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Estonia

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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

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¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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1 Executive summary and recommendations

1.1 Key points and main challenges for the European Semester in 2021

- The COVID pandemic and related economic difficulties may impact the employment and income situation of disabled people in the coming year negatively. Also, the state financial contribution in the social sphere as well as R&D is not as prioritised as some other domains, causing potentially difficulties with (the quality of) integrating disabled people into the society.
- In 2020, the government voiced several times statements to defund the NGOs representing different minority groups in the society, including of those representing disabled people.
- Despite increasing digitalisation of services, health care, education and social services for disabled people, they often do not reach those in actual need. Lack of efficient integration between different systems and regions is the main obstacle, increasing personal responsibility of the disabled person in getting support.
- Qualified personnel in care services as well as in schools are lacking. Trainings have been few, not yet targeting the full spectrum of various occupations (i.e. nurses, care providers, education personnel, mid-level managers, employers, etc) as well as various needs (e.g. people with mental or psychic problems).
- In August 2020, a new national development plan 'Estonia 2035' was developed and sent to the government for approval. It includes several points on the life of disabled people.
- In April 2020, the Estonian Chamber of Disabled People pre-defended the shadow report on fulfilling the UN CRPD. The final defence is expected to happen in December 2020 or March 2021.
- In September 2019, the action group on accessibility was established. It aims to prepare recommendations on improving accessibility for disabled people by the summer of 2021.

1.2 Recommendations for Estonia

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

- **Recommendation:** In case of COVID or future crises – aim to find ways to keep schools open, at least partially, especially for children with special needs.
Rationale: This was the most crucial aspect that emerged during the pandemic worsening the situation of adults as well as children with special needs.
- **Recommendation:** No threatening of defunding the NGO-s representing the interests of disabled people.
Rationale: Threats of defunding the activities of the NGO-s representing the interests of disabled people increase insecurity and do not correspond to the general principles of social inclusion.
- **Recommendation:** Pursuing an integrated approach to reducing the care burden.
Rationale: There is a lack of qualified care workers. Re-training people to organise care work more efficiently, to provide better quality services as well as for more people to find jobs in the care sector are the main actions to focus attention to.
- **Recommendation:** Increase the expenditure on social security and protection.
Rationale: The support benefit systems need further development, and not dismantling neither defunding, in order to reduce and prevent the development of a large proportion of disabled and older population. This will become more pressing with the coming years.
- **Recommendation:** Better integration of different systems and regions to improve accessibility to services.
Rationale: Despite increasing costs on IT solutions, there is a lack of integration between different information exchange systems. The burden of help seeking is still mainly on the shoulders of the disabled person. Also, municipalities are diverse in their implementation of legal obligations; people in actual need are often left without the support or have to purchase it for a higher price. More actual and efficient communication between the state and local municipalities addressing the arguments of municipalities might be a helpful strategy. The Public Transport Act should be brought into accordance with the UN Convention.
- **Recommendation:** Increase support to mental and psychic health, and dementia.
Rationale: Besides increasing the general public awareness on the topic, more state-level (financial) support is needed to help develop accessible and affordable services for people with intellectual or psychic disabilities, mental health problems and dementia (incl. measures to help participate in education and work).

2 Opportunities to mainstream disability equality in the Semester documents

2.1 [Country Report](#) for Estonia (Staff Working Document)

In 2020, the Country Report for Estonia included the following direct references to disability issues:

- 'p. 13 It has improved the labour market integration of people with disabilities through the Work Ability reform, which has been in force since July 2016.
- p. 27 The Work Ability reform has helped increase the activity rate of people with disabilities.
- p. 13 Disability benefits for children have increased two- to threefold as of 2020.
- p. 28 Poverty remains high, especially in certain regions and among vulnerable groups.'

It is positive that the 2020 Commission Country Report acknowledged some reference to disability policies but this still lacks the inclusion of evidence about the situation of disabled people, for example in relation to the employment gap and, importantly, the high poverty risk (notably for older disabled persons). Data and examples are included in our report which may help to strengthen this.

2.2 [Country Specific Recommendation](#) for Estonia (CSR)

In 2020, the Country Specific Recommendation for Estonia included the following direct references to disability issues:

- '18. The pandemic aggravated the difficulties in providing affordable and available social services, including long-term care services, especially for the elderly, people with disabilities and for low-income earners.'

It is positive that the 2020 CSRs acknowledge the challenge of access to services and particularly the situation of disabled people, who face a high poverty risk and report very high levels of unmet need for medical care.

3 Disability and the labour market - analysis of the situation and the effectiveness of policies

The UN CRPD Committee has not yet made concluding recommendations to Estonia but the following issues were raised in 2019:

[Article 27 UN CRPD](#) addresses Work and Employment.

'[from the List of Issues developed in April 2019].
20. Please provide updated information on:
(a) The impact of measures, including affirmative action measures, for the promotion of the employment of persons with disabilities in the open labour market in the private sector. Please also provide data, disaggregated by type of impairment and sex, on persons with disabilities employed in the open labour market and in sheltered employment.
(b) The available provisions and incentives to guarantee reasonable accommodation for persons with disabilities in order to enable their employment in the open labour market.'

Key points

- Strong labour demand has delivered high employment and participation for the general population and labour supply has not kept up with the changing needs of the economy but the disability employment gap has not narrowed.
- Major reform initiatives such as the implementation of the Youth Guarantee, the Work Ability Reform or reforms to the parental leave and benefits system, have been introduced to further increase the activity rates.
- Monitoring the consequences of the Work Ability Reform, and its correspondence to providing equal opportunities of participation in the labour market.
- Increasing the regional labour supply needs further attention and efforts in order to help disabled people in more remote areas to participate in the labour force as well.
- Equal access to services increasing work ability in different regions of the country is still lacking.
- There is further scope to support the labour market participation of vulnerable groups and people on long-term sick leave, where disabled people are over-represented, and for measures to prevent loss of ability to work and to preserve good health and safety at work.
- Provision of social services to support the participation of disabled people, and the burden of care on the labour market.
- The development of welfare services for disabled children with the goal of minimising the caregiver's development restrictions related to the labour market.

Analysis and proposals for modernising long-term care arrangements and policies for disabled people to support them in participating in the labour market.

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Estonia of 64.3 % in 2018, compared to 85.2 % for other persons and approximately 13.5 points above the EU27 average - resulting in an estimated disability employment gap of approximately 21 percentage points (EU27 average gap 24.2, see Tables 2-4).

The same data indicate unemployment rates of 8.9 % and 4.8 %, respectively in 2018 (see Tables 5-7) and the economic activity rate for persons with disabilities in Estonia was 70.6 %, compared to 89.5 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in annex.

The favourable economic situation has kept the general labour supply high in the country, including among the disabled population. The employment rate of disabled people is higher in Estonia compared to the EU average. Although the employment rate of people with disabilities has increased over the years similarly to the general population, the gap in the proportion of people employed compared to non-disabled employed population has remained similar throughout the years (~20 percentage points less). Unemployment rates were more than twice as high among 25-34-year-olds, and twice as high among the 55-64-year-old disabled population compared to their non-disabled peers in 2018.

With the decrease in the employment rate during the pandemic in 2020,² it is likely that the unemployment of disabled people will also increase at least similarly to the rest of the population. Temporary unemployment benefits and support measures were declared (e.g. a temporary support benefit for the parent of a disabled child), but these need further strengthening in the new budgetary plan. Also, the suspension of state contribution to the second pension pillar may worsen the (economic) situation of disabled older population.³

While it has been constantly voiced by the health sector that there is a lack of health care workers and medical personnel, the main structural problem is still the quality of the qualification (or education) of the health care and medical personnel. The change in the requirement to have a necessary profession, degree or in-service training of care workers from 2020 exemplified this – there was no lack of labour force supply, however, the quality of the services improved.⁴ More training should be provided to increase the skills of the workers in the field. This applies also to the managerial level who oversees the distribution of tasks within care organisations/ service provision.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Estonia.

The main policy concerning the labour market is related to the Work Ability Reform which was started in 2016. It is planned to be running until 2023. Despite several

² Statistics Estonia Database <https://www.stat.ee/en/find-statistics/statistics-theme/work-life/labour-market/employment-rate>.

³ <https://news.err.ee/999336/imf-estonia-needs-measures-to-boost-productivity>.

⁴ <https://www.err.ee/1119365/hooldustootajate-haridusnoue-kardetud-toojoupuudust-toonud-ei-ole>.

changes and measures implemented to increase the employment of disabled people, the gap in employment between the disabled and non-disabled population remains the same.

Lower productivity increase compared to the increase in wages⁵ in the Estonian economy is reflected in the labour market. Flexible working opportunities, including part-time working options are not yet as widespread as in other European countries,⁶ which would be more suitable for people with disabilities. The Work Ability Reform has not created such measures as well, according to the shadow report.⁷

Although the Work Ability Reform has helped more disabled people to reach employment,⁸ there exist further steps to improve the labour market position for disabled people. The IMF has recommended further enhancement of labour supply, especially among those with low income households, and decreasing inequalities between different population groups to boost economic growth in the future.⁹ Investment in human capital by companies and a government policy that facilitates the movement of employees to more productive jobs,¹⁰ as well as investing in research and development, health, education and productivity-enhancing infrastructure are aspects that may help increase productivity as well as improve the general labour market situation for disabled people.¹¹

The Work Ability Reform has helped to enhance relevant services. The Unemployment Insurance Fund provides consulting events/ appointments for individuals, companies or employers as well as for local municipalities regarding how to increase employers' awareness about employing disabled people and supporting disabled people at work.¹² Additionally, the Fund provides a wage subsid,¹³ social tax compensation,¹⁴ support for adjusting the work space or work equipment,¹⁵ and reimbursement of employee training costs,¹⁶ among other services meant to help disabled people get to

⁵ <https://www.imf.org/en/News/Articles/2020/01/22/pr2014-estonia-imf-executive-board-concludes-2019-article-iv-consultation>.

⁶ Eurostat Database https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ifsi_pt_a&lang=en.

⁷ The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

⁸ <https://www.eestipank.ee/en/press/work-ability-reform-has-brought-additional-people-labour-market-15052017>.

⁹ <https://www.imf.org/en/News/Articles/2020/01/22/pr2014-estonia-imf-executive-board-concludes-2019-article-iv-consultation>.

¹⁰ <https://www.eestipank.ee/en/press/work-ability-reform-has-brought-additional-people-labour-market-15052017>.

¹¹ <https://emerging-europe.com/news/imf-estonia-should-boost-productivity/>.

¹² <https://www.tootukassa.ee/eng/node/1790>.

¹³ <https://www.tootukassa.ee/eng/content/employers/wage-subsidy>.

¹⁴ <https://www.tootukassa.ee/eng/content/work-ability-reforms/social-tax-compensation-person-decreased-working-ability>.

¹⁵ <https://www.tootukassa.ee/eng/content/work-ability-reforms/adjustment-workspaces-and-work-equipment>.

¹⁶ <https://www.tootukassa.ee/eng/content/employers/labour-market-training>.

or stay at work.^{17 18} However, the social tax compensation does not cover the public sector, and thus decreases the labour force competitiveness of disabled people.¹⁹

Despite the awareness-raising programmes and measures for employers, they have been slow to hire people with disabilities, presumably due to not knowing how to re-organise the organisation's work, but also due to existing stereotypes.²⁰ People with mental health problems as well as blind and partially sighted people have the most barriers in finding jobs due to employers' attitudes or low public awareness.^{21 22} The barriers come from the fact that disabled people haven't had the same choices in education and work. Often the decision on what to learn is not related to their wishes but is influenced by a training institution or the limited availability of specialist support services. The questions related to better representation of interests of people with mental health problems is planned to be raised in the autumn of 2020.²³ Providing special on-the-job trainings, sheltered work and gradual transition to the open labour market have been proposed as some measures to help people with psychic and behaviour problems, according to the shadow report.²⁴

Skills gaps as a result of limited choices in education for disabled people remain an important obstacle for labour market integration. Also, there is a considerable wage gap for persons with restricted work ability, who receive a 25 % lower income from work.²⁵ At the same time, disability service providers in Estonia find it more difficult to hire new employees compared to similar organisations in other European countries because of strong prejudices.²⁶

A temporary support benefit for the parent of a disabled child helped to maintain a 70% level of income in case the parent had to stay at home during the pandemic to take care of the child.²⁷ This measure helped the caregivers to maintain a job during the crisis, however, no similar support measures were provided to those who look after

¹⁷ <https://www.employers.ee/uudised/tootukassast-saab-abi-ka-tooandja/>.

¹⁸ <https://www.tootukassa.ee/eng/content/work-ability-reforms/services-people-decreased-working-ability>.

¹⁹ The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

²⁰ European Commission 2019. *Work ability reform: A way to enhance employment opportunities for people with long-term health problems or disabilities* <https://ec.europa.eu/social/BlobServlet?docId=21923&langId=en>.

²¹ <https://www.egdfed.org/news-information/reports/report-of-2019-conference-in-tallin-estonia/work-ability-reform-in-estonia-successes-and-challenges/>.

²² <http://www.praxis.ee/en/works/mid-term-evaluation-of-the-%E2%80%AFmeasure-creation-and-implementation-of-the-work-ability-support-system/>.

²³ <https://www.epikoda.ee/uudised/kutse-osalema-e-mottetalgutel-kuidas-kaitsta-psuuhikahairega-inimeste-huvisid-14-oktoobril>.

²⁴ The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

²⁵ European Commission (2019). *Work ability reform: A way to enhance employment opportunities for people with long-term health problems or disabilities*, <https://ec.europa.eu/social/BlobServlet?docId=21923&langId=en>.

²⁶ EASPD Report (2018). *The State of Disability Workforce in Europe: needs in training, qualifications and skills*, https://www.easpd.eu/sites/default/files/sites/default/files/Publications/5.4.3_study_workforce_development_report.pdf.

²⁷ <https://www.sotsiaalkindlustusamet.ee/et/puue-ja-hoolekanne/erivajadusega-lapse-vanema-erakorraline-toetus>.

adult disabled people who need permanent attention and care, so caretakers had to struggle with an increased load of duties at home as well as at work.²⁸

Low social cohesion in some regions contributes to the regional inequalities in the employment gap between disabled and non-disabled population.²⁹ The inequality between regional capabilities in providing services is one of the remaining issues to solve, according to the shadow report.³⁰

Besides transformations in the state agencies responsible for distributing disability status, the Work Ability Reform also changed the assessment methodology for receiving a disability status³¹. One of the major problems with assessing work ability is the existence and quality of data in (health) information systems.^{32 33} In half the cases, the Unemployment Insurance Fund makes a request for data to the person's doctor, resulting in dragging of the evaluation procedure as well as incorrect decisions. The problem has remained unresolved and has become more urgent.³⁴ The Work Ability Reform does not include actions to prevent occupational diseases/ accidents but should be a point of attention as well.³⁵

In August 2020, a new national development plan 'Estonia 2035' was developed and sent to the government for approval.³⁶ It includes general aims and target indicators to improve the work, schooling and living situations of disabled people and children with special needs. Among others, it includes points on improving the long-term care system, deinstitutionalisation, increasing the care sector labour force, improving the accessibility to services and distributing related tasks among different level representatives.

²⁸ <https://www.epikoda.ee/uudised/uuring-kontaktoppe-ja-sotsiaalteenuste-katkemine-pani-puuetega-inimesed-kriisi-ajal-raskesse-olukorda>.

²⁹ European Commission 2019. *Work ability reform: A way to enhance employment opportunities for people with long-term health problems or disabilities*, <https://ec.europa.eu/social/BlobServlet?docId=21923&langId=en>.

³⁰ The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

³¹ https://www.sm.ee/sites/default/files/methodology_for_assessment_of_work_ability.pdf.

³² The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

³³ Praxis. *Mid-term Evaluation of the Measure 'Creation and Implementation of the Work Ability Support System'*, 2019-2020, <http://www.praxis.ee/en/works/mid-term-evaluation-of-the-%E2%80%AFmeasure-creation-and-implementation-of-the-work-ability-support-system/>.

³⁴ <https://ajakiri.epikoda.ee/puue-on-voi-ei-ole>.

³⁵ The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

³⁶ Estonia 2035, https://www.riigikantselei.ee/sites/default/files/riigikantselei/strateegiaburoo/Eesti2035/riigi_pikaajaline_arengustrateegia_eeesti_2035_eelnou_taiendatud_26._august_2020.pdf.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

The UN CRPD Committee has not yet made concluding recommendations to Estonia, but the following issues were raised in 2019:

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection.

‘[from the List of Issues developed in April 2019].
20. Please provide updated information on:
(a) The impact of measures, including affirmative action measures, for the promotion of the employment of persons with disabilities in the open labour market in the private sector. Please also provide data, disaggregated by type of impairment and sex, on persons with disabilities employed in the open labour market and in sheltered employment.
(b) The available provisions and incentives to guarantee reasonable accommodation for persons with disabilities in order to enable their employment in the open labour market.’

[Article 19 UN CRPD](#) addresses Living independently in the community.

‘[from the List of Issues developed in April 2019].
14. Please provide the Committee with:
(a) information about the steps taken to ensure the deinstitutionalization of all children and adults with disabilities, and measures adopted to ensure that persons with disabilities have access to a range of in-home and community support services, including personal assistance, to exercise their right to living independently and being included in the community;
(b) disaggregated data on the number of persons with disabilities still living in institutions and group homes, their location and their level of access to mainstream services in the community;
(c) information about the use by the State party of the European Structural and Investment Funds designated for the deinstitutionalization of persons with disabilities.’

[Article 25 UN CRPD](#) addresses Health.

‘[from the List of Issues developed in April 2019].
19. Please provide information on:
(a) policies and measures adopted to ensure that all persons with disabilities have access on an equal basis with others to the national healthcare system;
(b) measures adopted to ensure that all persons with disabilities, particularly women and girls with disabilities, have access to the comprehensive health and rehabilitation services in their own communities, including in small municipalities;
(c) legislative and other measures adopted to ensure that all health services and treatments, particularly sexual and reproductive health services, are provided to persons with disabilities on the basis of their free and informed consent.’

Key points

- As of 2020, benefits to children with disabilities increased two- to threefold depending on the level of disability.
- De-institutionalisation of special care services and the introduction of special care services that are based on the needs of service users as well as the reorganisation of the special care infrastructure with the aim of supporting the development of a more person-focused and community-engaging service system.
- The development of welfare services for disabled children with the goal of minimising the caregiver's restrictions related to the labour market.
- Re-establish the Task Force on Care project on long-term care.
- Comprehensive development of accessibility (including the mapping of the state of play and improvement of cooperation with local governments) and increase of awareness about universal design (including by organising a universal design competition).
- Measures to reduce occupational accidents and improve work safety.

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in Estonia was 26.3 % in 2018, compared to 14.1 % for other persons of similar age – an estimated disability poverty gap of approximately 12 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 15.3 points (54.4 % for older persons with disabilities and 39.1% for other persons of similar age). The tables in annex also indicate the respective rates of AROPE and break these down by gender as well as age.

While the risk of low work intensity or material deprivation is below the EU average, the risk of poverty for disabled people is well above it and the poverty gap is wide. The rising poverty risk for older people in Estonia seems to be driving this trend, and with a widening disability gap (disabled people are largely over-represented among older age groups, and particularly for older women, Table 14). While the risk-at-poverty rate has stabilised for the general population during the last years, it increased for disabled people (Table 15a).

In addition, the level of unmet need for medical examination reported in Estonia is very high by European standards, and it is considerably higher among disabled people (averaging 21.6 % over the past three years, 23.6 % in 2018).

In 2019 recommendations, the UN CRPD Committee, scrutinizing the right of persons with disabilities to live independently and be included in the community, requested the Government to provide further information on the steps taken to ensure the deinstitutionalization of all children and adults with disabilities, and measures adopted to ensure that persons with disabilities have access to a range of in-home and community support services, including personal assistance. While progress has been achieved over the last years in attaining the aims set in the Welfare Development Plan to reorganise the former large (with more than 30 resident places) service locations and arranging accommodation in smaller units to facilitate living in a community, two

large special care institutions (for persons with mental disability or chronic mental illness) still remain, although their number of residents has gradually declined: Sõmera nursing home (for 275 residents) and Võisiku nursing home (for 180 residents).³⁷ While the current plan is to close these institutions by 2021, the realisation of this plan is dependent on the building and opening of alternative service locations.

With the aim of prevention of disabilities, prevention of work accidents remains pertinent. The number of severe work accidents (causing severe bodily damage or a life-threatening situation) has increased from 962 cases in 2015 to 1128 cases in 2019, pointing to the need to strengthen the measures on occupational health and safety.³⁸

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Estonia.

From 1 January 2020 the social benefits for disabled children to compensate for the additional expenses caused by the disability and for the activities prescribed in the rehabilitation plan (topping up the regular child benefits) increased twofold for children with a moderate or severe disability, and threefold for children with a profound disability. As of 1 January 2020 the applicable rates of monthly benefits are EUR 138,08 for a child with a moderate disability, EUR 161,09 for a child with a severe disability and EUR 241,64 for a child with a profound disability.³⁹ However, prior to the 2020 increase, the rates of social benefits for disabled children had remained unchanged from 2006, i.e. for 14 years, which had significantly eroded the purchasing power of these benefits.

In the context of the emergency situation due to the Covid-19 pandemic, declared by the Government on 12 March 2020, the duration of the degrees of disability, which were about to expire over the period from 17 March to 31 August 2020, were automatically extended for another six months.⁴⁰ This ad hoc measure addressed the concerns of persons with disabilities who otherwise could risk losing the right to benefits in the period of virus outbreak.⁴¹ As of May 2020, the Social Benefits for Disabled Persons Act and the Work Ability Allowance Act were amended, giving the Minister of Social Affairs a mandate to instruct respectively the Social Insurance Board and the Unemployment Insurance Fund (as the competent institutions) to extend the duration of previously determined degrees of disability or work incapacity if the terms of these statuses were to expire during the period when re-examination of person's situation is hindered due to an emergency situation.⁴²

³⁷ AS Hoolekandeteenused (<https://www.hoolekandeteenused.ee/kodud/>).

³⁸ Data of the Labour Inspectorate (<https://www.ti.ee/et/statistika/toonnetused>).

³⁹ Social Insurance Board (<https://www.sotsiaalkindlustusamet.ee/et/puue-ja-hoolekanne/puudega-inimesele#Puuetega%20inimeste%20sotsiaaltoetus>).

⁴⁰ Ministry of Social Affairs (<https://www.sm.ee/et/uudised/osalise-ja-puuduva-toovoime-pusiva-toovoimetuse-ning-puute-kestust-pikendatakse>).

⁴¹ The automatic extension of disability status did not affect the rules as regards the new claims.

⁴² Social Benefits for Disabled Persons Act (<https://www.riigiteataja.ee/en/eli/530042020002/consolide>), Work Ability Allowance Act (<https://www.riigiteataja.ee/en/eli/530042020009/consolide>).

The Social Welfare Programme 2019–2022 acknowledges that while the financing of special care services has increased over the last years, this has not been sufficient to meet the demand for services and reduce the waiting lists for services. In the opposite, at the end of 2018 there were 1,360 persons in the waiting list for special care services, an increase of more than 300 persons compared to 2015. While a new service model of delivery of special care services has been piloted, its broader implementation is highly dependent on the financing as well as development of capacities and service infrastructure, including at the local level.⁴³

The Social Welfare Programme 2019–2022 also sets the aim of developing support services for informal caregivers of disabled children to facilitate their participation in the labour market. While the development of relevant services has been in the scope of the ESF-funded programme (2014–2020) ‘Welfare services supporting the participation in the labour market’,⁴⁴ the progress has been quite slow and in 2020 respective pilot projects run in only two municipalities (in the city of Tallinn and Jõelähtme municipality).⁴⁵

A key aim set in the Social Welfare Programme 2019–2022 for the coming years is the development of a coherent long-term care system, based on integrated social and health care services. This priority has already a long-standing background. The Government established a task force on reducing the care burden back in 2015. There have been several background studies, including the World Bank 2017 analysis *Reducing the burden of care in Estonia*.⁴⁶ The Government approved the concept paper on long-term care drafted by the Ministry of Social Affairs in December 2018. However, the legal framework to implement the long-term care reform is still missing and the financing for additional expenses to implement the reform is not secured.

There is an increasing number of people who are concerned by a stricter decision-making procedure of the Social Insurance Board. On several occasions, the Board did not satisfy the applications to extend the disability status albeit the health situation of the re-applicant did not improve. In 2019, the disability status of 2,299 persons or every fifth re-applicant in the working age was not extended.⁴⁷ 742 children or every fifth child with a special need did not receive a disability status in 2019. Also, the number of first-time applicants has decreased. Applicants have frequently difficulties with orienting in the complex application system and many decisions of the Social Insurance Board (on disability status) and Unemployment Insurance Fund (on work ability status) are challenged by applicants, while solving the disputes with authorities should not be the responsibility of the applicant individual. In September 2019, the Supreme Court of Estonia held that all respective decisions of the Social Insurance

⁴³ Hoolekandeprogramm (Social Welfare Programme) 2019-2022 (https://www.sm.ee/sites/default/files/lisa_3_hoolekandeprogramm_2019_2022_0.pdf).

⁴⁴ https://www.sm.ee/sites/default/files/content-editors/ESF/tat_hoolekandeteenused_mitteametlik_tervik.pdf.

⁴⁵ https://www.struktuurifondid.ee/et/toetatud-projektid/toetatud-projektid?marksona=hoolduskoormus&valdkond=248&periood_%5Bvalue_%5D_%5Bdate_%5D=01.01.2020&periood2_%5Bvalue_%5D_%5Bdate_%5D=&rakendusüksus=All&rakendusasutus=All&toetuse_saaja_vorm=All&rakendusperiood=All&piirkond=&display=table&sort_by=title&sort_order=ASC.

⁴⁶ https://riigikantselei.ee/sites/default/files/content-editors/Failid/hoolduskoormus/estonia_ltc_report_final.pdf.

⁴⁷ <https://ajakiri.epikoda.ee/puue-on-voi-ei-ole>.

Board and Unemployment Insurance Fund shall be clearly reasoned and sufficiently motivated in a clear language to be comprehensible for applicants.⁴⁸

Access to public transport for people with disabilities is still a major problem in municipalities. The acquisition of adapted public transport vehicles or adapting the existing vehicles is not mandatory, albeit there are some designated grants for this purpose from state budget. It is recommended that the Public Transport Act should be aligned with the UN Convention.⁴⁹

⁴⁸ <https://www.riigikohus.ee/et/uudiste-arhiiv/riigikohus-toovoime-hindamise-ja-puude-raskusastme-tuvastamise-otsused-peavad-olema>.

⁴⁹ <https://humanrights.ee/en/materials/inimoiqused-eestis-2020/puuetega-inimeste-olukord/>.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

The UN CRPD Committee has not yet made concluding recommendations to Estonia but the following issues were raised in 2019:

[Article 24 UN CRPD](#) addresses Education.

‘[from the List of Issues developed in April 2019].
18. Taking into account the Committee’s general comment No. 4 (2016) on the right to inclusive education, please provide:
(a) Information on measures to ensure the right to inclusive education for persons with disabilities, including strategies or action plans to transform special and segregated school settings into inclusive education environments with individualized support, and to render the mainstream education system inclusive.
(b) Data, disaggregated by type of impairment, sex and age, about students with disabilities in special education schools and about those receiving education at home.
(c) Data, disaggregated by type of impairment, sex and age, about students with disabilities enrolled in the mainstream education system at all levels, including vocational and higher education.’

Key points

- Supporting the educational path and career choices of young people and reduce the number of school dropouts, especially of students with special needs.
- The 2019 modification to the Vocational Education Institutions Act made studying in vocational schools more flexible, and introduced testing of innovative study formats in collaboration with local governments.
- The participation of disabled adults in learning continued to increase.
- The Estonian school education combines excellent performance with a high level of equity, however, some vulnerable groups, including students with special needs, lack behind.

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC estimates concerning educational attainment should be treated with some caution due to variable confidence levels, but they consistently indicate disability quality gaps. Table 16 indicates early school leaving rates disaggregated by disability status. Youth with disabilities (aged 18-24) tend to leave school significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (age 30-34) are only slightly less likely to complete tertiary education than their peers (and this is reinforced in the wider sample for age 30-39) but there may be issues of definition in the kinds of qualifications that are included.

Early school-leaving rates of disabled students are lower in Estonia compared to the EU average, but the rate is still twice as high among disabled students, aged 18-24 (16.2 % compared to 7.9 %). The tertiary completion rate of people with disabilities aged 30-34 is higher than the EU average but still lower by around 6 percentage points for those disabled compared to non-disabled people (43.4 % compared to 49.3 %).

During the COVID pandemic situation, the government recommended schools to appoint a support person for students with special needs, especially for those who need constant support and attention.⁵⁰ The Estonian Chamber of Disabled People conducted a survey⁵¹ of the impact of the COVID pandemic on the situation of people with disabilities. It concludes that the closing of regular as well as schools for students with special needs was the most crucial factor in worsening the situation of disabled adults as well as children. In case the schools were closed and plan to be closed in future crises, more social services were/ are needed. It is recommended that day care centres and schools for students with special needs would be kept open, at least partially during future crises.

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Estonia.

Despite the gains in education performance and increased attention to digital solutions, there are continuous structural problems that these measures have not solved. Specifically, the education system is not built to account for individual differences in physical and mental health, learning capabilities, and language. Although Estonia's PISA ranking has reached the top, students with a more disadvantaged background lack further behind than in other countries.⁵² People with psychic and behaviour problems are one of the main risk groups who have not been guaranteed equal participation in education, and who would benefit from adult (re)training opportunities.⁵³

In 2019, new amendments to the Vocational Education Institutions Act⁵⁴ regulate the payment of support benefits for special education teachers, as well as student training places in vocational education for pupils with special needs. These changes could help more disabled people in obtaining necessary skills for the labour market.

Starting from the school year 2020, 12 new digital books will reach students with special needs.⁵⁵ These books follow the basic educational level simplified curriculum in mathematics, nature studies and human studies. A book introduction training for 100 teachers was held in August 2020.

⁵⁰ https://www.hm.ee/sites/default/files/200327_hm_eriolukorra_soovitus_hev_opilased_som.pdf.

⁵¹ <https://www.epikoda.ee/en/news/uuring-kontaktoppe-ja-sotsiaalteenuste-katkemine-pani-puuetega-inimesed-kriisi-ajal-raskesse-olukorda>.

⁵² <https://news.err.ee/1009832/estonia-tops-tables-in-pisa-international-education-rankings>.

⁵³ The Estonian Chamber of Disabled People. 2018. Shadow report on the Rights of Persons with Disabilities, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

⁵⁴ The Vocational Educational Institutions Act <https://www.riigiteataja.ee/en/eli/517072020005/consolide>.

⁵⁵ <https://www.hm.ee/et/uudised/valmivad-digiopikud-hariduslike-erivajadustega-opilastele>.

Digitalisation has not solved the problems. With the COVID pandemic situation in the spring of 2020 it became evident that digital solutions had not been developed for students with special needs, for example.⁵⁶ Despite increasing adult trainings, they have not solved the problem of inefficient work force, including in the care sector. Stalling expenditure on R&D, and potential decrease of it in the coming year(s) does not give hope of improving the quality of different health and social services according to the actual need of disabled people and students with special needs.

A national stipend has been established to support Master level studies for logopedist (speech therapist) in Russia.⁵⁷ The student should be ready to continue working in an Estonian educational institution for three years after completing these studies. This measure aims to increase Russian-speaking logopedists in Estonian schools.

⁵⁶ <https://www.epikoda.ee/en/news/uuring-kontaktoppe-ja-sotsiaalteenuste-katkemine-pani-puuetega-inimesed-kriisi-ajal-raskesse-olukorda>.

⁵⁷ <http://haridus.archimedes.ee/stipendium-logopeedia-magistrioppeks-venemaa-ulikoolides>.

6 Investment priorities in relation to disability

The 2020 Commission analysis raised the following general priorities. The first, in particular has a high relevance to addressing the education gap and employment for disabled people in Estonia, which should be mentioned.

- Upskilling and reskilling of disabled workers to maintain jobs;
- Prepare guidelines and best practices on spatial planning and organisation of mobility, including a disability perspective, for the use by state and local authorities and the private sector.

6.1 Updates on use of existing EU funds (to 2020)

Starting from 1 April 2020 the EU structural funds implementation agency changed – application for funds, and information about implemented projects can now be found from the State Shared Services Centre (SSSC) webpage.^{58 59 60} Statistics of the implementation of funded projects is also publicly available with a monthly update.⁶¹ Success stories have been mentioned on a separate page.⁶²

One of the main projects mentioned as a success story, and which is still on-going (until 2023) is the Work Ability Reform aimed at changing attitudes towards people with reduced work ability and to help them find and keep work. Support recipients from the most recent, October 2019 application round, include ten municipalities or organisations focusing on developing social services to help people with disabilities to find work.⁶³ Six municipalities or organisations were supported to help keep people with disabilities at work⁶⁴ - these included developing IT and telephone solutions or reducing care burden, for example. 30 organisations or municipalities received support for developing innovative solutions in the social sphere – for example developing digital platforms for mediating care and social services, trainings, developing phone services for older people with dementia or for people with special needs, developing a self-diagnostic instrument for people with depression or burn-out, etc.⁶⁵

The majority of the supported and implemented projects during the last year focussed on home-improvement of people with disabilities. The funds were paid out to multiple local municipalities and totalled in the amount of EUR 1,580,698.

⁵⁸ <https://www.innove.ee/en/news/mediation-of-eu-structural-funds-has-been-transferred-from-foundation-innove-to-state-shared-services-centre/>.

⁵⁹ The State Shared Services Centre <https://www.rtk.ee/>.

⁶⁰ <https://www.strukturifondid.ee/eng/projects-supported/projects-supported>.

⁶¹ <https://www.strukturifondid.ee/et/toetatud-projektid/struktuuritoetuse-kasutamise-ulevaade>.

⁶² <https://www.strukturifondid.ee/eng/edulood>.

⁶³ https://www.innove.ee/wp-content/uploads/2019/10/hoolekannell_voor_okt2019_2.pdf.

⁶⁴ https://www.innove.ee/wp-content/uploads/2020/02/uudsed_lahendused_toetusesaajadvbr2020_pohi.pdf.

⁶⁵ <https://www.innove.ee/wp-content/uploads/2020/03/vaiketoetus-toetyusesaajad25.pdf>.

6.2 Priorities for future investment (after 2020)

In December 2020, the government plans to confirm the implementation plan for European structural funds in the period 2021–2027.⁶⁶ One of the financing priorities for the next period is social inclusion.⁶⁷ It includes aims to support better quality employment, education and skills, and social inclusion and equal access to health care services. On the other hand, despite the coalition's promise to increase the R&D expenditure to 2 %, it has been difficult to reach 1 %. Some parties of the current government have given no indication of aiming to reach the promised level.⁶⁸

In 2020, the government voiced several times statements to defund the NGOs representing different minority groups in the society, including of those representing disabled people.⁶⁹ Such statements indicate a low national priority of funding the social sphere from the state level, and do not correspond to the principles of social inclusion that has been prioritised by the EU for 2021-2027. Low national contribution into social protection (13 % of GDP) has been acknowledged by the new strategic development plan, but the document does not aim explicitly to increase it.⁷⁰

CSR1 calls for improving 'the accessibility and resilience of the health system', including shortages. It is vital to acknowledge the extreme gap in unmet needs reported by disabled people so that this can be addressed in health system investments targeting access and accessibility for them.

CSR2 calls for strengthening 'the adequacy of the social safety net', including the coverage of unemployment benefits. The employment gap and particularly the wide poverty risk gap for disabled people in Estonia need to be addressed in such investment.

CSR3 includes a focus on digital transition and sustainable transport. Structural investment in these areas must prioritise their accessibility to disabled people in accordance with EU funds and public procurement requirements, as well as compliance with CRPD Article 9. In September 2019, the action group on accessibility was established to prepare recommendations in different spheres. These will be presented in summer of 2021.⁷¹ Accessible (social) transportation has been one of the main barriers in reducing regional inequalities in providing services for disabled people,⁷² and should be aimed to be one of the investment priorities for the next period.

⁶⁶ <https://www.strukturifondid.ee/et/struktuuritoetustest/periodi-2021-2027-planeerimine>.

⁶⁷ <https://www.rahandusministeerium.ee/sites/default/files/Valistoetused/ukp-2021-2027.pdf>.

⁶⁸ <https://www.delfi.ee/news/paevauudised/eesti/martin-helme-teaduse-ja-hariduse-rahastamisest-langenud-skp-taustal-valimislubadus-taidetud-nagu-niuhiti?id=91027341>.

⁶⁹ <https://www.aripaev.ee/saated/2020/09/08/rahandusminister-me-teeme-palju-rumalaid-kulutusi>.

⁷⁰ Estonia 2035,

https://www.riigikantselei.ee/sites/default/files/riigikantselei/strateegiaburoo/Eesti2035/riigi_pikaajaline_arengustrateegia_eesti_2035_eelnou_taiendatud_26._august_2020.pdf.

⁷¹ <https://www.riigikantselei.ee/et/ligipaasetavuse-rakkeruhm>.

⁷² The Estonian Chamber of Disabled People. 2018. *Shadow report on the Rights of Persons with Disabilities*, https://www.epikoda.ee/wp-content/uploads/2018/03/EPIK_variraport_webi.pdf.

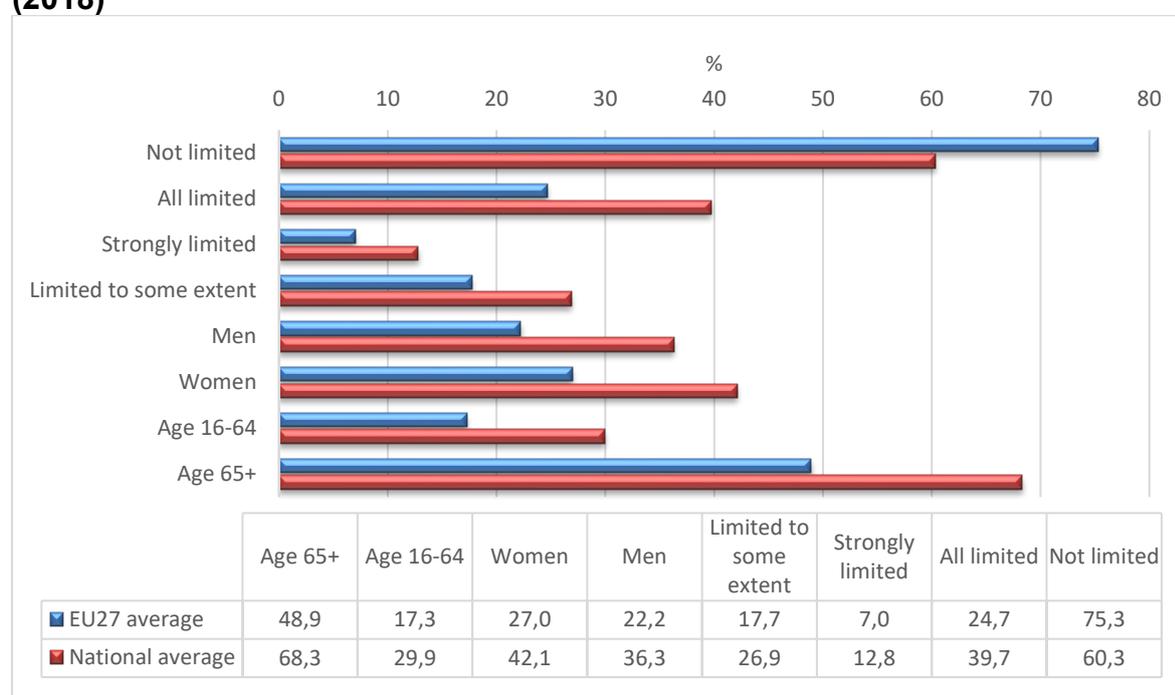
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁷³ and statistical reports.⁷⁴

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past six months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁷⁵

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2018)



Source: EU-SILC 2018 Release 2020 version 1

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do

⁷³ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁷⁴ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁷⁵ The SILC survey questions are contained in the Minimum European Health Module (MEHM) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

not report 'activity limitations'.⁷⁶ National estimates for Estonia are compared with EU27 mean averages for the most recent year.⁷⁷

7.1 EU data relevant to disability and the labour market (2018)

Table 2: Employment rates, by disability and gender (aged 20-64)

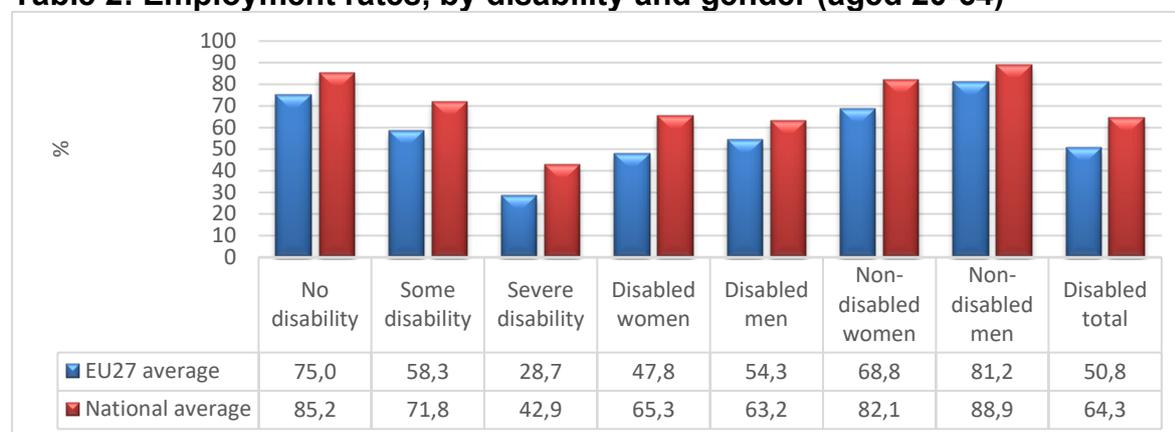
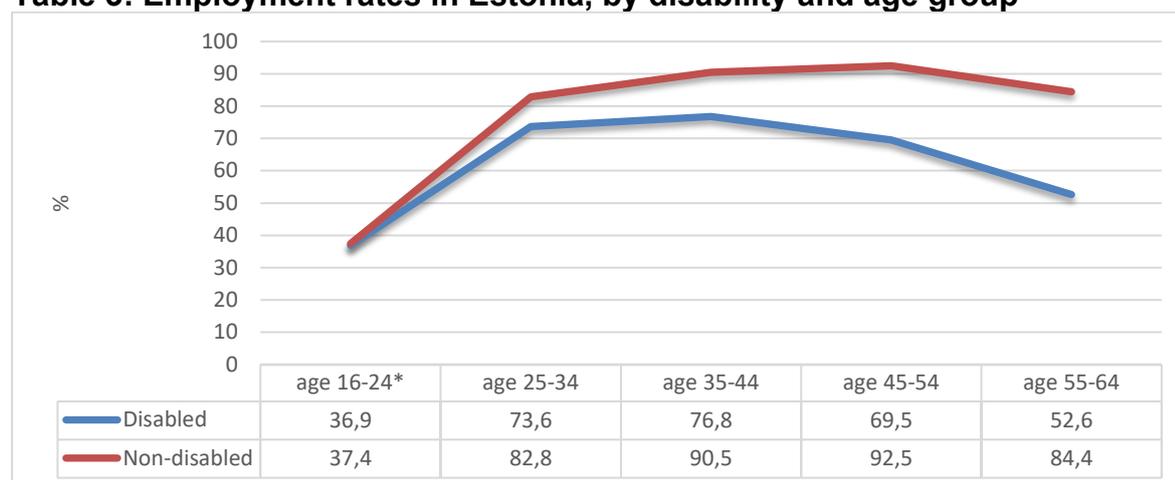
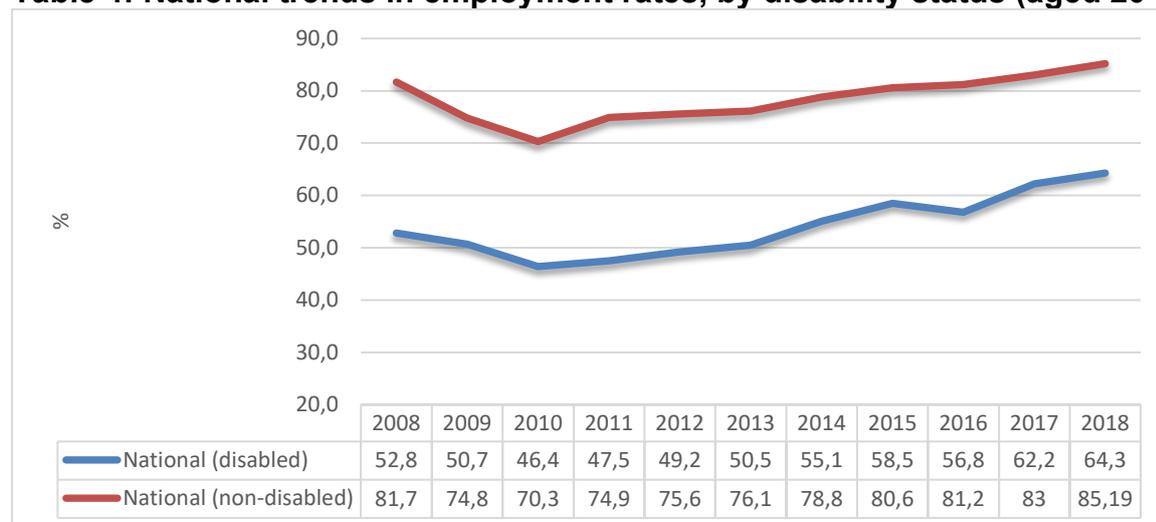


Table 3: Employment rates in Estonia, by disability and age group



⁷⁶ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

⁷⁷ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

Table 4: National trends in employment rates, by disability status (aged 20-64)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.1 Unemployment

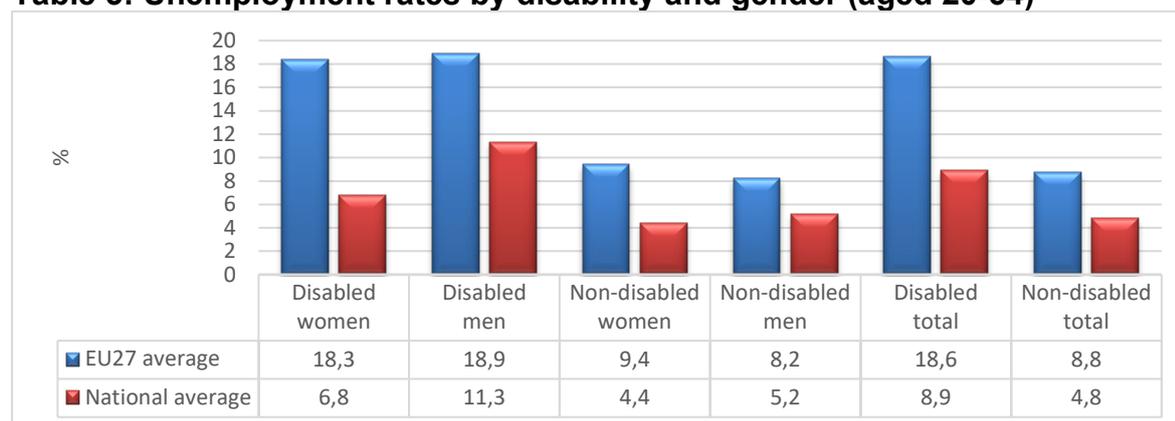
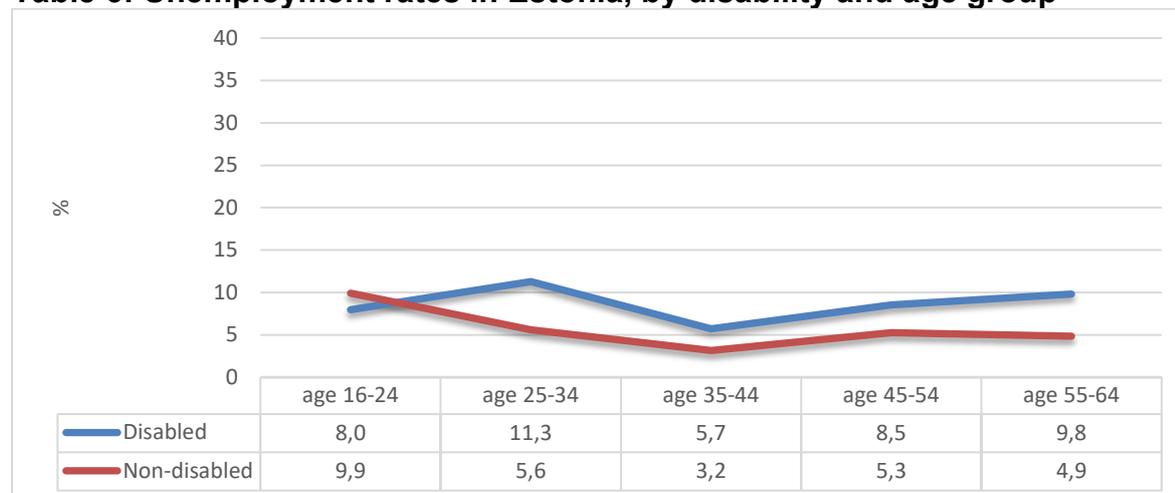
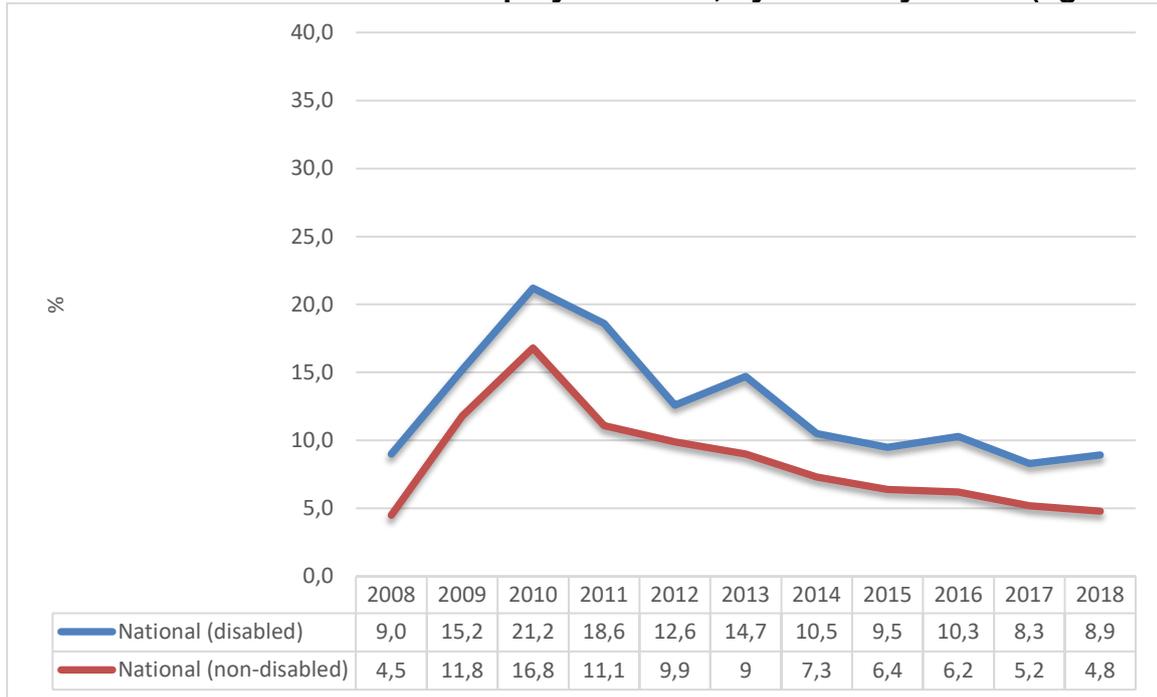
Table 5: Unemployment rates by disability and gender (aged 20-64)**Table 6: Unemployment rates in Estonia, by disability and age group**

Table 7: National trends in unemployment rate, by disability status (aged 20-64)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.2 Economic activity

Table 8: Economic activity rates, by disability and gender (aged 20-64)

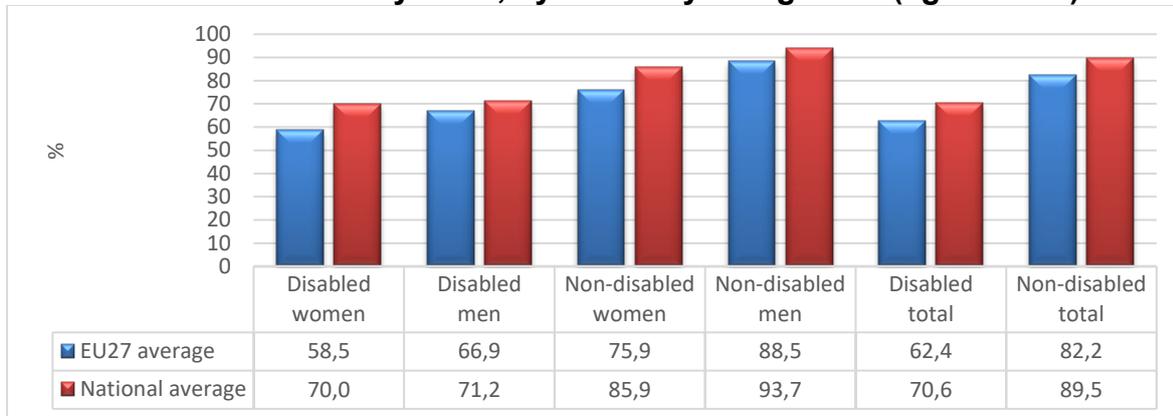
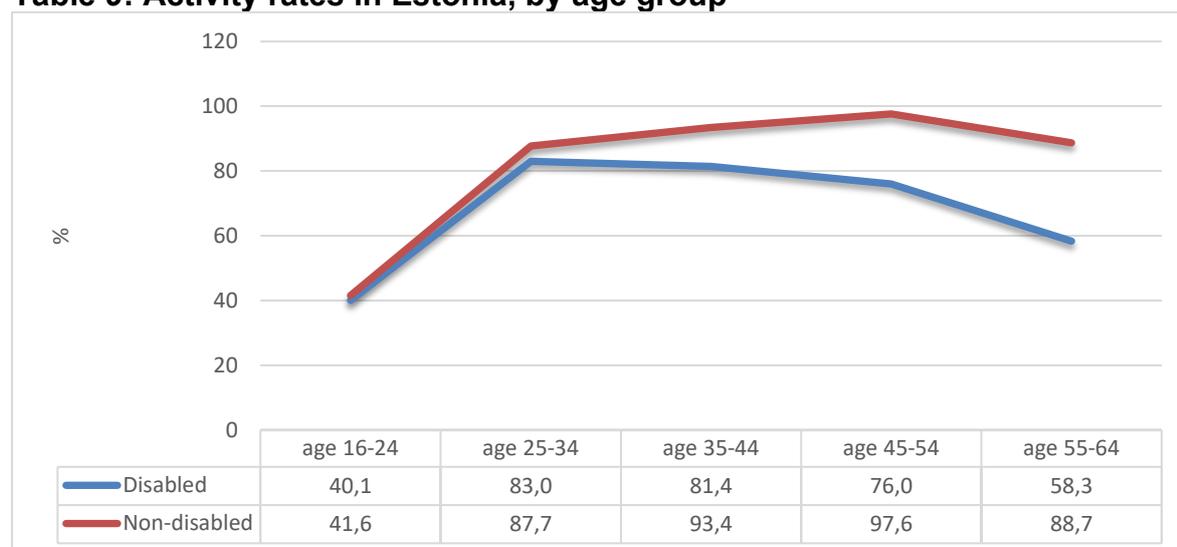
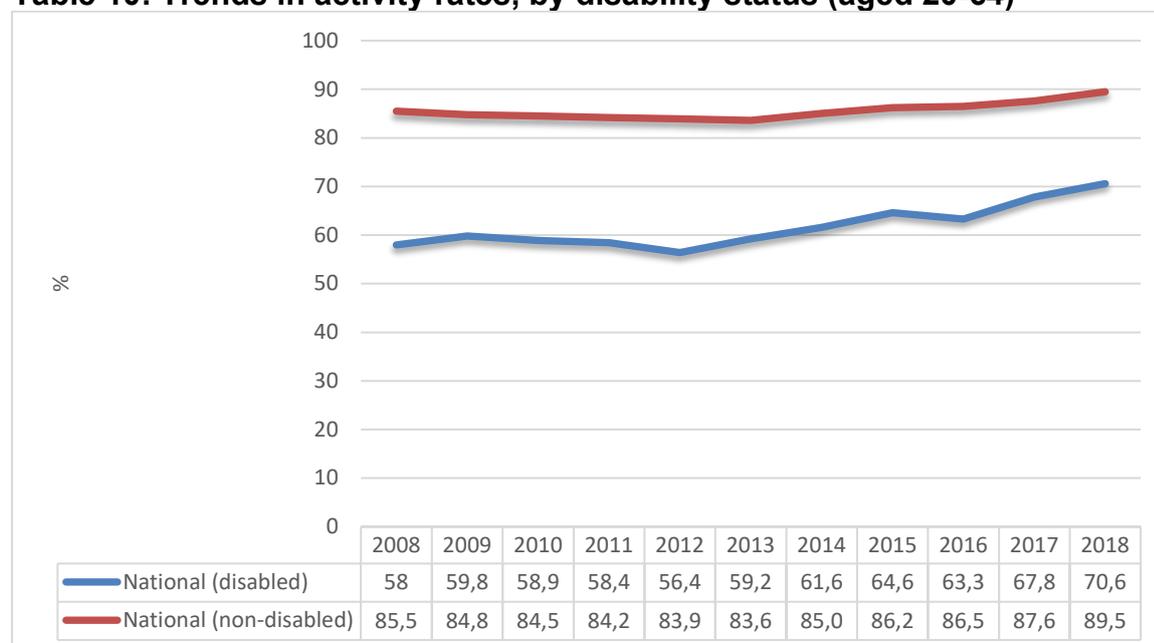


Table 9: Activity rates in Estonia, by age group**Table 10: Trends in activity rates, by disability status (aged 20-64)**

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

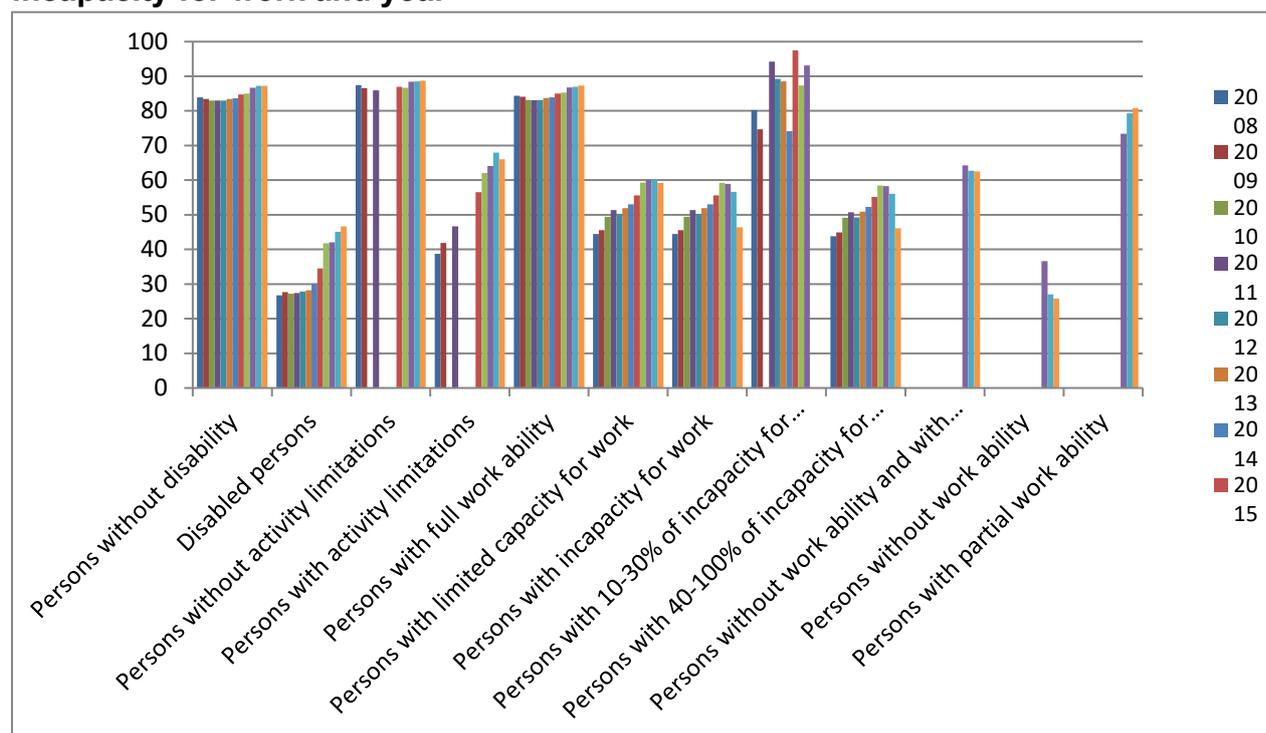
7.1.3 Alternative sources of labour market data in Estonia

Disability data is not included in the core European Labour Force Survey but labour market indicators for Estonia were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁷⁸

⁷⁸ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

The Labour Force Survey introduced the concept of self-definition of long-term illness or disability in its modules in 2002, 2006, 2008, 2009 and 2011.⁷⁹ Statistics Estonia has linked survey data to officially registered disabled persons' data and issues additional tables.⁸⁰ Labour force participation and unemployment rate among the population aged 20-64 are presented in tables 10a and 10b by disability definition and year. 2015 data for persons with activity limitations are not comparable with those of earlier years due to change in methodology.

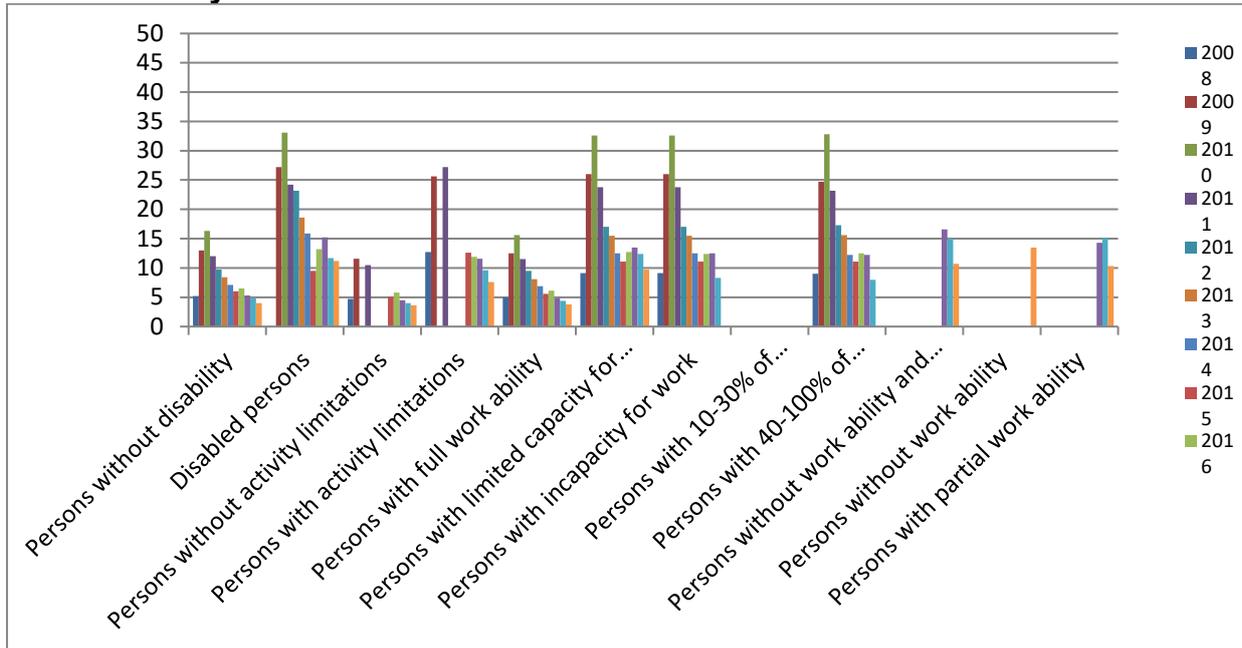
Table 10a. Labour force participation rate (%) of people aged 20-64 by disability/incapacity for work and year



⁷⁹ Labour Force Survey http://pub.stat.ee/px-web.2001/I_Databas/Social_life/09Labour_market/090Health_and_ability_to_work/090Health_and_ability_to_work.asp

⁸⁰ Statistics Estonia Database https://pub.stat.ee/px-web.2001/Dialog/varval.asp?ma=PHV601&ti=LABOUR+STATUS+OF+WORKING+%2DAGE+POPULATION+BY+DISABILITY+%2F+CAPACITY+FOR+WORK+AND+AGE+GROUP&path=../I_Databas/Social_life/05Health/02Disabled_persons/04Employment_of_disabled/&lang=1

Table 10b. Unemployment rate (%) of people aged 20-64 by disability/ incapacity for work and year



7.2 EU data relevant to disability, social policies and healthcare (2018)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

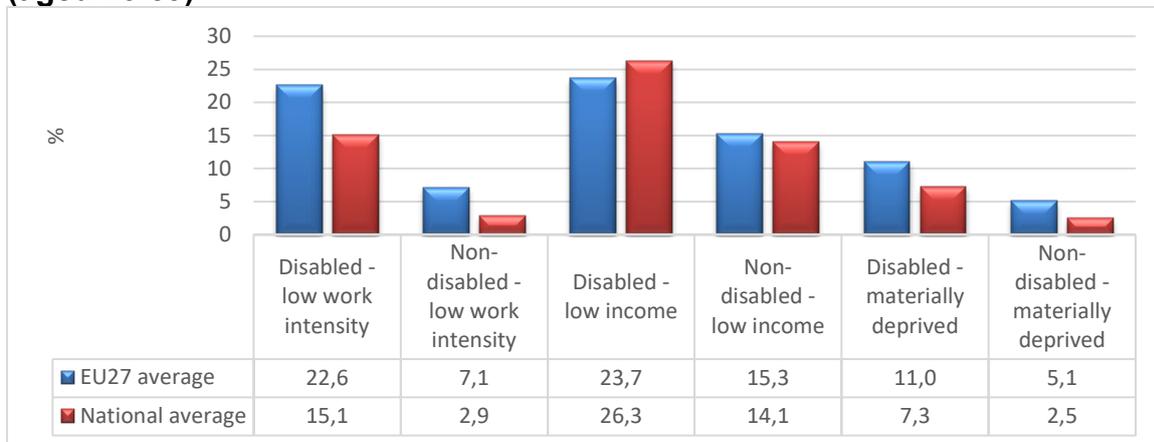


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

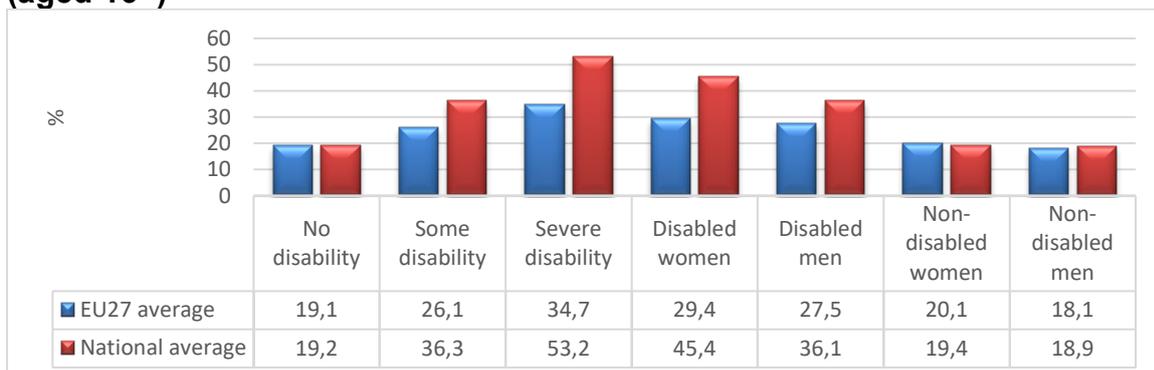
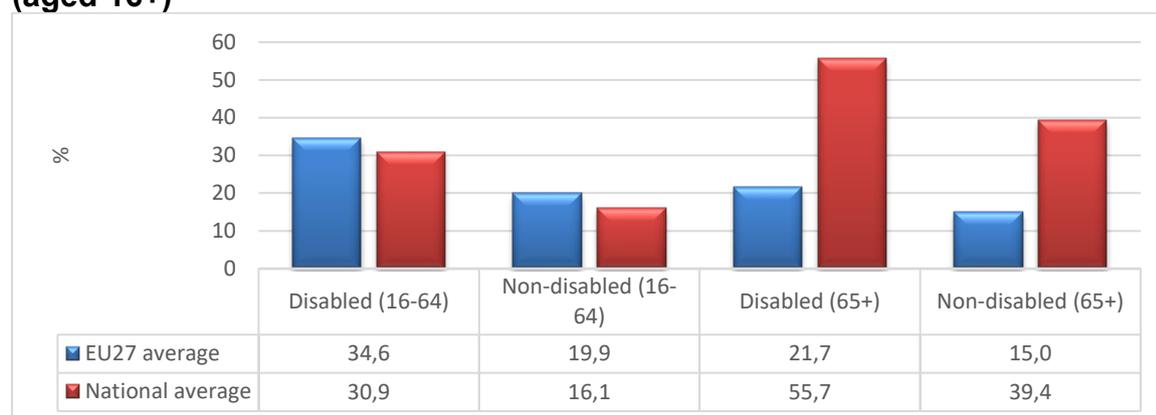
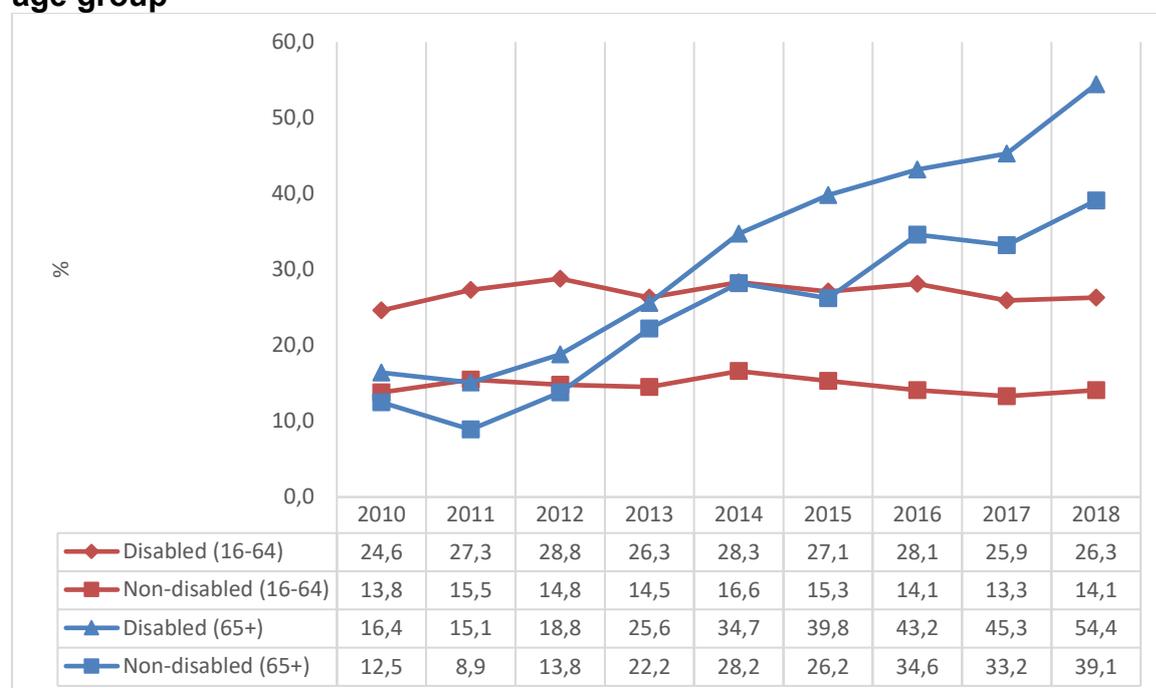


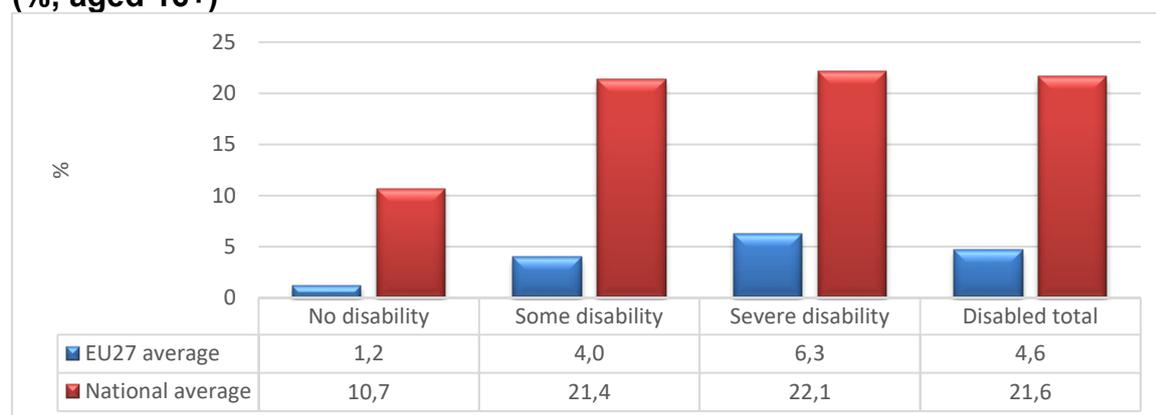
Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

Source: EU-SILC 2018 Release 2020 version 1 (and previous UDB)

Table 14: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [[hlth_dpe020](#)] - People at risk of poverty

Note: this table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)

Source: Eurostat Health Database [[hlth_dh030](#)] – ‘Too expensive or too far to travel or waiting list’

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2018 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in Estonia

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.⁸¹

Additional poverty and deprivation data is provided by Statistics Estonia.⁸² The indicators of disability and incapacity for work are linked to the individual surveys from the database of the Social Insurance Fund and the indicators of capacity for work (since 1 July 2016) from the database of the Estonian Unemployment Insurance Fund. At-risk-of-poverty and material deprivation rates for the general population by different disability definitions and years are provided in Tables 15a and 15b. From 2012 onwards these are based partially on registry data. Change in data sources in 2012 should be taken into account when comparing previous years with the following years.

⁸¹ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁸² Statistics Estonia Database https://pub.stat.ee/px-web.2001/Dialog/varval.asp?ma=PHV41&ti=POVERTY+AND+DEPRIVATION+RATE+BY+AGE+GROUP+%2C+SEX+AND+DISABILITY&path=../Databas/Social_life/05Health/02Disabled_persons/02Contriving_of_disabled/&lang=1.

Table 15a. At-risk-of-poverty rate (%) by disability and year

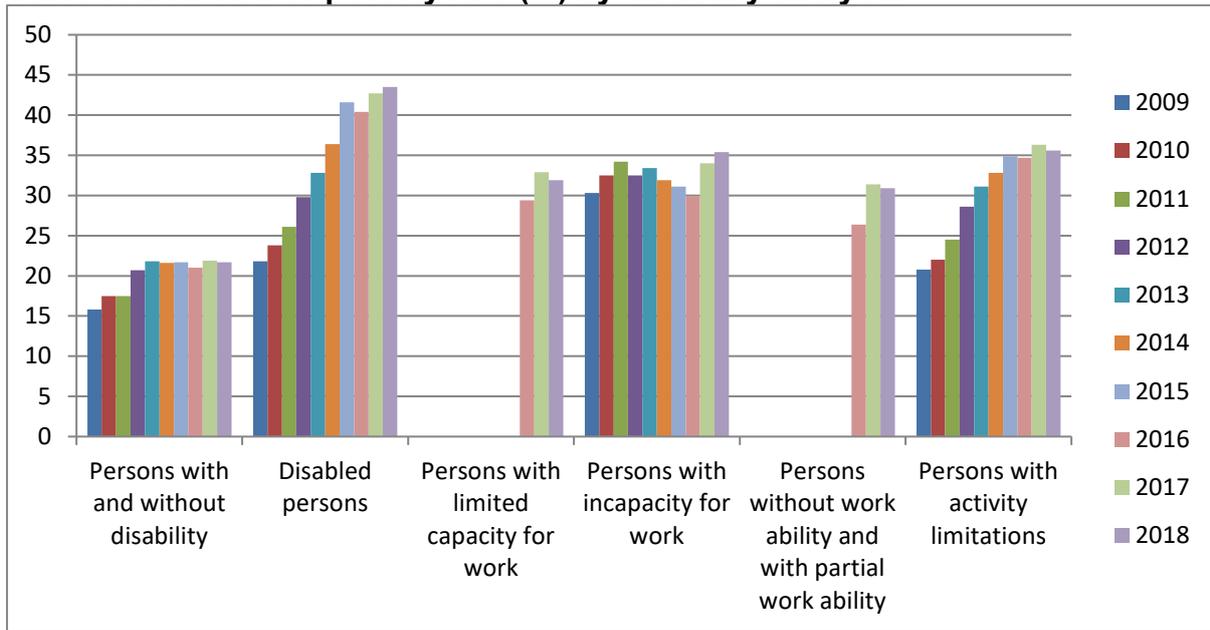
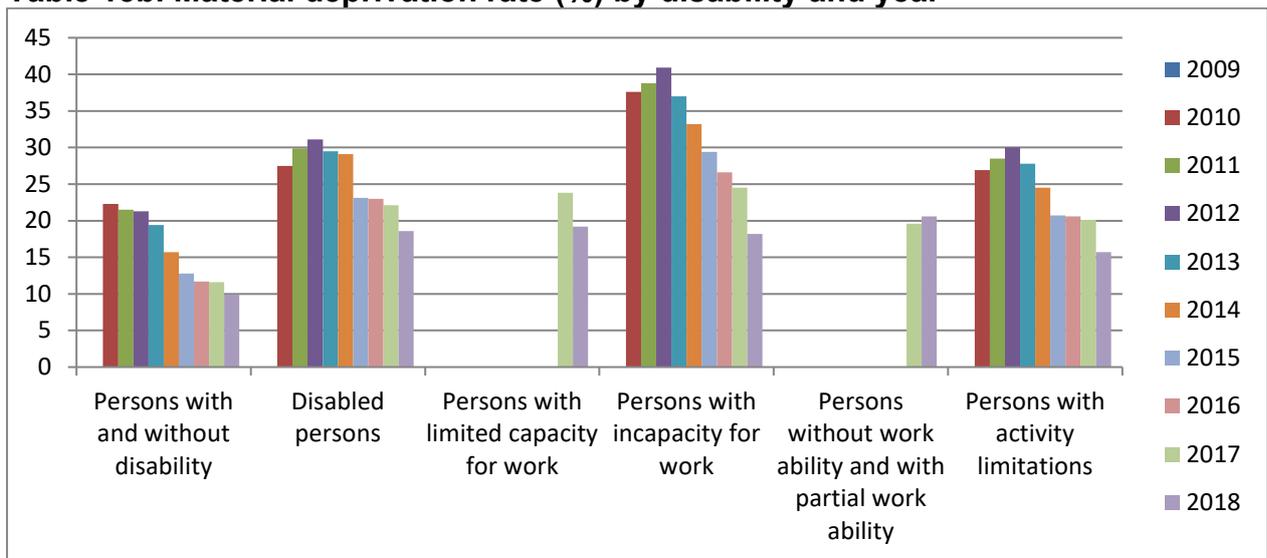


Table 15b. Material deprivation rate (%) by disability and year



7.3 EU data relevant to disability and education

Table 16: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁸³

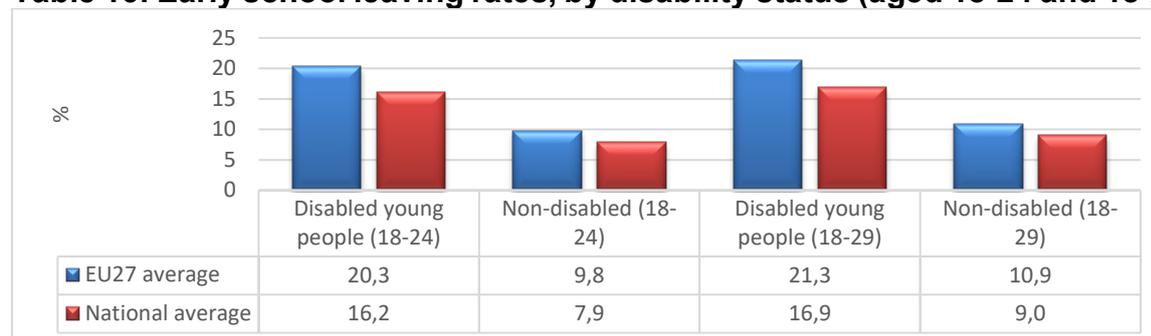
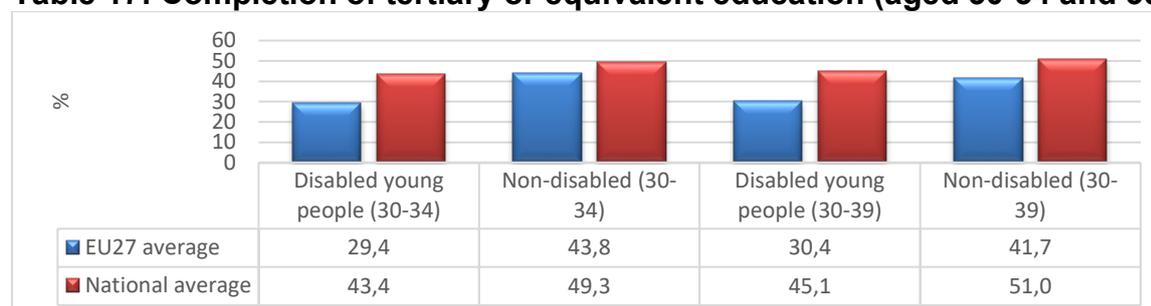


Table 17: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

7.3.1 Alternative sources of education data in Estonia

Disability data is not included in the core European Labour Force Survey, but education and training indicators were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁸⁴ Similar caution is needed with this data.

Some administrative data is also provided in the European Agency's Statistics on Inclusive Education (EASIE), concerning the population of enrolled students identified with special educational needs in Estonia.⁸⁵

Statistics Estonia presents data of young adult NEETs, including by the reason of illness or disability.⁸⁶

⁸³ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

⁸⁴ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁸⁵ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

⁸⁶ Statistics Estonia Database <https://pub.stat.ee/px-web.2001/Dialog/varval.asp?ma=HHS39&ti=PERSONS+AGED+15+%2D29+NEITHER+IN+EMPLOYMENT+NOR+IN+EDUCATION+AND+TRAINING+%28NEET%29+BY+AGE+GROUP+AND+GROUP+OF+PERSONS&path=../Databas/Social+life/13Social+exclusion+Laeken+indicators/003Poverty+and+inequality/&lang=1>.

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