

*Permanent Mission of Estonia  
Geneva*

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*The Permanent Mission of the Republic of Estonia to the United Nations and Other International Organisations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights, and in response to the Latter's letter from 3 February 2011, has the honour to forward the reply of the Government of Estonia to the enclosed questions on the situation of the rights of older persons.*

*The Permanent Mission of Estonia to the United Nations and Other International Organisations in Geneva avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.*

*Geneva, 31 March 2011*



*Enclosure: 11 pages*

*Office of the High Commissioner for Human Rights  
GENEVA*



## Response of Estonia

### **2. Please provide information on existing legislation, policies and programs to protect and promote human rights of the elderly persons**

#### Legislation

Pursuant to section 12(1) of the **Constitution of the Republic of Estonia**, everyone is equal before the law. No one shall be discriminated against on the basis of nationality, race, colour, sex, language, origin, religion, political or other opinion, property or social status, or on other grounds. Judicial practice confirms that discrimination on the basis of age is also prohibited (Case No 3-4-1 14-07, dated 1 October 2007). Everyone has the right to the protection of the state and of the law pursuant to § 13 of the Constitution. Pursuant to section 28 of the Constitution, everyone has the right to the protection of health. An Estonian citizen has the right to state assistance in the case of old age, incapacity for work, loss of a provider, or need. The categories and extent of assistance, and the conditions and procedure for the receipt of assistance shall be provided by law. Citizens of foreign states and stateless persons who are in Estonia have this right equally with Estonian citizens, unless otherwise provided by law. The state shall promote voluntary and local government welfare services. Families with many children and persons with disabilities shall be under the special care of the state and local governments.

The **Equal Treatment Act** stipulates that, among others, the discrimination of persons on the grounds age is prohibited in relation to:

- 1) conditions for access to employment, to self-employment or to occupation, including selection criteria and recruitment conditions, whatever the branch of activity and at all levels of the professional hierarchy, including promotion;
- 2) entry into employment contracts or contracts for the provision of services, appointment or election to office, establishment of working conditions, giving instructions, remuneration, termination of employment contracts or contracts for the provision of services, release from office;
- 3) access to all types and to all levels of vocational guidance, vocational training, advanced vocational training and retraining, including practical work experience;
- 4) membership of, and involvement in, an organisation of employees or employers, or any organisation whose members carry on a particular profession, including the benefits provided for by such organisations.

Paragraph 9 of the Equal Treatment Act stipulates, that the differences of treatment on grounds of age shall not constitute discrimination, if, within the context of law, they are objectively and reasonably justified by a legitimate aim, including legitimate employment policy, labour market, vocational training and social insurance objectives, and if the means of achieving that aim are appropriate and necessary.

### **3. Please provide information on existing legislation, policies and programmes to address discrimination against older persons, including measures to address multiple discrimination.**

In addition to the protection of human rights (please see question 2), the elderly are entitled to:

- pension insurance that is regulated by State Pension Insurance Act and The Funded Pensions Act
- social welfare services that are regulated by the Social Welfare Act
- health services that are regulated by Health Insurance Act

Policies and programs:

Currently Estonia does not have separate elderly policy strategy. The basis of the elderly policy is formed by the document “**Basics of the Elderly Policy**” approved by the Government in 1999. The principal objective of the policy for the elderly in Estonia is to promote the internationally accepted principle of Society for All that is based on the consideration that society comprises people of different age groups who must have the possibility to participate in social life, irrespective of age.

The objectives of the Estonian policy for the elderly are to:

- intergate the policy for the elderly into social policies regulating employment, education, housing, having regard of Estonia’s accession to the European Union and taking account of issues concerning coping, healthcare, mental health, cultural activities and religion, as well as other relevant matters.
- ensure that the elderly maintain an acceptable standard of living and a status that is equal with other age groups in society.
- deem it unethical to discriminate people on the basis of their age, promote the political and social participation of the elderly in community matters;
- raise public awareness on ageing and healthy habit, retaining physical, mental and social abilities that contribute to the prolongation of average life expectancy.
- help raise the awareness of the elderly on the importance of the self-support movement; promote solidarity between generations.
- appreciate the elderly for their role in the transmission of their experience as well as of traditions and mental values, and for their role in preserving national identity.
- preserve as long as possible the capability of elderly people to work in order to guarantee coping with life, as well as to ensure their emotional well-being.
- create an appropriate environment for the elderly who definitely need assistance (demented or disabled persons) and ensure necessary medical rehabilitation opportunities for them;
- invite media channels to raise public awareness on elderly problems, coping and participation in social life.

Different aspects of elderly policy have been described in several separate strategies. One of the goals of the European Social Fund framework programme “**Social welfare measures in support of employment from 2010 to 2013**” is to improve the qualification of care home staff and reduce the care burden of family members for which home carers, personal care workers and activity instructors of people with special mental needs are trained, and instructional materials are also developed for people caring for their family members.

In previous years, the Ministry of Social Affairs has elaborated and implemented the following policies related to the elderly:

- 1) National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (available at [www.sm.ee/kaasatus](http://www.sm.ee/kaasatus)). Among other priorities, the prevention of the social exclusion of the elderly and supporting active and dignified aging was described. The goals and activities included in the National Report were also based on the fundamental principle of the elderly policy - „society for all“. The National Report stated that securing sufficient income in the old age is as important as creating comprehensive opportunities for active living – work, self-education, hobbies, recreation and participation in cultural and social life. Also, dealing with the problem of population ageing and its impact on labour force requires increased implementation of integrated strategies. Thus the main activities described in the National Report focused on increasing employment opportunities for the elderly, supporting longer independent life at home and developing a network of care institutions for the elderly, raising the qualification of the staff in the care institutions for the elderly and developing a sustainable financing system for the elderly care.
- 2) Action plan for the implementation of the Basics of the Elderly Policy 2007-2009 which underlying idea was ‘society for everyone’. The action plan concentrated at the following areas: family and environment, health and welfare, employment and coping, education, culture and sport, non-profit organizations and self-help, and regional and international cooperation.
- 3) European Social Fund program “Social Welfare Measures Supporting Access to Employment 2007-2009” supported projects aimed at the elderly or disabled people or people suffering from dementia in order to allow a person with a care burden to reenter the labour market or prevent a person from leaving the labour market due to recently emerged care burden. Projects that develop transport services for disabled people and people with care burden were also supported.

**5. Please provide information on existing legislation, policies and programs addressing old-age sensitive services and facilities such as those related to mobility, age adequate design, long term care, primary health care and adult and continuous education.**

Long-term care

Long-term care is provided to elderly people with several chronic illnesses, who require help with treatment procedures and who cannot cope with the tasks of everyday life; and to adults with multiple conditions and partial incapacity to cope with everyday life, such as geriatric patients.

Responsibility for provision of long-term care in Estonia has been divided between health care and welfare systems. The health care system provides nursing care, geriatric assessment service and home nursing care services. The welfare system provides long-term care in welfare institutions, day centre service (day care), home care and housing services, and other social services (please see also question 6).

Care services are organized and financed by local governments. Local governments are also the main providers of the care services; however, it has become a common practice 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). Co-operation with health care

system and assessment of a person's needs for care are essential in organizing proper care. Assessment is provided by local municipalities' social workers, the need for nursing is evaluated together with a family doctor (family nurse). In more complicated cases rehabilitation team or geriatric team steps in.

*Policies and programs:*

In 2001, the Ministry of Social Affairs prepared the Nursing Care Master Plan 2015 in order to provide nursing care targets to match the hospital targets set out in the Hospital Master Plan 2015. The main changes recommended by the Hospital Master Plan 2015 were to turn small hospitals (mainly owned by local governments) into nursing care homes and to develop non institutional nursing care services that provide home nursing and day-care nursing.

In 2008, the document "Integrated long-term care in Estonia: Providing health care, nursing care and social care services" has been prepared. The main goal of the document is to support dignified ageing by providing the elderly with health and coping difficulties a chance to continue a decent life and actively participate in public, social and cultural life through the stronger integration of the health care and social services. The principle is to provide assistance in accordance with the person's needs and to support as long as possible his/her coping in habitual environment (at home) and increasing the effectiveness of care, including purposeful utilizing of the expensive welfare services.

Developing a network of care institutions for the elderly, raising the qualification of the staff in the care institutions for the elderly and developing a sustainable financing system for the elderly care system is financed through the European Social Fund program "Welfare measures to support employment 2007-2009". In the framework of the program the county-level workshops were organized and counselling was provided to local governments to establish a shared vision of the potential locations of the welfare institutions in the county in order to create an optimal Estonia-wide network of care and nursing care services. A model for long-term planning of social welfare measures, resources and jobs in the area of social services was developed to create an knowledge-based foundation for identification of the need for social services and regional needs for general and special welfare services. A manual on the care for the elderly was prepared and training was provided to the users of the manual in order to raise the qualification of the staff in elderly care institutions. In addition, training on working with dementia patients was provided to care assistance workers and staff of the care homes and activity instructors of people with special needs was educated. Expert workshops were organized, different financing models were analyzed and a description of the future financing system was prepared to develop financial sustainability of the elderly care system.

In April 2009, Ministry of Social Affairs prepared the regulation "Nursing and long term care infrastructure development measure" which aims at ensuring better quality and availability of nursing care. The general goal is to improve inpatient and outpatient care services, purposeful usage of health insurance funds, and to offer more diverse long term care services that meet population needs. The measure is financed by the European Regional Development Fund (ERDF).



**6. Please provide information on existing legislation, policies and programs concerning social protection measures as well as right to work and right to social security with regard to older persons.**

*Employment policy measures.*

In Estonia, the employment rate of older workers has throughout the years been high being around 60% or above it. There are no special programs for older workers but Labour Market Services and Benefits Act defines pre-retirement age group as labour market risk group which is entitled to individual, tailor-made services. There are also other measures that may have positive impact on employment of older workers. For example, with the new Labour Code which was enforced in the beginning of 2009, flexible forms of work were made more available.

Discrimination on grounds of age in relation to employment and all kinds of vocational training is prohibited in the Equal Treatment Act. See also point 2.

*Social security measures*

1. Pension

Estonia has a three pillar pension system including:

- state pension insurance - **State Pension Insurance Act**
- mandatory funded pension;
- supplementary funded pensions.

**The first pillar** – state pension insurance – is based on pay-as-you-go financing and covers three social risks: old age, permanent incapacity for work and loss of a provider. The coverage of the state pension insurance scheme is universal, the scheme covers all employees and self-employed persons.

**In fact, the protection ensured by state pension insurance includes two levels:**

- 1) national pensions (Persons, who have not fulfilled the qualification period of 15 years of pensionable service are eligible to a national pension on the basis of old age at the age of 63 (both genders) provided they have resided in Estonia for at least 5 years prior to claiming the pension)
- 2) old-age, incapacity-for-work and survivor's pensions.

In 2010 the standard retirement age for old age pension in the state pension insurance will be 63 years for men and 61 years and 6 month for women. The retirement age of women is gradually increased to be equalised with the retirement age of men at the level of 63 by the year 2016. On April 7, 2010 Estonian Parliament adopted the Act to amend the State Pension Insurance Act and the related acts, providing the general pensionable age of 65 years. The transition period, starting from 2017 is provided for the people, who were born from 1954 to 1960. For those people, the retirement age will be gradually increasing by 3 month for every year of birth, and reaches the age 65 in 2026. The amendment shall take effect on 01.01.2017

Besides the general option for early retirement, there are some special groups who are entitled to retire before the standard retirement age. Old age pensions under favourable conditions are paid to workers in occupations that are considered hard or hazardous, e.g. workers in chemical, metal, glass, pulp industry, mining etc. Prescribed groups of workers may retire 5 or 10 years before the standard retirement age, if they have fulfilled qualification requirements from 15 to 25 years (depending on occupation) of pensionable service, of which at least half was acquired in the given occupation. Parents who have raised 3 or more children or a disabled child and unlawfully

imprisoned persons may retire 1-5 years before the standard retirement age, provided they have fulfilled the general qualification period of 15 years of pensionable service.

Furthermore, under the Superannuated Pensions Act, early retirement is available for certain professional groups, e.g. pilots, flight attendants, seamen, miners, some categories of artists etc., provided they have fulfilled the required qualification period, which is from 15 to 25 years depending on the profession.

## 2. Health insurance

All old age pensioners are covered by health insurance (Health Insurance Act). Also upon sale of medicinal products entered in the list of medicinal products with a discount rate of 75 per cent, the 90 per cent discount rate applies to children between 4 and 16 years of age and persons receiving a pension for incapacity for work or an old-age pension on the basis of the State Pension Insurance Act and insured persons over 63 years of age. The Health Insurance Fund pays compensation in the amount of 255,65 EUR of the cost of dentures once in three years to persons who have health insurance, who are 63 years old and older, old-age pensioners and persons who receive a pension due to incapacity for work.

The Health Insurance Fund also pays annually dental care benefit in a sum of 19,18 EUR for persons receiving a pension for incapacity for work or an old-age pension on the basis of the State Pension Insurance Act and insured persons over 63 years of age.

## 3. Social welfare measures

General ageing of population and increase in average life expectancy has already and will further increase the need for social services. The provision of social services is regulated by the Social Welfare Act (Social Welfare Act is available in [www.riigiteataja.ee](http://www.riigiteataja.ee) (in Estonian) and [www.legaltext.ee](http://www.legaltext.ee) (official English translation)). The elderly are entitled to the social welfare services and benefits set out in the Social Welfare Act. According to the Social Welfare Act the organization of social welfare of elderly persons is under the responsibility of local governments. In order to assist the elderly to cope in surroundings familiar to them and to have a life of equal value with other persons, local governments:

- 1) establish opportunities for cheaper alimentation;
- 2) ensure the accessibility of information concerning services provided and establish opportunities for the use of social services;
- 3) establish opportunities for interaction and hobbies.

According to the legislation, the assessment of person's needs and the provision and financing of social welfare services and benefits is primarily the responsibility of local governments.

Elderly persons can choose if and what kind of assistance they want to receive. Local governments provide counselling, rehabilitation, housing, personal assistance, social transportation, open domestic or residential care, and other services that are aimed at supporting independent living, improving the quality of life and promoting social integration of the elderly.

The purpose of open care is to help those elderly persons living in familiar surroundings, whose copying ability has deteriorated, to cope independently or with the help of their family or



organized services by social worker. Open care services are services provided to elderly persons in their homes (opportunities are created to elderly persons to live as long as possible in the security of their homes); services provided outside their homes (possibilities to be active in day centers) and support services (special transport facilities, technical devices, alimentation, sauna and laundry service etc).

Domestic care services are adaptation of the elderly person's home, satisfying everyday needs, counselling, guiding and care. Domestic services are provided by care workers who have undergone special training offered by day centers and local governments. The range of services offered varies: provision with food, medicinal products, technical devices, medicinal and household appliances, tidying up, conversation and communication of information, washing of the elderly person, managing their affairs, laundry, housecleaning, etc.

Day centers for elderly persons are institutions for hobbies (art, craft and language learning groups), information (sharing of information, holding lectures), provision of rehabilitation services (counselling, activity therapy, gymnastics etc) and various social services (hot lunches delivered home, laundry, sauna service, etc). Elderly can do voluntary work and participate in the self-help movement.

General welfare institutions are 24-hour care institutions for persons who due to special needs or general social situation are unable to live independently and their coping cannot be ensured by other social services or providing other kind of assistance. The institutions were established for living, care and rehabilitation of elderly and disabled persons. Local governments have an obligation to ensure the security and independence of the elderly living in social welfare institutions, respect for their private life and the opportunity to participate in decision-making pertaining to their physical and social environment and future.

Elderly and disabled persons, if necessary, may apply for technical and medical aids at a discount. The devices would help them to cope better with their everyday life. The costs of prosthetics and orthopedic and other technical aids for elderly and people with disabilities are compensated by the state for 50-90% of the cost of a technical aid.

Particular attention is paid to the development of rehabilitation services so as to improve the ability of people elderly with disabilities to cope independently, increase their social inclusion and facilitate their working or taking up a job, if it is a case. In order to improve people's ability to cope, the social benefits for people with disabilities are becoming more and more centered on rehabilitation. The aim of rehabilitation is to teach people how to cope as independently as possible in the new situation they find themselves in.

In general the services provided by the local government are free of charge but in the case of large-scale services (e.g. institutional care) the local governments may establish a fee for the service. The State finances rehabilitation services for elderly, institutional care for people with psychiatric needs or intellectual disability and technical aids. The limits for collection of fees collected for state-funded social services shall be established by the Minister of Social Affairs.

A fee may be collected from a person for social services provided the amount of which depends on the extent and cost of the service and the financial situation of the person and family receiving the service, but the need for assistance of a person shall be met regardless of a person's economic situation. The services shall be provided free of charge if the person's economic situation does not allow to pay for the social services. This may bring along the replacement of one service with the other. For example, if the person's economic situation does not allow paying his/her own contribution for the personal assistant service, the service of home assistance, care service etc. shall be applied to the person. If necessary, the state or local government provides psychological, organizational and legal support for families taking care of an elderly person.

In order to alleviate a person's situation the local government employs both social services and other forms of social assistance, depending on the situation in question. The subsistence benefit is a form of state assistance for those in financial difficulty which is paid by the local government. The benefit is paid if all other measures for the alleviation of poverty and difficulty have proven ineffectual.

All persons and families, whose monthly net income, after the deduction of the fixed expenses connected with housing is below the subsistence level, has the right to receive a subsistence benefit. The subsistence level is set by the Riigikogu (the national parliament) in the state budget. It is calculated for people living alone or the first member of a family for every budgetary year. Currently, the subsistence level is 76,70 € per month for a person living alone or the first member of a family and 61,36 € for the second and each subsequent member of the family. The subsistence level of the second and each subsequent member of the family is 80% of the subsistence level of the first member of the family. The subsistence level is established on the basis of minimum expenses incurred in the consumption of food, clothing, footwear and other goods and services satisfying primary needs. The payment of the subsistence benefit is decided monthly and the number of times receiving the subsistence benefit is not limited.

Emergency social assistance is available to everyone staying in the territory of Estonia who is in need of urgent assistance owing to the loss or lack of means of subsistence. Emergency social assistance represents welfare provisions necessitated by the situation of the person concerned and must guarantee at least food, clothing and shelter. Guaranteeing emergency social assistance is a responsibility of municipalities.

#### 4. Programs

European Social Fund program "Social Welfare Measures Supporting Access to Employment 2007-2009" supported local authorities in the development of welfare services supporting employment and implementation of welfare services (e.g. training in services that reduce the care burden and case management training for social workers was conducted).

Projects whose goals included the provision of care services (day care and home care services) aimed at the elderly or disabled people or people suffering from dementia in order to allow a person with a care burden to re-enter the labour market or prevent a person from leaving the labour market due to recently emerged care burden were supported within the scope of open application rounds<sup>2</sup>. Provision of 24-hour care to profoundly disabled people or people diagnosed with dementia was also supported as it helps the family members of such persons to

find employment and stay employed. Projects that develop transport services for disabled people and people with care burden were also supported.

One of the goals of the framework program “Social welfare measures in support of employment from 2010 to 2013”<sup>3</sup> is to improve the qualification of care home staff and reduce the care burden of family members for which home carers, personal care workers and activity instructors of people with special mental needs are trained, and instructional materials are also developed for people caring for their family members.

**7. Please provide information on existing legislation, policies and programs to systematically collect, update and analyze information disaggregated by age.**

Provision of services for elderly people is usually organized by the local government of place of residence (municipality, city).

The social welfare services for elderly according to the Social Welfare Act (§ 10) include mainly the following: care in social welfare institutions; domestic services; housing services; foster care (personal care in the family, whose member he or she is not); care of disabled people (including elderly people) at home by a family member; provision of prosthetic, orthopedic and other appliances. If elderly person does not have sufficient financial resources, the municipality will pay subsistence benefit to ensure an income within the subsistence limit. The funds will be allocated to local government from the state budget.

Statistics of persons (families) receiving social services and/ or social benefits is collected by the Ministry of Social Affairs and a part of it is made available to the Statistics Estonia.

Basis for the collection of the statistics comes from the Social Welfare Act. According to the law, the Minister of Social Affairs is responsible for the management and administration of social welfare, including also the development of national social welfare policy. Required information is collected by using the reporting forms and the submission procedures laid down in the regulation of the Minister of Social Affairs.

Another source of information is the register of social services and social benefits, which was launched in the first half of 2010 and is still being developed. In the future the register will be used for all social welfare proceedings by the local authorities and it will also contain information about the social services and the social benefits for those in need. The conditions and procedure for provision of material assistance and the procedure for registration, keeping account of and distribution of donations in a rural municipality or city shall be established by the local government.

**8. Please provide information on existing legislation, policies and programs to enhance participation and active engagement of older men and women in community, political and cultural life.**

According to the §48 of the Constitution, everyone has the right to form non-profit associations. Only Estonian citizens may belong to political parties. There are a lot of elderly organizations in Estonia. Most important of these are the following.

**Elderly Policy Committee** was established to the Ministry of Social Affairs in 2007. The Committee comprises offices and organizations addressing the issues of the elderly. The tasks of the Elderly Policy Committee include advising the ministry in the issues of the elderly, making proposals to the ministry for adopting decisions and measures at the national level to improve the situation of the elderly, intermediating between the government and the organizations that represent the interests of the elderly, presenting international experiences in improving the situation of the elderly, organizing workshops, conferences, information days for staff of elderly day centers, employees, leaders of organizations of the elderly as well as volunteers, involving the experts working in day centers, activists of organizations of the elderly and volunteers in finding a solution to the issues of the elderly, providing assessments for the projects addressing the elderly and financial applications necessary for research, organizing the publication of publications addressing the issues of the elderly. For example, a newspaper called "Elukaar" ("Life Curve"), directed at the elderly, is published regularly; but several researches and publications have also been issued (e.g. "Voluntary work", "Dignified ageing: myths and the reality", "Nutritional instructions and occupational therapy for the elderly" etc).

**Estonian Association of Pensioners Societies** is an umbrella organization with 39 member organizations in all regions of Estonia. The Association's main goals are to unite its members and supporters in order to guarantee social security of elderly people, to protect their rights, encourage their participation in social life and to foster the caretaking system. In addition, the Association supports the social development, culture, education, health and physical wellbeing of the elderly.

**Self-Help and Advisory Centre for Senior Citizens** brings together retired people who are characterized by positive attitudes and who go by the principles that being active you value your life, by helping others you help yourself. The Centre was established by the Estonian Charity Foundation in October 1995. There are nearly 500 members in the Centre. About a hundred people visit the house every day. The Board of Directors consists of eight people who coordinate the work of the Centre.

**Estonian Association of Gerontology and Geriatrics (EGGA)** is a voluntary union of people wishing to improve the life and health of the elderly. The main goal of EGGA is to update the knowledge of people working with the elderly and the whole society concerning normal ageing, possibilities of improving the life quality of the elderly needing help, and helping family members of the elderly. Interdisciplinary approach to elderly care is a leading principle for EGGA. EGGA members participate actively in the development of politics for the elderly and geriatric and nursing care in Estonia. Experts of EGGA have created and/or introduced several methods for assessment of needs in care-dependent persons and quality standards in long-term care.

The association was created in 1997. As of January 1st 2011 EGGA has 127 members. EGGA members include people working with the elderly (medical doctors, nurses, social workers, rehabilitation specialists, nurse helpers, care workers, managers of care institutions), representatives of pensioners, those taking care of sick family members, and the elderly themselves.

