



European Semester 2021-2022 country fiche on disability equality

Estonia

March 2022

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate D — Social Rights and Inclusion

Unit D3 — Disability & Inclusion

European Commission

B-1049 Brussels

European Semester 2021-2022 country fiche on disability equality

With comparative data Annex provided by EDE

Estonia

Lili Abuladze
Lauri Leppik
Luule Sakkeus

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.

This country report has been prepared as input for the European Semester in 2022.¹

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

LEGAL NOTICE

Manuscript completed in March 2022

The European Commission is not liable for any consequence stemming from the reuse of this publication.

Luxembourg: Publications Office of the European Union, 2022

© European Union, 2022



The reuse policy of European Commission documents is implemented based on Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

Table of contents

1	Executive summary and recommendations	4
1.1	Key points and main challenges for Estonia in 2022	4
1.2	Recommendations for Estonia	5
2	Mainstreaming disability equality in the Semester documents	6
2.1	Recovery and Resilience Plan for Estonia (RRP)	6
2.2	Semester links to CRPD and national disability action plans	6
3	Disability and the labour market - analysis of the situation and the effectiveness of policies	8
3.1	Summary of the labour market situation of persons with disabilities	8
3.2	Analysis of labour market policies relevant to the Semester	9
4	Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies	11
4.1	Summary of the social situation of persons with disabilities	12
4.2	Analysis of social policies relevant to the Semester	14
5	Disability, education and skills – analysis of the situation and the effectiveness of policies	16
5.1	Summary of the educational situation of persons with disabilities	16
5.2	Analysis of education policies relevant to the Semester	16
6	Investment priorities in relation to disability	19
6.1	Updates on use of existing EU funds (up to 2021)	19
6.2	Priorities for future investment (after 2021)	19
7	Annex: disability data relevant to the Semester	20
7.1	Data relevant to disability and the labour market	21
7.1.1	Unemployment	22
7.1.2	Economic activity	23
7.1.3	Alternative sources of labour market data in Estonia	24
7.2	EU data relevant to disability, social policies and healthcare (2019)	25
7.2.1	Alternative sources of poverty or health care data in Estonia	26
7.3	EU data relevant to disability and education	27
7.3.1	Alternative sources of education data in Estonia	27

1 Executive summary and recommendations

1.1 Key points and main challenges for Estonia in 2022

Disability and the labour market

Employment and activity rates are lower for persons with disabilities, especially for those with severe disabilities – the employment gap is approximately 21 percentage points. The most widely used (and offered) labour market service for persons with reduced work capacity is occupational rehabilitation, followed by labour market training (beneficiaries), wage subsidy and allowance for travel to work. While the range of services offered by the Estonian Unemployment Insurance Fund to persons with reduced work capacity is rather broad, the numbers of beneficiaries of other services are still relatively low, in particular against the background of persisting employment gap and unemployment rate of persons with reduced work capacity.

Disability, social policies and healthcare

The poverty risk rate for working age persons with disabilities in Estonia is 13 percentage points higher than for other people. Self-reported unmet needs for medical examination is also larger among the persons with disabilities (23.1 %) than for other persons (11.5 %), being much above the EU27 average of 1.7 %. Despite 87 % of long-term care facilities' residents and 81 % of staff being vaccinated against COVID-19 as of mid-September 2021, several cases of COVID-19 outbreaks during the Autumn 2021 have been reported in long-term care homes. In many cases, the outbreak was caused by unvaccinated care workers. A new Wellbeing Development Plan for years 2023–2030 is being developed. It specifically refers to persons with disabilities in the context of the needs assessment and care management processes, and the development of community-based care arrangements for persons with special mental needs; advancing accessibility of both physical and virtual environments.

Disability, education and skills

Early school-leaving are higher and tertiary education completion rates are lower for young people with special needs compared to other peers. The flexibility regarding distance learning established during the COVID-19 pandemic has remained; the Ministry of Education and Research has also provided additional EUR 12 million to reduce study gaps that emerged during the pandemic. Practice of differential attitudes and behaviour towards children with special needs still continues in some schools, manifesting in segregation of students with special needs in some subjects. The findings of the basic education and childcare survey point out that the unmet need for support persons in kindergartens is much higher than the education registry data suggests.

Investment priorities for inclusion and accessibility

In the beginning of October 2021, the European Commission approved EUR 969.3 million in grants under the Recovery and Resilience Facility.² This includes funding the long-term care reform by March 2025. The reform aims to increase independent living and local municipalities' role in providing the necessary services and funding for this, including for people with lower care needs.

² https://ec.europa.eu/commission/presscorner/detail/en/ip_21_5021.

1.2 Recommendations for Estonia

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

Recommendation: Address labour market measures and support measures to correspond more to the needs of persons with disabilities.

Rationale: Employment and activity rates are still lower for persons with disabilities. Unemployment Insurance Fund benefits reach a limited amount of beneficiaries.

Recommendation: Consider selective staffing of long-term care institutions based on the vaccination status of employees.

Rationale: The new COVID-19 outbreaks in long-term care homes during the Autumn of 2021 have emerged mostly due to unvaccinated staff members.

Recommendation: Address attitudinal and behaviour measures and institutional settings to reduce segregation in education participation by disability.

Rationale: Early school leaving is still high, and tertiary education completion is still low among students with special needs. Some schools still practice differential education participation by disability.

Recommendation: Direct more attention and investment measures to address the poverty gap between persons with and without disabilities.

Rationale: The financial risks are greater than the risk of low work intensity, and the disability poverty gap is wide. The relative risk of financial poverty remained fairly stable for working age people in recent years, but the disability gap did not narrow.

2 Mainstreaming disability equality in the Semester documents

Country Reports and Country Specific Recommendation of direct relevance to disability policy were not published in this exceptional policy cycle. For a commentary on the last published documents please see our country fiche for the previous Semester 2020-21.

2.1 [Recovery and Resilience Plan](#) for Estonia (RRP)

The following key points highlight where the situation of persons with disabilities or disability policies was considered in these plans. We address the most relevant of these and other issues arising from the RRP/NRP in the next chapters.

- ...Labour market: Reform of skills in the digital turn of companies foresees also that study opportunities in the ICT field will be improved for people with disabilities, and through this also improve the labour market and employment participation for people with disabilities (pp. 82-90).
- ...Social policies and healthcare: Long-term care system is being developed further, reforming the financing model of long-term care (by 2022), implementing support need evaluation criteria (2021- 2027), training caretakers and developing a care leave system (by 2023-2024), reforming the service provision for people with special needs (2023-2026) (p. 264).
- ...Education: Adults with special needs are supported in the integration with formal education (p. 23).
- ...Accessibility: In 2019, the accessibility working group was established which develops policy recommendations for improving physical, social and digital accessibility for all people over their life course (pp. 54-56). Four main special needs (mobility, hearing, visual, intellectual) will be considered in developing the environment.
- ...Investment plans: In general, all reforms and investment plans are supposed to consider creating equal opportunities for participation in society, irrespective of sex, religion, disability, age, ethnicity, race or sexual orientation (p. 65).
 - Also, all public services will be developed so that they people could communicate with the state via virtual assistants. These developments will follow at least the WCAG 2.1 AA requirements, but also novel voice-based services will be developed (pp.172-174; pp. 174-178).

2.2 Semester links to CRPD and national disability action plans

Relevant recommendations and issues arising from participation in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are highlighted in each chapter.

It is also important that Semester plans align with national disability strategy too. In Estonia, this refers to the Welfare Development Plan 2016–2023.³ Disability issues (as well as gender equality) were addressed in the broader Welfare Development Plan 2016–2023, which focuses on employment, social protection and support for

³ Welfare Development Plan 2016 – 2023 https://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/welfare_development_plan_2016-2023.pdf.

independent living. In April 2021, the UN CRPD Committee⁴ recommended that Estonia 'Adopt a comprehensive disability strategy and a national action plan for implementing the rights of persons with disabilities in the Convention, across all government sectors and levels, in order to address attitudinal and environmental barriers that hinder participation of persons with disabilities in society'.

⁴ UN CRPD Concluding Observations for Estonia (05.05.2021)
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fEST%2fCO%2f1&Lang=en.

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

In 2021, the UN CRPD Committee made the following recommendations to Estonia:

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

'53. The Committee recommends that the State party, in line with target 8.5 of the Sustainable Development Goals: (a) Strengthen measures to ensure work and employment of persons with disabilities in the open labour market, and inclusive work environments, including for persons with disabilities taking part in deinstitutionalization processes, those living in rural areas, persons with intellectual, persons with hearing impairments, and persons with psychosocial disabilities; (b) Adopt a strategy to abolish sheltered workshops. The State party should review labour conditions of all persons with disabilities, and ensure that persons with disabilities are not paid below the minimum wage; (c) Adopt measures, alongside with the workability reform to combat attitudinal barriers among employers, and adopt an action plan to assess periodically accessibility at the work place, including access to transportation, alternative means of information and communication, sign language and speech to text interpretation, and pictograms for job seekers and employees. The State party should adopt policies and procedures that establish and support the infrastructure for the provision of personal assistance at the workplace; (d) Ensure that the right to seek reasonable accommodation in the workplace is recognised for employees in the public and private sector; (e) Develop a comprehensive system of vocational and professional training for persons with disabilities and effective transitions from vocational and tertiary education to work and employment.'

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 64.9 % in 2019, compared to 85.9 % for other persons against a national employment target of 76 % and approximately 13.6 points above the EU27 average. This results in an estimated disability employment gap of approximately 21 percentage points (EU27 average gap 24.2, see Tables 2–4) or an employment chances ratio of 0.8. The same data indicate unemployment rates of 8.7 % and 4.2 %, respectively in 2019 (see Tables 5–7) and the economic activity rate for persons with disabilities in Estonia was 71.0 %, compared to 89.6 % for other persons (see Tables 8–10). These indications are broken down by gender and age in the respective tables in Annex.

Notably, the above cited EU-SILC-based economic activity and employment rates rely on the notion of self-reported 'activity limitations' as a proxy for impairment/disability. As this delineation is rather broad and includes persons with relatively mild limitations, the respective economic activity and employment rates are rather high. These can be compared with the data of the Estonian Statistical Office on the labour market status of persons with certified degree of disability or reduced work capacity, which are the categories giving respectively entitlements to social benefits for persons with disabilities and labour market services for persons with reduced work capacity (Table A, in annex 7.1.3).

As can be observed from the table, the labour force participation and employment rates are the lowest (and accordingly, the inactivity rate the highest), and respectively, the disability employment gap the widest, when assessing the labour market situation

on the basis of a delineation linked to the certified disability status. This is explained by the fact that the disability status certified by the Social Insurance Board for the purposes of establishing entitlement to benefits on the basis of the Social Benefits for Disabled Persons Act excludes mild disabilities, and respective entitlements extend only to persons with moderate, severe or profound disability. On the other hand, the same data illustrates that the labour market situation of persons with more extensive disabilities is still considerably worse than the situation of those with milder activity limitations.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Estonia and the Welfare Development Plan 2016–2023.

Persons with reduced work capacity comprise about 20–30 % of the total recipients of labour market services financed by the Estonian Unemployment Insurance Fund. This share exceeds the share of persons with reduced work capacity in the total labour force, as well as in the number of unemployed persons, indicating that persons with reduced work capacity when seeking employment or to support staying in employment rely more on the services administrated and financed by the Fund, compared to persons with full work ability.

The most widely used (and offered) labour market service for persons with reduced work capacity is occupational rehabilitation, followed by labour market training (beneficiaries), wage subsidy and allowance for travel to work – respectively 4 714, 4 309, 2 149 and 1 781 unique beneficiaries in 2020. While the range of services offered by the Estonian Unemployment Insurance Fund to persons with reduced work capacity is rather broad, the numbers of beneficiaries of other services are still relatively low, in particular against the background of persisting employment gap and unemployment rate of persons with reduced work capacity: psychological counselling (900 unique beneficiaries in 2020), work practice (725), debt counselling (708), work clubs (658), support for acquiring qualifications (462), experience counselling (375), support person service (293), provision of technical aids related to work (285), sheltered work (230) etc. Notably, in 2020 the Fund provided support for adjustment and accommodation of the working place was granted in only 13 cases.

The 2021 RRP endorses continuation of the Work Ability Reform, envisaging additional measures to support labour force participation and competitiveness of persons with reduced work capacity. According to the RRP, the set of measures shall include support services, labour market training, rehabilitation services and measures to raise awareness and influence attitudes of employers and employees. The second stage of the Work Ability Reform will also include measures to develop occupational health and safety services with a view to maintain work ability and prevent work-related health problems.

The COVID-19 pandemic affected the employment situation of persons with disabilities differently – according to a survey carried out in 2020,⁵ many persons with disabilities were not affected, and could continue working from home, which they preferred anyway. Some others did experience job loss or difficulties with combining work and family life.

The COVID-19 crisis affected the labour force participation for everyone, but unemployment was higher for persons with disabilities than persons without disabilities in 2020.⁶ Although the economy and employment situation has recovered in general by 2021 to almost pre-COVID levels, information by disability status is not yet available for the most recent period.

⁵ Estonian Chamber of Disabled People mini survey on COVID-19 impact, 2020
<https://www.epikoda.ee/media/pages/uleslaaditud-failid/136826268-1600012939/epikoja-miniuringu-kokkuvote-september-2020.pdf>.

⁶ Statistics Estonia: Labour status of working-age population by disability (10.11.2021)
https://andmed.stat.ee/en/stat/sotsiaalelu_tervishoid_puudega-inimesed_puue-tooheive/THV601/table/tableViewLayout2.

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

In 2021, the UN CRPD Committee made the following recommendations to Estonia:

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

‘55. Taking into account the links between article 28 of the Convention and target 1.3 of the Sustainable Development Goals, the Committee recommends that the State party: (a) Mainstream the rights of persons with disabilities within the national strategy for poverty eradication with concrete expeditious measures and earmarked budgets to address situations of disadvantage and exclusion concerning older persons with disabilities, in particular older women; (b) Prioritize persons with disabilities in the socio-economic response to the COVID-19 pandemic, and ensure the access to appropriate and affordable services and facilities for the general population, assistance, transportation and to public housing programmes for persons with disabilities, particularly to women with disabilities.’

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

‘39. The Committee recalls its General comment No. 5 (2017) on living independently and being included in the community, and recommends that the State party: (a) Adopt a strategy, including awareness raising activities to promote understanding of the right to choose and self-determination of persons with disabilities concerning living arrangements, the right to not be obliged to live in a particular living arrangement, and the value of inclusion in the community, as opposed to segregation from the community; (b) Implement a moratorium of new institutionalization of children and adults with disabilities, revise its deinstitutionalization strategy, and redirect the use of public funds, including the European Regional Development funds to developing individualized support for living independently, and transition programmes from congregated settings, such as “home-like institutions”, “family-type houses” and “special care villages” to inclusion in the community; (c) Develop a system for self-managed personal assistance, which include the person-directed tools for supporting living independently in the community, according to an individual’s requirements and preferences; (d) Set up a timeframe and benchmarks for achieving accessibility to mainstream services in the community by persons with disabilities on an equal basis with others.’

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

‘49. Taking into account the links between article 25 of the Convention and targets 3.7 and 3.8 of the Sustainable Development Goals, the Committee recommends that the State party: (a) Strengthen action plans to ensure accessibility and availability of health care services and equipment for persons with disabilities; (b) Provide women and girls with disabilities with access to sexual and reproductive health care and services, and ensure supported decision-making for women with intellectual or psychosocial disabilities reaffirming their sexual and reproductive autonomy and self-determination; (c) Develop training for health care professionals on the rights of persons with disabilities, including their skills, support measures and information and communication means and methods; (d) Allocate human, technical and financial resources for developing quality health services, and health supervision for persons requiring higher levels of support; (e) Improve health outcomes for persons with disabilities affected by COVID-19, including access to health care facilities for the general population; (f) Ensure that persons with disabilities can access to medical services on the basis of the free and informed consent.’

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC 2019 indicate the poverty risk rate for working age persons with disabilities in Estonia was 26.2 % in 2019, compared to 12.9 % for other persons of similar age - an estimated disability poverty gap of approximately 13 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 12.2 points (48.6 % for older persons with disabilities and 36.4 % for other persons of similar age). The tables in annex also indicate the respective rates of risk of poverty or social exclusion and break these down by gender as well age.

For persons with disabilities of working age in Estonia (age 16-64) the risk of poverty before social transfers was 43.9 % and 26.2 % after transfers. The in-work poverty rate for persons with disabilities aged under 60 was 12.6 %. The financial risks are greater than the risk of low work intensity, and the disability poverty gap is wide even for the broadly defined group of self-reported persons in EU-SILC. The relative risk of financial poverty remained fairly stable for working aged people in recent years, but the disability gap did not narrow. The relative poverty risk for older people rose substantially through the years after the financial crisis but reduced slightly in 2019.

Of interest to health policy are the data on self-reported unmet needs for medical examination (too expensive or too far to travel or waiting list). Disability equality gaps are evident here too and, on this basis, the rate for persons with disabilities in Estonia was 23.1 %, compared to 11.5 % for other persons, which is much above the EU27 average of 1.7 %.

Recently, the Supreme Court of Estonia decided that as a result of the policy change in 2018 the Social Insurance Board has not approved the disability status applications for a third of children.⁷ This has led to several children with disabilities not receiving any official disability status or receiving a lower level status than before, affecting their access to social benefits. The Court finds that currently the Social Benefits Act does not allow setting the disability status for children under the age of 16 in case they manage relatively well with the help of others. By changing this part of the law, there is a chance that these children will receive again the disability status, and thus also social support.

Long-term care

In 2020, the Ministry of Social Affairs commissioned a study on activity limitations and care needs of the population.⁸ The study was based on a survey of the population aged 16 and over, with the sample of 2 513 persons. According to the survey, 39 % of respondents had some activity limitations over the last 6 months, whereas 13 % had significant limitations. The most frequent cause of significant limitations was mobility impairment, whereas the prevalence of these impairments clearly increases with age: 15 % in 60-69 age group, 18 % in 70-79 age group and 49 % in 80+ age group. As

⁷ <https://www.err.ee/1608375536/riigikohus-taitis-seaduselunga-lapsele-puude-maaramisel>.

⁸ Turu-uuringute AS (2020). Elanikkonna tegevuspiirangute ja hooldusvajaduse uuring. https://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Uuringu_ja_analuusid/Sotsiaalvaldkond/hooldusvajaduse_uuring_som.pdf.

regards the use of informal and formal care, the results show that 14 % of respondents used informal care, 2 % of respondents used both informal and formal care, and 1 % only formal care. On the other hand, 6 % of respondents reported the need for additional services due to activity limitations, chronic illness or other health problems, indicating that there is a considerable unmet need for support services.

The COVID-19 pandemic has significantly affected older persons with care needs residing in long-term care facilities in Estonia. However, comprehensive and detailed cumulative data on the number of infections and deaths of care home residents due to COVID-19 are not available.⁹ In January 2021, in the wake of the second wave of the COVID-19 pandemic and before the start of the mass vaccinations, there were COVID-19 outbreaks in 14 long-term care homes with more than 700 residents infected.¹⁰ The COVID-19 vaccination plans on the Ministry of Social Affairs have prioritised the vaccination of residents and staff members of long-term care facilities – in total about 25 000 persons.^{11 12} Their vaccination started in January 2021 and was mainly carried out in January-February 2021.¹³ According to the data of the Estonian Health Insurance Fund, by mid-September 2021 87 % of the residents and 81 % of staff members of long-term care facilities had been vaccinated.¹⁴ Nonetheless, this has not prevented several cases of COVID-19 outbreaks during the third wave of pandemic in Autumn 2021. In mid-September 2021 COVID-19 new outbreaks were reported in 14 long-term care homes with more than 400 residents infected.¹⁵ In many cases, the outbreak was caused by unvaccinated care workers. Currently, vaccination of frontline care workers is not legally mandatory, while according to the interpretation of the Ministry of Social Affairs, it is at the discretion of each institution to organise a safe environment for their clients, and the heads of institutions may impose a vaccination requirement based on risk assessment.^{16 17}

⁹ The ECDC COVID-19 long-term care facility surveillance overview is also missing values for Estonia:

<https://covid19-country-overviews.ecdc.europa.eu/#national-long-term-care-facility-ltcf-surveillance-7>.

¹⁰ Hooldekodud on koroonaga kimpus. Postimees, 6.01.2021

<https://leht.postimees.ee/7148566/hooldekodud-on-koroonaga-kimpus>.

¹¹ Sotsiaalministeerium. COVID-19 vaksineerimise plaan.

https://www.haigekassa.ee/sites/default/files/2021-01/covid-19_vaksineerimise_plaan_19.01.pdf.

¹² Sotsiaalministeerium. COVID-19 vaksineerimise plaan aprill–juuni 2021

https://www.sm.ee/sites/default/files/news-related-files/covid-19_vaksineerimise_plaan_1904.pdf.

¹³ Vaksineerimine Eestis. <https://vaksineeri.ee/covid-19/vaksineerimine-eestis/>.

¹⁴ Vaktsiinid ei suutnud ära hoida koroonaplahvatust hooldekodudes. Postimees, 17.09.2021

<https://leht.postimees.ee/7340062/vaktsiinid-ei-suutnud-ara-hoida-koroonaplahvatust-hooldekodudes>.

¹⁵ Koroonaviirus vohab juba 14 hooldekodus. Maaleht, 16.9.2021

<https://maaleht.delfi.ee/artikkel/94590827/koroonaviirus-vohab-juba-14-hooldekodus-see-ei-olnud-see-kuidas-ta-pidi-minema>.

¹⁶ Delfi TV, 15.9.2021. Tanel Kiik: kui ma oleksin hooldekodu juhataja, siis ma nõuaksin oma töötajate vaksineerimist. <https://tv.delfi.ee/artikkel/94595089/video-tanel-kiik-kui-ma-oleksin-hooldekodu-juhataja-siis-ma-nouaksin-oma-tootajate-vaksineerimist>.

¹⁷ ERR uudised, 16.9.2021. Riisalo: rahul saab olla, kui kõik hooldekodude töötajad on vaksineeritud <https://www.err.ee/1608341042/riisalo-rahul-saab-olla-kui-koik-hooldekodude-tootajad-on-vaksineeritud>.

Accessibility

In 2020, a group of disability experts conducted a detailed analysis of accessibility of public transport and related infrastructure (railway stations, harbours, airports, bus stops etc).¹⁸ The analysis covered 767 different objects of transport infrastructure all over the country, including the most important public transportation hubs in Estonia.¹⁹ Accessibility was assessed from different aspects with consideration to different types of disability (physical access, tactile surfaces, contrasting colours etc). Of all transportation stops, train and tramway stops were observed to have in general the best accessibility, mostly due to their relatively recent reconstruction, which has enabled taking into account the contemporary accessibility requirements. Nonetheless, some issues with physical accessibility were identified in 30 % of the train stops, mainly related to hindered access to platforms due to problems posed by access paths (e.g. damaged or unsuitable surface). Also bus stops were considered to be generally in good condition, however physical access was not available for 13 % of stops, and 34 % of bus stops didn't have shelter or covering. Several issues concerning accessibility and the use of universal design were identified as regards station buildings. From 47 evaluated station buildings only 30 % had automatically opening front doors, whereas the majority, 70 % had manual front doors. Several older station buildings had also too narrow front doors, a slope at the entrance or high threshold. The majority of station buildings (61 %) lacked designated and accessible parking spaces for persons with disabilities. There were no induction loop solutions in station buildings, even though it is required by legislation. 28% of station buildings lacked accessible toilets.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Estonia and the Welfare Development Plan 2016–2023.

The 2021 RRP confirms continuation of the long-term care reform, based on cooperation model between the state and local municipalities. The person-centred care coordination model for persons with higher care needs that has been pilot-tested in 6 locations in Estonia, is planned to be extended to 12 regions in 2022 and to the whole country from 2023. In the field of special care for persons with special mental needs (mental disabilities or chronic mental illness), it is planned to apply from 2023 the model of component-based financing whereby the local municipality shall finance the relevant care services, the state shall compensate half of the respective costs of local municipalities, while the service users shall cover the costs of food and accommodation. The relevant legislation is to be elaborated and adopted in 2022.

According to the data presented in the Social Welfare Programme 2021–2024 on implementation of the current Wellbeing Development Plan 2016–2023, in 2020 in total 7 118 individuals used special care services for persons with special mental

¹⁸ Järve, J., Priks, K., Falkenberg, S., Falkenberg, V., Kallaste, T., Urban, V., Räpp, A. (2020). Transpordi ja tehiskeskkonna ligipääsetavuse analüüs.

https://www.sm.ee/sites/default/files/transpordi_ja_tehiskeskkonna_analyys.pdf.

¹⁹ The analysed objects and locations are shown in Google Maps application:

<https://www.google.com/maps/d/viewer?mid=19oUFcGyTxVwnuJFbYAFBrSjdCOpkbrR&ll=58.80398134541762%2C24.642955569915678&z=7>.

needs, of them 2018 individuals used 24-hour care services (in institutions).²⁰ At the same time, 810 individuals were on the waiting list for 24-hour care services, indicating that the unmet need for such services continues to be high. The largest provider of such services for persons with special mental needs is the state-owned company AS Hoolekandeteenused, provides 24-hour services to more than 1 800 persons in 63 different locations (i.e. on average 29 service users per location). The earlier plans to close by 2021 the two remaining large special care institutions (Sõmera nursing home for about 230 residents and Võisiku nursing home for 180 residents) have been postponed until 2023 due to the shortage of alternative service locations.

In respect of horizontal themes, the RRP makes several references to persons with disabilities, e.g. in respect of securing equal access to ICT and green skills trainings to engage groups of adults who have been earlier less represented in life-long learning; and construction of broadband networks to improve internet connectivity to increase possibilities of distance work for persons with reduced mobility.

The RRP has also foreseen investments into increasing digitalisation of the construction sector, which has been one of the least digitalised sectors of economy. The development of e-construction platform is expected, among others, to strengthen supervision over the quality of constructions, including automatic control of obedience with the accessibility requirements of BIM-based construction projects.

In April 2021, the Government endorsed the work plan to draft a new Wellbeing Development Plan for years 2023–2030 as the end of the reference period of the current policy document is approaching.²¹ The proposal of the Ministry of Social Affairs for elaboration of the new Welfare Development Plan 2023–2030 specifically refers to persons with disabilities in the context of the following topics:²²

- simplification of the needs assessment and care management processes, raising the quality of care, and avoiding pitfalls for persons moving between systems (e.g. from education to labour market, or from health care to social care);
- development of community-based care arrangements for persons with special mental needs;
- advancing accessibility of both physical and virtual environments.

²⁰

https://www.rahendusministeerium.ee/system/files_force/document_files/hoolekandeprogramm_2021-2024.docx?download=1.

²¹ Vabariigi Valitsus, 1.4.2021. Valitsus kiitis heaks ettepaneku koostada heaolu arengukava kuni aastani 2030. <https://valitsus.ee/uudised/valitsus-kiitis-heaks-ettepaneku-koostada-heaolu-arengukava-kuni-aastani-2030>.

²² Sotsiaalministeerium (2021). Heaolu arengukava 2023–2030 koostamise ettepanek. <https://www.valitsus.ee/media/3946/download>.

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

In 2021, the UN CRPD Committee made the following recommendations to Estonia:

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

‘47. Recalling its general comment No. 4 (2016) on the Right to inclusive education and the Sustainable Development Goal 4, target 4.5 and indicator 4 (a), the Committee recommends, that the State party: (a) Develop the strategy for implementing quality inclusive education with specific targets, timelines, budget allocation, and share of responsibilities between national and municipal levels; (b) Establish a policy framework that recognises the right of persons with disabilities to seek, individualized supports as reasonable accommodation in education, when so required; (c) Ensure education is an area of life covered under ant-discrimination and includes the denial of reasonable accommodation as a form of discrimination; (d) Provide students with disabilities with assistive compensatory aids and learning materials in alternative/accessible formats, including inclusive digital access, modes and means of communication, including Easy Read, communication aids and assistive and information technology, and ensure teachers fluent in Estonian Sign Language; (e) Take measures, including the provision of technical equipment, and the adoption of regulations to ensure that children with disabilities receive the individualized support required within the quality and inclusive education system during the COVID-19 pandemic period, especially in rural areas and those facing economic hardship, and guarantee for children with chronic diseases equal access to school.’

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC 2019 estimates concerning educational attainment should be treated with additional caution due to relatively wide confidence intervals, but they consistently indicate disability equality gaps (an average of 2-3 years provides a more stable indication). Table 16 indicates early school leaving rates disaggregated by disability status in Estonia. Youth with disabilities (aged 18-24) tend to leave school significantly more than peers of the same age groups without disabilities (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 less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39).

Alternative data, mostly based on the Labour Force Survey, indicate also that a higher proportion of people with disabilities or reduced working capacity reach secondary education levels or acquire their tertiary education level at higher ages (Table B). In the age group 18-24, persons without disabilities are 5-12 times more likely to have tertiary education than persons with disabilities while in the age group 30-34 this ratio is between 2.5 and 4.5, depending on the definition of disability. For ages 30-39, the differences are between 2,4 and 3, depending on the definition.

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Estonia and the Welfare Development Plan 2016–2023.

To improve support services at schools, the state has supported universities to increase the admission in trainings for support personnel, also increased flexibility for more people to be able to study to become support personnel, and increased funding for local municipalities to increase wages of support personnel, for example.²³ These activities are part of the reform for improving the support system to children with special needs, launched in the spring of 2021.²⁴ In general, there is a lack of support personnel in schools, as pointed out by a recent survey on basic education and childcare.²⁵ One of the aims of the reform is to unify support regulations in kindergartens and in schools. Also, improving the data system has already been started, aiming to improve the integration of different information systems relevant also for children with special needs.

The findings of the basic education and childcare survey point out that there are 25.6 % of children with special needs, 27 % need a support person, and 21 % of kindergarten children receive some support service, according to the education register. However, parents indicate that the support need is larger than the registry data suggests, stating that 44 % of kindergarten level children need a speech therapist, 17 % need a psychologist, 14 % need a special teacher, 12 % need a physiotherapist. According to parents, half of the children needing services receives this, and half of this the scope of the services is not enough.

The exception to distance learning that was established with the COVID restrictions also continues this year – students with special needs do not have to follow the rule of learning from distance.²⁶ Also, teachers for whom six months have passed since the last vaccination will receive an additional vaccination dose.²⁷ The Ministry of Education and Research has also provided additional EUR 12 million to reduce study gaps that emerged during the pandemic.²⁸

The practice of differential attitudes and behaviour towards children with special needs continues in some schools, manifesting in segregation of students with special needs in some subjects.²⁹ On the positive side, Tartu University adopted a new study code – according to this, it is now possible for students with special needs to organise their study activities according to each person's individual needs (e.g. distance learning opportunities, deadlines, etc).³⁰ A list of individual arrangements will be forwarded to the relevant teacher.

²³ Ministry of Education and Research <https://www.hm.ee/et/uudised/paides-arutleti-erivajadustega-laste-tugisusteemide-tuleviku-ule>.

²⁴ Ministry of Social Affairs <https://www.sm.ee/et/uudised/valitsus-toetas-erivajadusega-laste-tugisusteemi-reformi>.

²⁵ https://centar.ee/failid/alushariduse_raport/.

²⁶ Estonian Chamber of Disabled People <https://www.epikoda.ee/uudised/praktiline-info-erivajadustega-opilastele-uuel-oppeaastal>.

²⁷ Ministry of Education and Research <https://www.hm.ee/et/uudised/haridusminister-arutas-koolijuhtidega-koroonaviiruse-aegse-koolikorralduse-teemal>.

²⁸ Ministry of Education and Research <https://www.hm.ee/et/uudised/riik-eraldab-taiendavalt-veel-12-miljonit-eurot-lisaraha-opilunkade-tasandamiseks>.

²⁹ Postimees news (30.8.2021) <https://www.postimees.ee/7325880/erivajadusega-laste-vanemate-voitlus-kooliga-tundub-loputu>.

³⁰ Õhtuleht news (29.06.2021) <https://www.oh tuleht.ee/1037641/tartu-ulikooli-tudengid-saavad-kusida-opinguteks-abi>.

The Estonian Chamber of Disabled People and the Estonian Fund for Disabled People provide a development consultancy service for 18-30-year-old young people with disabilities.³¹ It aims to focus on setting future goals and getting to practical activities in making education and career choices as well as in coping with changes. The Ministry of Education and Research together with the school psychologists' association launched a consultation phone line in September 2021 to provide free guidance to everyone working with children, to parents as well as to children themselves.³²

³¹ Estonian Chamber of Disabled People <https://epikoda.ee/en/news/arengunoustajad-toetavad-puudega-noori>.

³² Ministry of Education and Research <https://www.hm.ee/et/uudised/haridus-ja-teadusministeerium-ja-koolipsuhhologide-uhing-avavad-1-septembrist-tasuta>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (up to 2021)

Statistics of the implemented projects is updated monthly on the website³³ of the State Shared Services Centre (SSSC). So far, the updates still concern the implementation of the 2014- 2020 funding round. The social protection and health sphere has received the most money in 2014 - 2020 in the amount of over EUR 630 million. Out of the 9 sub-measures in the sphere, five measures indicate still some availability of funds (they concern labour force participation measures, development of childcare opportunities for children with disabilities, health care services for improving staying in employment).³⁴

One project that is still on-going until the end of 2022 concerns the development of childcare and care services for children with disabilities to reduce the care burden (total amount EUR 46.99 million from 2014).³⁵

Open consultations for different stakeholders and interested groups regarding the new 2021 - 2027 funding period have been on-going in 2021. In the beginning of October, the European Commission approved EUR 969.3 million in grants under the Recovery and Resilience Facility.³⁶

6.2 Priorities for future investment (after 2021)

The information regarding the new funding period for 2021- 2027 has been collected on the new website of the Recovery and Resilience Facility (RRF).^{37 38}

The social cohesion domain of the Estonian RRF includes a measure aimed at improving the provision of long-term care by March 2025. The reform aims to increase independent living and local municipalities' role in providing the necessary services and funding for this, including for people with lower care needs. It also aims to establish an integrated care model across Estonia, defining responsible actors and financing of the system. Finally, the support system for children with higher care needs is aimed to be modernised and integrated, simplifying the current support system and consolidating the assessment of care needs.

³³ <https://rtk.ee/struktuuritoetuse-kasutamise-ulevaade>.

³⁴ <https://rtk.ee/edulood>.

³⁵ https://rtk.ee/toetusfondid-ja-programmid/euroopa-liidu-valisvahendid/toetatud-projektid?combine=&field_project_domain_target_id=37&field_project_period_value%5Bmin%5D=&field_project_period_value%5Bmax%5D=&field_project_final_beneficiary_target_id=All&field_project_implement_agency_target_id=All&field_project_beneficiary_form_target_id=All&field_project_implementation_period_target_id=405&field_project_region_target_id=&sort_order=ASC.

³⁶ https://ec.europa.eu/commission/presscorner/detail/en/ip_21_5021.

³⁷ <https://rrf.ee/>.

³⁸ https://rrf.ee/wp-content/uploads/2021/10/RRF_EE_overview.pdf.

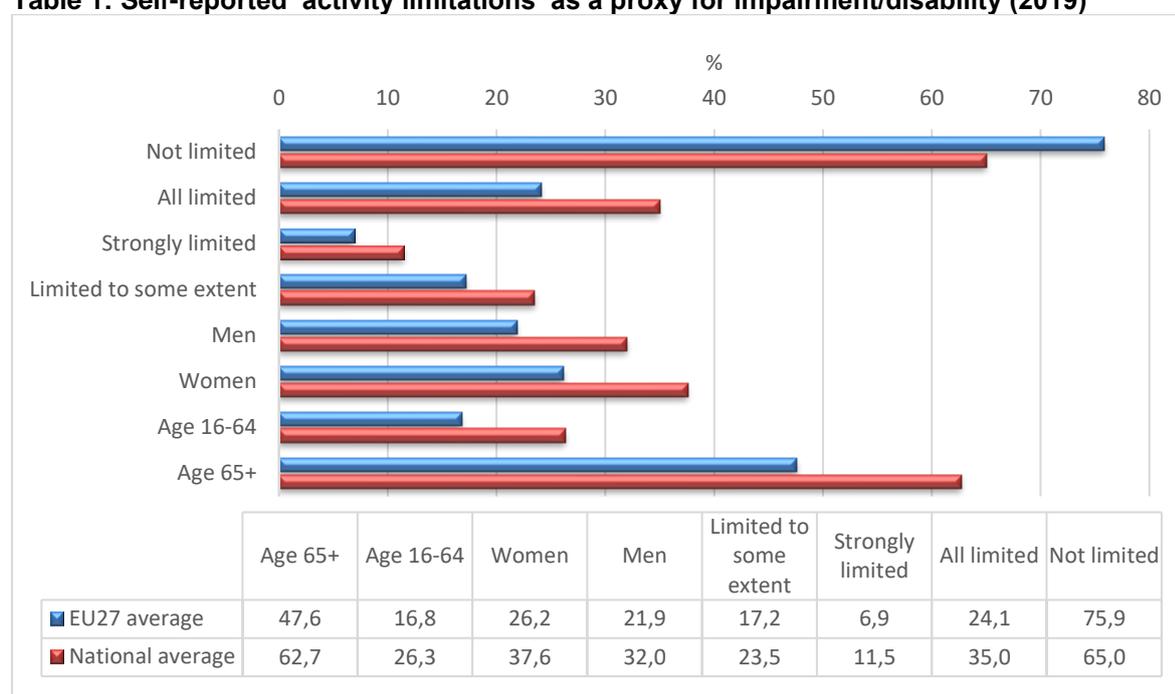
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database³⁹ and statistical reports.⁴⁰

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 6 months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁴¹

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2019)



Source: EU-SILC 2019 Release 2021 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 not report ‘activity limitations’.⁴² National estimates for Estonia are compared with

³⁹ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁴⁰ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁴¹ 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)).

⁴² This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

EU27 mean averages for the most recent year.⁴³ More people reported limitations in Estonia than the EU average.

7.1 Data relevant to disability and the labour market

Table 2: EU and Estonia employment rates, by disability and gender (aged 20-64) (2019)

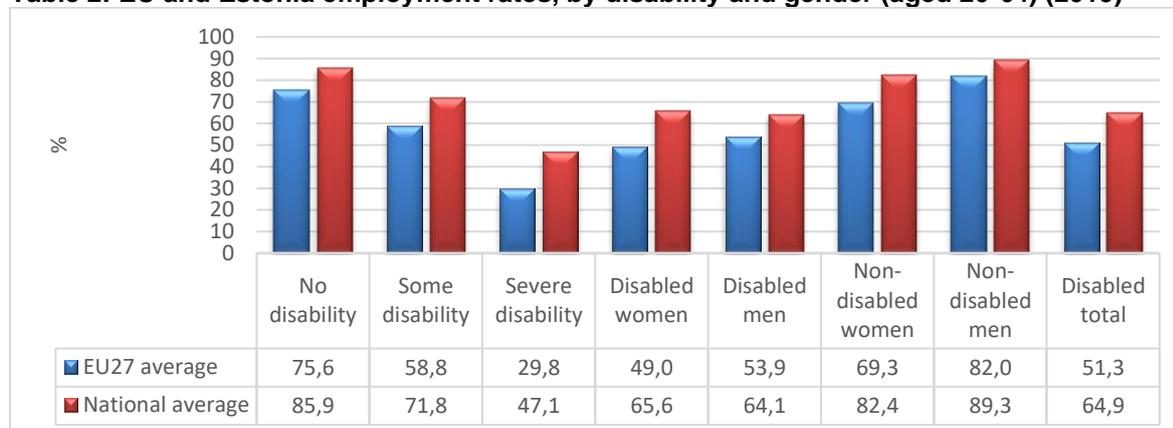


Table 3: Employment rates in Estonia, by disability and age group (2019)

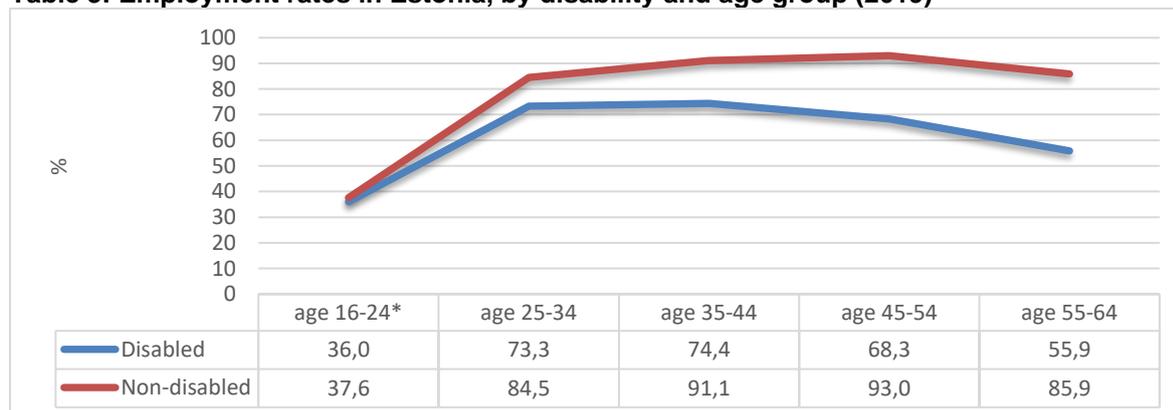
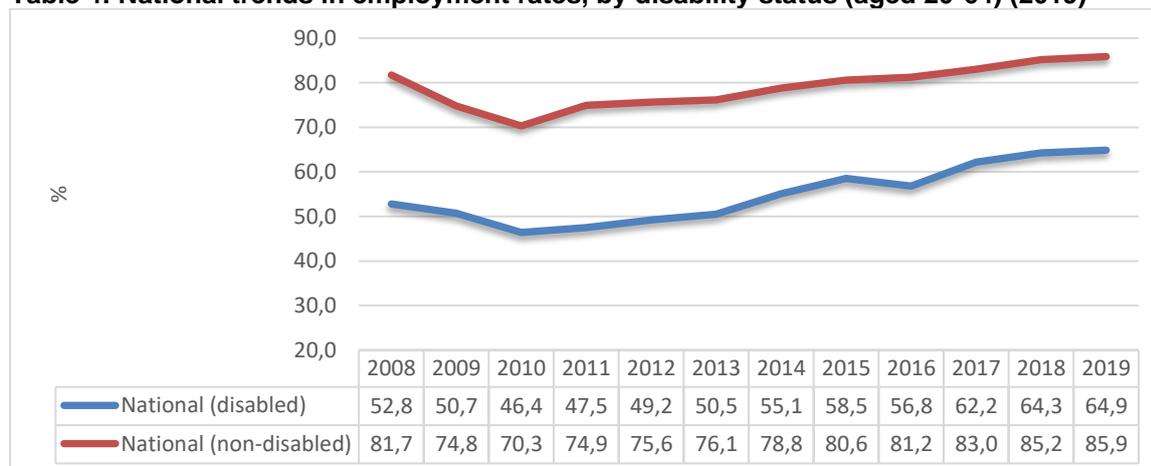


Table 4: National trends in employment rates, by disability status (aged 20-64) (2019)



Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

⁴³ 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.

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2019)

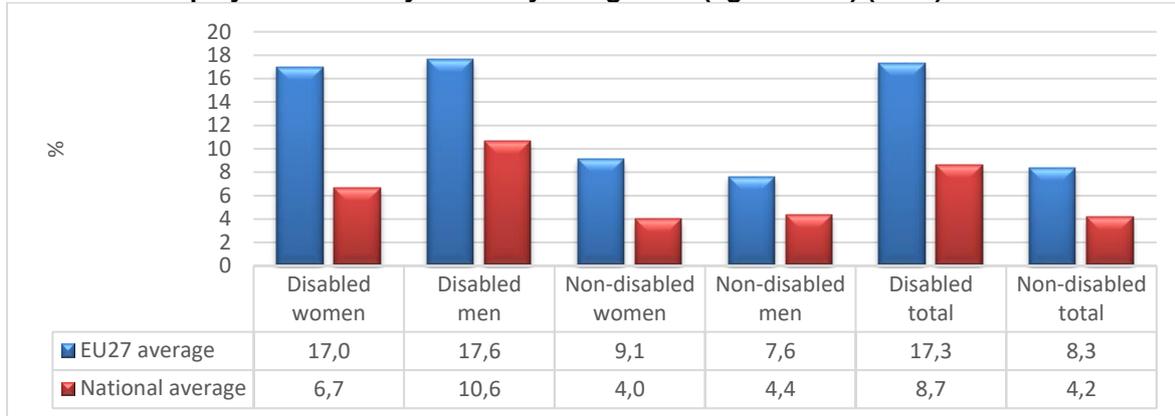


Table 6: Unemployment rates in Estonia, by disability and age group (2019)

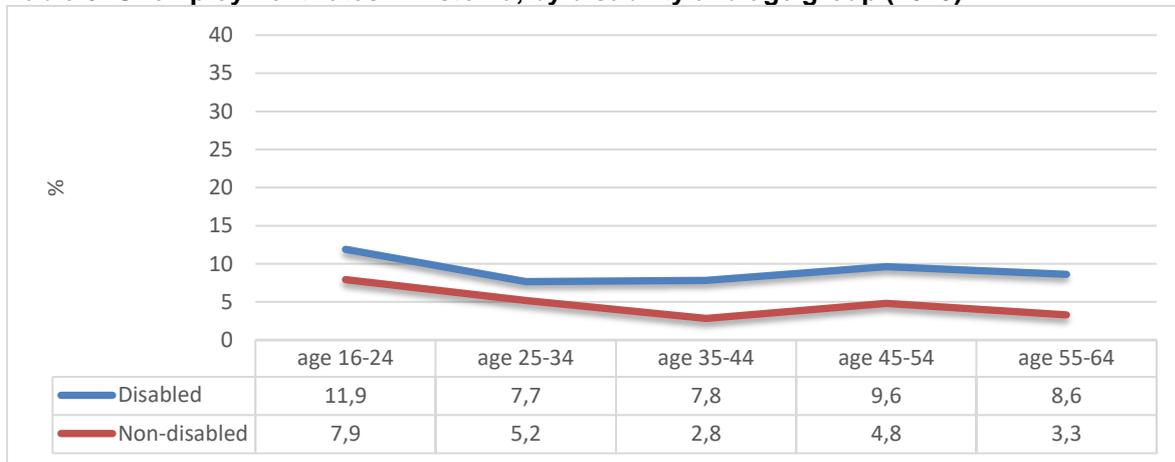
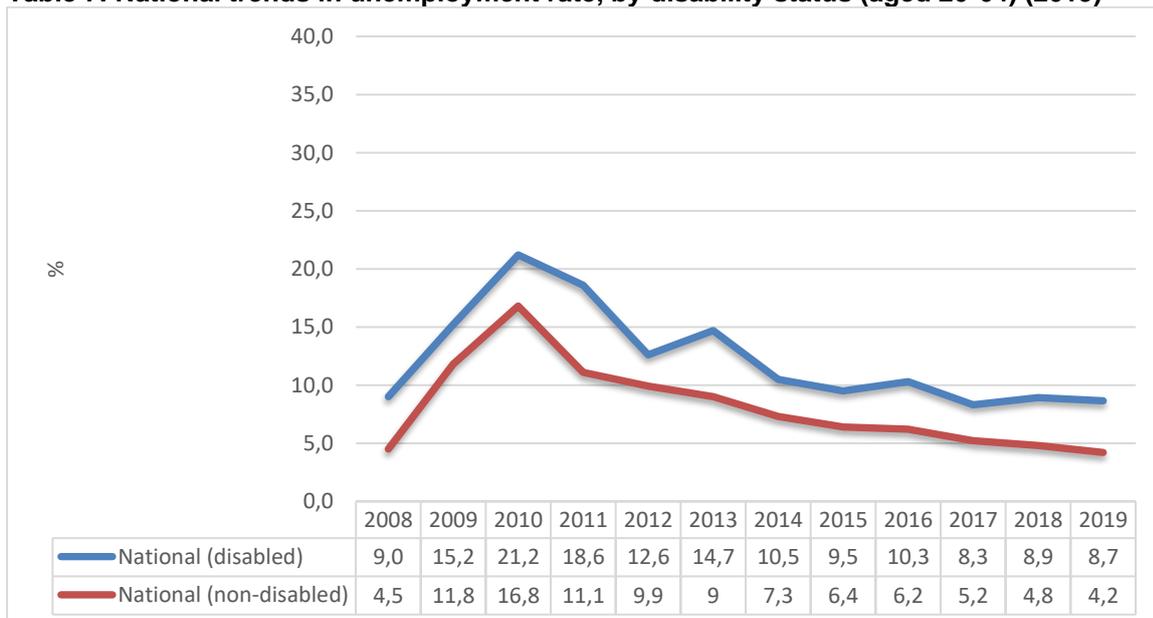


Table 7: National trends in unemployment rate, by disability status (aged 20-64) (2019)



Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.2 Economic activity

Table 8: Activity rates in Estonia, by disability and gender (aged 20-64) (2019)

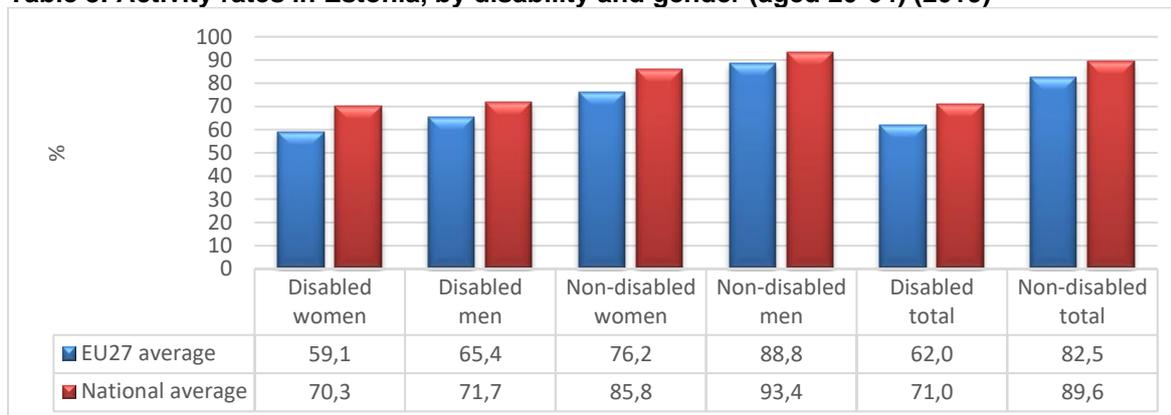


Table 9: Activity rates in Estonia, by age group (2019)

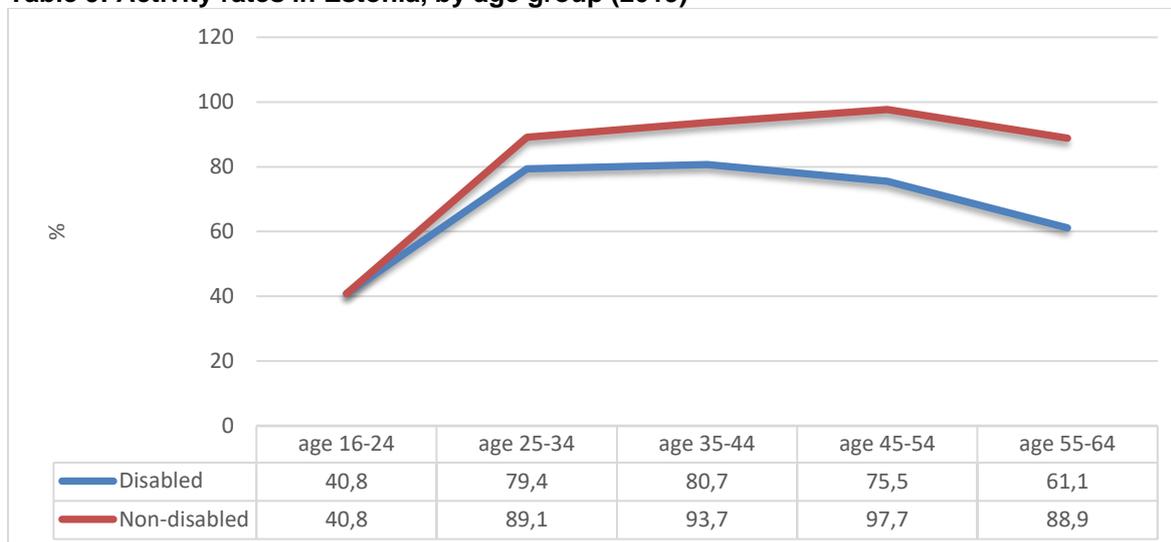
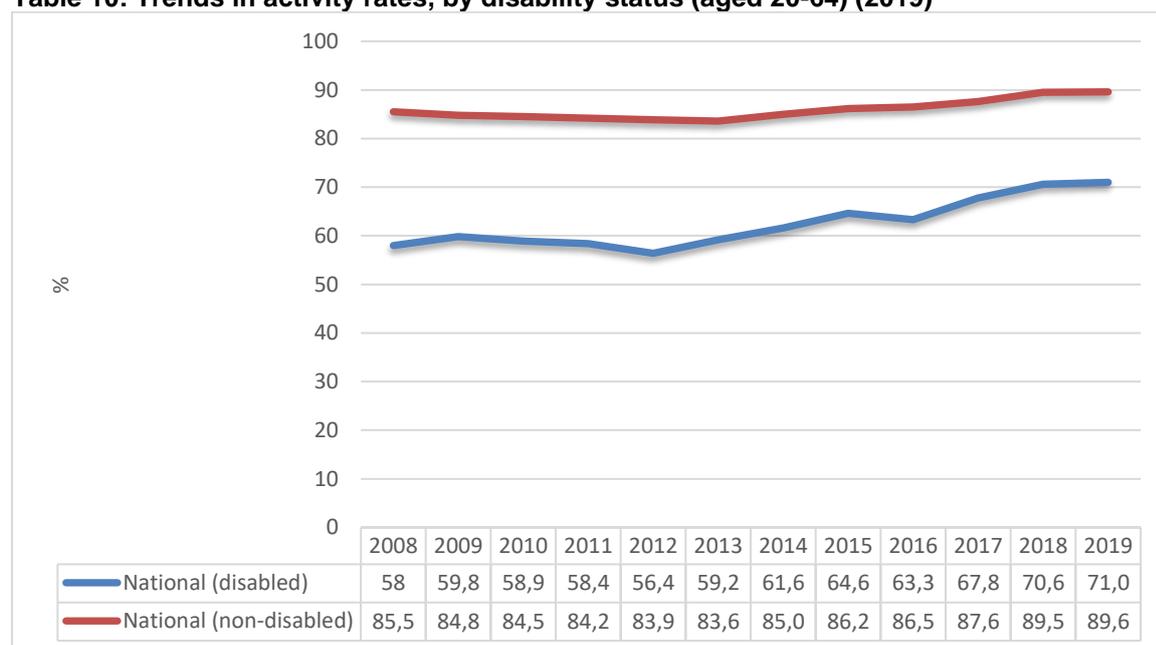


Table 10: Trends in activity rates, by disability status (aged 20-64) (2019)

Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.3 Alternative sources of labour market data in Estonia

Disability data is not yet available from 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.⁴⁴

Table A: Labour force participation, employment and unemployment rates for persons in 20–64 age group by different delineation of disability status in Estonia in 2020

	Labour force participation rate, %	Employment rate, %	Unemployment rate, %
Persons without activity limitations	88.6	83.3	5.9
Persons with activity limitations	67.6	60.5	10.5
Gap	-21.0	-22.8	4.6
Persons with full work ability	87.8	82.5	6.1
Persons with reduced work capacity	59.9	52.1	13.1
Gap	-27.9	-30.4	7.0
Persons without disability	87.5	81.8	6.5
Persons with disabilities	45.0	39.9	11.5
Gap	-42.5	-41.9	5.0

Source: Database of the Estonian Statistical Office, Table THV601.⁴⁵

⁴⁴ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

⁴⁵ Estonian Statistical Office. Statistical database. Table THV601 https://andmed.stat.ee/en/stat/sotsiaalelu_tervishoid_puudega-inimesed_puue-tooheive/THV601.

7.2 EU data relevant to disability, social policies and healthcare (2019)

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

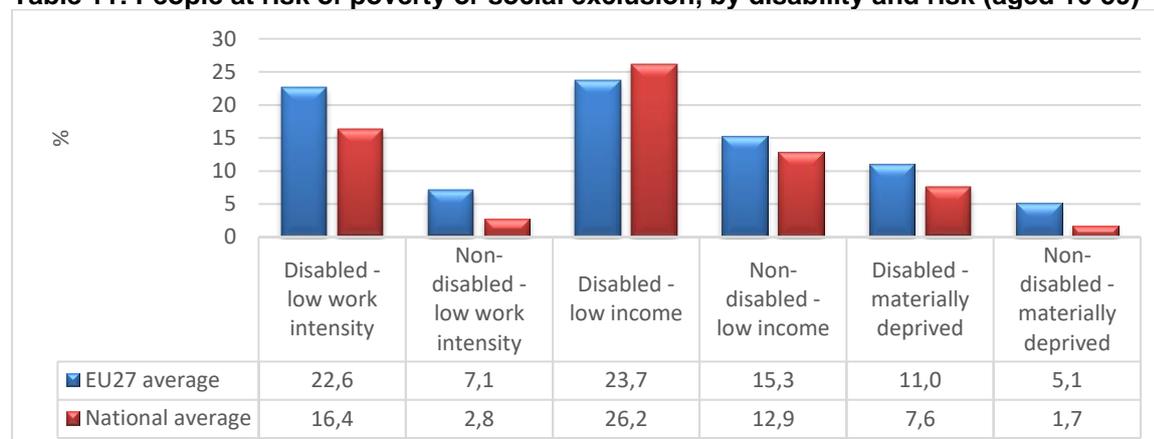


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

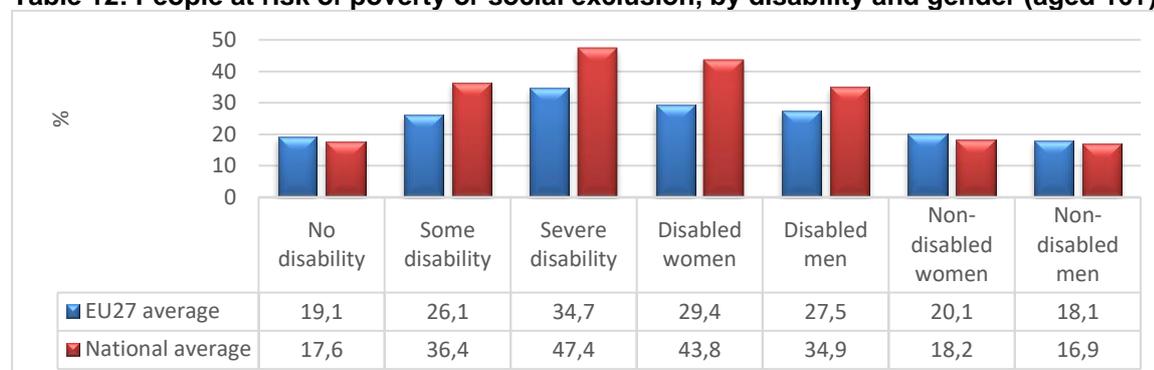
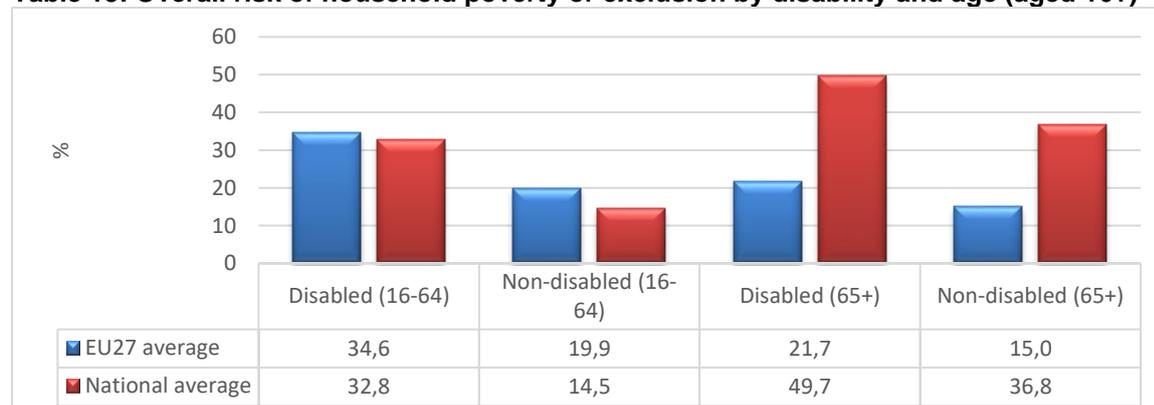
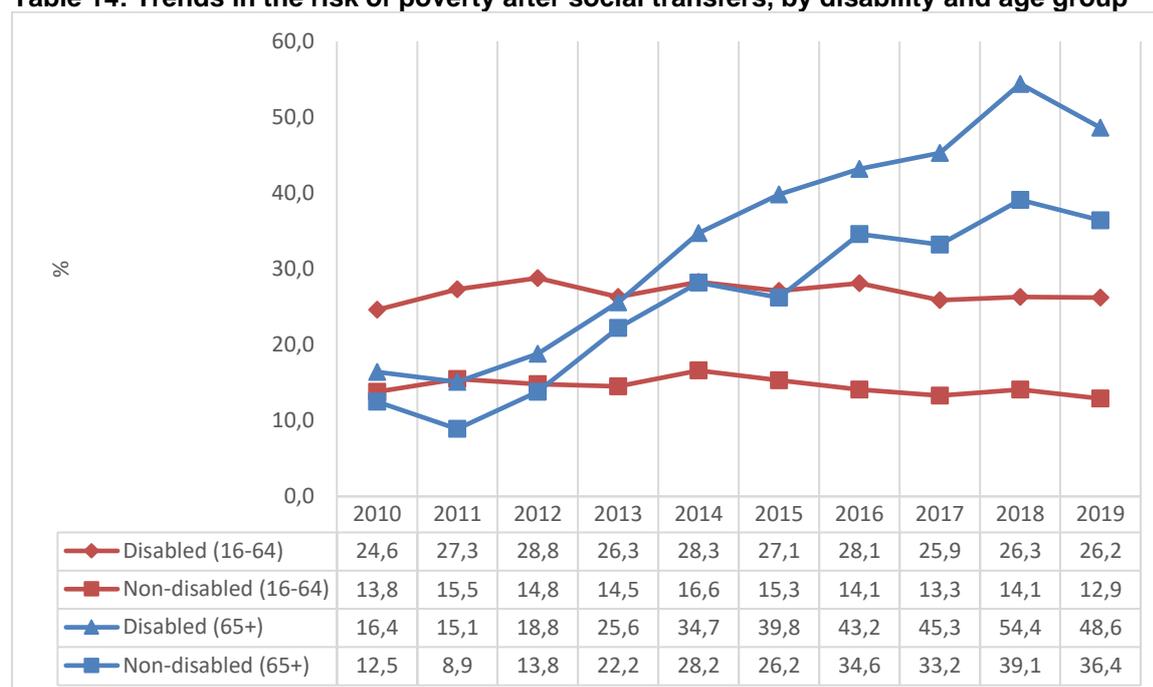


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

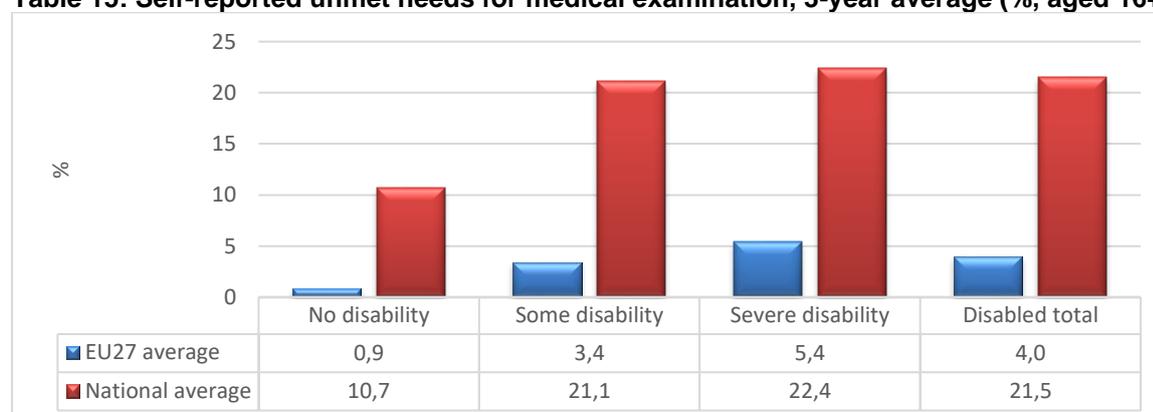


Source: EU-SILC 2019 Release 2021 version 1 (and previous UDB).

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 2019 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.⁴⁶

⁴⁶ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

7.3 EU data relevant to disability and education

Table 24: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁴⁷

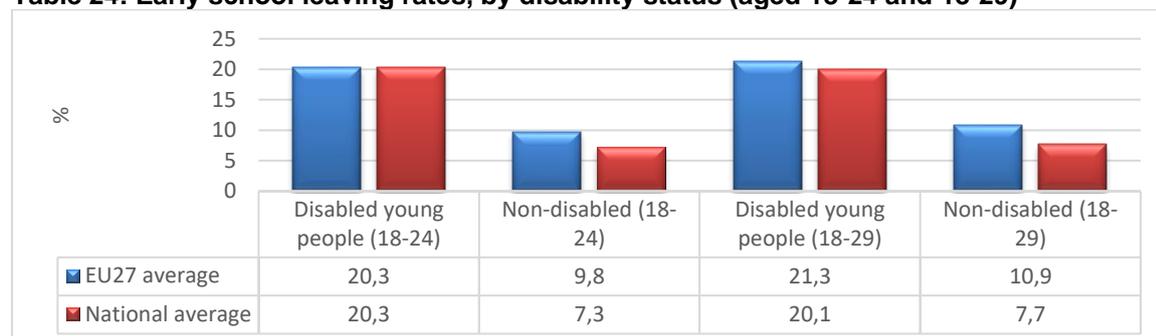
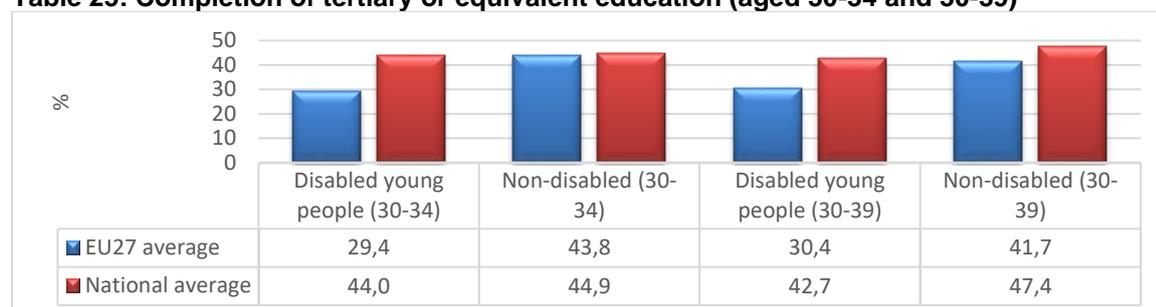


Table 25: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2019 Release 2021 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

Table B: Proportion (%) of people by disability status, age group and education level, three-year smoothing average for 2018-2020 (Labour Force Survey)

		Age group			
		18-24	30-34	35-39	30-39
Persons with disabilities	Primary or below	65.2	55.2	54.5	55.3
	Secondary education	34.1	34.9	26.7	29.8
	Tertiary education	0.7	10.0	18.8	15.2
Persons without disabilities	Primary or below	30	12.2	9.6	10.9
	Secondary education	61.2	43.0	43.9	43.3
	Tertiary education	9	44.8	46.5	45.8
Reduced working capacity*	Primary or below	54.5	41.2	54.5	43.7
	Secondary education	43.7	41.5	34.6	37.3
	Tertiary education	1.8	18.7	10.9	19.0
Non-reduced working capacity	Primary or below	29.5	12.1	9.6	10.9
	Secondary education	61.2	42.8	43.9	43.3
	Tertiary education	9.3	45.1	46.5	45.8

⁴⁷ 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.

European Semester 2021-2022 country fiche on disability - Estonia

Reduced working capacity or persons with disabilities **	Primary or below	64.5	55.2	13.2	55.3
	Secondary education	33.8	29.4	42.9	29.8
	Tertiary education	1.7	15.4	43.9	15.2
Full working capacity without disabilities	Primary or below	29.5	12.1	55.3	10.9
	Secondary education	61.3	42.8	29.8	43.3
	Tertiary education	9.3	45.1	15.2	45.8
* 10-100% reduced working capacity (linked with the Social Insurance Board data) and/ or partly reduced working capacity (linked with the Unemployment Board data)					
** Formerly 40-100% reduced working capacity or persons with disabilities					

GETTING IN TOUCH WITH THE EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at: https://europa.eu/european-union/contact_en.

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696, or
- by email via: https://europa.eu/european-union/contact_en.

FINDING INFORMATION ABOUT THE EU

Online

Information about the European Union in all the official languages of the [EU is available on the Europa website at: https://europa.eu/european-union/index_en](https://europa.eu/european-union/index_en).

EU publications

You can download or order free and priced EU publications from: <https://publications.europa.eu/en/publications>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see https://europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>.

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en>) provides access to datasets from the EU. Data can be downloaded and reused for free, for both commercial and non-commercial purposes.

