

Key Facts

- In 2006, 17% of the total population was 65 years and over (OECD average was 14%); and this figure is expected to increase to 25% by 2020 (OECD average is 17,8%). (OECD 2009-2010 Questionnaire on LTC Workforce and Financing.)
- In 2007, 4.9% of the dependent older persons were receiving care in an institution, 7.4% were receiving care at home.
- In 2007, within those aged 65 years and over, 35% indicated that they were highly restricted, while 39.6% were restricted to some extent.¹
- In 2006, there were 203 institutional welfare services for adults, including those with mental disabilities; and 103 day centre services.
- In 2006, among the adult population, 107,431 persons were entitled to a disability benefit.
- In 2007, 0.20% of GDP was spent on services of long-term nursing care⁵. (OECD Health Data, 2010)

Background

Responsibilities for LTC provision are divided between the health care and welfare systems. The health care system provides nursing care, geriatric assessment service and nursing care at home. The welfare system provides LTC in welfare institutions, day care services, home care and housing services, as well as other social services.

LTC services are divided into health and nursing care, and personal care. Health care is the responsibility of the government-funded Health Insurance Fund (EHIF). Nursing care services include nursing health care services that are provided as home-based, day care and institutional services. Personal care services are mainly provided by local governments. However, it has become common to purchase services from the public sector (state and local government agencies), as well as from the private sector (non-profit associations, foundations and businesses). A local government's social worker typically chooses the care package according to the individual's needs and financial situation.

Benefits and eligibility criteria

Dependent individuals (below or in pensionable age) may qualify for a cash benefit (disability benefit). Eligibility criteria include the care dependency level, income, as well as the receipt of a pension. The care dependency level is evaluated by a doctor and a social worker, using a need-assessment instrument developed by central government. There are different dependency levels, ranging from "no assistance needed" to "cannot manage without assistance". The level of the monthly allowance for beneficiaries at pensionable age ranges from around 13 euro in 2010 (moderate disability) to 41 euro in 2010 (profound disability). The allowance for people below pensionable age ranges from around 17 to 54 euro per month.

When a beneficiary is in a welfare institution, the disability benefit is not granted, and the pension is used to finance the services. Moreover, general social in-kind benefits are provided by non-governmental organizations. These benefits include clothing, food and support services.

Funding

LTC in Estonia is organised and financed by the local governments, at the sub-national level. Welfare services for persons of working age and with mental disabilities are financed by the state. Nursing care services are financed from health insurance. Co-payments are mainly required in the case of round-the-clock care services. Fees are also collected from persons receiving social services, depending on the extent and cost of services used, as well as on the person's financial situation.

Estonia

Long-term Care

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Caregiving

Informal caregivers are supported in Estonia through a benefit granted to the informal caregiver. The eligibility criteria are set by local governments, and therefore, differ among regions. The informal caregiver must be 'appointed' by the local government. The amount of the benefit ranges from around 15 to 26 euro. Moreover, the state pays the caregiver's national insurance contributions and social tax, so long as the caregiver is eligible for receiving the benefit.

References

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