Activities of the state in supporting people with special needs

What is the path to receiving assistance for adults with special needs?

Two reports were prepared on the basis of the audit "Activities of the state and local authorities in supporting people with special needs", one on the activities of the state and one on those of local authorities.

Report of the National Audit Office to the Riigikogu Tallinn, 12 April 2024

Activities of the state in supporting people with special needs

What is the path to receiving assistance for adults with special needs?

Summary of audit results

Adult with special needs – a person aged 18 or older with (a) special need(s). Special needs mean a disability that constitutes the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person, which in conjunction with different dispositional and environmental obstacles prevents a person from participating in social life on equal bases with others.

The report covers all special needs, regardless of whether they had been identified by the Social Insurance Board or not.

Access to assistance has not been organised for adults with special needs in a way that takes into account their needs and dignity. The organisation of access to social welfare assistance is focused on the healthcare, social welfare and work capability systems. Receiving assistance requires persons to have a thorough knowledge of the organisation of social welfare.

The Ministry of Social Affairs should reorganise social welfare such as to focus on the person, not the system. This means that persons should be supported on their path to receiving needs-based assistance quickly and seamlessly.

Main findings of the report

- **The state has abandoned the person on the path to assistance and does not help them navigate the measures offered by the state and local authorities or give advice on how to receive needs-based assistance in the shortest possible time.** If a person does not have a thorough knowledge of what measures are available, they might miss out.

- **The system for accessing social welfare assistance does not form a logical whole, making it difficult and inefficient for people to receive assistance.** The system of provision of assistance is so fragmented that it is not possible for a person requiring assistance to remain in one system for receiving the support they need, and the length of the path of a person towards assistance depends on how well they are aware of the organisation of social welfare assistance. Services with similar names are offered on different conditions and to partly overlapping target groups from three different systems.

- **In order to receive benefits and services, a person has to have their situation assessed repeatedly, but this does not mean that the support offered to them is more tailored to their needs**. Rather, the assessment carried out in the course of organisation of assistance focuses on whether the situation of a person makes them eligible for the support or service. In addition to enduring multiple assessments and submitting different applications for assistance, the person is unable to reuse the data already submitted to the state at the

local authority level. Repeatedly describing one's situation and filing several applications does not constitute dignified treatment of a person.

- **The system of provision of social welfare assistance is so fragmented that even the persons assessing the need for assistance or the providers of assistance services do not have a coherent view of the actual needs of the person in need and the measures already in place.** Technical solutions do not support the provision of appropriate assistance.

- **The Ministry of Social Affairs is currently planning a number of minor changes to social welfare, but has not undertaken any reforms that would help reorganise the system.** For example, a case coordinator – a trained specialist – could help people navigate their path to assistance, assume responsibility for organising assessments and services for the person in need, and hold all the relevant information. The path would also be shortened by merging two similar and parallel systems, namely the assessment of work capacity and establishment of disability, into a single assessment of functional capacity.

  In its response, the **Ministry of Social Affairs** noted that many of the problems and proposals highlighted in the report of the National Audit Office are included in the Welfare Development Plan 2023–2030, on the basis of which the Ministry has already implemented or is in the process of implementing many solutions to support people with special needs. The most significant pending reforms include the creation of a system of need-based rehabilitation services, the integration of technical aids and medical devices, the development of a model for multi-level integration and cooperation between the social and health sectors, and the digitisation of the tool for the assessment of the need for assistance together with improved data exchange. In addition, the Ministry is planning changes to the principles of establishment of disabilities and assessment of work capacity to create a single support system for working-age people with special needs. It is therefore good to see that the findings of the National Audit Office support the significant changes being implemented within this field.

  The solution proposed in the audit to create the function of a case coordinator is not envisaged by the Ministry of Social Affairs, as the aim is to simplify systems for the individual, and therefore the proposed solution does not support the pending efforts. The Ministry also emphasised that case management as a working method is one of the basic principles of social welfare assistance provision and a standard part of modern social work.

  Comment of the National Audit Office: Although case management is an important principle in social work, this working method has so far failed to ensure that specialists at different levels and in different systems receive the necessary information about the needs of a person and the assistance they have been provided so far. Special attention must therefore be paid to supporting a person on their path to assistance, rather than merely facilitating the internal functioning of systems.

In its response, the **Social Insurance Board** noted that the services for persons with special needs organised by the Board are, in the current legal framework, based on the declaration of will (application) of a person and their consent to the processing of their data. When a person contacts the Social Insurance Board, the latter will seek to ensure that they receive all the help and information they need.

The system is fragmented between different state authorities and local authorities, i.e. different authorities at the national and local authority levels provide different services. It is very difficult for a person requiring assistance to have a complete overview. It must be further taken into consideration that the need for assistance of persons and the resulting need for services and benefits varies and changes over time, i.e. a person may move between different services and institutions. The Board emphasised that arising from legislation, not all assessments carried out in respect of a person are visible to all parties concerned due to data protection restrictions.

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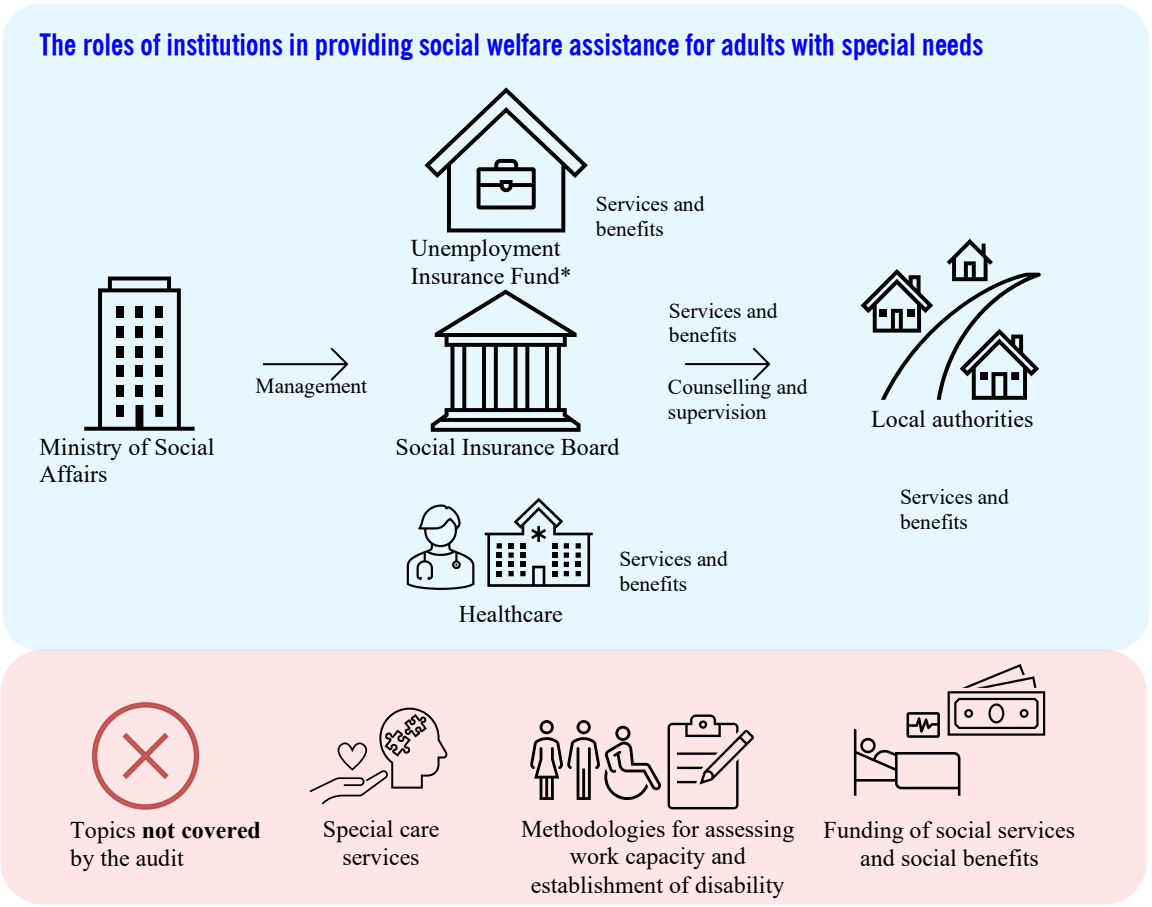
Scope of audit



* In July 2023, the Unemployment Insurance Fund was transferred from the area of administration of the Ministry of Social Affairs

Adult with special needs – a person aged 18 or older with (a) special need(s). Special needs mean a disability that constitutes the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person, which in conjunction with different dispositional and environmental obstacles prevents a person from participating in social life on equal bases with others. The report covers all special needs, regardless of whether they had been identified by the Social Insurance Board or not.

1. Two reports were prepared on the basis of the audit "Activities of the state and local authorities in supporting people with special needs", one on the activities of the state and one on those of local authorities. In its report on the activities of the state, the National Audit Office focuses on the path of adults with special needs for receiving social welfare assistance.

2. Although the focus of the report is on the activities of the state (the Ministry of Social Affairs, as well as the Social Insurance Board, the Estonian Unemployment Insurance Fund, and other parties), the activities and positions of local authorities are also reflected in the relevant sections where the spheres of responsibility of the state and local authorities meet.

Whereas

full respect for human dignity requires that a person should not be subjected to such extreme material deprivation that they are unable to meet their most basic needs (e.g. shelter, food, clothing and washing) and which may harm their physical or mental health or place them in a degrading situation.

Source: Annotated Edition of the Constitution, clause 19 of § 10

Whereas

- **the definition of people with special needs is broader than that of people with disabilities.** There are no precise statistics on people with special needs, but the number of people with disabilities and people with reduced capacity for work provides an indication of their number;
- **there were 108,727 adults with disabilities in Estonia as of 2023;**
- **as of November 2023, there were 93,511 people with reduced capacity for work in Estonia.** 40% of them had no capacity for work.

Sources: Estonian Chamber of People with Disabilities and Unemployment Insurance Fund

3. The National Audit Office investigated whether receiving of assistance by a person has been integrated into a comprehensive support system that takes into consideration the needs and dignity of the person. The report reflects the paths of a person to rehabilitation and receipt of a technical aid with state support. First, the report introduces three systems (healthcare, capacity for work and social welfare) that a person may encounter on their path to assistance.

4. The report did not focus on the provision of social support for persons with mental disorders, i.e. the part of the assistance of the state organised by means of special care services as provided in the Social Welfare Act. Furthermore, nursing care financed by the Health Insurance Fund was not included in the report.

5. In order to find out whether there are any obstacles on the path to receiving assistance and what these obstacles are, the National Audit Office interviewed the following state authorities: the Ministry of Social Affairs, the Social Insurance Board, and the Office of the Chancellor of Justice. In addition, the National Audit Office submitted clarifying questions to the Ministry of Social Affairs in writing. The National Audit Office met with representatives of the Estonian Chamber of People with Disabilities and representatives of the non-profit association MTÜ Händikäpp – representative organisations of persons with special needs.

6. The National Audit Office conducted interviews with six local authorities and the representative organisation of local authorities, the Association of Estonian Cities and Municipalities. The National Audit Office conducted an online survey involving the remaining local authorities.

Overview of provision of social welfare assistance: the path of a person to assistance is long and difficult

7. A person with special needs comes into contact with the healthcare, social welfare and work capability systems at both state and local authority levels along the path to assistance. A person can begin the path to the assistance they require from their local authority, but for state-organised support (e.g. technical aid or rehabilitation), they must also contact the Estonian Unemployment Insurance Fund or the Social Insurance Board, or both. In these instances, people also need to contact healthcare professionals.

8. The path to social welfare assistance need not necessarily begin at a single certain institution (e.g. a local authority), and the length of the path for a person towards assistance will depend on how well they know the social welfare system in order to be provided needs-based assistance in the least possible time. The following sections describe the paths to assistance through three state systems and the obstacles people face along these paths.

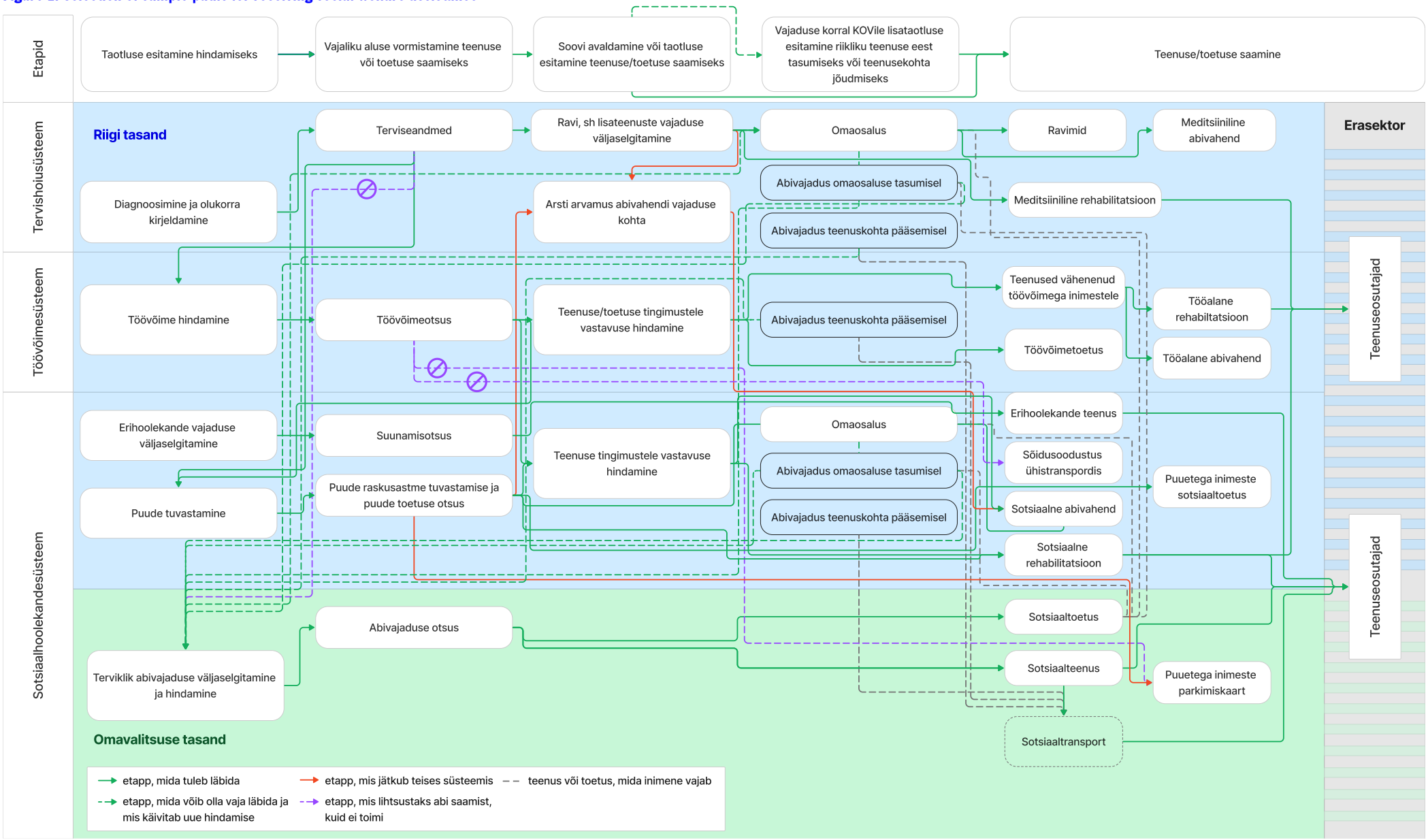
9. To illustrate the complexity of moving between the systems, Figure 1 provides an overview of the possible sample paths to social welfare assistance. The map of the paths does not reflect all the services in the

social welfare system, but shows a selection of the services where it is not possible for a person to remain in just one system.

Social technical aid – a technical aid within the meaning of subsection 48 (1) of the Social Welfare Act. As the audit covers medical devices and medical technical aids as well as occupational technical aids, the term social technical aid has been used in the report for the sake of clarity.

For example, to receive a parking card for persons with disabilities, one needs to go through the healthcare system, the disability establishment system, and finally, the physical parking card can be obtained at the local authority. In order to receive a social technical aid, one needs to first go through the healthcare system and then the disability establishment or work capability assessment system. After that, one must return to the healthcare system to request a certificate of suitability for the technical aid from a healthcare professional. If a person has difficulties paying their own contribution for the technical aid, they are able to apply for social benefits from the local authority.

Figure 1. Selection of sample paths for receiving social welfare assistance



Source: National Audit Office, on the basis of legislation and information gathered during the audit

Contact with the healthcare system is essential but may remain inaccessible for vulnerable groups despite local authority support

Contact of person with healthcare system

10. The healthcare system does not merely diagnose diseases and treat people; it also provides support services (such as medical rehabilitation) and enables access to medical devices. A person can contact a healthcare professional without first undergoing an assessment of their capacity for work by the Unemployment Insurance Fund or the establishment of a disability by the Social Insurance Board. A person with health problems is likely to address the healthcare system first on their path.

Established disability means that the person has been issued a valid disability decision by the Social Insurance Board.

11. Whether or not a person has valid health insurance is a decisive factor in receiving assistance from the healthcare system, as the Health Insurance Fund pays the costs of treatment for people with health insurance. Generally, people in respect of whom social tax has been paid are insured. People in respect of whom social tax is not paid but who are covered with health insurance include, for example, recipients of state pension and people with partial or no capacity for work.[1] Equivalent protection does not apply to people with an established disability.

12. People with special needs have to enter the social welfare system through the healthcare system for the assessment of capacity for work and establishment of disability whereas capacity for work is assessed on the basis of medical records up to six months old.[2] If a person of working age has a persistent diagnosis (but not a condition that precludes capacity for work) and their condition does not change during their lifetime, complying with this requirement can be unnecessarily burdensome for the healthcare system in certain situations.

> This is the case, for example, when the family physician of a person has changed. People with a persistent diagnosis must describe their health condition to a doctor and request that the Health Information System make an entry with specific information on how their diagnosis prevents or renders it difficult for them to participate in society. In other words, the doctor does not assess the obstacles arising from the condition of the person – instead, the person describes them and the doctor enters the respective obstacles in the system.

[1] Health Insurance Act, subsection 5 (4).

[2] Work Ability Allowance Act, subsection 6 (4).

Whereas

pursuant to § 19 of the Constitution, all people have the right to free self-realisation and this is strongly linked to the protection of human dignity. Upon the performance of social work, it shall be taken into consideration that the assessment and provision of assistance must not violate the protection of human dignity. If a person wishes to live in conditions to which others are not accustomed, they must be allowed to do so. However, a person in need must not be left without assistance, and the desire to live in unusual conditions may arise due to health reasons.

13. If a person requires assistance with transport in order to visit a doctor, they must contact the local authority. The local authority will assess the need for assistance of the person and can then provide them with needs-based services[3], such as social transport service for visiting a doctor in order to initiate the process of assessment of capacity for work and establishment of disability.

14. People who are unable to understand their own need for assistance due to health reasons and refuse the assistance provided by the local authority are in a worse situation.[4] In such cases, motivating a person to accept assistance is a slow process and it could take years before they are ready for it. The organisation of healthcare does not provide for doctors to assist local authorities in assessing the situation of a person in their place of residence. However, if healthcare professionals indeed do so, it is rather regarded as an exception to the rule that arises from personal responsibility, i.e. they are not required to assist the local authority in assessing the need for assistance.

15. Obstacles to receiving assistance arise when a person needs individual services provided by both the social welfare and healthcare systems at the same time and within a short period of time. The family physician therapy fund is available in the healthcare system for individual services, but there are issues with the use of the resources in the therapy fund and people may miss out on services as a result.[5] A family physician is able to refer the person to a medical specialist who will write a referral for receiving the service, but due to the long treatment queues, the need for assistance of the person may become significantly more acute during this time.[6]

16. If the need for assistance of a person becomes more severe, they may require public services (e.g. occupational or social rehabilitation), which are conditional on a reduced capacity for work or an established disability. However, the establishment of a disability or an assessment of capacity for work may not be appropriate for a person because of the short-term nature of their health problem.

17. **Observations of the National Audit Office:** if a person is not willing to acknowledge their need for assistance or is unable to comprehend it due to health reasons, they may miss out on a number of public services and benefits. The issue of refusal of assistance may remain in the overlapping areas of healthcare and social welfare systems in these instances, where the local authority is tasked with helping the person, but the person may actually require a service or benefit from the state. In order to qualify for the aforesaid, one first requires recent medical data, a disability decision or a mental disorder diagnosis. Therefore, a solution must be found at a higher level of governance to

[3] Social Welfare Act, subsection 15 (1).

[4] A similar conclusion was reached in the 2023 study "Mapping and analysis of practices in other countries for providing support to persons with comorbid conditions in Estonia" (pp 25-26), carried out by Haap Consult for the Estonian Institute for Health Development.

[5] "Millions of euros not withdrawn from therapy fund due to underspending", ERR, 23.10.2023.

[6] "Assessing the need for assistance of adults with special needs and providing support services", Praxis, 2021, pp. 46-47.

shorten the path to assistance for people who do not comprehend their need for assistance and to provide the related support to local authorities.

Response of the Ministry of Social Affairs: The Social Welfare Act (§ 13) provides that the family members of a person in need of assistance, judges, the police, prosecutors, employees of social welfare, healthcare and educational institutions and other persons are required to give notice of the person or family in need of social welfare to the local authority of the place of stay of the person or family. In order to reach a point where the person accepts assistance, the social worker or case coordinator of the local authority needs to engage with the person in need and their network on a long-term and consistent basis. Many of the developments mentioned above support the objective of ensuring that people receive needs-based assistance, regardless of the organiser or provider of the service, by applying the principles of case management.

Contact of person with work capability system

Person of working age – a person between the age of 16 and the pensionable age is a person of working age. For the purposes of the audit, persons of working age comprise adults aged 18 to the pensionable age.

Whereas

a person must have visited their family physician, the medical specialist who is mainly treating the person or an occupational health doctor within six months before the submission of an application for assessment of capacity for work.

Source: Work Ability Allowance Act, subsection 6 (4).

The work capability system provides working-related support for persons of working age with special needs, but does not exclude the need for contact with the social welfare system

18. As of 2016, Estonia has been using a system of work capacity support[7], through which all people of working age are able to have their capacity for work assessed by the Unemployment Insurance Fund. For this purpose, the person must visit a doctor beforehand, i.e. they need to come into contact with the healthcare system.

19. The Unemployment Insurance Fund shall make a decision concerning the assessment of capacity for work within 30 working days as of receipt of the application for assessment of capacity for work.[8] Capacity for work is assessed by a medical expert and there are three possible outcomes: the capacity for work of a person can be full, partial or absent (the last two groups together are hereinafter referred to as reduced capacity for work).

20. In the case of reduced capacity for work, the person is issued a plastic work capacity card, but its purpose has not been carefully considered. Although the website of the Unemployment Insurance Fund states that the card may be needed in particular to obtain benefits or discounts offered by the local authority or private companies, the work capacity card is not actually required by the local authority. The assessment of capacity for work must not constitute the grounds for the provision of social services by a local authority under the Social Welfare Act, as there is no basis for this in the Act. In addition, local authorities are able to examine the result of the work capacity decision in the Social Services and Benefits Register (STAR), if necessary.

21. The reduced capacity for work is the basis for receiving a work capacity allowance, which is intended to provide a person with an income.[9] Reduced capacity for work does not mean that a person is automatically entitled to a work capacity allowance. The allowance is paid to a person who meets the conditions for receiving a work capacity

[7] Transferred from the area of administration of the Ministry of Social Affairs into the area of administration of the Ministry of Economic Affairs and Communications in July 2023.

[8] Work Ability Allowance Act, subsection 9 (1).

[9] Work Ability Allowance Act, § 11.

allowance and the amount of the work capacity allowance in the case of reduced capacity for work depends on the income of the person.[10] The exact amount of the allowance can also be examined on the website of the Ministry of Social Affairs via a respective calculator.

Whereas

as of 2024, the occupational rehabilitation service has also been available to persons engaged in work who have no capacity for work. Before that, the occupational rehabilitation service was only intended for persons with partial capacity for work.

22. In addition to work capacity allowance, a person with reduced capacity for work is entitled to services for persons with reduced capacity for work of the Unemployment Insurance Fund. The need for these services is assessed and the decision on receiving them is made by a case manager of the Unemployment Insurance Fund. This means that after the assessment of capacity for work, the next step is to assess the person's need for services (motivation to participate in the service, not their state of health), if they have informed the Unemployment Insurance Fund of their wish to receive them.

23. The Unemployment Insurance Fund provides labour market services, i.e. services related to working. These services aim in particular to increase employment and maintaining employment. If a person requires other support services that are not related to working, they must seek assistance from the Social Insurance Board, the local authority, healthcare professionals, or all of the aforementioned.

24. It is easy for people who have been through the healthcare system and reached the work capability system to get confused as the services and support measures in the different systems have similar names, content and purpose. For example, rehabilitation services are divided into medical, occupational and social. Despite the similarities, the target group of the rehabilitation service and the content of the measure are different (see clauses 44-45).

25. Observations of the National Audit Office: the Unemployment Insurance Fund redirects holders of the work capacity card from its website to the database on the website of the Estonian Chamber of People with Disabilities, where it is possible to examine which institutions provide benefits or discounts. However, the database shows that most benefits or discounts are intended for people with an established disability. The purpose of the work capacity card should be carefully considered and information on the possibilities that the card provides should be more clearly communicated.

The social welfare system does not provide people with clear and sufficient information for making informed decisions

Contact of person with social welfare system

Social technical aid – a technical aid within the meaning of subsection 48 (1) of the Social Welfare Act. As the report covers medical devices and medical technical aids as well as occupational technical aids, the term social technical aid has been used for the sake of clarity.

26. In the social welfare system, the tasks of providing assistance are divided between the state and the local authority. The Social Insurance Board is in charge of establishment of disability and organisation of special care services, rehabilitation services and technical aid services. An established disability provides the basis for receiving benefits for disabled persons, social technical aid and social rehabilitation services.

27. People of working age are able to apply for establishment of disability together with an assessment of work capacity by submitting an application to the Unemployment Insurance Fund, which forwards the data needed for establishment of disability and the results of the

[10] Work Ability Allowance Act, §§ 12 and 13.

assessment of work capacity to the Social Insurance Board, where the establishment of disability then begins.[11][12] Although the Unemployment Insurance Fund and the Social Insurance Board assess largely the same areas of functional limitations, the Board bases its decision on the establishment of disability on key activities in a specific area.

Whereas

The Social Insurance Board will conduct establishment of disability for people of working age without an assessment by the Unemployment Insurance Fund if the person has only applied for establishment of disability.

> The Unemployment Insurance Fund and the Social Insurance Board both assess health data in seven areas. Out of the seven areas, only two are distinct, with key activities related to communication (e.g. hearing, vision, speech, exchange and receipt of information, appropriate behaviour in social situations, and other limitations).

28. The Ministry of Social Affairs explained that a simultaneous assessment by the Unemployment Insurance Fund and the Social Insurance Board is not reasonable in terms of the use of labour resources, and therefore a sequential assessment is necessary (i.e. the establishment of disability begins as soon as the assessment of work capacity ends).

29. Generally, people of working age submit an application for establishment of disability together with an application for assessment of work capacity to the Unemployment Insurance Fund, but it is also possible to apply only to the Social Insurance Board. In this case, the Board will notify the person of the decision on establishment of disability within 15 working days as of the date on which the assessment of the person's capacity for work is received by the Board from the Unemployment Insurance Fund.

30. Once the degree of severity of the disability has been established, the Social Insurance Board will send the person a disabled person's card by post and persons are able to examine the exact content of the decision in the self-service environment of the Board. In the interviews, local authorities noted that they are approached by people who need assistance with logging into the self-service environment of the Social Insurance Board and examining the disability decision. There are people who do not understand that they have to access the self-service environment of the Board to examine the disability decision. Likewise, the decisions themselves are often not clearly understandable to people.

31. Observations of the National Audit Office:

- Disability is established on the basis of the same health data as for the assessment of capacity for work. However, the disability is not established if the person does not give their specific consent when submitting the application. A person might not apply for establishment of disability because they are not aware that an established disability serves as the basis for receiving certain services or support measures. In fact, the state has all the required information concerning people of working age who are having their capacity for work assessed in order to establish their disability without an application. If a person has a disability, the Social Insurance Board

[11] Work Ability Allowance Act, clause 22^1 (1) 1).
[12] Social Benefits for Disabled Persons Act, § 2^4.

could provide them with information on what support measures they are eligible for.

- The Ministry of Social Affairs should analyse the feasibility of merging the systems of disability establishment and work capacity assessment, as suggested by the study "Macroeconomic impact assessment of the establishment and implementation of the work capacity support system" (see information box on the left). This would make a person's path to assistance clearer and shorter, and help the state save resources.

Response of the Ministry of Social Affairs:

- The Social Insurance Board and the Unemployment Insurance Fund use slightly different methodologies for establishing the degree of severity of disability and work capacity assessment, respectively, and the consent of the person for the use of their health data is requested by both institutions. In addition to the assessment of capacity for work, it is also possible to establish the degree of severity of disability if the person has made a joint application. The current regulations do not provide for automatic establishment of disability in the case of a work capacity assessment, which is why the application and consent of the person for both the work capacity assessment and establishment of disability are necessary, in order for everyone to be able to decide for themselves which services they want. We would add that, as far as we are aware, there are people who deliberately choose not to undergo both assessments. We agree, however, that the system should be designed to be clearer from the point of view of an individual, and that better informing of people about the available support measures is also essential.

- We agree with the substantive need for an analysis involving not only the Ministry of Social Affairs and the Social Insurance Board, but also the Ministry of Economic Affairs and Communications and the Estonian Unemployment Insurance Fund. We wish to initiate this analysis in 2025.

Response of the Social Insurance Board: This was also the expectation of the Social Committee. We are considering preparing a leaflet for people of working age on how to access social welfare services (as we have done for the target group of children). The Social Insurance Board has intended to develop a leaflet for adults with special needs in 2024, introducing the different possibilities for receiving assistance.

Whereas

In 2022, the final report of the "Macroeconomic impact assessment of the establishment and implementation of the work capacity support system" was published. It proposed to the Ministry of Social Affairs to analyse whether it is necessary to maintain the systems of establishment of disability and assessment of work capacity as parallel systems.

The study emphasised that the same health data are used for the establishment of disability and assessment of work capacity, there are similar grounds for assessment, and that a person is whole and has the same or similar coping at work and outside work.

The Ministry of Social Affairs agreed with the recommendation of the study that the feasibility of merging the disability establishment and work capacity assessment systems should be analysed. However, the Ministry was unable to tell the National Audit Office when the respective analysis would be included in its schedule.

Source: Macroeconomic impact assessment of the establishment and implementation of the work capacity support system, Centar, Praxis and Turu-uuringute AS (2022), p 305

The path to obtaining a technical aid is complex whereas its length depends on the awareness of a person and their financial means

32. Medical devices and other technical aids (hereinafter jointly referred to as technical aid) can be obtained with a state contribution through the healthcare, work capability and social welfare systems, as organised by the Health Insurance Fund, the Unemployment Insurance Fund and the Social Insurance Board.

33. The healthcare, social welfare and work capability systems offer technical aids to partly overlapping target groups, and it is difficult for

Path to technical aids

Whereas

In the first half of 2021, the pilot project "Provision of technical aids to people of working age with no disability or reduced capacity for work" took place, financed by the European Social Fund.

people to comprehend which institution to contact and under what conditions will the technical aid be reimbursed by the state.[13]

34. The Unemployment Insurance Fund provides work-related technical aids for people of working age with reduced capacity for work, which can be used free of charge until the termination of the employment relationship, but initially for no longer than three years. If the same technical aid needs to be used outside of work and for other purposes, it constitutes a social technical aid that supports everyday life, with the respective service organised by the Social Insurance Board.

Whereas

A further issue was described to the National Audit Office: often, the medical experts assessing a person's application or the attending physicians who come into contact with them are not aware of the technical aids used by persons with special needs. If a person is not aware of how to seek an opinion from a doctor concerning a particular technical aid, they could be deprived of the technical aid they require.

35. In order to be receive a technical aid via the Social Insurance Board, people of working age must have an established disability or reduced capacity for work (see exceptions on the left and the path in Figure 1 on page 6).[14] This means that the establishment of the degree of severity of disability or the assessment of the capacity for work lengthens the path to receiving, under favourable conditions, the technical aid that a person requires.

36. A person requiring a social technical aid must additionally consult a healthcare professional in order to establish the need for the technical aid.[15] The certificate for the social technical aid is issued by a specialist on paper, which the person must use when contacting the company selling the technical aid. A technical aid with state contribution can be purchased from companies that have entered into a respective contract with the Social Insurance Board.

37. Medical devices are reimbursed to persons with health insurance by the Health Insurance Fund. For this purpose, the doctor providing treatment will create a digital medical device card. The technical aid can be bought from a pharmacy or seller of medical devices.

Whereas

people of working age are able to receive, without the requirement of establishment of disability, breast, eye, hair, lower and upper limb prostheses and hearing aids and sound transmission systems, if they are diagnosed with a decrease in auditory ability of 30 decibels or more, with state contribution. In this case, a certificate from the healthcare system stating the need for the specific technical aid is sufficient.

Source: List of technical aids, conditions and procedure for deciding on the assumption by the state of the obligation to pay for technical aids and for granting exemptions, and data on the technical aid card, § 7[1]

38. When purchasing technical aids with state contribution, people have to pay their own contribution whose amount depends on the specific technical aid. The Health Insurance Fund reimburses medical devices at a discount rate of either 90% or 50% of the maximum price. The Social Insurance Board reimburses between 40% and 90% of the maximum price of the technical aid, including 95% of the maximum price of the technical aid for recipients of subsistence benefits.

39. If the person still lacks the money for purchasing the technical aid, they should contact the local authority (see Figure 1, page 6). The local authority can help a person pay for their contribution in the technical aid through social benefits.

40. The Ministry of Social Affairs has prepared a memorandum of intention to draw up a draft act on needs-based access to technical aids, which aims to provide people with access to technical aids with state contribution without prior establishment of disability and assessment of

[13] Memorandum of intention to draft an act amending the Social Welfare Act and other acts, 23-0734, p. 2.

[14] Social Welfare Act, clause 47 (1) 2)..

[15] List of technical aids, conditions and procedure for deciding on the assumption by the state of the obligation to pay for technical aids and for granting exemptions, and data on the technical aid card, subsection 2 (2).

work capacity. However, the system of medical and social technical aids is not harmonised with the proposed memorandum of intention.

41. In the medical and social technical aid systems, there is still a need to harmonise, for example, the formation of persons' own contribution and the possibilities to apply for exemptions. To this end, the Ministry plans to initiate the harmonisation of the systems of technical aids and medical devices.

42. The Ministry of Social Affairs is planning to complete the draft act on needs-based access to technical aids in 2024. The adoption of the draft act and its enactment into legislation is planned for 2025, as ensuring needs-based access to technical aids requires additional state budget resources.

43. **Observations of the National Audit Office:** it is up to the person requiring assistance to know the order of action and the system to turn to for receiving a technical aid. This situation will continue at least until the Social Welfare Act is amended. Additionally, if a person does not have enough money to pay their own contribution for the technical aid, they will have to contact the local authority for an additional one-off benefit. Therefore, the length of the path to a technical aid also depends on the financial means of the person.

Response of the Ministry of Social Affairs: In case of need for a technical aid or a medical device, the person does not have to contact the Social Insurance Board or the Health Insurance Fund separately, as the need for a technical aid or a medical device are both identified by the healthcare system which the person contacts due to their health problem. The healthcare system will issue a certificate for either a technical aid or a medical device, respectively, and the person will be able to use it when contacting a company (including a pharmacy). The system automatically calculates the state contribution.

The Social Insurance Board will verify, in the case of every technical aid transaction, whether the person or their family has been paid subsistence benefits, and will automatically reduce the own contribution for the technical aid to 5% in this instance. If a person does not receive subsistence benefits but does not have the means to pay their own contribution, they are able to submit a special application on the basis of which the Social Insurance Board will also reduce the own contribution of the person in justified cases.

In order to speed up the path of the person in obtaining the required technical aid, a draft law will be prepared in 2024, under which it will be possible for people without a degree of severity of disability or reduced capacity for work to obtain technical aids with state contribution. Additionally, the Ministry of Social Affairs will, in cooperation with the Social Insurance Board and the Health Insurance Fund, prepare a memorandum of intention to draft an act in 2024 with the aim of integrating the systems of technical aids and medical devices.

Path to rehabilitation service

A person is assessed repeatedly on the rehabilitation service path, but this does not guarantee that the service is adapted to their actual needs

Whereas

as of 2024, the occupational rehabilitation service has also been available to persons engaged in work who have no capacity for work. Before that, the service was intended for persons engaged in work with partial capacity for work or unemployed persons.

At present, a decision on the degree of severity of disability is required for all age groups in order to receive social rehabilitation services. By way of exception, from 2020, adults are able to receive the service without the establishment of the degree of severity of disability if they are diagnosed with first-episode psychosis and the medical team has identified a need for assistance.

Whereas

If a need for rehabilitation is identified, the Social Insurance Board issues a decision on the assumption of the payment obligation within 40 days, allowing the person to choose between service providers, with the funds transferred alongside the person.

Source: Social Welfare Act, subsection 63 (1).

Service users need more information on how much the service they are being assigned will cost, to what extent will they be able to use the funds and how often (i.e. how many times a year) will they receive the service.

Source: "Development of a methodology for performance evaluation of social rehabilitation services and performance evaluation for the Social Insurance Board", Centre for Applied Social Sciences, University of Tartu, (2021), p. 119.

44. Rehabilitation is a complex service, i.e. a person needs more than one service due to their state of health and functional limitations. If the need for the service is not related to restoring or maintaining functional capacity, the person must receive support from other services in the social sector.

45. Rehabilitation services are divided into different systems (see Figure 1, page 6). Medical rehabilitation (rehabilitation therapy) is part of the healthcare system. Social rehabilitation is part of the social welfare system and the service is organised by the Social Insurance Board. Occupational rehabilitation is part of the work capability system and the service is organised by the Unemployment Insurance Fund.

46. The need for occupational and social rehabilitation is assessed by a case manager or a service consultant in each of the two institutions after an assessment of the person's capacity for work or the establishment of a disability has been conducted and the person has expressed their respective wish. The assessment of the need for the service is followed by an assessment by the service provider in order to draw up an activity plan. According to users of the social rehabilitation service, the preparation of an activity plan can sometimes take longer than the duration of the service for the user.[16] These successive assessments do not guarantee that the rehabilitation service is adapted to actual needs of the person.

47. Although the Unemployment Insurance Fund has established an obligation for the occupational rehabilitation provider to plan the service on the basis of the assessment of capacity for work and the assessment of the case manager since May 2023, occupational rehabilitation interventions do not sufficiently address the limitations on the capacity for work of a person and are not conducted in the working environment of the person.[17] However, the assessments of the case manager of the Social Insurance Board and the service provider are still not linked,[18] making it doubtful whether the services provided meet the actual requirements of the persons and are not merely based on the capacity of the service provider.

48. Furthermore, the time taken for the assessments is a problem, as during this time, the person is not receiving any services. It should also be taken into consideration that since social rehabilitation cannot be received at the same time as occupational rehabilitation, the person must know themselves which system to use in order to apply for the service.

49. The Ministry of Social Affairs is aware of these and other restrictions on access to the service. The Ministry sent a separate memorandum of intention for the creation of a rehabilitation system tailored to the needs of people for formal approval in November 2023. The Ministry proposes the organisation of the provision of support services in case of a need for

[16] "Development of a methodology for performance evaluation of social rehabilitation services and performance evaluation for the Social Insurance Board", Centre for Applied Social Sciences, University of Tartu, (2021), p. 118.

[17] Memorandum of intention to draft an act amending the Social Welfare Act and other acts with the aim of creating a rehabilitation system tailored to the needs of people, 23-1573, p. 1.

[18] Memorandum of intention to draft an act amending the Social Welfare Act and other acts with the aim of creating a rehabilitation system tailored to the needs of people, 23-1573, p. 10.

assistance due to health problems via the healthcare system by increasing the volume of healthcare services with the current budget for rehabilitation services. In addition, the Ministry plans to include promotion and prevention services and psychosocial services among healthcare services.

50. **Observations of the National Audit Office:** the creation of a rehabilitation system tailored to the needs of people is planned to be achieved by 2026 or 2027. This means that the creation of the system is still a few years away. Until then, the receipt of a service by a person is a long process. Additionally, if a person needs help to understand which system to go through to apply for a service and they have not contacted a local authority, they do not have anyone to advise them. Contacting a local authority will result in additional time spent.

Response of the Ministry of Social Affairs: The Ministry sent a memorandum of intention for the creation of a rehabilitation system tailored to the needs of people for approval in November 2023. We agree that major and fundamental changes to the system will take time, but point out that changes have been made to the rehabilitation system in the past to simplify the path of a person towards assistance (e.g. a person with first-episode psychosis can access the social rehabilitation service with an assessment by a medical team). There have also been changes in the area of health, e.g. as of 01.10.2023, physiotherapists, clinical psychologists and speech therapists are able to provide services independently, which allows more people to access services. Regular consultation on applying for the service is provided by both the Social Insurance Board and the Unemployment Insurance Fund.

Response of the Social Insurance Board: In the Social Insurance Board, information is provided by service advisers, chief specialists and the victim support coordinator.

We would like to leave the impression that the person should indeed first contact the local authority or healthcare with their concern, i.e. the first contact level – where the first contact must provide assistance with so-called individual services. A person should only access social rehabilitation services if and when they are in a situation where first contact assistance is not sufficient, or where they have a truly complex necessity for services. What is the basis for the statement that the person does not contact the local authority? What is the reason? Is it that they will not receive assistance from there in the first place, or are they ashamed to? How can contacting a local authority be an extra time-consuming process when it is the first and closest authority providing assistance to the person? In addition, education support services must be more accessible. In parallel with the 'new system' in development, service bottlenecks will also be improved before 2026.

The Social Insurance Board is planning to update the information on the website, including a simpler and more logical structure.

Receiving assistance from the local authority after an assessment of their capacity for work and the establishment of their disability has been rendered unnecessarily burdensome

51. Representative organisations of people with disabilities are of the opinion that the long path towards verifying their need for assistance and receiving needs-based services is one of the main problems. Although the needs for assistance of persons are repeatedly assessed by representatives of different systems, state assessments do not reveal the need for services. In other words, a decision on incapacity for work or establishment of disability does not indicate the services that a person may need.

52. At present, no institution has a complete overview of the need for assistance of a person[19] and the services provided to them. As a result, people are not always given completely relevant assistance when it comes to how and in what order they should move through the different systems in order to receive assistance. One solution could be to create the function of a case coordinator, as proposed by Praxis in its 2021 report.

Case coordinator – a person who would assume responsibility for organising assessments and services for the person in need, hold all the relevant information and who would have completed a training event or training course organised by the state. This would be a new role in the social welfare system.

53. The idea of establishment of a case coordinator is wider-ranging than the current provision of assistance based on the principle of case management as described in the Social Welfare Act. The Ministry of Social Affairs explained to the National Audit Office that case management is a normal part of modern social work and that there are effective legal grounds[20] as well as case management guidelines for this activity. However, the Ministry admitted that case management is not widely used as a method.

Exchange of data between state and local authority

54. If a person also requires assistance from the local authority to receive public services, they must provide the same information that the state already has to describe their need for assistance. For example, a person may require assistance for contacting a rehabilitation service provider or paying their own contribution for a technical aid, and in these instances, it is the obligation of the local authority to provide assistance.

55. The local authority is obliged to assess the need for assistance of a person as a whole and may need the same information that the person has provided to the state when assessing their capacity for work and/or the establishment of disability. The local authority cannot use the data even if the person contacts the local authority for assistance at their own initiative and gives the local authority consent to use their data. The person must provide the respective data to the local authority themselves.

Whereas

as of February 2023, local authorities receive information from the Social Insurance Board concerning the disability decision of an adult via STAR when they make an enquiry about the person during the assessment of need for assistance.

56. The health data used for the assessment of capacity for work and for establishment of disability are a special category of personal data and there must be a justified need to make them available.

57. A local government official will be able to make an enquiry through the Social Services and Benefits Register (STAR) to examine the current assessment of capacity for work and decision on establishment of disability after the person has applied to the local authority for assistance or the local authority has been informed of a person in need of assistance.

[19] "Assessing the need for assistance of adults with special needs and providing support services", Praxis, 2021, p. 8.
[20] Social Welfare Act, § 9.

A local government official has access to a part of the content of the decision, containing the information on the result of the work capacity assessment or the type, degree of severity and period of the disability.

58. Automated data exchange between the state and the local authority does not usually take place in case of adults. Through STAR, the local authority can only receive an automated notice if a profound disability has been established for the adult by the Social Insurance Board. Local authorities are also able to obtain data on people with severe and moderate disability.

59. According to the Ministry of Social Affairs, adults with profound disability are likely to have the highest need of assistance among people with disabilities, which is why their decisions are automatically sent to the local authority. It is then up to the local authority to determine the actual need for assistance of the person.[21]

60. Interviews with local authorities revealed that they do not feel that the current system supports local authorities in identifying the need for assistance. Seeing the precise information on the functional limitations underlying the decision on establishment of disability or work capacity decision of the person would help them more than automated data exchange. At present, local authorities only see a list of functional abnormalities (e.g. mobility and visual function abnormalities). Local authorities do not see more detailed information on the nature of the disability, as it contains health data. Changing this situation would require an amendment of legislation.

61. The Ministry of Social Affairs pointed out to the National Audit Office that in order to implement the change, it would be necessary to harmonise the data in the registers used by the state and local authorities so that the exchange of information would be feasible. The plans of the Ministry include a development of STAR, which will allow local authorities to carry out an initial assessment of the need for assistance in STAR.

62. This STAR development is planned to be completed in 2024. The aim of the upcoming innovation is to make the data on the establishment of disability of a person or the assessment of their work capacity available to the local authorities through the pre-completion of the assessment tool by the system. The exact data content of the planned development has not yet been decided.

63. **Observations of the National Audit Office:** the data necessary for the assessment of the need for assistance can be made available to the local authority even before the planned IT developments are completed. It would be sufficient if the local authority were to submit a written request to the Social Insurance Board or the Unemployment Insurance Fund with the consent of the person, and the necessary information would be transmitted to a local government official via another secure channel (for example, by encrypted e-mail). This solution would place somewhat of a burden on the labour force of institutions, but at the same time, a local

[21] Social Welfare Act, subsection 15[1] (2).

government official currently has to ask a person for information that they have already provided. This violates human dignity.

Response of the Ministry of Social Affairs: We agree that this option is theoretically possible, and to our knowledge, it is currently being used by local authorities. However, this solution constitutes burdensome and additional work for local authorities; therefore, both legal amendments and IT developments are needed. An additional burden for local authorities is the need to collect the consent of the person, preserve it and make enquiries to other authorities and prove the consent of the person to such enquiries. Furthermore, the person can withdraw consent at any time, which means that all the related data must be deleted.

People with special needs are treated differently depending on the system they have passed through or the region they live in

64. At present, state discounts and benefits depend on the type and degree of severity of disability, and this distinction places people requiring assistance in an unequal position. For example, according to the Public Transport Act, travel fare concessions due to special needs can only be proven by documents that include details of the degree of severity and duration of the disability.[22] Therefore, persons in respect of whom only their capacity for work has been assessed but who would also qualify for travel fare concessions arising from their functional impairment are not eligible.

Whereas

under the Road Traffic Act, the organisation of road mobility of people with mobility disability and blind people and parking of vehicles servicing such people has been made the responsibility of the local authority. However, according to the Road Traffic Act, a parking card is required in order to park in a parking space designated for disabled people. The local authority may issue a parking card to a person who has been diagnosed by the Social Insurance Board as having a mobility or visual impairment corresponding to the degree of severity of a moderate, severe or profound disability.

65. People with special needs have problems with obtaining the right to park a vehicle in a parking space designated for disabled people. The Form and conditions for issuing parking cards established by a regulation of the Minister of Social Affairs has been in force since 2013 and has become outdated. The conditions for issuing a parking card do not take into account a mobility or visual impairment established only through the work capability system, and the local authority cannot issue a parking card to a person on the basis of a work capacity decision.

66. The regulation of the Minister of Social Affairs differs from the general principle of the Social Welfare Act, where the local authority does not have to proceed from the degree of severity of the disability, but must assess and provide support based on the needs of the person.[23] However, the regulation imposes restrictions on the issuing of parking cards.[24] If a person has not had their disability established, they are able to request a certificate from a doctor so that the local authority can issue a temporary parking card for six months, which can be extended for a further six months, also on the basis of a doctor's certificate.

67. For the person, the current organisation of issuing of parking cards means that they have to go through several institutions. Although the Social Insurance Board assesses the situation of the person (i.e. the type and degree of severity of disability), they need to contact the local authority for assessment of eligibility and obtaining a parking card.

[22] Public Transport Act, subsection 32 (3)

[23] Social Welfare Act, clause 3 (1) 1).

[24] Form and conditions of issue of parking cards for vehicles servicing persons with a mobility impairment or blind persons, subsection 3 (3).

68. **Observations of the National Audit Office:** if a person has only had their capacity for work assessed due to lack of knowledge, they need a medical certificate for a parking card. Unnecessary burden on both the healthcare and social welfare systems, and the need for people to contact several institutions, could be avoided if, for example, a disabled person were to have their mobility or visual impairment marked on their disability or work capacity card, which could also be used to verify parking rights.

Response of the Ministry of Social Affairs: The majority of people of working age submit a joint application for both the assessment of work capacity and establishment of the degree of severity of disability (in 2023, there were 48,439 applications for an assessment of capacity for work, of which 33,133 were joint applications for both establishment of disability and assessment of work capacity). A disabled person's card already indicates the type of disability if the person is established as visually impaired or mobility impaired, which are the same types of disability that serve as the basis for issuing a parking card.

The issue of a parking card on the basis of a medical certificate is intended for temporary mobility or visual impairment. In this case, the parking card is issued for a period of six months, with the possibility of one renewal for a further six months. However, we wish to amend Regulation No. 90 of the Minister of Social Affairs this year, as it contains the requirement, in addition to the establishment of the disability of children and people of pensionable age, to submit a report from a family physician or a medical specialist on the impairment of visual or mobility function to the local authority when applying for a parking card, which has become unnecessary by now.

On 16.02.2024, a unanimous agreement in principle was reached on the directive on the European Disability Card and the European Parking Card for persons with disabilities. The directive will introduce a single format for both the disability card and the parking card in the Member States. The grounds for issuing the card are left to the discretion of the Member States, but there is an obligation to issue two different cards. During the public consultation, the possibility of combining the two cards was also discussed, but it was not considered reasonable, as the target groups are not the same and the purposes of the cards are different (the disabled person's card is carried as proof of benefits and discounts whereas the parking card is left inside the car for display). The transposition of the directive will allow an analysis of whether the current grounds for issuing parking cards are sufficient or need to be amended.

Comment of the National Audit Office: When reconsidering the grounds for issuing parking cards, it should be ensured that people with the same functional impairment have the same rights. Currently, a parking card cannot be issued by a local authority to people who only have a mobility or visual impairment established through the work capability system.

Identification of need for assistance by the local authority

69. Although most local authorities claim that they consider the need for assistance of a person as a whole, the practice of identifying the need for assistance is not uniform across local authorities. A survey of local authorities conducted in the course of the audit of the National Audit

Office revealed that the majority of local authorities (83%) use some form of assessment tool for identifying the need for assistance.

70. The most common assessment tool (74%) is an assessment tool developed by the local authority itself. This means that the indicators and metrics established for identifying the need for assistance differ between local authorities, and the method used by the local authority for identifying the need for assistance plays a role in the path of the person.

71. The use of the same assessment tools across all local authorities would contribute to harmonising practice. From 2021, the Social Insurance Board has indeed offered local authorities a universal tool for assessing assistance and support needs, with a methodological guide. However, more than half of the respondents (57%) had not used this assessment tool at the time of the survey. The main criticism is that the assessment tool is inconvenient to use due to the lack of a proper technical solution.

72. In order to ensure that the access of a person to assistance does not depend on their place of residence, the Social Welfare Act sets out mandatory services that local authorities must provide. Nevertheless, interviews and the survey revealed that some local authorities are struggling to provide these services. It is particularly difficult for people who live and work in different local authorities and need social services in both to access needs-based assistance.

73. In addition, the way in which fees for social services, exemptions from fees and social benefits are organised depends on the place of residence of the person. When charging fees for social services, local authorities have to consider the financial situation of the person and their family, and the amount of the fee charged must not restrict the receipt of services.[25]

74. As one of the practices in the instances where a person does not have the funds for paying their own contribution, local authorities attempt to determine whether the person also qualifies for a subsistence benefit. In such case, some local authorities also request the person to fill in a subsistence benefit application.

75. The National Audit Office is of the opinion that the assessment of the need for assistance of a person must be comprehensive, i.e. it must already include an assessment of whether and to what extent the person is able to pay for social services. When a separate application or motion is required by the person for exemption from the fee of a social service, it prolongs the path towards receiving assistance and undermines the dignity of the person in need of assistance, as they have to prove their need for assistance several times.

Whereas

51% of the local authorities surveyed by the National Audit Office noted that they have a service provider available for all services or have a cooperation agreement with another local authority. However, if they had to start providing a service for a new person, only 30% of respondents said that they would have a service provider available for all services. The survey indicated that the most pressing issues for local authorities are the provision of personal assistant and support person services.

Whereas

a majority of local authorities (around 90%) require an applicant for subsistence benefits to provide information that is not used at all or not used as requested. For example, income and expenditure must be disclosed in detail in the application. In practice, however, the local authority obtains most of the information on the income required for calculating the benefit via data queries from national databases (78% of the income records) and, for expenditure, it relies on the invoices attached to the application.

Source: Management of subsistence benefit as national social assistance, audit of the National Audit Office, 2023, p. 2.

[25] Social Welfare Act, subsections 16 (2) and (3).

/digitally signed/

Ines Metsalu-Nurminen
Director of Audit, Audit Department

Observations of the National Audit Office and responses of the auditees

The National Audit Office made a number of observations on the basis of the audit. The Minister of Social Affairs and the Director General of the Social Insurance Board sent their responses to the observations made by the National Audit Office on 25.03.2024 and 02.04.2024, respectively.

General comments of the Minister of Social Affairs on the audit report	
Response of the Ministry of Social Affairs: Many of the problems and proposals highlighted in the report of the National Audit Office are included in the "Welfare Development Plan 2023–2030", on the basis of which the Ministry of Social Affairs has already implemented or is in the process of implementing several solutions to support people with special needs. The most significant pending reforms include, for example, the creation of a system of need-based rehabilitation services, the integration of technical aids and medical devices, the development of a model for multi-level integration and cooperation between the social and health sectors, and the digitisation of the tool for the assessment of the need for assistance together with improved data exchange. In addition, we are planning changes to the principles of establishment of disabilities and assessment of capacity for work to create a single support system for people of working age with special needs. It is therefore good to see that the findings of the National Audit Office support our significant changes being implemented within this field. Below are the responses to the observations presented in the reports on the activities of the state and local authorities. There were no proposals to the Ministry of Social Affairs or the Minister of Social Protection in the report on the activities of the state to which the National Audit Office Act required a written reply. Therefore, below are the replies to the observations concerning the Ministry of Social Affairs, but not to the observations concerning the field of work (including the assessment of capacity for work), which falls under the area of administration of the Ministry of Economic Affairs and Communications.	
Observation of the National Audit Office	**Explanation of Minister of Social Affairs**
The state has abandoned the person on the path to assistance and does not help them navigate the measures offered by the state and local authority or give advice on how to receive needs-based assistance in the shortest possible time.	We have, in the "Welfare Development Plan 2023–2030", also noted as a challenge that people are not always aware of the possibilities offered by the state and local authorities, and often the role of the case manager is left to be handled by the person in need of assistance or persons close to them. In response to the challenges, we have established courses of action in the development plan for the next few years, including the need to start organising assistance first at local level, where the need for assistance of the person is assessed, and then to refer them to the appropriate services. When assistance is needed from more than one area, it must be coordinated. This is also provided in the current Social Welfare Act (§ 9) with regard to applying the principle of case management to assistance, which is used when a person requires the cooperation of several organisations in order to improve their coping. Additionally: 1) As of the beginning of 2023, local authorities are able to contact adults who have received a decision on the establishment of the degree of severity of their disability in their own area through exchange of information in order to assess the need for assistance of the person and to offer preventive help. The aim of the amendment was to help people receive the assistance they need more quickly, in cooperation between the state and local authorities, and to support people who need assistance but do not contact the local authority themselves. 2) Every authority must ensure and find ways to ensure that information about the provided assistance reaches those in need of it. In doing so, people should get the relevant information from the place they have turned to. In the field of social welfare, the main sources of information should be the local authority and the Social Insurance Board. We have tried to ensure that information on how to receive assistance is easily accessible in different languages and through different channels, including the websites of the Ministry of Social Affairs and Social Insurance Board and other institutions (e.g. the Unemployment Insurance Fund, Health Insurance Fund, local authorities, eesti.ee). 3) The Ministry of Social Affairs supports the Estonian Foundation for Disabled People (EPI Foundation), which in turn supports the Estonian Chamber of People with Disabilities, county-based chambers of disabled people and disability-specific associations. In 2024, the Ministry of Social Affairs will support the EPI Foundation with 1.5 million euros to ensure that the rights and interests of people with disabilities are represented at both state and local authority level. In summary, while various measures have been taken to help people find their way around the system, we believe that simplifying the systems is an important part of the solution, which will in turn make it easier to find one's way around the system.
The system for accessing social welfare assistance does not form a logical whole, making it difficult and inefficient for people to receive assistance.	In the sectoral strategy document "Welfare Development Plan 2023-2030", sub-objective 4 sets out the courses of action for addressing the fragmentation of the social welfare system, including the objective to move towards integrated provision of services across the social, healthcare and employment sectors, taking into account the life course and needs of the individual, supported by the adoption of evidence-based, environmentally sustainable digital solutions and the integrated use of data. Additionally: 1) In November 2023, the Ministry of Social Affairs submitted for approval the memorandum of intention to draft an act amending the Social Welfare Act and other acts, which aims to create a system of rehabilitation services based on the need for assistance of the person in order to quickly identify the need for assistance of the person, facilitate access to the assistance needed and ensure the necessary support measures.

	2) In the first half of 2024, a draft act will be prepared under which it will be possible to receive technical aids with state contribution according to the need for assistance and regardless of whether the person has been diagnosed with reduced work capacity or a degree of severity of disability has been established. In addition, the memorandum of intention to draft an act on the integration of technical aids and medical devices will be drawn up in the first half of 2024. 3) Since 2018, a coordination model has been piloted with the aim of providing persons in need of assistance with the assistance meeting their necessities as early as possible while reducing the burden of care for their immediate family and extending the time they can cope at home; reducing the administrative burden for people with complex needs for assistance and their immediate family and collecting structured and consistent information on systemic deficiencies (e.g. lack of services, waiting lists for services, regional differences in practice, etc.); and ensuring good practice. A total of 10 different regions have taken part in the coordination model projects. As of 2023, for a period of 24 months, we will continue to implement the coordination model, with the participation of social welfare and healthcare institutions in four counties. One of the output indicators for further development will be a functioning regional coordination model with a clearly agreed division of tasks and responsibilities between the parties, thus ensuring the sustainability of the model beyond the end of the pilot project.
In order to receive benefits and services, a person has to have their situation assessed repeatedly, but this does not mean that the support offered to them is more tailored to their needs.	In 2024, the development for the assessment of need for assistance of adults will be completed in the STAR environment pursuant to a development project contract, which will be made available to local authorities in 2025 after the legal amendments enter into force. In this way, we will provide local authorities with an indicative and easy-to-use tool for assessing the need for assistance. In this context, the development of the assessment tool is intended to create a more convenient exchange of data and to allow the social worker of the local authority to obtain more accurate data on the assessment of work capacity and the establishment of the degree of severity of disability when carrying out the assessment. More convenient data exchange will allow data on services provided (e.g. special care, social and occupational rehabilitation, technical aids) and other data to be entered in the assessment tool without the need for individual queries (e.g. general data, health insurance, employment data). One part of the assessment tool comprises the coded assessments based on the International Classification of Functioning (ICF), which creates the prerequisite for the exchange of standardised data between different parties. The purpose of the ICF is to reduce duplicated assessments and the aim is to achieve a situation where the information collected about a person in need of assistance is shared between systems. Since November 2023, it is possible to apply for the establishment of the degree of severity of disability of children and people of pensionable age via the self-service environment of the Social Insurance Board. People of working age were already able to submit a joint application for the establishment of the degree of severity of their disability, together with an assessment of their work capacity, in the online environment of the Unemployment Insurance Fund. All of the above activities will aid in better targeting services according to the need for assistance.
The system of provision of social welfare assistance is so fragmented that even the persons assessing the need for assistance or the providers of assistance services do not have a coherent view of the actual needs of the person in need and the measures already in place.	One of the solutions will be a tool for assessing the need for assistance in the STAR environment, which will be made available to local authorities in early 2025 and will, among other things, create better data exchange compared to now.
The Ministry of Social Affairs is currently planning a number of minor changes to social welfare, but has not undertaken any reforms that would help reorganise the system.	The Ministry of Social Affairs has, with the aim of increasing human-centred efforts, initiated the development of a comprehensive model for multi-level integration and cooperation in the social and healthcare areas. This includes, among other things, improving local cooperation as well as coordination of services for risk groups at the primary level. The observations and proposals of the National Audit Office will be taken into account in the development of proposals for the implementation of the model. The term for submission of the analysis and proposals for the establishment of an integrated model for the organisation and financing of social and healthcare services to the Government of the Republic is 01.05.2025. We also consider the changes initiated for creating a system of rehabilitation services based on the need for assistance of the person, the provision of technical aids without prior establishment of the degree of severity of disability or reduced capacity for work, and the integration of technical aids and medical devices to be important (see more detailed content and terms above). We would like to additionally note that the solution proposed in the audit to create the function of a case coordinator is not envisaged by the Ministry of Social Affairs, as the aim is to simplify systems for the individual, and we are therefore of the opinion that the proposed solution does not support the pending efforts. We would also like to emphasise that case management as a working method is one of the basic principles of social welfare assistance provision and a standard part of modern social work. Pursuant to

	§ 9 of the Social Welfare Act, the principle of case management shall be used for the provision of assistance if a person, in order to improve the ability to cope independently, needs long-term and diverse assistance, including long-term care, for which it is necessary to coordinate the cooperation between several organisations upon the provision of assistance. In addition, since 2018, a coordination model has been piloted in different regions with the support of the European Social Fund (ESF). The aim of the model is to reduce the burden on people with complex needs for assistance and their immediate family in the social and healthcare areas through better regional networking (essentially case management) in order to ensure that people receive timely and appropriate assistance. Networking will identify the tasks of the institutions involved as parties, map the regional groups of people in need, and design human-centred client paths. Agreements will be made between those implementing the model on how to ensure a smooth transition of the person requiring assistance from one service to another. **Comment of the National Audit Office:** Although case management is an important principle in social work, this working method has so far failed to ensure that specialists at different levels and in different systems receive the necessary information about the needs of a person and the assistance they have been provided so far. Special attention must therefore be paid to supporting a person on their path to assistance, rather than merely facilitating the internal functioning of systems.

Response of the Social Insurance Board

Having examined the draft audit reports "Activities of the state in supporting people with special needs" and "Activities of local governments in supporting people with special needs", the Social Insurance Board (SKA) considers it important to note the following:

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2. *The state has abandoned the person on the path to assistance and does not help them navigate the measures offered by the state and local authority or give advice on how to receive needs-based assistance in the shortest possible time. If a person does not have a thorough knowledge of what measures are available, they might miss out.*

We would like to explain that when a person contacts the SKA, we will seek to ensure that they receive all the help and information they need. Regrettably, the services for persons with special needs organised by the SKA are, in the current legal framework, largely based on the declaration of will (application) of a person and their consent to the processing of their data. Therefore, if the person does not submit these requests or give these consents, we cannot provide the services.

The Social Insurance Board has described its services on its website https://www.sotsiaalkindlustusamet.ee/, but we recognise that this information can be simplified for the person. Updating of the website is a constant process and will be done on an ongoing basis, taking user feedback into account.

3. *The system for accessing social welfare assistance does not form a logical whole, making it difficult and inefficient for people to receive assistance.*

We are kindly asking that it be clearly expressed – the system is fragmented between different state authorities and local authorities, i.e. different authorities at the national and local government levels provide different services. It is very difficult for a person requiring assistance to have a complete overview. However, it is difficult to propose changes to the system as a whole at the level of the institution, as we may not be able to perceive all the nuances from the perspective of the policymaker.

It must be further taken into consideration that the need for assistance of persons and the resulting need for services and benefits varies and changes over time, due to which a person may move between different services as well as institutions.

4. *In order to receive benefits and services, a person has to have their situation assessed repeatedly, but this does not mean that the support offered to them is tailored to their needs.*

We would like to clarify that the assessments are conducted due to different circumstances, while relying as much as possible on previous assessments. However, it is true that the need for assistance of a person changes over time, and it is therefore inevitable that previous assessments will need to be revisited in order to make a new decision that meets the relevant needs of the person at the time.

We would like to additionally note that arising from legislation, not all assessments carried out in respect of a person are visible to all parties concerned due to data protection restrictions. When assessing the need for services, the most appropriate support measures/services are sought for people, but there are still a number of ‘standard services’ that people are offered.

The solution would therefore be to provide, by legislation, the right to use the data collected in the course of a previous assessment in different assessments (even if it was carried out under different circumstances and under different legislation). However, we acknowledge that such an approach could bring about the risk of unjustified/unfounded processing of the data of the person.

In cooperation with the Ministry of Social Affairs, a reform of rehabilitation services has been launched, which will review the current rehabilitation organisation and the possibilities for the integration of the healthcare and social systems.

5. *The system of provision of social welfare assistance is so fragmented that even the persons assessing the need for assistance or the providers of assistance services do not have a coherent view of the actual needs of the person in need and the measures already in place.*

We agree with the above statement, but we consider it important to point out that it has been made easier for local authorities to request data on persons with disabilities from the system of the SKA within the local authority, including

- in the case of children who have applied for establishment of degree of severity of disability, and
- children with an established degree of severity of disability, and
- adults in case of whom a profound disability has been established,

an automated notice is sent to the information system (SKAIS -> STAR), making it possible for a local authority official to contact the potential person in need of assistance to clarify the need for assistance and to offer appropriate assistance from the local authority.

6. We hereby request that you correct and modify, on Figure 1:

Healthcare system – in addition to diagnosis and description, treatment is also expected to be provided and implemented where possible. The special care service is in the wrong place, i.e. it should be where the social rehabilitation service (SRS) is, or SRS should be where the special care service is. The person can actually also receive technical aids from the service provider, i.e. the company responsible for technical aids; the own contribution also applies in case of technical aids. It is also possible to obtain a technical aid without state contribution – there is a 'necessity check' to receive the state contribution.

7. Other observations and explanations:

Audit clause	Text in audit	Comment/note	Person responsible, term
clause 4	The report did not focus on the provision of social support for persons with mental disorders, i.e. the part of the assistance of the state organised by means of special care services as provided in the Social Welfare Act. Furthermore, nursing care financed by the Health Insurance Fund was not included in the report.	Not all people with a mental disorder need special care services and they may be in the system as recipients of other services (work capacity assessment, establishment of degree of severity of disability, technical aids, social rehabilitation).	In cooperation with the Ministry of Social Affairs, a reform of rehabilitation services has been launched, which will review the current rehabilitation organisation and the possibilities for the integration of the medical care and social systems.
clause 7	A person with special needs comes into contact with the healthcare, social welfare and work capability systems at both state and local authority levels along the path to assistance. A person can begin the path to the assistance they require from their local authority, but for state-organised support (e.g. technical aid or rehabilitation), they must also contact the Estonian Unemployment Insurance Fund or the Social Insurance Board, or both. In these instances, people also need to contact healthcare professionals.	People arrive at our services primarily when they have an issue/ need for assistance arising from their state of health. This means that the starting point is within the medical system in the first place. Other welfare necessities should be covered by other means.	
clause 12	People with special needs have to enter the social welfare system through the healthcare system for the assessment of capacity for work and establishment of disability whereas capacity for work is assessed on the basis of medical records up to six months old. If a person of working age has a persistent diagnosis (but not a condition that precludes capacity for work) and their condition does not change during their lifetime, complying with this requirement can be unnecessarily burdensome for the healthcare system in certain situations.	The diagnosis of a person is unlikely to change if their need for assistance, including need for services and independent coping, may change over time. We would like to clarify that although there are medical conditions that do not factually change, the development of medicine has changed the way many people cope and their quality of life. For example, amputation of a limb does not change the medical and factual situation. But with some of the prostheses available nowadays, it is possible that the quality of life and coping of the person will not decline. There are also a number of illnesses that require regular visits to the doctor, in which case the necessary health data concerning the person are usually available.	
clause 14	People who are unable to understand their own need for assistance due to health reasons and refuse the assistance provided by the local authority are in a worse situation. In such cases, motivating a person to accept assistance is a slow process and it could take years before they are ready for it. The organisation of healthcare does not provide for doctors to assist local authorities in assessing the situation of a person in their place of residence.	A person may refuse all assistance as well as any seeking for assistance. However, children in need of assistance must be reported to a local authority official under the Child Protection Act, and an adult in need of assistance can also be reported to a local authority social worker, who should assess the need for assistance of the person and, if necessary, aid the person in accessing other services.	The social rehabilitation service is currently under review in cooperation with the Ministry of Social Affairs, and proposals for amendments to the future service should be ready by the end of 2024, based on which potential future scenarios can be planned.
clause 15	Obstacles to receiving assistance arise when a person needs individual services provided by both the social welfare and healthcare systems at the same time and within a short period of time. The	For example, the concept of social rehabilitation sets out that a person requires several services.	

	family physician therapy fund is available in the healthcare system for individual services, but there are issues with the use of the resources in the therapy fund and people may miss out on services as a result. A family physician is able to refer the person to a medical specialist who will write a referral for receiving the service, but due to the long treatment queues, the need for assistance of the person may become significantly more acute during this time.		
clause 16	If the need for assistance of a person becomes more severe, they may require public services (e.g. occupational or social rehabilitation), which are conditional on a reduced capacity for work or an established disability. However, the establishment of a disability or an assessment of capacity for work may not be appropriate for a person because of the short-term nature of their health problem.	In the case of a short-term health problem, the solution should come from the healthcare system and the loss of income is also compensated by sickness benefits (up to 6 months). If the health problem of the person is resolved in the short term, they should not have to enter the system of services of the Unemployment Insurance Fund and the SKA.	
clause 26	In the social welfare system, the tasks of providing assistance are divided between the state and the local authority. The Social Insurance Board is in charge of establishment of disability and organisation of special care services, rehabilitation services and technical aid services. An established disability provides the basis for receiving benefits for disabled persons, social technical aid and social rehabilitation services.	For people of working age: An established degree of severity of disability grants the right to social benefits for disabled persons. Eligibility for the technical aid service is also based on reduced capacity for work (without establishment of degree of severity of disability), or age, for people of retirement age, in the case of some technical aids. For social rehabilitation – people of working age are able to receive social rehabilitation services if they have been assessed as having no capacity for work or are diagnosed with first-episode psychosis. For people of the pensionable age, establishment of the degree of severity of disability is important. Technical aids are available to all, but additional benefits are currently provided by the state for people with reduced capacity for work and/or established degree of severity of disability.	The Ministry of Social Affairs is preparing an amendment that would no longer make the eligibility of adults for technical aid benefits conditional on reduced capacity for work and establishment of degree of severity of disability; instead, they would be available with state contribution if (medically) indicated. The conditions are currently being specified, and the exemption from the precondition for establishing the degree of severity of disability and the assessment of reduction in capacity for work is planned to enter into force during 2025. In the case of people of pensionable age, a large proportion of technical aids are decoupled from the degree of severity of disability, as people need certain technical aids (e.g. incontinence products) because of their age.
clause 27	People of working age are able to apply for establishment of disability together with an assessment of work capacity by submitting an application to the Unemployment Insurance Fund, which forwards the data needed for establishment of disability and the results of the assessment of work capacity to the Social Insurance Board, where the establishment of disability then begins. Although the Unemployment Insurance Fund and the Social Insurance Board assess largely the same areas of functional limitations, the Board bases its decision on the	We would like to clarify that in most cases, decisions concerning people of working age are made on the basis of decisions made by the Unemployment Insurance Fund. The SKA has to conduct an assessment if a condition precluding capacity for work has been established by the Unemployment Insurance Fund and no area-related assessments have been carried out. Please note the part in red. We would like to further clarify that the SKA will use all the information as the basis, but the type of disability will be determined according to the area of greatest limitation.	

	establishment of disability on key activities in a specific area.	This means that the SKA establishes impairments of function: mobility; vision; speech and language; hearing; mental, etc. Basis: Regulation No. 16 of the Minister of Social Protection, https://www.riigiteataja.ee/akt/101032016011	
clause 29	Generally, people of working age submit an application for establishment of disability together with an application for assessment of work capacity to the Unemployment Insurance Fund, but it is also possible to apply only to the Social Insurance Board. In this case, the Board will notify the person of the decision on establishment of disability within 15 working days as of the date on which the assessment of the person's capacity for work is received by the Board from the Unemployment Insurance Fund.	There are 2 options: 1) The person submits an application for establishment of degree of severity of disability but has not applied for an assessment of capacity for work at all – the SKA will make a decision within 15 days, but the data of the assessment of capacity for work cannot be used as the basis because these are absent. In this case, health data must be relied on. These cases are few, but still exist in the target group of people of working age; 2) the person has undergone a work capacity assessment in the previous 6 months and now applies for establishment of degree of severity of disability – this means that we can now rely on the data of the Unemployment Insurance Fund. **NB! Persons of retirement age who are also a target group of the audit are not linked to the Unemployment Insurance Fund.**	
clause 30	Once the degree of severity of the disability has been established, the Social Insurance Board will send the person a disabled person's card by post and persons are able to examine the exact content of the decision in the self-service environment of the Board. In the interviews, local authorities noted that they are approached by people who need assistance with logging into the self-service environment of the Social Insurance Board and examining the disability decision. There are people who do not understand that they have to access the self-service environment of the Board to examine the disability decision. Likewise, the decisions themselves are often not clearly understandable to people.	We really do send all decisions to self-service and no paper copies are sent out. Simplifying decisions is something we have been doing for many years and will continue to do. The most complex issue lies with decisions concerning people of working age, where the decision on the establishment of degree of severity of disability is based on an assessment by a medical expert of the Unemployment Insurance Fund. This assessment has no separate SKA explanation included, but a description of how the assessment was methodologically prepared.	We are aware of the problem. There is a constant process of simplification of services, while at the same time we have to respect the rules of administrative procedure.
clause 35	In order to be receive a technical aid via the Social Insurance Board, people of working age must have an established disability or reduced capacity for work (see exceptions on the left and the path in Figure 1 on page 6). This means that the establishment of the degree of severity of disability or the assessment of the capacity for work lengthens the path to receiving, under favourable conditions, the technical aid that a person requires.	We are analysing how to decouple access to technical aids from reduced capacity for work and the pre-conditions for the degree of severity of disability.	This is currently pending – including at the level of legislative amendments as well as implementation. Entry into force and implementation is expected to take place in 2025.
clause 36	A person requiring a social technical aid must additionally consult a healthcare professional in order to establish the need for the technical aid. The certificate for the social technical aid is issued by a specialist on paper, which the person must use when contacting the company selling the technical aid. A technical aid with state contribution can be purchased from companies that have entered into a respective contract with the Social Insurance Board.	Indeed, at the moment, the obligation of issuing the certificate is mostly imposed on the healthcare system. However, social workers do not have the competence to make such an assessment of the need for a technical aid and it is therefore justified for healthcare professionals to do so. Regarding paper certificates, we agree that the technical aid certificate needs to be digitised, but at the moment there is no definite time frame for this – we conducted an initial analysis in 2023.	

		In order to receive a technical aid with state contribution, the technical aid company must indeed have a contract with the SKA.	
clause 44	Rehabilitation is a complex service, i.e. a person needs more than one service due to their state of health and functional limitations. If the need for the service is not related to restoring or maintaining functional capacity, the person must receive support from other services in the social sector.	“Rehabilitation is a complex service, i.e. a person needs more than one service due to their state of health and functional limitations.” -- as consulted with our lawyers, our interpretation is that a complex service comprises a minimum of 3 services. The wording in the document leaves the impression that a complex service would also comprise 2. There is naturally the additional fact that the Unemployment Insurance Fund considers a minimum of 2 services to constitute a complex service. As the document includes both occupational and social rehabilitation services, the wording "more than one" is perhaps even more appropriate. Instead of more than one, it could be worded as the need for several services. In order to make legislation easier to understand, we have made the necessary proposals to amend legislation in order to clarify the definition of the complex service, which comprises at least 3 services.	
clause 46	The need for occupational and social rehabilitation is assessed by a case manager or a service consultant in each of the two institutions after an assessment of the person's capacity for work or the establishment of a disability has been conducted and the person has expressed their respective wish. The assessment of the need for the service is followed by an assessment by the service provider in order to draw up an activity plan. According to users of the social rehabilitation service, the preparation of an activity plan can sometimes take longer than the duration of the service for the user. These successive assessments do not guarantee that the rehabilitation service is adapted to actual needs of the person.	“The need for occupational and social rehabilitation is assessed by a case manager or a service consultant in each of the two institutions after an assessment of the person's capacity for work or the establishment of a disability has been conducted and the person has expressed their respective wish.” -- the sentence is correct, but does not apply to the path of all adult recipients of the service (target group of people with first-episode psychosis – small, but still). “According to users of the social rehabilitation service, the preparation of an activity plan can sometimes take longer than the duration of the service for the user.” -- it should be specified here as "than the duration of the hour/session of the service for the user", because the service itself is longer, the sessions are shorter.	
clause 47	Although the Unemployment Insurance Fund has established an obligation for the occupational rehabilitation provider to plan the service on the basis of the assessment of capacity for work and the assessment of the case manager since May 2023, occupational rehabilitation interventions do not sufficiently address the limitations on the capacity for work of a person and are not conducted in the working environment of the person. However, the assessments of the case manager of the Social Insurance Board and the service provider are still not linked, making it doubtful whether the services provided meet the actual requirements of the persons and are not merely based on the capacity of the service provider.	A social rehabilitation institution must provide a person with all the services listed in https://www.riigiteataja.ee/aktilisa/1190/1202/4010/SOM_m2_lisa1.pdf#. The service provider must offer the person the services they need. A person has the right to change the service provider if they do not receive the service they need or consider to be of sufficient quality from the chosen provider. The service consultants of the Social Insurance Board assess the coping of the person and, based on this, whether the person is eligible for the social rehabilitation service. The specific activity plan and the services to be provided are agreed between the person and the service provider. The SKA will share the assessment prepared for the person with the service provider if the service provider requests it.	The future service path and organisation of the service will depend on the outcome of the reform of the rehabilitation service.
clause 51	Representative organisations of people with disabilities are of the opinion that the long path towards verifying their need for assistance and receiving	Indeed – but in both cases, it is an assessment of the state of health of the person, leading to a decision on whether the	We look forward to the results of the planned reform.

	needs-based services is one of the main problems. Although the needs for assistance of persons are repeatedly assessed by representatives of different systems, state assessments do not reveal the need for services. In other words, a decision on incapacity for work or establishment of disability does not indicate the services that a person may need.	person has reduced capacity for work and/or a degree of severity of disability. These processes do not include a broader assessment of the need for service of the person. From an administrative point of view, if one considers this, the process would probably take much longer for the person – plus, the need for the services of the local authority cannot be assessed at state level.	
clause 52	At present, no institution has a complete overview of the need for assistance of a person and the services provided to them. As a result, people are not always given completely relevant assistance when it comes to how and in what order they should move through the different systems in order to receive assistance. One solution could be to create the function of a case coordinator, as proposed by Praxis in its 2021 report.	We would like to specify that, in addition to the case manager, the issue of moving/exchanging the data of the person must also be resolved – i.e. the various data, including the history of services provided, should be merged in order to provide assistance to the person in need of assistance. Today, this is not the case, plus some of the data is contained in public information systems, some in those of private companies.	The SKA will be able to submit its own proposals in the course of the development of state information systems.
clause 55	The local authority is obliged to assess the need for assistance of a person as a whole and may need the same information that the person has provided to the state when assessing their capacity for work and/or the establishment of disability. The local authority cannot use the data even if the person contacts the local authority for assistance at their own initiative and gives the local authority consent to use their data. The person must provide the respective data to the local authority themselves.	In the case of an assessment of capacity for work, it is difficult to comment. We submit data on disabilities in a minimal composition – or rather, the local authority has the right to submit a query, but the local authority does not see the decision made by the SKA, only fragments of it.	Developments on STAR are currently underway and, as far as we know, one of the outputs within the context of creating an assessment tool for the need for assistance of adults is the sharing of some form of data for the assessment of work capacity and degree of severity of disability.
clause 67	For the person, the current organisation of issuing of parking cards means that they have to go through several institutions. Although the Social Insurance Board assesses the situation of the person (i.e. the type and degree of severity of disability), they need to contact the local authority for assessment of eligibility and obtaining a parking card.	However, it is easier to get a parking card from the local authority (closer to home than the SKA). And not every visually impaired or mobility impaired person needs/uses a parking card.	The organisation of issuing parking cards will be reviewed with the transposition and implementation of the directive on the European Disability Card and the European Parking Card for persons with disabilities. Activity planned for 2025-2027.

Observations of the National Audit Office	Responses of auditees
Potential inaccessibility of services to risk groups **17. Observations of the National Audit Office:** If a person is not willing to acknowledge their need for assistance or is unable to comprehend it due to health reasons, they may miss out on a number of public services and benefits. The issue of refusal of assistance may remain in the overlapping areas of healthcare and social welfare systems in these instances, where the local authority is tasked with helping the person, but the person may actually require a service or benefit from the state. **clauses 15-16**	**Response of the Ministry of Social Affairs:** The Social Welfare Act (§ 13) provides that the family members of a person in need of assistance, judges, the police, prosecutors, employees of social welfare, healthcare and educational institutions and other persons are required to give notice of the person or family in need of social welfare to the local authority of the place of stay of the person or family. In order to reach a point where the person accepts assistance, the social worker or case coordinator of the local authority needs to engage with the person in need and their network on a long-term and consistent basis. Many of the developments mentioned above support the objective of ensuring that people receive needs-based assistance, regardless of the organiser or provider of the service, by applying the principles of case management.
Disability establishment and work capacity assessment systems	**Response of the Ministry of Social Affairs:**

Observations of the National Audit Office	Responses of auditees
31. Observations of the National Audit Office: ■ Disability is established on the basis of the same health data as for the assessment of capacity for work. However, the disability is not established if the person does not give their specific consent when submitting the application. A person might not apply for establishment of disability because they are not aware that an established disability serves as the basis for receiving certain services or support measures. In fact, the state has all the required information concerning people of working age who are having their capacity for work assessed in order to establish their disability without an application. If a person has a disability, the Social Insurance Board could provide them with information on what support measures they are eligible for. ■ The Ministry of Social Affairs should analyse the feasibility of merging the systems of disability establishment and work capacity assessment, as suggested by the study "Macroeconomic impact assessment of the establishment and implementation of the work capacity support system" (see information box on the left). This would make a person's path to assistance clearer and shorter, and help the state save resources. **clauses 27-29**	The Social Insurance Board and the Unemployment Insurance Fund use slightly different methodologies for establishing the degree of severity of disability and work capacity assessment, respectively, and the consent of the person for the use of their health data is requested by both institutions. In addition to the assessment of capacity for work, it is also possible to establish the degree of severity of disability if the person has made a joint application. The current regulations do not provide for automatic establishment of disability in the case of a work capacity assessment, which is why the application and consent of the person for both the work capacity assessment and establishment of disability are necessary, in order for everyone to be able to decide for themselves which services they want. We would add that, as far as we are aware, there are people who deliberately choose not to undergo both assessments. We agree, however, that the system should be designed to be clearer from the point of view of an individual, and that better informing of people about the available support measures is also essential. We agree with the substantive need for an analysis involving not only the Ministry of Social Affairs and the Social Insurance Board, but also the Ministry of Economic Affairs and Communications and the Estonian Unemployment Insurance Fund. We wish to initiate this analysis in 2025. **Response of the Social Insurance Board to the first observation:** This was also the expectation of the Social Committee. We are considering preparing a leaflet for people of working age on how to access social welfare services (as we have done for the target group of children). The Social Insurance Board has intended to develop a leaflet for adults with special needs in 2024, introducing the different possibilities for receiving assistance.
Length of the path to receiving a technical aid **43. Observations of the National Audit Office:** It is up to the person requiring assistance to know the order of action and the system to turn to for receiving a technical aid. This situation will continue at least until the Social Welfare Act is amended. Additionally, if a person does not have enough money to pay their own contribution for the technical aid, they will have to contact the local authority for an additional one-off benefit. Therefore, the length of the path to a technical aid also depends on the financial means of the person. **clauses 36-42**	**Response of the Ministry of Social Affairs:** In case of need for a technical aid or a medical device, the person does not have to contact the Social Insurance Board or the Health Insurance Fund separately, as the need for a technical aid or a medical device are both identified by the healthcare system which the person contacts due to their health problem. The healthcare system will issue a certificate for either a technical aid or a medical device, respectively, and the person will be able to use it when contacting a company (including a pharmacy). The system automatically calculates the state contribution. The Social Insurance Board will verify, in the case of every technical aid transaction, whether the person or their family has been paid subsistence benefits, and will automatically reduce the own contribution for the technical aid to 5% in this instance. If a person does not receive subsistence benefits but does not have the means to pay their own contribution, they are able to submit a special application on the basis of which the Social Insurance Board will also reduce the own contribution of the person in justified cases. In order to speed up the path of the person in obtaining the required technical aid, a draft law will be prepared in 2024, under which it will be possible for people without a degree of severity of disability or reduced capacity for work to obtain technical aids with state contribution. Additionally, the Ministry of Social Affairs will, in cooperation with the Social Insurance Board and the Health Insurance Fund, prepare a memorandum of intention to draft an act in 2024 with the aim of integrating the systems of technical aids and medical devices.
Length of the path to receiving a technical aid **50. Observations of the National Audit Office:** The creation of a rehabilitation system tailored to the needs of people is planned to be achieved by 2026 or 2027. This means that the creation of the system is still a few years away. Until then, the receipt of a service by a person is a long process. Additionally, if a person needs help to understand which system to go through to apply for a service and they have not contacted a local authority, they do not have	**Response of the Ministry of Social Affairs:** The Ministry sent a memorandum of intention for the creation of a rehabilitation system tailored to the needs of people for approval in November 2023. We agree that major and fundamental changes to the system will take time, but point out that changes have been made to the rehabilitation system in the past to simplify the path of a person towards assistance (e.g. a person with first-episode psychosis can access the social rehabilitation service with an assessment by a medical team). There have also been changes in the area of health, e.g. as of 01.10.2023, physiotherapists, clinical psychologists and speech therapists are able to

Observations of the National Audit Office	Responses of auditees
anyone to advise them. Contacting a local authority will result in additional time spent. **clauses 45-48**	provide services independently, which allows more people to access services. Regular consultation on applying for the service is provided by both the Social Insurance Board and the Unemployment Insurance Fund. **Response of the Social Insurance Board:** In the Social Insurance Board, information is provided by service advisers, chief specialists and the victim support coordinator. We would like to leave the impression that the person should indeed first contact the local authority or healthcare with their concern, i.e. the first contact level – where the first contact must provide assistance with so-called individual services. A person should only access social rehabilitation services if and when they are in a situation where first contact assistance is not sufficient, or where they have a truly complex necessity for services. What is the basis for the statement that the person does not contact the local authority? What is the reason? Is it that they will not receive assistance from there in the first place, or are they ashamed to? How can contacting a local authority be an extra time-consuming process when it is the first and closest authority providing assistance to the person? In addition, education support services must be more accessible. In parallel with the 'new system' in development, service bottlenecks will also be improved before 2026. The Social Insurance Board is planning to update the information on the website, including a simpler and more logical structure.
Data required for assessing the need for assistance **63. Observations of the National Audit Office:** The data necessary for the assessment of the need for assistance can be made available to the local authority even before the planned IT developments are completed. It would be sufficient if the local authority were to submit a written request to the Social Insurance Board or the Unemployment Insurance Fund with the consent of the person, and the necessary information would be transmitted to a local government official via another secure channel (for example, by encrypted e-mail). This solution would place somewhat of a burden on the labour force of institutions, but at the same time, a local government official currently has to ask a person for information that they have already provided. This violates human dignity. **clauses 54-62**	**Response of the Ministry of Social Affairs:** We agree that this option is theoretically possible, and to our knowledge, it is currently being used by local authorities. However, this solution constitutes burdensome and additional work for local authorities; therefore, both legal amendments and IT developments are needed. An additional burden for local authorities is the need to collect the consent of the person, preserve it and make enquiries to other authorities and prove the consent of the person to such enquiries. Furthermore, the person can withdraw consent at any time, which means that all the related data must be deleted.
Parking rights of persons with reduced capacity for work **68. Observations of the National Audit Office:** If a person has only had their capacity for work assessed due to lack of knowledge, they need a medical certificate for a parking card. Unnecessary burden on both the healthcare and social welfare systems, and the need for people to contact several institutions, could be avoided if, for example, a disabled person were to have their mobility or visual impairment marked on their disability or work capacity card, which could also be used to verify parking rights. **clauses 64-67**	**Response of the Ministry of Social Affairs:** The majority of people of working age submit a joint application for both the assessment of work capacity and establishment of the degree of severity of disability (in 2023, there were 48,439 applications for an assessment of capacity for work, of which 33,133 were joint applications for both establishment of disability and assessment of work capacity). A disabled person's card already indicates the type of disability if the person is established as visually impaired or mobility impaired, which are the same types of disability that serve as the basis for issuing a parking card. The issue of a parking card on the basis of a medical certificate is intended for temporary mobility or visual impairment. In this case, the parking card is issued for a period of six months, with the possibility of one renewal for a further six months. However, we wish to amend Regulation No. 90 of the Minister of Social Affairs this year, as it contains the requirement, in addition to the establishment of the disability of children and people of pensionable age, to submit a report from a family physician or a medical specialist on the impairment of visual or mobility function to the local authority when applying for a parking card, which has become unnecessary by now. On 16.02.2024, a unanimous agreement in principle was reached on the directive on the European Disability Card and the European Parking Card for persons with disabilities. The directive will introduce a single format for both the disability card and the parking card in the Member States. The grounds for issuing the card are left to the discretion of the Member States, but there is an obligation to issue two different cards. During the public consultation,

Observations of the National Audit Office	Responses of auditees
	the possibility of combining the two cards was also discussed, but it was not considered reasonable, as the target groups are not the same and the purposes of the cards are different (the disabled person's card is carried as proof of benefits and discounts whereas the parking card is left inside the car for display). The transposition of the directive will allow an analysis of whether the current grounds for issuing parking cards are sufficient or need to be amended. **Comment of the National Audit Office:** When reconsidering the grounds for issuing parking cards, it should be ensured that people with the same functional impairment have the same rights. Currently, a parking card cannot be issued by a local authority to people who only have a mobility or visual impairment established through the work capability system.

Description of audit

Audit objective

The purpose of the audit is to provide an overview and to give the Riigikogu and the public an objective picture of the functioning of the support system for adults with special needs (i.e. persons aged 18 and over).

Assessment criteria

The audit covered the activities of the Ministry of Social Affairs, the Social Insurance Board, the Estonian Unemployment Insurance Fund and local authorities in supporting adults with special needs.

The audit did not set criteria for an overall assessment and did not provide any assessment in answering the main question. The audit only provided assessments in response to one key question (the compliance of local regulations with the Social Welfare Act). The local governments whose regulations were audited were Loksa City Government, Keila City Government, Rae Rural Municipality Government, Lääne-Harju Rural Municipality Government, Saaremaa Rural Municipality Government, Saarde Rural Municipality Government, Haapsalu City Government, Pärnu City Government, Rakvere City Government, Paide City Government, Märjamaa Rural Municipality Government, Haljala Rural Municipality Government, Kohtla-Järve City Government, Sillamäe City Government, Lüganuse Rural Municipality Government, Alutaguse Rural Municipality Government, Võru City Government, Rõuge Rural Municipality Government, Jõgeva Rural Municipality Government and Peipsiääre Rural Municipality Government.

The audit questions were as follows:

1. How has the principle of providing social welfare assistance based primarily on the needs of the individual been implemented?

2. How do local authorities ensure that the cost of social services does not constitute a barrier to their access?

3. What is the path to receiving assistance for adults with special needs?

4. Are the regulations of local governments on the provision of social welfare assistance in compliance with the Social Welfare Act?

Scope and focus of audit

The audit was carried out as a combination of a review and a compliance audit. In order to answer the audit questions, data (including explanations and documents) were collected from the Ministry of Social Affairs, the Social Insurance Board, the Unemployment Insurance Fund and local governments, as well as from the websites of all of the aforesaid.

The audit covered the second half of 2023.

To answer the first and second key questions, interviews and an online survey were conducted among local authorities. For the purpose of the interviews, a purposive sample (sample 1) was selected, consisting of the following local governments: Tallinn City (Mustamäe District Government), Maardu City, Viimsi Rural Municipality, Viljandi City, Põhja-Sakala Rural Municipality, and Põlva Rural Municipality. The interviews with these local governments were conducted in a semi-structured manner.

The sample for the online survey consisted of all the remaining local governments that were not interviewed. The questionnaire was thus sent to 73 local governments and 7 districts of Tallinn. The survey was conducted in the survey environment of the National Audit Office between 31 October and 17

November 2023. A total of 69 local authorities (including 6 districts of Tallinn), i.e. 86% of those invited responded to the survey.

In order to answer the fourth question, i.e. to check the regulations on the granting of social welfare assistance by the local authorities, a purposive sample (sample 2) was selected on the basis of the following characteristics. First, the local authorities in sample 1 were excluded from the total population (the total of all local authorities). From there, NUTS level 3 division of the statistical classification of territorial units in the European Union, which divides Estonia into five regions, was used as a starting point. Four local authorities were selected from each region.

Sample 2 consisted of the following local governments:

- Northern Estonia (Harju County): The cities of Loksa and Keila and the rural municipalities of Rae and Lääne-Harju;
- Western Estonia (Hiiu, Lääne, Pärnu and Saare Counties): Saaremaa and Saarde rural municipalities, Haapsalu and Pärnu cities;
- Central Estonia (Järva, Lääne-Viru and Rapla Counties): Rakvere and Paide cities, Märjamaa and Haljala rural municipalities;
- North-Eastern Estonia (Ida-Viru County): Kohtla-Järve and Sillamäe cities, Lüganuse and Alutaguse rural municipalities;
- Southern Estonia (Jõgeva, Põlva, Tartu, Valga, Viljandi and Võru Counties): Võru city, Rõuge, Jõgeva and Peipsiääre rural municipalities.

Table 1. Interviews carried out during the audit

Institution	Date	Participants
MTÜ Händikäpp	26.05.2023	Margit Rosental-Tustit, Member of Management Board Monika Siruli, Chairman of Management Board Ülle Valvar, Member of Management Board Tiia Sihver
Estonian Chamber of People with Disabilities	30.05.2023	Maarja Krais-Leosk, Managing Director Katrin Tsuiman, Adviser Kristi Kähär, Policy Officer
Association of Estonian Cities and Municipalities	15.06.2023	Jan Trei, Deputy Director Mailiis Kaljula, Adviser Toomas Johanson, Adviser
Social Insurance Board	25.07.2023	Leila Lahtvee, Head of Services Department Aune Tamm, Leading Medical Expert Terje Tiitsu, Head of Finance and Administration Department Leila Siiroja, Head of the Legal and Supervision Department
Ministry of Social Affairs	03.08.2023	Ivar Sikk, Head of Welfare Department Kadri Mets, Advisor, Welfare Department Elen Preimann, Advisor, Welfare Department Liisa Veide, Advisor, Welfare Department
Office of the Chancellor of Justice	09.08.2023	Liisi Uder, Head of Disability Rights Kärt Muller, Head of the Social Rights Department Merle Malvet, Senior Advisor, Social Rights Department
Põlva Rural Municipality Government	11.10.2023	Jüri Kõre, Head of Social Department

		Laura-Liis Õnneleid, Chief Social Work Specialist Klarica Topper, Child Protection Specialist Anneli Masen, Child Protection Specialist Helena Kuusk, Child Protection Specialist Piret Mägi, Social Work Specialist Anu Otsing, Social Work Specialist Katrin Hansing, Social Work Specialist Kaia Võrno, Social Work Specialist Külli Padar-Siim, Social Work Specialist
Maardu City Government	11.10.2023	Olga Jevdokimova, Head of Social Assistance Department Aurika Sin, Deputy Mayor Katrin Aro, Chief Social Work Specialist Karina Neimla-Nikiforova, Chief Social Work Specialist
Viimsi Rural Municipality Government	12.10.2023	Margit Stern, Senior Social Work Specialist Liisa Lents, Senior Social Work Specialist
Põhja-Sakala Rural Municipality Government	17.10.2023	Kristi Liivson, Head of Social Department
Viljandi City Government	17.10.2023	Karin Kiis, Head of Social Department Katre Kokk, Head of Adult Welfare Service Katrin Varblane, Specialist, Guardianship Service Jaanika Ritval, Specialist, Adult Welfare Service Silja Simon, Specialist, Adult Welfare Service
Tallinn Mustamäe District Government	20.10.2023	Maria Krastõljova, Head of the Social Work Service Ly Rüüs, Head of Social Welfare Department
Koduhooldus OÜ	01.11.2023	Kaja Karv, Member of Management Board Maiu Toots, Head of Social Services
Haapsalu Social Centre	01.11.2023	Annaliisa Täht, Director Reet Lumiste, Project Manager Sirli Olgo, Head of Care
MTÜ Ida-Virumaa Puuetega Inimeste Tugikeskus	15.11.2023	Nadežda Barkanova, Member of the Management Board Olga Kruzberg

Time of completion of audit

The audit procedures were finalised in December 2023.

Audit team

The audit team included auditors Otti Eylandt, Kristi Loide and audit manager Rauno Vinni.

Contact information

Further information on the audit is available from the Communication Unit of the National Audit Office +372 640 0777; e-mail: riigikontroll@riigikontroll.ee

An electronic copy of the audit report (PDF) is available online at www.riigikontroll.ee.

A summary of the audit report is also available in English.

The number of the audit report in the record management system of the National Audit Office is 80111.

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Previous audits of the National Audit Office in the area of social welfare

22.11.2023 – **Organisation of home services**

17.01.2023 – **Management of subsistence benefit as state social assistance**

27.10.2021 – **Detection of social problems among the elderly by local governments**

13.12.2019 – **Use of welfare information collected by local governments**

16.04.2014 – **Organisation of welfare of elderly in nursing homes of municipalities and cities**

19.10.2010 – **Activities of the state in supporting disabled people and persons receiving pension for incapacity for work**

05.02.2008 – **Activities of the state in organising state welfare services for individuals with special psychological needs**

All reports are available on the website of the National Audit Office at www.riigikontroll.ee