

Quality Study Annex 9 Estonia case study

At a glance:

- *The Social Welfare Act establishes general and service-specific quality criteria applicable to service providers.*
- *Municipalities have a broad jurisdiction in social services, holding responsibility for both their provision and regulation.*
- *Holding certifications does not yield extra points in public tenders.*
- *Declining importance on certifications, increasing focus on self-evaluation of organizations.*
- *Stakeholders interviewed are not optimistic about the place for EQUASS in the Estonian market.*

Regulation of social services

The Ministry of Social Affairs is responsible for social security and social welfare in Estonia. Under the Ministry, there is a governmental agency - the Social Insurance Board, and two public legal bodies - the Health Insurance Fund and the Unemployment Insurance Fund. Jointly they are responsible for the administration of different branches of social security. *The Social Insurance Board* administers the schemes of pension insurance, family benefits, social benefits for disabled persons, funeral grants, rehabilitation services, special welfare services, and is responsible for assessing the degree of disability. *The Unemployment Insurance Fund* is in charge of the unemployment insurance scheme and the provision of employment services. The *Health Insurance Fund* runs the health insurance scheme, which includes medical services. The Fund forms annual contracts with medical services providers and covers their expenses related to medical care of insured persons under these contracts.

Estonia's Social Welfare Act regulates the social service system in Estonia. The Ministry of Social Affairs oversees it. **National-level institutions, such as the Ministry of Social Affairs, the Social Insurance Board and Health Insurance and Unemployment Insurance funds also are responsible for specialized services, such as social and occupational rehabilitation, assistive technology, special care, everyday life support, employment support, supported and community living, childcare, and the administration of various benefits.** They finance these services and contract the service providers. However, it is the municipalities that are responsible for managing (contracting, overseeing) the majority of social service provision. The Social Welfare Act establishes eleven different types of social services organized by local authorities:

- **Domestic services:** a social service, aiming to ensure independent and safe coping of an adult in his or her home.
- **General Care Service Provided Outside Home:** a social service aiming to ensure a safe environment and coping of an adult who is temporarily or permanently unable to live independently at home.



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- **Support Person Service:** a social service, aiming to support the ability to cope independently in situations where a person needs significant personal assistance in performing their obligations and exercising their rights.
- **Curatorship of an adult:** a social service, established for adults who due to mental or physical disability need assistance to exercise their rights.
- **Personal assistant service:** a social service aimed at increasing independent coping ability and participation in all areas of the life of adults in need of physical assistance due to a disability.
- **Shelter service:** a social service aimed at providing a place of temporary overnight stay to adults unable to secure accommodation.
- **Safehouse:** a social service aimed at ensuring temporary housing, a safe environment, and basic assistance for persons in such need.
- **Social transport:** a social service aiming to enable persons whose disability hinders the use of a personal or public transport vehicle to use a means of transport corresponding to their needs in order to get to work or an educational institution or use public services.
- **Provision of dwelling:** a social service aimed at ensuring dwelling to a person who is unable to provide for one, corresponding to their and their family needs.
- **Debt counseling service:** a social service aimed at assisting persons in identifying their financial situation, conducting negotiations with creditors, and satisfying claims.

Local authorities as bodies responsible for the majority of social services establish procedures and requirements relating to their provision and decide the applicable funding or fees, if any (Social Welfare Act¹, chapter 2, Division 1). Separate institutions regulate other **medical and educational services**. While the Ministry of Healthcare oversees medical rehabilitation, the Labor Market Services and Benefits Act sets out regulations for 'labor market services'² such as supported employment and occupational rehabilitation. The Vocational Educational Institutions Act³ establishes regulations for vocational education and training.

The system of contracting services is very diverse: provision of some types of services is decided by tenders, others require obtaining a license, or, as in case of social rehabilitation, registering a team of specialists. In the words of one interviewed expert, instead of attempts to unify the system, "there is a tendency to have fewer regulations on the national level."

Quality trends

The Social Welfare Act sets out quality-related provisions applicable to each social service. First, these establish the necessary technical requirements for providing a service, such as education of the staff. Other provisions cover a broader vision of quality, such as patient-centeredness, for example in personalized care plans. Child welfare institutions are subject to an internal evaluation at least once every three years. Finally, all social services must abide by the core nine principles

¹ Sotsiaalhoolekande seadus, <https://www.riigiteataja.ee/en/eli/504042016001/consolide>

² Tööturuteenuste ja -toetuste seadus, <https://www.riigiteataja.ee/en/eli/ee/522032019015/consolide/current>

³ Kutseõppeasutuse seadus, <https://www.riigiteataja.ee/en/eli/514012019002/consolide>



(see Figure 1). According to an interviewed expert, quality and the applicable principles are going to gain in importance in future discussions about social services in Estonia.

At the time of drafting this study, the Estonian Social Insurance Board was developing quality guidance papers for all types of social services.

These guidelines, financed by the European Social Fund, will be optional and should serve as a tool for organizations to self-evaluate. One of their aims is to enable the use of data gathered during the self-evaluation by external auditors. However, the emphasis seems to be more on self-evaluation rather than on elaborating more unified and stricter national control. As claimed by one interviewed regulator, the system of control is only one dimension of quality assurance; most important is the disposition of providers not to settle for the easiest solutions and to excel at their work.

Figure 1 Core principles of social welfare services

1. Person-centeredness;
2. Empowering nature of the service;
3. Orientation towards outcome;
4. Needs-based approach;
5. Integral approach;
6. Protection of a person's rights;
7. Involvement;
8. Staff competence and ethics;
9. Good work organization and high-quality management of the organization.

The overall assessment of quality assurance in Estonian social services varies. Authorities

I think managing social services is moving into the same direction that life in general <...> There will be fewer and less general requirements, limitations and regulations, and more freedom, more space for individual solutions, innovations, ways to support or improve the quality of services.

hold a positive view, emphasizing empowerment of the providers, including through clear guidance on how services should be provided. One regulator pointed out that educational programs and available support measures are more effective tools than regulations in helping the providers to deliver better services and making them more responsible for the services they offer. The interviewed providers were less optimistic and doubted the effectiveness of the system in ensuring quality. According to a provider of social rehabilitation services, many existing rules in Estonia remain overly centered on

services as opposed to patients. While personal plans are required, meaning there is a focus on patients, there are lots of funding-and service-related limitations that guide tailor-made service provision. Another issue, according to an interviewed expert, is related to the increasingly important role of municipalities. This can affect social service quality as there are already **significant disparities in the financial capacities of different municipalities, and, therefore, the quality of services varies accordingly.**ⁱ

<p>Occupational rehabilitation/VET</p>	<p>Vocational rehabilitation, as a concept, does not exist in Estonian regulation. There is just one vocational rehabilitation service provider (Astangu Vocational Rehabilitation Center), which proposed its own definition for this service (education+ rehabilitation+ employment services). Until 2016, Estonian legislation only encompassed general "rehabilitation" services. At the time of drafting this study at the end of 2019, it also distinguishes occupational/work rehabilitation, regulated by the Labor market Services and Benefits Act. While the funding for this comes from the Unemployment Insurance Fund, it is the Social</p>
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Insurance Board that issues licenses to the providers. **The requirements for work/occupational rehabilitation providers are the same as for social rehabilitation and are laid out in the Social Welfare Act. According to them, the providers need to fulfill certain criteria related to the staff, facilities, protection of patient data. Moreover, they need to apply a certified quality management system** which adheres to at least the following principles: accessibility to information, person-centeredness, orientation towards outcomes, co-operation, needs-based approach, user involvement, the empowering nature of the service, guaranteed work organization and quality management.

The Ministry of Education and Research oversees the quality of vocational education and training. While VET providers can be public or private, the state finances 99% of themⁱⁱ. VET programs have to be accredited by the Estonian Quality Agency for Higher and Vocational Education. As established in the Vocational Educational Institutions Act, **all VET providers must conduct periodical internal evaluation**, analyzing the teaching, education, management and performance of the school. Moreover, **there is an obligatory external assessment conducted by an independent assessor at least once in every six years**. This assessment partially based on internal self-assessment, includes the sustainability of teaching and education (development of curriculum, learning, and teaching), leading and management, and the use of resources.

Talking about the client's perspective, one of the interviewed stakeholders observed that **while the clients are increasingly educated about the quality of services, providers still strongly shape their demands**. People, often with disabilities or with vulnerable backgrounds, often do not know what services to demand, and their understanding of quality depends on that of the provider. The interviewed stakeholder felt that the implementation of EQUASS in different organizations enabled the clients to demand quality as well.

Place of EQUASS in the overall system

Interviewed stakeholders mentioned EQUASS, ISO, CARF, and EFQM as quality certifications held by Estonian providers of social services. However, the latter two seem to be far less popular. None of these certifications yield any advantages for their holders in terms of securing public contracts. During the short period between 2015 and 2016, **social rehabilitation service providers were required to have a quality management system in place**. The requirement, however, was never enforced, and subsequently dropped.

Both interviewed providers were EQUASS certified organizations. **All four stakeholders interviewed were aware of the EQUASS certification system and considered it to be the best for social services due to its inclusivity** (it considers and integrates different aspects of quality) and sector specificity. In the words of one provider, "compared to CARF, EQUASS is cheaper and more general. Compared to the ISO quality system, it provides more soft principles to follow and offers a holistic approach for a social service provider." However, the popularity of



EQUASS in Estonia seems to be falling, and, more importantly, does not have the support of institutions at the national level.

EQUASS certification was financially supported in Estonia via the European Social Fund (ESF) during 2010-2018. According to one interviewed expert, this helped to build up capacities and knowledge about the quality of social services that was lacking before. According to one provider, there were even debates about including the requirement for having EQUASS into Estonian law.

However, in May 2018, the program financing **EQUASS certification ended and the Ministry of Social Affairs decided against continuing support.** Several factors influenced this decision. The people working with the program changed, leaving no ‘ambassador’ for continued support to EQUASS. Moreover, the Centre for Quality in Social Services that existed in Astangu Vocational Rehabilitation Center moved to the Estonian Social Insurance Board. Finally, financial considerations played a part: without the ESF support, the Estonian government or providers would have had to shoulder the costs of getting certified – a significant commitment given the limited availability of funds. All this signified a need for another approach, less attached to a precise certification system, and based on more discretion for the provider. **Therefore, the Social Insurance Board elaborated more detailed descriptions of service quality (general and service-specific),** which were included in corresponding documents. Consequently, while one of the interviewed providers claimed to see a potential for EQUASS in the Estonian market in the sector of vocational rehabilitation, other interviewees doubted this prospect, pointing out the abovementioned limitations.

ⁱ Paat-Ahi, G., Masso, M., 2018. *Thematic Report on Challenges in long-term care. Estonia*, European Social Policy Network, p. 10.

ⁱⁱ Cedefop (2017). Vocational education and training in Estonia: short description. Luxembourg: Publications Office, p. 31.

