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Social protection for people with disabilities

Estonia

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ESPN Thematic Report on Social protection for people with disabilities

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or over). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, "people with disabilities" should be understood as "*those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others*".

In Estonia, the main disability-specific benefits available to the working-age population are the *Töövõimetoetus* (work ability allowance) and the *Puudega tööealise inimese toetus* (disability allowance), which compensate people with disabilities for the additional costs caused by their health condition. The work ability allowance is tied to the person's working capacity, while the disability allowance is tied to the specific disability and its severity. Old-age pensioners are offered the *Puudega vanaduspensioniealise inimese toetus* (allowance for a person of retirement age), which compensates for the need for additional assistance. People with disabilities are also entitled to reduced payments for dental care, for prescription drugs and for technical aids, which to an extent ease their situation. There are no national home adaptation benefits available, although some local authorities offer reimbursement of home adaptation costs, resulting in unequal access to the support.

In general, there are no large differences between people with and without disabilities in terms of eligibility conditions for general social protection cash benefits. However, the calculation of subsistence and unemployment benefits does not treat some additional income types as income. In addition, the *Töötutoetus* (unemployment allowance) and the work ability allowance cannot be cumulated. There are no analyses that specifically address the availability of different social protection benefits for people with disabilities. However, people with disabilities may find it more difficult to meet some eligibility criteria (e.g. contributory history in the case of unemployment benefits) or may receive lower benefits due to their lower wages.

In Estonia, there are various services offered by the Social Insurance Board (ESIB), Unemployment Insurance Fund (EUIF) and local authorities. The services provided by the ESIB can be divided into four categories: services for people with disabilities; social rehabilitation services; special care services; and aids. EUIF services focus on the inclusion of people with special needs in the labour market. Local authorities must ensure access to 10 different social services for the adult population: domestic services; general care services; support person services; curatorship of adults; personal assistance services; shelter services; safe house services; social transport services; provision of housing; and debt counselling services. Access to services, particularly at the local government level, varies between regions. Local government capacity to provide social services to the target group and assess their need for support needs to be improved.

There have been some major reforms implemented in recent years that have had an impact on the access by people with disabilities to social protection. First, in 2016-2017 the "work ability reform" came into force and replaced the existing "work-incapacity" pensions with the work ability allowance. Among other things, this reform established a stronger link between benefits and activation criteria, which have already increased the labour market participation of those with reduced working capacity. Second, in 2019, the Estonian Health Insurance Fund (EHIF) extended free dental care for adults with severe physical and mental disabilities, who cannot take care of their oral hygiene. Third, there have been changes in the provision of social services in order to increase their availability and quality (e.g. quality guidelines). On the other hand, the main shortcomings of the system, and the development needs for the future, are the lack of integration of services offered by different institutions, and the higher risk of poverty for people with disabilities. In particular, a one-door policy for people with disabilities is suggested in several research studies, to assist navigation between different evaluations and service-providers.

1 Access to disability-specific income support

Section 1 maps and assesses access to **disability-specific** cash benefits and pensions, whether contributory or non-contributory. All benefits described in Section 1 are disability assistance schemes.

1.1 Disability-specific benefits/pensions available to working-age people

1.1.1 *Töövõimetoetus* (Work ability allowance)¹

a) Eligibility conditions²

Disability-related qualifying criteria: In general, long-term (no expected change within two years) and permanent conditions are assessed under the work ability framework. The assessment is based on the restrictions a person has in everyday and working life due to their health condition, taking into account the severity of their incapacity to carry out physical and/or mental tasks, the course of the disease causing the incapacity, and the person's adaptation to their restrictions. Depending on the assessment, the person may be declared to have no reduction in working ability, partial working capacity or no working capacity. The latter two (partial or no working capacity) make the person eligible for the *Töövõimetoetus* (work ability allowance).

Age: From 16 to retirement age.

Nationality: Estonian citizens and foreigners with a residency permit or who have the right to work in Estonia on the basis of the Act on Granting International Protection to Aliens.

Waiting period: None (i.e. it is granted from the moment the allowance application is approved). The allowance payments are made once a month for the previous calendar month.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: If the income of the person exceeds 90 times the daily allowance rate, the amount of the allowance is reduced by half of the difference between the income and 90 times the daily rate. Therefore, in 2022, the allowance is not paid if the income of a person with partial working capacity is at least €1,879.15, and with no working capacity €2,269.50 per month. The allowance is not paid if the person receives a pension, spousal benefit, support for a rescue worker waiting for a retirement pension, or the prosecutor's work capacity allowance.

Other: To be eligible for the partial work ability allowance, activation criteria need to be met – working, active job-search, or activities equivalent to working (studying, caring for small children or family members, being in military service).

Gaps and/or obstacles: Overall, there is no assessment of the take-up of the allowance (i.e. whether eligible people do not apply for the allowance). However, analysis based on 2016-2017 data showed that work ability allowance payments were stopped in 377 cases due to unmet activation requirements. Interviews with stakeholders showed that

¹ The work ability allowance has been paid since July 2016. Prior to this, people with disabilities or no work ability received an incapacity for work pension. Due to the transition period of the work ability reform (see Section 4.2 for further information), there are still people who receive the pension (2,494 on 1 January 2022, compared with 94,971 on 1 January 2017). Estonian Social Insurance Board (ESIB) data, *Pensionäride statistilised aruanded (kord aastas)*, available at: <https://www.sotsiaalkindlustusamet.ee/et/organisatsioon-kontaktid/statistika-ja-aruandlus#Pension%C3%A4ride%20statistilised%20aruanded>.

² TVTS 2022.

activation requirements are considered sufficient and there is no perceived need to ease these requirements (Masso *et al.* 2019).

b) Disability assessment framework³

Type of assessment: Medical-based assessment is a prerequisite for further assessment, and involves at least a visit to a family physician up to six months prior to the application; however, the medical data for up to five previous years is taken into account. A list of medical conditions requires no further assessment (e.g. cancer, dementia). This is followed by a functional capacity self-assessment, which determines the person's ability and will to carry out physical and mental tasks, taking into account the use of aids, and a description of support received from other people or social services.

Responsible authorities: Estonian Unemployment Insurance Fund (EUIF).

Method: Documentary evidence (medical history; person's own assessment of their ability to act in different areas and key activities, provided in a written application form) followed by personal interaction in cases where the health data and self-assessment differ significantly, or the health data entered into the health information system by doctors are inconsistent.

Supporting evidence: Medical history of up to five years stored in the health information system (diagnoses, summaries of medical examinations, prescriptions, sick leave) and the written self-assessment.

Assessor: An expert doctor commissioned by the EUIF from a health service provider, who can include other doctors or specialists (e.g. psychologist, physiotherapist, speech therapists).

Decision-maker: The EUIF based on the expert opinion of a health service provider (see assessor).

Critical analysis: The main challenge in implementing the assessment framework is to ensure a uniform approach, since the assessment is provided by different health service providers commissioned by the EUIF (Masso *et al.* 2019). By the time of the evaluation, the EUIF had made efforts to set up a feedback system for the assessment methodology among the different assessors, to ensure that the methodology and its implementation is thoroughly discussed and explanations are provided where necessary (Masso *et al.* 2019).

c) Benefit entitlements

Level of the benefit: There are two levels of allowance. In cases of no working capacity, the daily work ability allowance is equal to the daily rate, which is €15.13 (at the beginning of 2022; indexed annually); in the case of partial working capacity, the daily benefit is 57% of the daily rate (i.e. €8.6241 in 2022). It is paid monthly.

Duration of the benefit: The benefit is paid to people aged 16 to retirement age, subject to a work ability assessment, which is valid for up to five years or up to retirement age (Töötukassa 2021).

Interactions with other income or other related benefits: The work ability allowance is reduced in cases where labour earnings are higher than 90 times the daily rate.

Adequacy challenges: Since the work ability allowance is not dependent on previous income, the net replacement rate of the allowance is higher for those whose prior income was lower. The work ability allowance should ensure adequate replacement income, as it is higher than or equal to the minimum subsistence level (Masso *et al.* 2019). However, an analysis of the minimum subsistence level has shown that the current level is too low to ensure coverage of necessary expenses for decent living

³ Sotsiaalministeerium 2020.

(Koppel *et al.* 2018). Thus, particularly for people with partial working capacity, the work ability allowance does not ensure an adequate income (Masso *et al.* 2019).

1.1.2 Puudega tööealise inimese toetus (Disability allowance for a person of working age)⁴

a) Eligibility conditions

Disability-related qualifying criteria: Restrictions on a person's everyday life due to their health condition, taking into account the severity of their incapacity to carry out physical and/or mental tasks, the course of the disease causing the incapacity, the person's adaptation to the restrictions, and the need for assistance, guidance and support. Depending on the assessment, the person may be declared to have a moderate, profound or severe disability, indicating the level of difficulty performing tasks and taking part in society.

Age: From 16 to retirement age.

Nationality: Estonian citizens and foreigners with a residency permit or who have the right to work in Estonia on the basis of the Act on Granting International Protection to Foreigners.

Waiting period: None (i.e. it is granted to people with a certified disability, to cover extra costs related to the disability). Payments are made once a month.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: No evidence (reports or papers) was identified on gaps/obstacles related to this benefit. The benefit is designed to cover extra expenses due to disability, and hence the coverage of the allowance partly depends on the type of disability (and the type of assistive equipment needed for daily activities).

b) Disability assessment framework

Type of assessment: Medical-based assessment is based on the medical data for up to five years prior to the application. A list of medical conditions requires no further assessment (e.g. cancer, dementia). This is followed by a functional capacity self-assessment, which determines the person's ability and will to carry out physical and mental tasks, taking into account the use of aids.

Responsible authorities: Estonian Social Insurance Board (ESIB).

Method: Documentary evidence (medical history, person's own assessment).

Supporting evidence: Medical history of up to five years stored in the health information system (diagnoses, summaries of medical examinations, prescriptions, sick leave) and the written self-assessment.

Assessor: An expert doctor working in the ESIB.

Decision-maker: An expert doctor within the ESIB.

Critical analysis: There is no recent evaluation, although as the application procedure requires self-assessment, assistance may be needed to fill out the application. It is possible to apply for the disability allowance and work ability allowance in a combined application, through either the EUIF or the ESIB. This ensures that it is possible to make the necessary applications in one go (Masso *et al.* 2019). One disability and work ability assessment can then be considered for both types of allowance.

⁴ This sub-section is largely based on the Social Benefits for Disabled Persons Act (PISTS) (2022).

c) Benefit entitlements

Level of the benefit: The allowance is paid monthly to compensate for the additional expenses caused by disability (e.g. the use of assistive devices, transport, and rehabilitation). The amount of the allowance ranges between 65% and 210% of the social benefit rate (between €16.62 and €53.70 per month at the beginning of 2022), depending on the degree of severity.

Duration of the benefit: The benefit is paid to working-age people (i.e. aged 16 to retirement age) subject to a disability assessment, which is valid for up to five years or until retirement age, depending on the severity and nature of the disability. Generally, it is not necessary to apply again for the allowance with new rounds of disability assessment. A new application is necessary in cases where a person transfers from one type of allowance to another.

Interactions with other income or other related benefits: The payment or amount of the *Puudega tööealise inimese toetus* (disability allowance for a person of working age) does not depend on other income or benefits.

Adequacy challenges: It is difficult to assess adequacy, as the expenses caused by a disability can vary greatly depending on the severity of the disability and the cost of the assistive devices needed, intensity of rehabilitation etc. Also, disability allowances are often combined with other forms of social support, which makes it difficult to assess adequacy in terms of subsistence. There are no analyses that specifically assess the adequacy of these benefits for people with disabilities.

1.2 Disability-specific old-age pension schemes

1.2.1 *Puudega vanaduspensioniealise inimese toetus* (Disability allowance for a person of retirement age)⁵

a) Eligibility conditions

Disability-related qualifying criteria: The assessment is based on the need for assistance, guidance and support, taking into account the severity of the person's incapacity to carry out tasks and activities, the course of the disease causing the incapacity, and the person's adaptation to the restrictions they have. Depending on the assessment, the person may be declared to have a moderate, profound or severe disability, which in this case indicates the frequency of the need for assistance.

Age: The allowance is paid to a person of retirement age.

Nationality: Estonian citizens and foreigners with a residency permit or who have the right to work in Estonia on the basis of the Act on Granting International Protection to Foreigners.

Waiting period: None (i.e. it is granted to people with certified disability from the moment the application for the allowance is approved).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: No evidence (reports, papers) was identified on gaps/obstacles related to this benefit. The benefit is designed to cover the extra expenses due to a disability, and hence the coverage of the allowance partly depends on the type of disability (and the type of assistive equipment needed for daily activities).

⁵ This sub-section is largely based on the Social Benefits for Disabled Persons Act (PISTS) (2022).

b) Disability assessment framework

Type of assessment: Medical-based assessment is based on the medical data for up to five years prior to the application. This is followed by a short functional capacity self-assessment in which the person must describe the tasks and activities regarding which they require assistance, guidance or supervision, the use of aids, and whether difficulties in coping on their own lead to additional costs.

Responsible authorities: ESIB.

Method: Documentary evidence (medical history, person's own assessment, rehabilitation plan if it exists).

Supporting evidence: Medical history for up to five years stored in the health information system (diagnoses, summaries of medical examinations, prescriptions) and the written self-assessment.

Assessor: An expert doctor working in the ESIB.

Decision-maker: An expert doctor working in the ESIB.

Critical analysis: People of retirement age can only apply for the disability allowance from the ESIB, as the work ability allowance from the EUIF is only for people of working age. The transfer between the two systems may be confusing, and there is no single-door policy when it comes to transferring from working age to retirement age. Also, in cases where people with disabilities of retirement age are employed, they are entitled to some active labour market policies; this means that, for those in retirement, employment measures and disability allowance system are still provided by different institutions.

c) Benefit entitlements

Level of the benefit: There are three levels of fixed allowance. The monthly amount of the *Puudega vanaduspensioniealise inimese toetus* (disability allowance for a person of retirement age) with a moderate disability is €12.79 (50% of the social benefit rate); for those with a severe disability it is €26.85 (105% of the social benefit rate); and for those with a profound disability it is €40.91 (160% of the social benefit rate).

Duration of the benefit: The benefit is paid to people of retirement age, subject to a disability assessment, which is valid for six months, one year, two years, three years or five years. Disability is determined taking into account the person's state of health and the prognosis for change (Sotsiaalkindlustusamet 2022a).

Interactions with other income or other related benefits: The payment or amount of disability allowance for a person of retirement age does not depend on other income or benefits.

Adequacy challenges: The level of the allowance on its own is low: however, it is often combined with other types of social support and benefits. Also, adequacy depends on the specific needs of the recipient in terms of assistive devices (the complexity and cost of the assistive devices, depending on the type of disability – e.g. programmes assisting people with visual limitations, and devices supporting people with physical limitations). Hence, it is difficult to assess adequacy on its own. There are no analyses that specifically assess the adequacy of these benefits for people with disabilities.

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

1.3.1.1 *Tasuta hambaravi ja hambaravihüvitis eakale, pensionärile ja osalise või puuduva töövõimega inimesele (Free dental care for adults with severe physical and mental disabilities and a dental care benefit)*

a) Brief description

In Estonia, adult dental care is subject to a partial co-financing scheme (Eesti Haigekassa 2022). In general, 50% of the costs are covered, up to a maximum of €40 per year. However, for people with a greater need for dental treatment because of a particular condition (such as diabetes), people eligible for a work incapacity pension or with reduced working capacity receive dental benefits, with a 15% co-insurance, up to a maximum of €85 per year. For adults with severe physical and mental disabilities, who cannot take care of their oral hygiene, dental care is free.

b) Main gaps/obstacles

The dental benefit can only be used with dentists who have a contract for financing medical treatment with the Estonian Health Insurance Fund (EHIF). A report of the National Audit Office pointed out that the availability of the service is therefore not uniform between regions (Riigikontroll 2021).

c) Main adequacy challenges

There are no analyses that specifically assess the adequacy of dental benefits for people with disabilities. However, it has generally been found that dental benefits increased the accessibility of the service, albeit by more for those on higher incomes (Riigikontroll 2021; Laurimäe, Masso 2022). People with disabilities and reduced working capacity are less likely to be among higher income earners, and thus the service may still be too expensive. The number of people with severe physical and mental disabilities who have used the free dental care targeted at this group rose slightly in 2020 compared with 2019, but there are still quite a few recipients of free dental care (see Section 4.2). To increase the availability of the service for all, the question of whether to make dental care a completely free service has been analysed, although this would mean an additional cost of €55 million per year for the EHIF (Laurimäe *et al.* 2020).

1.3.1.2 *Ravimite soodustused ja täiendav ravimihüvitis (Prescription drug discounts, and additional reimbursement of discounted prescription drugs)*

a) Brief description

The EHIF reimburses the cost of some prescription drugs that have been assessed as effective by applying a discount of 50%, 75% or 100%, depending on the severity of the disease for which the drug is meant. A person must pay a fee of €2.50 per prescription, as well as the difference between the cost of the drug and the discount calculated on the reference price of the drug. Drugs with a discount of 75% (meant for chronic diseases) have a discount of 90% in the case of people with disabilities (Eesti Haigekassa 2022). In 2019, 282,015 people made use of the 90% discount rate (32.7% of all people whose prescription drugs were discounted)⁶. People with disabilities also benefit from the general additional reimbursement of the cost of discounted prescription drugs, implemented as of 2015 and further widened as of 2018. If a

⁶ EHIF healthcare statistics, Table SR10, *Ravikindlustatud inimeste soodusretseptide kompenseerimine soodusmäärade lõikes*:

https://statistika.haigekassa.ee/PXWeb/pxweb/et/kindlustatu/kindlustatu_Ravimid%20ja%20meditsiiniseadm ed/SR10.px/?rxid=1640cddb-94c6-462e-8afa-fb7957bf1b9d.

person's expenditure on prescription drugs is €100-300 per year, 50% of the part exceeding €100 is reimbursed (since 2018), and if the expenditure exceeds €300 per year, 90% of the part exceeding €300 is reimbursed. The calculation and administration are automatic and take place at the moment of purchase (Eesti Haigekassa 2022). In 2020, altogether 140,978 people received the additional benefit for prescription drugs (€7.5 million in total) (Eesti Haigekassa 2020).

b) Main gaps/obstacles

In 2014, people with incapacity to work were the main group that found prescription drugs to be too expensive compared with working, studying, unemployed and retired people – 23% of all people with incapacity to work, and 60% of those who needed prescription drugs, found money to be an obstacle in buying the drugs. At the same time, their own contribution was around €35 per four-week period prior to the survey for this group (Võrk 2018). However, these obstacles were addressed with the changes in 2018, when the reimbursement level was increased, and the system was made automatic. No analyses are available since, but according to EHIF data, the total number of recipients of the additional reimbursement increased from 3,000 in 2017 to 140,978 in 2020; thus the circle of beneficiaries has increased significantly. No analyses have been carried out regarding the discount rates of the drugs.

c) Main adequacy challenges

There are no analyses that specifically assess the adequacy of prescription drug discounts and reimbursement.

1.3.2 Housing

1.3.2.1 *Eluruumi kohandamise kulude hüvitamine (Reimbursement of home adaptation costs)*

a) Brief description

There are no national benefits available for home adaptations. In cases where a person cannot cope independently at home due to disabilities, local authorities must provide residential care services or support person services (see Section 3) on the basis of the Social Welfare Act. In addition, on the basis of the same legislation, the state provides independent living support and residential care services for people with mental disabilities. None of these services, however, includes home adaptations. Each local authority can provide additional benefits and services to its residents, setting its own terms and conditions. Therefore, some local authorities also offer home adaptation reimbursement as an additional service. However, the conditions of the support vary. For example, in Tallinn (the capital of Estonia), up to €1,600 is reimbursed for people with profound or severe disabilities after home adaptations (Tallinn 2022), while in Tartu (the second largest town) up to 85% with a cap of €1,800 is reimbursed (Tartu 2021). In addition to these municipal services, since 2018 it has been possible for local authorities to apply for a European Social Fund (ESF) grant to provide home adaptations (Riigi Tugiteenuste Keskus 2022). The last application round closed in August 2021 and no information about the next round is available. Implicitly, it is possible to cover home adaptation costs via the *Toimetulekutoetus* (subsistence benefit) scheme (see also Section 2.3.1) by choosing a more suitable dwelling for a person with disabilities, in which case rent and other housing costs can be covered by the benefit in the case of people with low incomes.

b) Main gaps/obstacles

There are no analyses that assess gaps or obstacles in relation to home adaptation schemes. However, it is evident that access to the support measures is dependent on the place of residence as well as on available ESF funds, which results in unequal distribution of the support.

c) Main adequacy challenges

There are no analyses nor data available to assess the adequacy of the home adaptation schemes.

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 *Vanaduspension* (Old-age pension)

People cannot receive a *Vanaduspension* (old-age pension) and the work ability allowance simultaneously, as the latter is only paid to those aged from 16 to retirement age. However, a person of retirement age can receive a disability allowance at the same time as an old-age pension.

a) Eligibility conditions

Eligibility conditions for people with disabilities are not different from those for people without disabilities, in terms of age, nationality, waiting period or level of financial resources. Regarding contributory history, to receive an old-age pension a person must in general have 15 years of pensionable service. The qualification period for people with reduced working capacity is shorter. Thus, this period is reduced by one year for every three years during which the person has partial or no working capacity (State Pension Insurance Act 2022 §7).

b) Additional amount/compensation included and adequacy issues

In general, payments made from a second-pillar pension scheme before retirement age are subject to 10-20% income tax. However, people with incapacity for work can withdraw money collected in a second-pillar scheme at any time without paying income tax (Pensionikeskus 2021).

c) Gaps/obstacles

The Estonian pension system consists of three main schemes: a state pension insurance scheme (pay-as-you-go with defined benefits); a funded pension scheme (second-pillar, defined contributions, compulsory until 2020 and voluntary since 2021); and voluntary funded pension schemes (defined contributions). In general, an employee pays 2% of their gross wages into a second-pillar scheme, and the employer another 4% (as part of the 20% pension insurance contribution). As people with disabilities and reduced working ability probably work less and their incomes are lower, this also affects their future pensions – they accumulate a smaller amount in the second pillar compared with a person without disability working full time.

2.1.2 *Üksi elava pensionäri toetus* (Annual benefit to pensioners living alone)

The *Üksi elava pensionäri toetus* (annual benefit to pensioners living alone) is paid annually to pensioners who live alone and whose monthly pension is less than 1.2 times the Estonian average old-age pension (€669 in 2022) (Sotsiaalkindlustusamet 2022c). People cannot simultaneously receive the annual benefit to pensioners living alone and the work ability allowance, as the latter is only paid to those aged from 16 to retirement age. However, it is possible to receive disability allowance for a person of retirement age.

a) Eligibility conditions

Eligibility conditions for people with disabilities are not different from those for people without disabilities.

b) Additional amount/compensation included and adequacy issues

There is no additional compensation included, as the benefit amount is fixed. It is paid annually (€200 in 2022) (Sotsiaalkindlustusamet 2022c). There are no analyses available that assess the adequacy of the benefit.

c) Gaps/obstacles

There are no specific gaps/obstacles faced by people with disabilities in accessing the benefit. Overall, it can be more difficult for people with disabilities to meet the criterion of living alone, but the criterion does not apply to those who receive all-day care services or to a person under guardianship (Social Welfare Act §139-1).

2.2 Unemployment benefits**2.2.1 Töötutoetus (Unemployment allowance)**

A person cannot receive the work ability allowance and the *Töötutoetus* (unemployment allowance) at the same time, because these are both considered unemployment risk allowances paid by the EUIF (TTTS 2022). As the work ability allowance is higher than the unemployment allowance, the first one is offered. At the same time, it is possible to receive the unemployment allowance and social benefits for a person with disabilities. The following eligibility conditions describe the situation of people receiving social benefits for a person with disabilities.

a) Eligibility conditions

Eligibility conditions for people with disabilities are not different from those for people without disabilities, in terms of age, nationality, waiting period or contributory history. However, for the calculation of the benefit, some additional income types are not considered as income (see Section 2.2.1 b).

b) Additional amount/compensation included and adequacy issues

Social benefits for people with disabilities are not considered as income when determining the unemployment allowance.

c) Gaps/obstacles

There are no analyses available that specifically address the availability of the unemployment allowance for people with disabilities. However, as already mentioned, a person cannot receive the work ability allowance and unemployment allowance at the same time. Therefore, this benefit is not available at all to some of the target groups covered in this report, due to the means test of the unemployment allowance. This means that people already receiving the work ability allowance do not qualify for the unemployment allowance. Regarding those receiving the disability allowance, there might be an issue with the contributory history required to receive the allowance, as their employment may be more intermittent. However, there are no statistics available in this regard.

2.2.2 Töötuskindlustushüvitis (Unemployment insurance benefit)**a) Eligibility conditions**

There are no different eligibility conditions for people with disabilities compared with people without disabilities.

b) Additional amount/compensation included and adequacy issues

None.

c) Gaps/obstacles

As with the unemployment allowance, it may be more difficult for people with disabilities and/or reduced working capacity to meet the contributory history

requirement for the *Töötuskindlustushüvitis* (unemployment insurance benefit). Unemployment insurance benefits also depend on previous wages, and as people with reduced working capacity are likely to have lower wages, their benefits are also probably lower. In addition, a person can receive the work ability allowance and the unemployment insurance benefit at the same time (i.e. if a person with a reduced capacity for work loses their job and is entitled to the unemployment insurance benefit, it is granted to them). However, when determining the work ability allowance, the unemployment insurance benefit is taken into account as income and, if the unemployment insurance benefit exceeds a certain limit, the work ability allowance will be reduced.

2.3 Guaranteed minimum income schemes and other social assistance benefits

2.3.1 Toimetulekutoetus (Subsistence benefit)

a) Eligibility conditions

Eligibility conditions for people with disabilities are not different from those for people without disabilities, in terms of age, nationality, waiting period or contributory history. Regarding the level of financial resources for the calculation of the benefit, some additional income types are not considered as income (see Section 2.3.1 b). In addition, in general, local authorities may refuse to pay, or may reduce, the subsistence benefit if an applicant of working age does not fulfil the activity requirements (e.g. is not registered as unemployed, refuses a suitable job offer without good reason, or is not studying full time). However, an exception is made for those who cannot work due to their health condition.

b) Additional amount/compensation included and adequacy issues

Benefits paid on the basis of the Social Benefits for Disabled Persons Act (except for the benefit for a parent with disabilities), are not considered as income when calculating the subsistence benefit (Social Welfare Act 2022 § 133). There are no analyses available that specifically assess the adequacy of subsistence benefits for people with disabilities. However, it has generally been found that the subsistence level is not sufficient to prevent poverty. As the costs for people with disabilities or with reduced working capacity are likely to be higher, they may end up in an even worse position. In 2020, 2% of the recipients of subsistence benefits had no working capacity and 6% had partial working capacity (Sotsiaalministeerium 2022).

c) Gaps/obstacles

The process for applying for a subsistence benefit can be quite complex, because it requires a lot of documents to prove qualification, which may be more difficult for people with disabilities.

3 Provision of assistive technology and personal assistance

This section mainly describes the various services offered to people with incapacity for work and people with disabilities provided by the ESIB, EUIF, and local authorities. Finally, there are a few examples of paid services from the private sector for this target group.

3.1 Social Insurance Agency services

The services provided by the ESIB can be divided into four categories: services for people with disabilities; social rehabilitation services; special care services; and aids. A disability assessment establishing a certain degree of disability is a prerequisite for receiving social rehabilitation, special care services, and aids (PISTS 2022).

The social rehabilitation service (which also includes a needs assessment) is intended to support people with disabilities or reduced working capacity in coping with everyday life. Among other things, this service teaches people how to cope on a daily basis with special needs arising from a medical condition. It is a complex service that can solve several human problems and requires the intervention of specialists in several disciplines (Sotsiaalkindlustusamet 2022b).

Special care services are aimed at people who need guidance, counselling, support, and constant monitoring in their daily lives due to their mental health condition. In addition, the ESIB has been offering long-term sheltered employment to people of working age for the past five years. It is intended for people with a severe, profound, or permanent mental disability, compound disability, visual impairment, or a history of brain injury or brain damage, who are not able to work in the open labour market under normal working conditions due to a special health need (Eesti Haigekassa 2021).

The ESIB also provides state support for the use of assistive devices to people with special needs who have a valid medical certificate or rehabilitation plan. In addition, there is a translation service for people with hearing impairments (Sotsiaalkindlustusamet 2022a).

3.2 Assumption by the state of the obligation to pay a fee upon purchase or lease of a technical aid

Working-age people aged 18 or over with disabilities or with partial or no work capacity are eligible for state reimbursement of technical aids. The technical aids include, for example, hearing aids, prostheses, standing or walking frames, wheelchairs, special beds and self-care products. A certificate of the need for an aid has to be issued by a doctor, nurse, midwife, physiotherapist, speech therapist or occupational therapist or based on a rehabilitation plan (depending on the specific aid). The certificate has been digital since 1 December 2020. The person can then turn directly to a seller or lessor of the technical aid that has a contract with the ESIB. The person's own contribution is the difference between the cost of the aid and the reference price of the aid set by the state, but not less than €7. It is possible to exceptionally reduce the own contribution to 5% of the total cost of the aid by submitting an application to the ESIB, invoking the vulnerable economic situation of the person or claiming that the acquisition of the aid incurs a large amount of additional expenses for the person. If there are insufficient funds available to reimburse the cost of the aid for all applicants, the person is listed in a queue held by the ESIB. There are no analyses that specifically assess the adequacy of the system. However, as the state has established reference prices for the technical aids, it can be expected that some people will need aids at higher prices and will thus have to pay a higher contribution, which might make it difficult for them to buy or rent a suitable aid. In this situation, the person can submit an application to receive an additional reimbursement by the state. However, the processing of the application can take up to 30 days and it might be difficult for the person to submit an application.

Since January 2022, the EHIF has taken over the financing of several medical devices (e.g. orthoses and urine collectors) from the ESIB (see also Section 4.2). For the purchase of these kinds of equipment, the out-of-pocket payment is 10% and there is no minimum own-contribution threshold anymore (see also Section 4.2). If the price of the product is higher than the maximum price set by the EHIF, the person must also pay the difference. In addition, the reimbursement of medical devices does not depend on whether the person has a disability or a reduced capacity for work, but on their actual need.

3.3 Unemployment Insurance Fund services

In recent years, EUIF services have been increasingly focused on the inclusion of people with special needs in the labour market. People with disabilities can use all EUIF services if they have a disability, permanent incapacity for work or partial or no working capacity which prevents them from securing employment or performing work. The main services

targeted at people with disabilities that are related to the provision of assistive technology and personal assistance are: adjustment of workspaces and working equipment; lending (free of charge) the assistive equipment needed to carry out work; working with a support person; and work rehabilitation. However, other services are also available, such as protected employment⁷ and peer support⁸.

3.4 Adjustment of workspaces and working equipment

If people have a disability or reduced working capacity, and thus face difficulties starting a job or performing their current work in the workspace and with the working equipment provided, the EUIF can help adjust the workplace and working equipment in a way that enables people to access and use them. Home workspaces can also be adjusted.

Applications for compensation for the cost of adjusting workspaces and work equipment are submitted to the EUIF by the employer. The EUIF will determine the appropriate solution.

Depending on the case and the reasonable costs of the adjustment, the adjustment costs may be compensated for by up to 100%.

Adjustment costs will be compensated for if the employment relationship with the employee has been entered into for an unspecified term or for a fixed term of at least two years.

3.5 Lending (free of charge) the assistive equipment needed to carry out work

If, due to disability or reduced working ability, people are not able to perform their duties using their employer's equipment, the EUIF may lend, free of charge, the assistive equipment needed for them to carry out the work. This equipment will be available until the end of the employment relationship, but initially for no longer than three years. The contract can then be renewed if the assistive equipment is still necessary to carry out the work.

There are no benefits or services available through the EUIF that provide assistive technologies outside the workplace.

3.6 Working with a support person

A support person assists people with disabilities in adapting to working life, learning, performing work assignments, and planning/organising work and work-related communication.

A support person does not provide professional education or training. If people need mainly physical assistance, rather than psychological support or guidance, they cannot use this service. If people need additional help for less than 50% of their working time, necessary help should be provided by the employer, and thus the service is not provided.

The employer applies for the service through the EUIF and will be assigned a suitable support person. The person in need of the service is also involved in the search for a support person. The support person may be a co-worker or someone suitable from outside the workplace. The volume of the service is agreed in the contract between the EUIF and the service-provider, and it may be 50%, 75% or 100% of working time.

⁷ It is targeted at those who need constant guidance to find and start a job.

⁸ The objectives of peer support are to support the client in coping with their disability or illness, to boost their motivation and self-confidence and to prepare them for job-seeking and working life or the continuation of work.

3.7 Work rehabilitation

The target group for work rehabilitation is individuals of working age (i.e. age 16 to retirement age) with reduced working ability who have either a disability or permanent incapacity for work or partial working ability *and* who either occupy a position (employee, student, entrepreneur, or conscript) or are seeking work (and are registered as unemployed).

Work rehabilitation may be needed to improve mobility skills or speech, to learn to use assistive equipment and to address psychological needs. Advice may also be needed to gain motivation, boost self-confidence, and learn to cope on a daily basis with a disability or illness. If necessary, the rehabilitation team can help people integrate into working life by providing advice to the employer on how to organise work more suitably or adjust the working environment.

3.8 Local government services

The task of local government is, among other things, to organise the provision of social services in a rural municipality or city, the provision of social benefits and other social assistance, and the care of the older people if these tasks have not been assigned by law to someone else (KOKS 2022). According to the Social Welfare Act, local authorities must ensure access to 10 different social services for the adult population (Social Welfare Act 2022). The following is a list of services related to the provision of assistive technology and personal assistance.

1. Domestic services – Ensuring that an adult copes independently and safely at home, maintaining and improving their quality of life. Assistance is provided to an individual in respect of activities for which they need personal assistance/support to carry them out, but which are essential for living at home (e.g. heating, cooking, cleaning, washing clothes, and buying food).
2. General care services provided outside the home – Ensuring a safe environment and livelihood for an adult who, due to their state of health, disability or living environment, is temporarily or permanently not able to cope independently at home. The service-provider must ensure that the care procedures and other services and activities specified in the care plan ensure the person is able to cope.
3. Support person services – Supporting self-sufficiency in situations where a person needs significant assistance in fulfilling their responsibilities and exercising their rights, due to social, economic, psychological or health problems.
4. Guardianship of adults – Intended for a person, who, due to mental or physical disability, needs assistance in the exercise of their rights and the performance of their obligations.
5. Personal assistant services – Increasing the independent living and participation in all areas of life of an adult requiring physical assistance due to a disability, by reducing the care burden on the legal carers of the person receiving the service.

3.9 Examples of services provided by the private sector

There are also paid services provided by the private sector. For instance, Helpific⁹ is a web-based support network enabling older people and people with special needs to find both volunteer assistance and paid services. This is a person-to-person solution designed to strengthen communities.

⁹ <https://helpific.com/en>

CareMate¹⁰ is an online resource centre where people can find care-givers offering home care and personal care services, thus enabling their clients to maintain independence and dignity in their everyday lives. CareMate, backed by technology, connects customers and care-providers.

Gaps/obstacles: It has been assessed that the lack of service-providers in some regions means that access to assistive services can vary across regions – lack of support staff in some regions is particularly problematic (Paat-Ahi *et al.* 2021). An earlier study has assessed that about half of the social services for people with disabilities in local government are not accessible within a short timescale or with no financial requirements (Uri 2014). Although access to some specific services is problematic, there is a lack of a comprehensive overview of the share of target groups that do not get access to services they may need (Paat-Ahi *et al.* 2021).

4 National debates, reforms and recommendations

4.1 National debates

In 2016-2017, the work ability reform came into force and replaced the existing work-incapacity pensions with the work ability allowance. A mid-term evaluation of the work ability reform was carried out in 2019-2020 to analyse the fulfilment of the reform objectives and the possible need for changes (Masso *et al.* 2019). The analysis of this study on the output and result indicators showed an effective launch of the reform. Labour market activity has also increased. However, the analysis suggests that more attention should be paid to the integration of services between different institutions (EUIF, local authorities, ESIB). The final evaluation of the work ability reform, commissioned by the Ministry of Social Affairs, was scheduled for 2021 and 2022. The aim of the study is to assess whether and how the work ability reform has met its objectives and to submit proposals for further activities, including to ensure the better functioning and sustainability of the system. The results of this study were due to be published in mid-2022 (Praxis 2022).

One of the problems debated is the difference in the situation of people with disabilities based on their place of residence. The availability and quality of services vary from region to region (ERR 2019). In addition, previous studies suggest that the number of people in need, the type of disability they have, and their level of reduced capacity to work, also vary from one region to another. The need for services therefore differs and should thus be considered in the provision (Paat-Ahi *et al.* 2021).

In addition, the assessment of the need for assistance takes place at different levels and institutions. Work ability is assessed by the EUIF, which is also responsible for paying allowances and for offering services. The ESIB assesses disability and offers disability allowances. The local authorities also provide subsidies and services. This diversity of services and institutions may cause confusion for those in need (Paat-Ahi *et al.* 2021) and raises questions about where to turn for help, or what the differences are between the services offered by different institutions. The Ministry of Social Affairs draft social security programme for 2022-2025 also points out the issue of poor integration between the payment of benefits and the provision of services. It finds that an analysis should be conducted in each case as to whether better results are achieved through benefits/compensation or services (Sotsiaalministeerium 2021b).

More broadly, social protection benefits, including pensions and state benefits, are offered in respect of various social risks. However, it has been pointed out that these benefits are not enough to prevent poverty. In 2020, the at-risk-of-poverty rate in Estonia was 20.7% (17.1% in the EU-27) (Eurostat ilc_li02). However, the risk of poverty was higher for certain social groups including people with disabilities (Sotsiaalministeerium 2021). The

¹⁰ <https://caremate.ee/about-us>

Ministry of Social Affairs social security programme for 2021-2024 is designed to reduce poverty and improve people's economic well-being through social protection. In 2018, the absolute poverty rate was 1.2% among people with disabilities, but the target level for 2024 is 0.3% (Sotsiaalministeerium 2021a).

4.2 Recent reforms and reforms currently in the pipeline

In 2016-2017, the work ability reform gradually came into force and replaced the existing work-incapacity pensions with the work ability allowance. Since January 2017, working ability has been assessed, and allowances paid, by the EUIF (Estonian Unemployment Insurance Fund 2021). The new allowance differs from the previous work incapacity pensions in two main aspects. First, the new allowance has two levels – partial working capacity and no working capacity. The previous system was based on the severity of disability (seven levels ranging from 40% to 100% of incapacity for work). Second, whereas the work incapacity pension could be received simultaneously with labour earnings, without any limits, the work ability allowance is reduced in cases where labour earnings are higher than the average wage. In addition, this reform establishes a stronger link between benefits and activity criteria – on the one hand, the EUIF pays the work ability allowance, and, on the other, it also supports job-search for people with partial work capacity. As a result, the activity of people with reduced work abilities in the labour market has also increased (see Section 4.3).

There have also been changes in the provision of social services. First, to solve the issue of the quality and availability of social services in different local authorities, amendments were made to the Social Welfare Act in 2016, and from 2018 the quality principles (e.g. person-centredness, empowering nature of the service, orientation towards outcome, and needs-based approach) apply to services. Second, since April 2019, receiving special care services has been simplified – previously, the decision as to whether a person received the services or not took three to four months, whereas it now takes up to 40 working days (Sotsiaalkindlustusamet 2019). To improve the accessibility of aids for people with special needs, Estonia has made several changes to simplify the system (European Commission 2021).

Since January 2022, the EHIF has taken over financing the cost of several medical devices from the ESIB. Related to that, the list of reimbursable equipment has been further expanded, the out-of-pocket payment has been reduced from 50% to 10% for the purchase of this equipment, and the previous minimum own contribution of €7 will no longer apply to the purchase of the device (Eesti Haigekassa 2021).

At the end of 2021, the government approved and forwarded to the Parliament a draft accessibility plan, the aim of which is to improve the accessibility of various electronic products and e-services, including for people with disabilities (e.g. visual or hearing impairment). The standards will apply from June 2025 for new products and services placed on the market (Sotsiaalministeerium 2021c).

Since July 2017, adult dental care has again been subject to a partial co-financing scheme, in the form of an in-kind benefit (see Section 1.3.1.1). In 2019, the EHIF extended free dental care to adults with severe physical and mental disabilities who cannot take care of their oral hygiene. Overall, the availability and circle of beneficiaries have expanded after the introduction of the co-financing scheme (Riigikontroll 2021). Free dental care was provided to 141 people in 2019 and to 427 in 2020 (Eesti Haigekassa 2020).

Since 2021, people with incapacity for work have been able to withdraw money collected in a second-pillar pension scheme at any time without paying income tax (one-time disbursement). This will allow them to use the money collected in the second pillar before retirement age and leaves them with a higher income. In general, 10-20% income tax is paid on one-time disbursements.

Although it is hard to assess the extent to which these recent reforms seek to (better) address the country's obligations under the UN Convention on the Rights of Persons with

Disabilities (CRPD), the overall aim is to improve access to services for people with reduced working capacity and to support their participation in the labour market – all of which is in full accordance with the spirit of the UN CRPD.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

As a result of the work ability reform, the activity of people with reduced working capacity has increased (i.e. their participation in the labour force, registration with the EUIF, participation in active measures and job-search). For instance, the proportion of people with reduced working capacity who were registered with the EUIF increased from 3.6% in 2014 to 13.1% in 2017 (Melesk *et al.* 2018; Masso *et al.* 2019). According to EUIF data, the share remained at 12% in 2020 and 2021.

It has been suggested a one-door policy should be introduced for people with disabilities or reduced work capacity (Paat-Ahi *et al.* 2021, Masso *et al.* 2019). Currently, health assessment and evaluation of individual needs (e.g. need for different support services and assistive devices) are divided between local government, the EHIF and the ESIB. This system may be confusing, particularly if people have more complex health issues and there is a need for combined services. Hence, an individual co-ordinator system is suggested in order to guide a person through different institutions and towards different services. This means that the capacity at local government level to deal with people with disabilities needs to be improved (Paat-Ahi *et al.* 2021). This also means that information needs to be shared better between different institutions, to make sure that the results of different assessments and evaluations are shared across service-providers (Masso *et al.* 2019). This indicates that there is a need for better use of data collected on applicants by different institutions, to avoid duplication. This would also enable a better overview of integrated data on people with disabilities, including their need for support and services across different institutions, in line with Article 31 (statistics and data collection) of the UN CRPD.

In order to improve awareness of the pathways involved in the work ability assessment and of the different benefits and services available, activities to share information for the target group (including in Russian) need to be improved (Masso *et al.* 2019). This also includes information on the roles and activities of different institutions within the system (EUIF, ESIB, local authorities) (Masso *et al.* 2019).

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