostat, 2016)), and the EU average (Statistics Estonia, 2017). This means that people over 65 years old are likely to need more assistance in daily activities and self-care, than the EU average.

Formal caregiving is regulated by the Social Welfare Act (2018) § 26 (officially named Curatorship of Adult). According to this regulation, the formal caregiver is appointed by the local municipality and concrete tasks are agreed upon together with the care recipient, the local municipality and the personal caregiver. The local municipality does not pay a salary to the appointed caregiver, but provides a small financial benefit (on average 29 EUR per month in 2017) and for unemployed caregivers the municipality covers their social tax (155.10 EUR per month in 2018), which covers their health insurance. The service is free of charge for the care recipient. The criteria for becoming a formal caregiver differs between local municipalities, and it is their decision to decide who can qualify as one. Some municipalities appoint family members as a formal caregiver, while others exclude family members. For example, at the end of 2017 almost 40% of persons being cared lived in the same household with the formal caregiver, for the working-age people it was almost 59% and for retired people 35% (STAR, 2017).

The number of non-formal caregivers can be estimated based on several studies and the number of formal caregivers based on caregiver's allowance statistics[5].

At the end of 2017, local governments paid caregivers allowance for the provision of care of 9,648 adult persons. Allowance data also shows that:

- the number of caregivers increases with age, as almost 40% of caregivers are in retirement age;
- the majority (72%) of caregivers are women;
- 62% of adult persons being cared for had an 'official' severe disability, and almost 36% had a profound disability.

Yet the actual number of people with a care burden is greater than the caregiver allowance statistics suggest. According to the 2016 Estonian Social Survey, 65,000 people assisted or took care of a household member. Around 5,500 of household members being assisted or cared for were under 18 years old, and approximately 42, 500 were 18 years old or older. Around 25,000 persons took care of their adult family member for less than 10 hours per week, around 16,800 persons did so for between 10 and 19 hours per week, and approximately 17,400 persons did so for 20 hours or more per week (Estonian Social Survey, 2016).

According to another study, approximately 30,000 women and 17,000 men had caring obligations[6] (Estonian Labour Force Survey, 2010).

[5] Note that the concept of caregiver is not clearly defined in Estonia today, which means that the time limit of how much a family member should spend time of taking care of a person to define his/her as a caregiver is not determined either. Also, caregiving is not defined by household type that is whether the person should live in the same household with the caregiver or not. Therefore, we can say that caregiving is rather a cognitive concept today.

2.2 Reconciliation of work/study and care duties

A burden of care affects labour market participation in many ways. For example, in 2016 almost 8,800 persons in Estonia were not engaged in the labour market, and almost 5,500 persons worked part-time because they had to take care of their child or an adult (Estonian Labour Force Survey, 2017).

The Ministry of Social Affairs conducted a study titled "People with disabilities and the care burden of their families" in 2009, which revealed that almost 52,000 people with disabilities were being cared by their family members. One fifth (21%) of caregivers were determined as being a formal caregiver of their disabled family member. The same study found that 51% of caregivers were at retirement age, 29% were working and 2% studied. 17% of caregivers were inactive (unemployed, incapacitated pensioners[7] or were at home). Most caregivers who were employed worked a 40 hour week, while 16% worked less than 40 hours per week, and 10% took on a higher workload. 48% of caregivers that were also students studied within a normal capacity, though 70% studied to a reduced schedule.

18% of caregivers within the age group 16-64 who studied or worked had to reduce their working or studying load, or completely terminate study or work commitments because of their care burden; caregivers with a higher care burden were more likely to have to do this (Soo, Kadri; Rake; Linno, Tiina, 2009).

Regarding employment involvement, a study on the implementation of the Gender Equality Act revealed that 3% of employers always, and 7% of employers sometimes, identified whether a job seeker had a duty to take care of their parents of close relatives during the recruitment process (Praxis, 2015).

3 Assessment of the policy measures

3.1 Possible leave arrangements for carers

As noted earlier there is no legal definition of 'caregiver' in Estonian legislation. However, several acts -mostly related to disability - can provide for such leave arrangements. In broad terms, there are four types of leave arrangements that allow carers to better reconcile caring responsibilities with work. They are:

(i) Leave to care for an adult with a profound disability;
(ii) Child leave for a disabled child;
(iii) The Health Insurance Act: a certificate for care leave to take care of a disabled child or other family members;
(iv) Child leave without pay.

Those four arrangements are outlined below.

(i) Leave to care for an adult with a profound disability

The Employment Contracts Act[8] (2018), which gives the right to use leave for caring for an adult with a profound disability, came into force in July 2018. It gives an adult

[7] Pension for incapacity to work is paid to people for whom an expert decision has been made regarding their loss of working ability, meaning that the person is not able to earn a living, or it is complicated. The loss of working ability is either complete (100%) or partial (10-90%). The pension for incapacity to work is paid if the working ability loss is 40 to 100 per cent. Starting from July 1st, 2016, new incapacity for work pensions shall no longer be assigned.

[8] ECA

employee the right to leave to care for an adult with a profound disability (carer's leave), if he or she is:

1) a relative in the ascending or descending line of the adult with a profound disability;

2) a brother, sister, half-brother or half-sister of the adult with a profound disability;

3) the spouse or registered partner of the adult with a profound disability;

4) the guardian of the adult with a profound disability;

5) the caregiver appointed to the adult (i.e. the formal caregiver who signed the contract with a local municipality) with a profound disability, based on the Social Welfare Act (2018).

The employee has the right to receive five working days of paid leave to address the special needs of the person with the profound disability. One person at a time has the right to use the carer's leave and the leave is compensated for according to the minimum wage that has been established by the ECA.

The purpose of the leave is to encourage the sharing of the care burden between those adults that are permitted to care for the disabled person in question. Care leave accommodates a person's professional obligations and encourages them to enter or remain within the labour market. Additional leave gives the employee the opportunity to accompany the care receiver to doctor's appointments, organise care plans, spend time with then, amongst other options.

(ii) Child leave for a disabled child

The ECA also stipulates extra child leave (ECA § 63) for a parent with a disabled child. This legislation provides that each calendar year a mother or father has the right to receive child leave for (a) three working days if she or he has one or two children under 14 years of age; or (b) for six working days if she or he has at least three children under 14 years of age or at least one child under three years of age. A parent of a disabled child has the right to this child leave, and in addition has a right to child leave of one working day per month until the child reaches the age of 18 years; this leave allowance is paid based on their average wages. In 2017, the number of parents with a disabled child who took child leave was 5,056 (the total number of days used was 45,003).

(iii) **The Health Insurance Act**

The Health Insurance Act (2018) allows for a certificate to be issued that grants the holder the right to care leave (type of temporary incapacity for work, § 52 subsection 3). The individual, by virtue of having health insurance, has the right to receive care benefit based on a certificate that grants care leave for: up to 14 calendar days when needing to provide care for a child under 12 years of age or a disabled insured person under 19 years of age; or, for up to seven calendar days in the event of nursing another family member at home. The certificate of care leave grants an insured person the right to receive the care benefit for up to 60 calendar days, if caring for a child under 12 years of age, or if the child has a malignant tumour and the treatment of the child commences in a hospital. Further, an insured person has the right to receive the care benefit for up to ten 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 person caring for the child is ill or receiving obstetrical care.

(iv) Child leave without pay

According to the ECA, a mother and father have a right for child leave without pay; namely an employer must allow a parent with a child under 14 years of age, or a disabled child up to 18 years of age, to have unpaid leave for a period of up to ten working days in a calendar year.

As additional to these rights conferred by the ECA, the employer and the employee may agree on more favourable terms to combine long-term care and work. For example, there is also a possibility to take unpaid leave, but the unpaid leave is taken by agreement of the parties, meaning the employer can either give their consent or refuse.

The ECA provides an important restriction on employment termination - an employer may not terminate an employment contract because the employee has been obliged to attend to family care commitments. Fulfillment of family responsibilities is a broad concept and does not only cover the bringing-up of children, but is also understood to mean the care of parents.

3.2 Work arrangements and how employers can balance care and work obligations

The Ministry of Social Affairs put forward proposals on the amendments of the Employment Contracts Act (2018) which would make work arrangements more flexible; these are currently being discussed. They include the potential for ensuring that employment contracts have stated minimum and maximum work hours (which would allow the employee to agree with their employer their working hours), and of the existence of an independent decision-making employee who has different working and rest time rules, amongst other propositions. Although the proposed amendments do not mention caretaking distinctly, they would certainly create more opportunities to work part time, or to choose the hours that one can work based on individual care needs.

3.3 Innovation and long-term care services – a collaborative approach to service delivery

The Host Country Paper emphasises the role of assistive technologies in overcoming challenges where family members live far away from the person with care needs. The topic of long-distance care arrangements has not yet been discussed within the public or political domain in Estonia. However, the overall trend in Estonia is also as in Germany, in that there are fewer multigenerational families than there were in the past. According to the Estonian Social Survey 2016, around a third of people who took care of household members aged 65 years old or older were themselves 65 years old or over (and as such were looking after their partners). Similar to German trends, older family members with care needs in Estonia tend to live in rural areas, while younger generations tend to live in urban regions.

As mentioned, the focus on long-term care policies in Estonia is aimed at the development of sufficient social services; at present, there is little focus on supporting informal care through assistive technology. Although technical aids for people with disabilities, and the elderly with special care needs (such as having impaired movement, hearing loss/ decreased hearing), are publicly financed in Estonia, the list of aids does not cover assistive technology that aims to accommodate geographical distance. According to the Social Welfare Act (2018), a technical aid is a product or device which prevents the aggravation of an occurred or congenital damage[9] or disability compensate for functional impairment caused by damage or disability, improve or maintain physical and social independence, operational capacity and/or work ability. The list of technical aids which are publicly financed includes the following products and devices: wheelchairs, prosthesis, orthosis, nappies, hearing aids, mobility aids, amongst others. Estonia brands itself as a "trailblazer" and the place where things happen first. It has also gained a reputation for being a start-up country. Estonia ranks third in Europe for its number of start-ups per capita, behind Iceland and Ireland. Another consideration is Further, for a small state, Estonia has created a remarkable image of an e-state – the

[9] In other words: persons who have health damage from the accident or by birth, but have not requested a disability assessment.

country offers wide usage of e-services, are leaders in the field of e-governance and demonstrate a drive to achieve new levels of efficiency (Aavik et al 2019).

Despite some demonstrable positive changes in recent years, the welfare sector has not experienced such levels of innovation. Innovation in Estonia is most easily recognised in the digitalisation of public services; it is more prevalent in the health care sector than the welfare sector. For example, e-services in Estonia comprises e-ambulance services, digital prescriptions, e-consultations between doctors, etc.

The Estonian Welfare Development Plan (Ministry of Social Affairs, 2016) encourages that contemporary solutions based on information and communication technology should be used in the welfare sector, supporting those innovative solutions exhibited in the private sector and local communities. As noted previously, the most acute problem in the Estonian social sector that social services are underdeveloped; therefore, co-creating new solutions together with users of the potential services could help overcome the issue. For that reason, the Ministry of Social Affairs has been organising co-creation workshops to gather new ideas to address challenges in the welfare sector. The aim of these workshops was to encourage participants to propose and validate new ideas for the Estonian welfare sector, with the help of mentors. Workshops were followed by two hackathons where the participants generated potential solutions on chosen problems with the intention to develop a prototype. The first hackathon named 'Idea Garage - Estonian Wellbeing'[10] concentrated on developing new solutions for the social welfare sector than the second event, 'Wellbeing vol. 2 – work ability"; the second was aimed at anybody who wanted to contribute to better working conditions and create more options for people with reduced work ability.

In 2018 the Ministry of Social Affairs launched a new initiative 'Grant scheme for developing and implementing innovative measures in social services', which was funded by the European Social Fund measure 'Welfare services supporting participation in the labour market' to support the development of innovative ideas in the social welfare sector. The target group of projects that will be supported are people with special needs, a long-term care burden or in need of long-term care. The overall budget of the initiative is €5 million, which is divided between two grant schemes. The small grant scheme with a budget of €1 million was launched in June 2018 and the main grant scheme with a budget of €4 million will be put in motion at the end of 2018. The call for proposals under the small grant scheme aimed to support projects that aimed to develop an initial idea into a prototype. The following activities were supported from the grant scheme: mapping the situation in the market; research (including market assessment); creating an business plan; creating a porotype (including testing process) and involving possible partners (including taking part from conferences and workshops). A call for proposals under the main grant scheme supports projects that aim to pilot the already developed new product or service or/and support the implementation of the new solution.

By doing this, Estonia is following the collaborative approach where co-creation is a one way of overcoming the 'one-size-fits-all' solutions in public administration, and of customising services in a more innovative way (Osborne, 2010). Initiatives as co-creation workshops, hackathons and the grant scheme for innovative services and products are one of the many measures that Estonia is pursuing to overcome the 'drought' in social service provision.

4 Assessment of success factors and transferability

As mentioned, the introduction of labour market regulation that would support the reconciliation of work and care is not a particularly high policy concern in Estonia; for it to be so, a policy framework for integrated long-term care services must first be created, and relevant services must be developed and provided. The most crucial component of such a framework is to define the role of informal carers in the Estonian long-term care

[10] For more information see here: http://garage48.org/events/idea-garage48-wellbeing

system. Care leave arrangements that are targeted at informal carers in Estonian legislation are tied to the definition of "degree of severity of disability", which is determined by the Social Insurance Board and based on the Social Benefits for Disabled Persons Act (2017). This means that a person who has a long-term care need must have determined disability status so their family members could apply for 'leave to care for an adult' or 'child leave for a disabled child'. However, under the Health Insurance Act (2018) the family member has the right to leave for up to seven calendar days in the event of nursing another family member at home.

Consequently, for Estonia to implement the type of policy measures described in the Host Country Paper, it is first necessary to develop a uniform care evaluation instrument that could define a person's long-term care needs. This instrument should be implemented in both the social welfare and health care sectors. Once those people with long-term care needs are known, the next step would be to regulate who qualifies as that person's informal caregiver. When those changes are in place, and long-term care services are also more available than they are presently, then labour market regulation that supported the reconciliation of work and care would be appropriate. Without adequate availability and coverage of long-term care services, there is a threat that informal care will be made more attractive to family members than working.

As informal carers in Estonia (as in Germany) are mostly women, the fact that women face twofold demands in society – to be active in the labour market, and to provide care to family members – must be considered. Saraceno and Keck (2010) have categorised the Estonian eldercare system as a regime type they label "familialism by default" where familialism is either implicitly or explicitly not supported by the state, but there are neither publicly-provided alternatives nor financial support for family care. Kalmijn and Saraceno (2008) found that the level of familialism in a country is related to the support needs of the elderly population. Therefore, children respond more strongly to the needs of their parents in familialistic countries (such as Estonia) than in other countries; it can be seen that filial norms have a stronger influence on actual behaviour in familialistic countries than in the countries where familialism is less evident. Tarum and Kutsar (2017) confirmed this hypothesis and found in their study that informal carers of eldery people in Estonia feel pressure from their cared ones. Informal carers stressed that the current elderly generation is used to a family model where children are expected to take care of their parents and in which care homes are not a good option for eldercare, primarily because of the poor reputation they earned during the Soviet era.

As a parallel consideration, informal carers' subjective filial solidarity norms may be competing with more individualistic aims, meaning that individual aspirations and pressures from below may oppose each other; it has been found that self-realisation is also an important objective for Estonian women (Narusk et al. 1999). Only four per cent of women would leave full-time employment if their spouse would earn enough so they would not have any material need for working (Turu-uuringute AS, 2016)This reveals that work has another meaning besides securing a decent income for women in Estonia. Employment is also seen as an opportunity for self-realisation.

In sum, policy measures that were introduced in the Host Country Paper could be applied and transferred to Estonia, but first the policy framework for a long-term care system in Estonia needs to be clearly defined. Considering prevailing familistic norms in Estonian society, labour market regulations that do not make informal caring less attractive than working, could produce unwelcome results.

5 Questions

- How is the term 'informal caregiver' defined in German regulation?
- Are the technical aids that support healthcare professionals, patients, and family caregivers to manage the geographical distance also compensated by public system?

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Annex 1 Summary table

The main points covered by the paper are summarised below.

Please summarise the main points covered by the paper. Give a maximum of five bullet points per heading.

Situation in the peer country

- Estonia stands out from other European Union (EU) countries as having one of the lowest expenditures on long-term care services: public expenditure on long-term care in 2013 was 0.6%
- There is no formal definition of "long-term care" or "informal carers" in Estonian legislation; consequently, there is no integrated long-term care policy framework in place.
- There is an increasing number of people in need of long-term care in Estonia.
- Underdeveloped public services, and the absence of adequate (publicly financed) coverage has led to a situation where the burden of care falls disproportionately on informal caregivers.
- Long-term care is currently on the political agenda – Ministry of Social Affairs will submit an action plan for planned changes in the long-term care system to government in November 2018

Assessment of the policy measure

- In broad terms, there are four types of leave arrangements that allow carers to better reconcile caring responsibilities with work. They are:
- Leave to care for an adult with a profound disability;
- Child leave for a disabled child;
- The Health Insurance Act: a certificate for care leave to take care of a disabled child or other family members.

Assessment of success factors and transferability

- Care leave arrangements that are targeted to informal carers in Estonian legislation are tied with the definition of "degree of severity of disability" that is determined by the Social Insurance Board.
- First, it is necessary to take into use an uniform care evaluation instrument that would define the long-term care need of a person, i.e. untied the leave arrangements with the definition of "degree of severity of disability"
- Second, it needs to be regulated who qualifies as informal caregiver to the person with assessed long-term care need.
- Adequate availability and coverage of long-term care services needs to be provided in Estonia.
- After those changes, measures that were introduced in Host Country Paper, could be applied and transferred to Estonia. Without those changes first in place more flexible labour market regulations could make informal careing more attractive than working.

Questions

- How is the "informal caregiver" defined in German regulations?
- Are the technical aids that support the health professionals, patients, and family caregivers to manage the geographical distance also compensated by public system?

Annex 2 Example of relevant practice

Short summary of a relevant policy practice/example, key fields indicated below (max. 1 page)

Name of the practice:	Grant scheme for developing and implementing innovative measures in social services
Year of implementation:	2018
Coordinating authority:	Ministry of Social Affairs
Objectives:	• to support the development and implementation of innovative ideas (services or products) in social welfare sector • the target group of the projects that are funded are people with special needs, long-term care burden or in need of long-term care.
Main activities:	The overall budget of the initiative is €5 million (funded from the European Social Fund measure), which is divided between two grant schemes. 1. Small grant scheme (budget of €1 million). The minimum grant per project is €15 000, maximum €40 000. The maximum percentage of the eligible costs of the project is 85. Call for proposals aimed to support projects that intend to develop an initial idea into prototype. Following activities were supported from the grant scheme: mapping the situation in the market, research (incl market assessment), creating an business plan, creating a porotype (incl testing process), involving possible partners (incl taking part from conferences and workshops) etc. 2. Main grant scheme (budget of €4 million). Call for proposals yet to be opened. Supported projects that aim to pilot the already developed new production or service or/and support the implementation of the new solution.
Results so far:	The small grant scheme was open in June 2018 and will be open until the end of 2019 or until the end of the free funds. So far 11 projects have been submitted, 5 of them have been decided to be funded. In together approx. €200 000 have been paid out under the small grant scheme.


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