



# Estonia Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

Part of a series of Country Fact Sheets available on the EASPD website

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## SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

The foundations of the provision of assistance and services for persons with disabilities in Estonia are laid down in §28 of the Constitution, whereby everyone is entitled to protection of his or her health, as well as to government assistance in the case of incapacity for work. Persons with disabilities enjoy special care of the state and of local authorities, while the national government facilitates provision of welfare services by local authorities and voluntary organisations.

The core legislation regulating the provision of social care and support services for persons with disabilities includes the Social Welfare Act, the Social Benefits for Disabled Persons Act and the Labour Market Services and Benefits Act. Under these acts, the responsibility for financing the services is divided between the state and local municipalities<sup>1</sup>, whereas in service delivery there is a mix of public and private providers.

There is a licence requirement for the provision of some services for persons with disabilities. It applies to providers of rehabilitation services and special care services. The latter are targeted for persons with mental health issues, and include everyday life support service, employment support service, supported living service, community living service and 24-hour special care service. The activity licences are issued by the Social Insurance Board, whereas the Social Welfare Act sets the criteria to be met. The specific requirements vary by type of service.

For the provision of state-financed social services for persons with disabilities, in particular social rehabilitation, special care services and technical aids, the Social Insurance Board has a list of contractual partners. There are limits of the cost of special care services compensated to service providers by the state<sup>2</sup>. The Social Insurance Board also maintains and manages waiting lists for social rehabilitation services, special care services and technical aids, if the funds allocated in the state budget are not sufficient to meet the demand for service.

For the purchase of other types of state-financed services, including labour market services for persons with disabilities, as a general rule the public procurement procedures are applied, frequently following a special procedure for social and other specific services as described in the Public Procurement Act<sup>3</sup>. When the procurement procedure is applied, the procurement notices specify the scope and target group of services, as well as any additional requirements on providers (such as qualification of involved personnel) beyond those arising from the legislation.

Among the service providers there is a mix of different legal entities: joint-stock companies, limited liability companies, foundations, non-profit NGOs, agencies of local municipalities and state agencies.

As regards those social services for persons with disabilities which fall under the responsibility of local municipalities, the local authorities may decide whether to provide the services themselves via municipal agencies or to outsource/subcontract services from other providers<sup>4</sup>. Over the last decade there has been a strong trend in the development of new types of services, in particular in the area of community-based care. As a result, the numbers of service providers and service users have steadily increased. Amendments to the Social Welfare Act have also placed more emphasis on needs assessment, case management approach, quality assurance, coordination and cooperation between service providers.

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<sup>1</sup>Since the administrative reform in 2017, there are 79 local municipalities in Estonia – 15 towns and 64 rural municipalities. Prior to the 2017 reform, the number of municipalities was 213.

<sup>2</sup>For the applicable limits of compensation, see: <https://www.sotsiaalkindlustusamet.ee/et/erihoolekandeteenuse-osutajale>

<sup>3</sup><https://www.riigiteataja.ee/en/eli/525032019011/consolide>

<sup>4</sup>Detailed updated information on the actual provision of local social services (what range of services is available, what are the conditions of access, who are providers of local services and how many beneficiaries there are for each type of service) is currently not available for two main reasons. Firstly, such information is not systematically collected at the central level. Secondly, as a result of the administrative reform in autumn 2017 many municipalities merged and the number of local municipalities significantly reduced from 213 to 79. In 2018, restructuring of service regulation and provision was undergoing in several municipalities as the newly merged municipalities had to harmonise the previously diverse practices. There are no comprehensive studies yet about the post-reform situation.



## Early Childhood Intervention

The starting points of the provision of social services and support to a disabled child and his/her family are the needs assessment and the rehabilitation plan. According to the Child Protection Act, all persons who have knowledge of a child in need of assistance shall notify the local government. In practice, such notifications may be made by parents, family doctors, child protection officials or other professionals. Before the provision of suitable measures to a child in need of assistance, the child's need for assistance must be assessed by a child protection official or another professional working with a child. The assessment includes a consideration of the physical, medical, psychological, emotional, social, cognitive, educational and economic situation of the child, as well as the parenting skills of the person raising the child<sup>5</sup>.

A rehabilitation plan shall be prepared for a disabled child when this is necessary for determination of the degree of severity of the disability (Social Benefits for Disabled Persons Act §2<sup>1</sup>) and to envisage the necessary rehabilitation services. The rehabilitation plan reflects an evaluation of the operational capacity of the person, and describes the objectives of social rehabilitation and the rehabilitation services necessary for the achievement of objectives (Social Welfare Act §69(1)). The plan is prepared by the rehabilitation team with the participation of the parents of a disabled child. The rehabilitation team includes a social worker, a physiotherapist or occupational therapist, a special education teacher or speech therapist, and a psychologist or psychiatrist (depending on circumstances).

As noted above, there is a licence requirement for providers of the social rehabilitation service. The requirements to obtain the licence are stipulated in the Social Welfare Act (§§66-68, 150). The provision of social rehabilitation services is administrated by the State Social Insurance Board. At the time of drafting this factsheet at the end of 2019 the Social Insurance Board had 94 contractual providers of social rehabilitation services, who provide such services in 124 service locations<sup>6</sup>. Of this total number of service providers, 82 providers in 109 service locations provided social rehabilitation services to children with disabilities. In 2018, the total number of disabled children who received social rehabilitation services was around 6,400. The 2019 budget for social rehabilitation of disabled children was 8.1 million EUR, of this about 35% came from the European Social Fund (ESF)<sup>7</sup>.

At the request of the parents, the local government has to provide all children from 18 months to 7 years of age the opportunity to attend a preschool institution in the catchment area (Preschool Child Care Institutions Act §10(1)). In the case of children with a severe or profound disability, the local authority shall assess the need for childcare service separately for each child (Social Welfare Act §45<sup>2</sup>(2)).

Whereas the organisation of other necessary support services for disabled children is the responsibility of local authorities, the state provides financial support to local authorities for provision of childcare, support person, social transport and other social services to children with a severe or profound disability in order to help to reduce the care burden of the family or an additional need arising from the disability (Social Welfare Act §156 (3<sup>1</sup>) and (3<sup>2</sup>)). However, comprehensive data on services provided by local municipalities to disabled children are not available.

## Education Support

Children with special educational needs, including children with disabilities, have the right to education, which has to be secured by the state and local authorities, as a rule, in the catchment area. Children with special educational needs are included in general classes in mainstream schools, but depending on needs, education may also be provided in the form of individual studies, in special classes or special schools. Educational needs and the needs for educational arrangements and related support services are assessed by counselling teams in cooperation with parents and schools. Special schools remain for children with more complicated educational needs<sup>8</sup>.

<sup>5</sup><https://www.riigiteataja.ee/en/eli/511012019009/consolide>

<sup>6</sup>Of these 94 providers of social rehabilitation services, 28 were non-profit NGOs, 22 limited liability companies, 17 foundations, 13 joint stock companies, 9 local municipality agencies and 5 agencies subordinated to state ministries. The full list of service providers and service locations is available at: [https://www.sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Rehabilitatsioon/sotsiaalkindlustusameti\\_leepingupartnerid\\_-\\_rehabilitatsioon.xls](https://www.sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Rehabilitatsioon/sotsiaalkindlustusameti_leepingupartnerid_-_rehabilitatsioon.xls)

<sup>7</sup>[https://www.sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Rehabilitatsioon/ska\\_infoseminar\\_2018\\_osalejatele.pdf](https://www.sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Rehabilitatsioon/ska_infoseminar_2018_osalejatele.pdf)

<sup>8</sup>[https://www.hm.ee/sites/default/files/hev\\_muudatuste\\_infomaterjal\\_-\\_lapsevanemad\\_uus\\_002\\_0.pdf](https://www.hm.ee/sites/default/files/hev_muudatuste_infomaterjal_-_lapsevanemad_uus_002_0.pdf)

By figures of the Estonian Ministry of Education and Science, in 2016, the total number of children with special educational needs in Estonia was about 119,000, or 22% of all students. Some 75% of them were integrated into general classes in mainstream schools, 10% studied in special classes in mainstream schools and 15% in special schools.

The main forms of educational support for children with special educational needs in general schools are (Kallaste 2016):

- 1) Study support groups for students with temporary study difficulties and for students needing logopedic therapy. Such support groups are attended by about 20,000 students per year.
- 2) Support person. In 2014, the support person was nominated to about 600 students.
- 3) Individual study plan. Such plans are drafted for all students of basic schools with intellectual disabilities (mild, moderate, severe or profound). In 2014, the number of students with individual study plans was around 5,500.
- 4) Additional study year and prolonged studies. Need-based adjustments to the duration of studies for 1-2 years (beyond the general duration of 9 years of basic schooling) are permitted for students of with intellectual disabilities.

According to the Basic Schools and Upper Secondary Schools Act §37(2), students of basic and secondary schools, including students with disabilities, shall have access at least to the services of a special education teacher, psychologist and social educator (called support specialists). It is the responsibility of school owners – it means the local municipalities and the state – to hire the support specialists.

## Employment Support

Beyond the general labour market services, some services are specifically targeted to support the employment of persons with disabilities and are provided with the aim to eliminate disability-related hindrances of commencing work or working. According to the Labour Market Services and Benefits Act (§9(1) p.10–13) such services for unemployed persons with disabilities are:

- adaptation of premises and equipment;
- special aids and equipment;
- communication support at job interviews;
- working with a support person;
- occupational rehabilitation.

However, the personal scope of services is extended and some additional services are provided within the framework of an ESF-financed programme “Provision of labour market services to the target group of work ability reform” to persons with partial or absent work ability regardless of their employment status, i.e. services are not restricted to unemployed persons. Such services include:

- coaching for working life;
- experience counselling;
- short-term sheltered work;
- work clubs.

The Estonian Unemployment Insurance Fund (EUIF) decides on the provision of labour market services and finances them. The EUIF has 32 branch offices all over the country. The actual provision of specified services is carried out under an administrative contract between the Estonian Unemployment Insurance Fund and the service provider.

Occupational rehabilitation is provided to unemployed disabled persons (in specified cases also to job-seekers, or to persons who are not registered as unemployed or as a job-seeker) for preparation for working life and commencement or continuation of employment. In terms of the number of beneficiaries, occupational rehabilitation is the prevailing type of labour market services targeted for persons with partial work capacity. In 2018, the number of persons receiving these services was 4,707. As occupational rehabilitation falls under the umbrella of rehabilitation services, there is a licence requirement to become a service provider. At the end of 2019, the EUIF had 77 contractual providers of occupational rehabilitation services. There is a wide mix of public and private providers, including joint stock companies, limited liability companies, foundations, non-profit NGOs, local municipality agencies and state agencies under ministries<sup>9</sup>.

<sup>9</sup>The full list of service providers, their target groups and service locations is available at: <https://www.tootukassa.ee/reha/teenuse-osutajad>

Working with a support person is a labour market service provided to persons with reduced work capacity who, due to their disability, need help and direction while working. In 2018, this service was provided to 293 persons with reduced work capacity. The employer applies for this service and identifies the support person in consultations with the employee. This may be a colleague from the same company or another suitable natural person. The EUIF pays a fee to the support person (in 2019 the fee was 2.78 EUR per hour).

Special working aids and equipment are considered devices necessary for work in the absence of which the person due to a disability would not be able to perform his or her duties. In 2018, EUIF financed special working aids and equipment for 179 persons with reduced work capacity.

Adaptation of premises and equipment means the rendering of an employer's premises, facilities, workstations or equipment accessible to and fit for use by disabled persons. The EUIF compensates to the employer 50 to 100 per cent of the cost of the adjustment after the person with reduced work capacity commences work with this employer. In 2018, the EUIF financed adaptation of work premises or equipment in case of 8 persons with reduced work capacity.

Communication support at work interviews is a labour market service provided to disabled unemployed persons who, due to their disability, need help in communicating with the employer during job interviews. In 2018, this service was provided to 4 persons with reduced work capacity.

The administration and financing of sheltered work services in dedicated workshops is divided between the Estonian Unemployment Insurance Fund and the Social Insurance Board. The former administers short-term (up to 2 years) sheltered work services, whereas the latter administers long-term sheltered work. For the provision of short-term (up to 2 years) sheltered work services, the EUIF held a public procurement procedure in December 2018 and as result concluded 49 framework agreements with potential private and public providers<sup>10</sup>. The EUIF invites the shortlisted providers to submit bids to open a new sheltered workshop for a specified target group in a particular region, if there is a group of at least eight persons with disabilities looking for such a service.

In a similar vein, by using the public procurement procedure, the EUIF in May 2019 concluded framework agreements with 101 providers of coaching for working life service<sup>11</sup>.

The EUIF has also purchased counselling and work club services for specific groups of persons with disabilities in specified locations by using public procurement.

At the end of 2019, there were no waiting lists as such for labour market services for persons with disabilities and/or with reduced working capacities. However, this does not imply that all services are immediately available when applied for. When a need for a specific service for given target group of service in a given location is identified, the procurement procedure will take on average about 2 months. Occasionally it has happened that no bids from providers are submitted, indicating there is sometimes a shortage of qualified providers in certain locations.

## Day Care

The organisation of day centres for adult persons with disabilities is the responsibility of local municipalities. The actual provision and availability of such services varies between municipalities. As data on the delivery and providers of such services are not centrally collected, recent statistics from municipalities are not available. According to a study by Kriisk and Minas (2017), in 2013 social centres for disabled persons existed in 58% of all municipalities, being more prevalent in towns (76%) than in rural municipalities (55%). The main providers of such services are local municipality agencies and non-profit NGOs<sup>12</sup>.

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<sup>10</sup>The list of providers holding a framework contract to provide sheltered work services is available at: <https://riigihanked.riik.ee/rhr-web/#/procurement/1534741/contracts>

<sup>11</sup>The list of providers holding a framework contract to provide coaching for working life service is available at: <https://riigihanked.riik.ee/rhr-web/#/procurement/1567389/contracts>

<sup>12</sup>Detailed updated information on the actual provision of such services by local municipalities is not available, see also footnote 4 above.



## Living Support

The administration and financing of living support services varies depending on the type of disability.

For persons with a severe, profound or permanent mental disorder, there are so-called special care services to support living in a community: everyday life support service, employment support service, supported living service and community living service. All special care services are financed by the state via the Social Insurance Board.

The aim of the everyday life support service is to support independent coping and development of a person with a mental disorder through supporting psycho-social coping, the development of everyday life coping skills, and counselling of the people close to and people living together with the person. The service covers a range of activities with the purpose of:

- development of personal and everyday life skills;
- supervision of the person in establishment, preservation and development of social relationships;
- supervision of the person in time-planning and spending spare time;
- supervision of the person in using health, social, postal, financial and other services;
- advise to the relatives, neighbours etc. in the specificities of the behaviour of the person and in communication with the person;
- establishing and supporting the activity of support groups of persons with a similar diagnosis and related problems.

The everyday life support service may be provided at home of the client, at day centres or other locations depending on specific activities as foreseen by the service provider. Individual co-payment is charged only for any catering provided during the service.

Supported living services cover support in social coping and integration of a person along with supervision in the organisation of household and everyday life (including budgeting), as well as in the use of services related to maintenance of a dwelling, postal and financial services among others.

The community living service includes creation of a living arrangement similar to life in a family. Beyond the provision of a safe living environment, the service also covers assistance and development of personal and everyday life skills, supervision in time-planning, spending spare time and participation in various joint activities.

As noted in the introductory section, a licence is required to provide any special care service. The licence requirements are described in the Social Welfare Act and these include qualification of the personnel directly involved in service delivery and safety requirements for service locations. In 2019, the Social Insurance Board had 135 contractual partners licenced to provide special care services in a total of 189 service locations. The list of providers includes a mix of private and public entities.

For most of the special care services, there is a waiting list maintained and managed by the Social Insurance Board. The length of the waiting list varies by type of service, by service location and by service provider.

For persons with other types of disabilities, the administration and financing of living support services (except the provision of technical aids) is the responsibility of local authorities.

Local authorities provide domestic services to assist in activities which are essential for living at home, such as heating, cooking, cleaning the dwelling, washing clothes, buying food and household articles or running other errands outside the dwelling, in cases where the person is unable to perform such activities without personal assistance due to reasons relating to state of health, operational capacity or physical and social environment (Social Welfare Act §§17–19). According to the data of the Ministry of Social Affairs, in 2017 the number of persons with disabilities receiving such homes services was 4,720 (Pall and Leppik 2019). The main direct providers of home services are social welfare workers of local municipalities.

The local authorities also arrange a support person service, if a person needs significant personal assistance in performing his or her obligations and exercising his or her rights (Social Welfare Act §§23–25), and a personal assistant service, if an adult person needs physical assistance due to a disability (Social Welfare Act §§27–29). In 2017, a support person service was provided to 1,368 persons with mental disabilities. About 44% of the total costs of this service

was financed from the EU structural funds. In 2017, the personal assistant service was provided to 318 persons with disabilities (Pall and Leppik 2019).

Local authorities shall also assist persons who have difficulties moving about, caring for themselves or communicating as a result of a disability in adapting their dwelling or in obtaining a more suitable dwelling (Social Welfare Act §42). However, the local municipalities have discretion to decide the specific modalities of fulfilling this obligation and the actual provision significantly varies between municipalities.

Several local authorities provide sign language interpretation services for persons with severe or profound hearing impairment. The amount of covered service varies between municipalities. In Tallinn, the municipality pays for 2 hours, whereas in Tartu for 3 hours of sign language interpretation per person per month.<sup>13,14</sup>

The provision of technical aids and assistive devices for persons with disabilities (regardless of the type of disability) is a state-financed social service. The state has established a list of technical aids, provided or rented to the person on subsidised prizes (with limited out-of-pocket payments) or free of charge (Social Welfare Act §§46–55). In case of insufficient funds in the state budget for specific types of technical aids, the Social Insurance Board enters an entitled person in the waiting list and notifies them when their turn arrives (Social Welfare Act §53). As the budget for this service is divided by types of technical aids, the waiting list mainly concerns more expensive and/or rare technical aids.

## Long-term Institutional Care and Respite Care

Persons with a severe, profound or permanent mental disorder may be eligible for the 24-hour special care service financed from the state budget by the Social Insurance Board. Service users are required to pay individual co-payment for catering and accommodation. However, if a person entitled to receive these residential services does not have sufficient financial resources to pay individual co-payment, this is covered from the state budget (Social Welfare Act §§72–74).

Until 2003, institutional care services for persons with mental disorders were mainly limited to residential care in large institutions. In 2002, there were 21 service providers (mainly public welfare institutions) in various locations in Estonia with a total of about 2,500 service users, i.e. on average 120 clients per institution. With the reform of welfare institutions, a shift towards smaller institutions, an emphasis on community-based care, emergence of new types of 'half-way' institutions, new services to support independent living and new providers, the number of providers of special care services has significantly increased to 135 providers in 2018 with a mix of public and private providers, while the total number of users of special care services has more than doubled, to 5,954 persons in 2018. Nonetheless, among the providers of 24-hour special care service AS Hoolekandeteenus, which is a state-owned joint stock company, remains the largest provider in terms of the number of clients served, providing services to 2,100 clients in 51 service locations<sup>15</sup>.

There is a waiting list for the 24-hour special care service, which is maintained and managed by the Social Insurance Board. The length of the waiting list varies by service provider and service location. Notably also the user charges vary by service provider, which is one of the factors influencing the waiting list.

For persons with other types of disabilities, the provision of residential care services is the responsibility of local authorities. The Social Welfare Act labels these services as the "general care service provided outside the home of a person". Services are provided with the objective to ensure a safe environment and coping of an adult who is temporarily or permanently unable to cope independently at home due to reasons relating to state of health, operational capacity or physical and social environment. Services provided on a 24-hour basis include accommodation and catering (Social Welfare Act §20). According to the data of the Ministry of Social Affairs, at the end of 2017, the number of persons with disabilities receiving general care services in institutions was 5,103 (Pall and Leppik 2019). Among providers, there is a mix of public and private entities – mainly local municipality agencies, but there are also several private providers.

<sup>13</sup><https://www.tallinn.ee/Teenus-Viipekeele-tolketeenus>

<sup>14</sup><https://www.tartu.ee/et/viipekeele-tolketeenus>

<sup>15</sup><https://www.hoolekandeteenus.ee/kodud/>

## Leisure and Social-Life Support

Local authorities have the responsibility to organise social transport services to enable a disabled person whose disability hinders the use of a personal or public transport, to use a means of transport in order to get to work or an educational institution or use public services. A fee may be charged for the social transport service in an amount the person would spend on travelling the same distance by the least expensive existing means of transport if the person had no restrictions caused by the disability (Social Welfare Act §§38–40). Municipalities use different modalities to arrange social transportation for persons with disabilities. Some municipalities use the services of the Centres of Public Transportation, which are non-profit NGOs initiated by groups of local municipalities. Other municipalities arrange the service themselves or subcontract it from private providers (Raag 2019).

## FUTURE TRENDS

The development of social care and support services for persons with disabilities are based on two strategic policy documents elaborated by the Ministry of Social Affairs – the Welfare Development Plan 2016–2023 and the Special Care Development Plan 2014–2020. These development plans focus on improving opportunities of persons with disabilities to cope independently, live in a community and participate in society. As regards both general and special care services, the aim is to improve the quality, accessibility and availability of services. In the area of special care services for persons with special mental needs, the principles of de-institutionalisation are followed. The aim pursued is to reorganise by 2023 all the former large service locations (with more than 30 resident places) and to replace these with accommodation in smaller family-type units to facilitate living in a community. Simultaneously, community-based supportive services are being developed to enable persons with disabilities to live independently and reduce the need for institutional care.

## CONDUCTED INTERVIEWS

- Katrin Tsuiman, Adviser of the Special Care Unit of Social Services Department, Social Insurance Board
- Sirlis Sõmer-Kull, Head of Department of Work Ability Assessment and Supporting Services, Estonian Unemployment Insurance Fund.



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This fact sheet is prepared as part of the EASPD “Reaching Out” Work Programme 2019.

With the financial support of the European Union Programme for Employment and Social Innovation “EaSI” (2014-2020).

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