Social Services of General Interest

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Challenges in Provision of care for the elderly from the point of view of the National Council of People with Disabilities in Estonia

The comments are provided on the background of experience from work at the National Council of People with Disabilities, where care issues are of extreme importance, while the work of influencing policies for care provision is not focusing on the elderly, but the disabled. In several circumstances those groups have overlapping needs and the hindrances for high-quality service provision are similar.

Challenges and initiatives in the provision of social services

Estonia has similar service provision system to the Danish one, explained in the discussion paper. The personal services for the elderly and for people with disabilities are provided by the municipalities – 227 municipalities have altogether 1 364 157 inhabitants (02.03.2009 – data by the Estonian Ministry of Interior) The smallest municipal unit Piirisaare municipality has 94 and the capital Tallinn has 404 304 inhabitants.

The provision of care for the elderly and also personal services for the disabled can really only be offered if there is a certain amount of people in need to create a service – therefore the most important task and currently widely discussed task is the administrative reform, joining some, if not most of the municipalities together, creating bigger entities.

Another possible threat is the possibility that a person can fall between two systems – the medical care and social care provision. The data protection legislation does not allow distribution of sensitive data and as a result, people who can be helped are only discovered too late to be able to rehabilitate fully. Innovative services provision is hampered by unstable funding and insufficient back-up by investments. Fortunately, several programs in the 2007-2013 EU budget are earmarked for the improvement of public services and hopefully the municipal stakeholder eventually also focus on care issues – be it care provision for the elderly, children with special needs or the disabled.

A few identified obstacles for provision of care and preventive activities

During 2006-2007, in the EQUAL programme, a development partnership in Estonia was focusing on care issues. The project had EU partners from UK, Latvia, Italy and the Netherlands. The “We care! Do you?” partnership was dealing with care of the elderly, disabled children and temporary carers issues. During the EQUAL program, a conference was held in Tallinn by the program, with EU-wide participation. An important finding of the conference for Estonia was that the Estonian

tax system of fringe benefit tax is making all the care-related and prevention of ill-health related activities costly for the employers and for the public bodies as well.

A challenge for home care for the elderly is as well a rather poor situation of housing in general, although some improvement has occurred recently. At sparsely populated areas the family, neighbours and relatives have been the traditional way of care giving, as also the Estonian Family legislation provides that the family is sitting with the primarily responsibility of its family members. Similarly, the employment situation does not any more allow to combine care and employment.

Public and private providers of services, innovation in the service provision

Currently there are 5407 places at elderly care homes with 5100 residents there. Additionally there are 1647 places of nursing care. In the provision of care at care homes both public and private stakeholders have access. The monthly prices at care homes are varying – starting from 256 EUR per month going up to 1090 EUR per month. There are altogether 120 care homes in Estonia, with varying ownership – public, private profit making and private non-profit making.

A recent reform had been undertaken in order to make to care provision more effective in the field of people with learning disabilities, mental health issues, but also dementia – joining together 16 public care-homes under one publicly owned Ltd. company. Probably, if successful, similar approach can be used for public care homes for the elderly. Here the difference is that care for people with learning disabilities is remaining the responsibility of the state level, while the care of the elderly is the responsibility of the municipal level.

Provision of care services is implemented by municipal means and the provision can be delegated to private stakeholders, but in most cased it will be the social economy sector actors, NGO-s and Foundations working in the field.

The recent statistics on home-care provision what can be achieved via official channels is from 2006. Altogether 6082 persons received home care, of them 3473 persons or 57% had a disability. 75,7 % of people who received the service were women.

Back in 2006, 84 municipalities or 37% of all municipalities did not offer home care services. Since then, the Municipalities have been delegated the assessment of care needs and the relevant funding, therefore the level of service provision is improved, and all the municipalities deal with care of elderly and people with disabilities. Naturally, as the municipalities are small, the services need to get better and the market need to be developed further, in order to enable a possibility for the clients to choose between several offers.

In the light of this statistics from 2006 along with the challenges of the administrative reform as well as the recent decrease of economy, the question of availability is the most important while the possibility of choice in the care services is of minor priority. An important goal will be to enable a service for all the citizens and call for a better co-operation across municipal borders.

Personal budget solutions for promotion of choice

The care provision in both nursing homes and in the open care system is based on empowerment and is putting the individual in the focus. There are guidelines that are used to execute care and among them the following principles are highlighted:

- Medical care, nursing and care services are provided based on the clinical or external help need, not based on the ability of the user or his/her relatives to pay for the services.
- Provision of services should be organised so that the service user can live in a known or home-live environment.
- No service user is sent home from stationary medical care without prior securing the person all the necessary services at his/her place of residence
- Nursing- and care plans are elaborated and implemented in co-operation with the user/ his/her family representative.

The service provision for the nursery homes and for the open care services is functioning differently. In case the person has decided for attending a care home, his/her pension will be used to cover for the expenses. Certainly, 15% of the pension is always remaining for personal use and in case the care home selected operate with higher standards, the difference is to be covered by other means (i.e. payments by relatives). General approach is that relatives are paying for the difference. Although, in special cases, municipalities can decide to cover the difference. Depending on the level of care home, anyhow the pension what the person in need of care can put in, is often only 1/3 or the total cost.

As described above, the standards in care homes vary a lot, some are newly put up with high level service and nice environment, while others are operating more with basics.

Recently created private care homes like Villa Benita in Northern Estonia or Piigaste Pansionaat in Southern Estonia are examples of care for the elderly where the provisions are certainly meeting all the requirements for high level care.

Open care, what the municipalities should provide for the elderly living at their places of residence is depending on weather the public or private system is used. More often, while using the public services, it is the municipally hired social caregiver who conducts the visits at smaller municipalities while in bigger municipalities special units are dealing with the work, in some cases outsourced to social economy sector. In case of public service, the service recipient cover for the costs of i.e. food brought home or for the meals prepared and delivered. Otherwise, the service is covered directly by the municipalities.

Open care provided by private stakeholders is very seldom in Estonia. More often, the individuals or families in need of care, can rely on acquaintances, relatives and compensate for the help themselves informally. Bigger municipalities offer as well nursing care – those services can also be outsourced.

Conclusion

63% of the disabled people in Estonia are falling under the elderly population. Problems in service provision for the disabled adults and children are similar with the care for the elderly. The society is building up services and in that work the Civil Society stakeholders constitute an important support pillar for the municipal and state level – therefore it is important that the civil dialogue is strengthened and the ideas and solution provided by the civil society stakeholders are increasingly taken on board by the decision makers.

Moreover, during recent years the concept of Design for all has been promoted in the Estonian society – also within the housing sector the idea of lifetime dwellings is slowly improving. All those developments will enable the different groups of people who can benefit from Design for All to have a better ability to lead their lives without external help.

Pre-conditions for establishing innovative solutions are increasingly met, but until the landscape of service providers does not allow full coverage of high-quality service, the use of personalized budgets or voucher systems would at least in the Estonian society of today create an additional administrative burden and difficulties with monitoring the use.

At the same time, the possibility to choose a service provider is of great importance. The social rehabilitation system for the disabled has proved, that based on the rehabilitation plan, individuals can purchase their services where they see fit for them best – the system is possible as a certain number of rehabilitation units have been developed during recent years. Still, the administrative burden for the individuals and the rehabilitation units is quite significant and sometime the desires of the individuals are not met, what creates dissatisfaction.

Despite the challenges, the Estonian care system has improved and will hopefully be strengthened considerably when the municipal administrative reform can be sorted out and when the new ideas of service provision, initiated by the NGO-s /social economy sector are finalized and backed up with relevant investments into infrastructure, what in many cases is already in the pipeline.

Sources

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