

2024

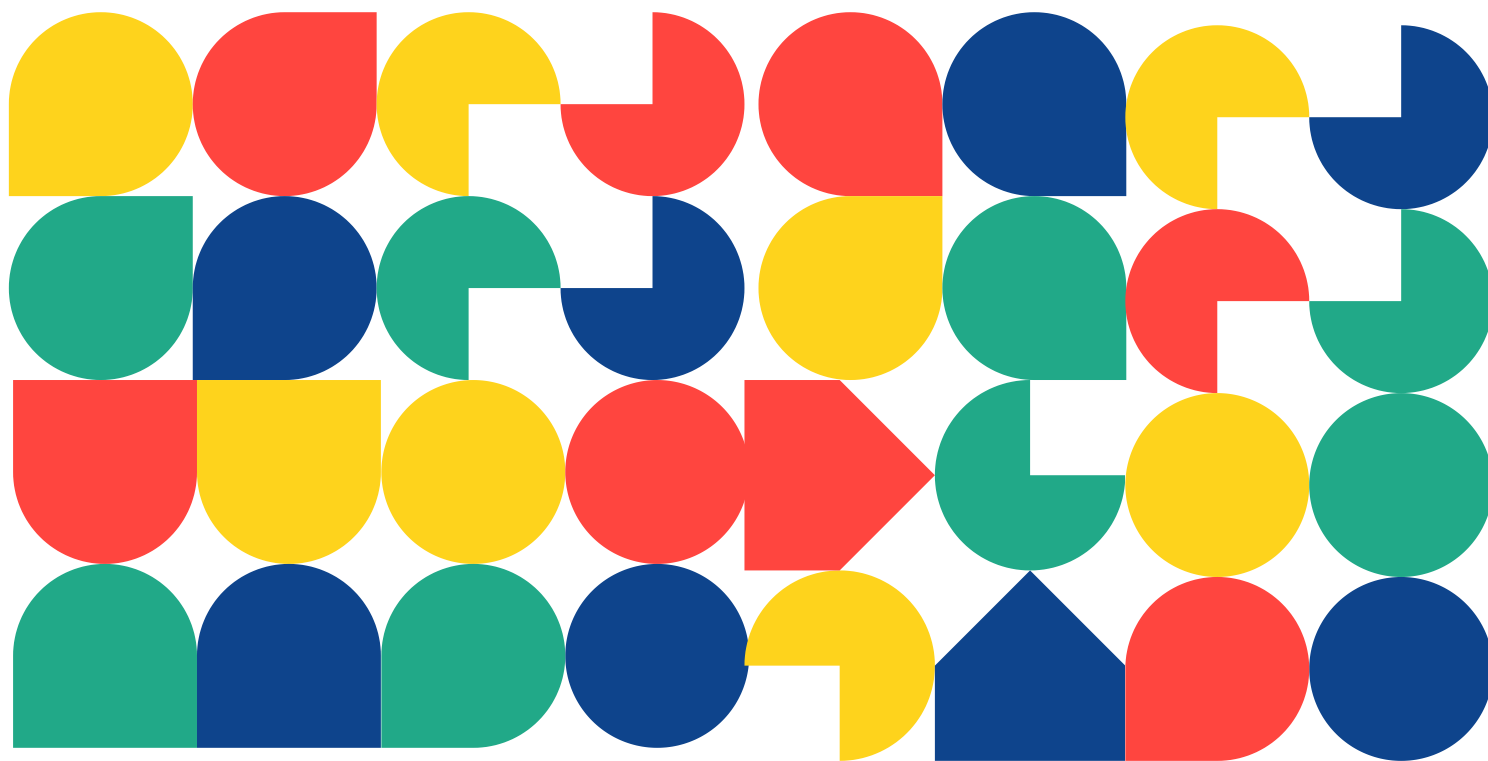


Child Guarantee analysis

ESTONIA

Support to children with disabilities within the
National Action Plan for the implementation of the
EU Child Guarantee

Country Fact Sheets



Date of publication

National Action Plan (2022) [EE](#) / [EN](#)

Biennial Report (2024) [EE](#) / [EN](#)

Overall Opinion

Estonia's National Action Plan (NAP) reflects a strong commitment to supporting children with disabilities, mental health conditions, and those in alternative care. It provides comprehensive data on these groups, outlines challenges and sets targets, particularly to speed up deinstitutionalisation. Since the adoption of the NAP, legislative changes and key actions have been implemented, including further support for inclusive education, early childhood education reforms and improvement in healthcare for children with disabilities and rare diseases. The Biennial Report highlights new initiatives, with increased funding for children with disabilities - increasing from €31.12 million in 2022 to €42.1 million in 2024. It provides a strong overview of ongoing and upcoming reforms, particularly in the field of healthcare, special support, but also accessible public space and housing. Still, the lack of specialists and their uneven distribution, challenges in family-based support, lack of special support in mainstream education and institutionalisation remain significant issues. Building on its commitment and progress achieved, and reported in the Biennial Report, Estonia should continue addressing these gaps, including regional disparities and strengthening efforts towards deinstitutionalisation.



Key data and figures

Children with special needs or disability

- In 2020, there were **10,125 children with a disability/special need** (3.9% of all children):
 - 3,660 with moderate disability
 - 5,796 with severe disability
 - 669 with profound disabilities

- **Higher poverty rate:** The poverty rate for children with disabilities decreased from 25.1% in 2015 to 18.7% in 2020, but it remains higher than for all other children. In 2020, the absolute poverty rate for households with dependent children and very high work intensity was 1.1%, with an at-risk-of-poverty rate of 7.6%.

- **Participation in ECEC:** In 2016-2017, 77-83% of children with disabilities aged 0-6 attended kindergarten or nursery.

- In 2020, every twelfth child required significant support in education, social and/or health care sectors.

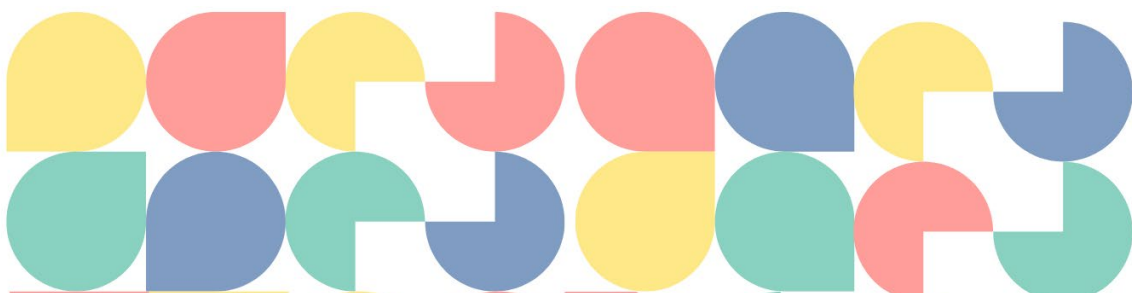
Children in alternative care

- **Children with disabilities in residential care:** As of the end of 2020, a total of 2,099 children (aged 0-17) were in alternative care, including 800 in substitute or family homes. Among children growing up in residential settings, 32% had severe and profound disabilities.

Children with mental health issues

- **Highest rate of suicide among minors with mental health and behavioural issues:** 14 young people under 19 committed suicide in 2020. Among those attempting suicide, 60% had mental health and behavioural issues.

- **Increase of applications for child social rehabilitation services:** It increased by 180% compared to the first half of 2020, with psychological assistance being the most needed service.



Key challenges

ECEC and education

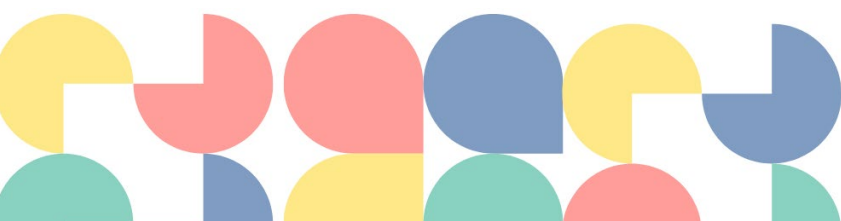
- **Limited access to ECEC:** Children with disabilities often cannot attend childcare facilities due to inadequate support services and assistance, including a lack of support professionals.
- **Inadequacy of the support system:** It is too fragmented and bureaucratic, with parents needing to manage multiple applications across social, educational and health sectors. It often fails to provide timely and adequate specialist assistance, is expensive and poorly located.
- **Barriers in accessing education:** There is a lack of suitable educational options for children with special needs. They may struggle to attend school due to insufficient family resources and local support. Laws such as the Preschool Child Care Institutions Act, and the Basic Schools and Upper Secondary Schools Act also do not guarantee the right to assistance.
- **Social exclusion at schools:** Children and young people feel that others keep their distance from those with disabilities due to their peculiarities.

Healthcare

- **Shortage of mental health professionals:** In 2019, there were only 24 child and adolescent psychiatrists in Estonia.
- **Uneven local distribution of support:** Timely specialist support varies by region and is not always ensured.

Alternative care

- **Challenges in family-based support:** The institutionalisation of children with disabilities remains too high. Since 2018, the Social Welfare Act has mandated a preference for family-based alternative care. Replacing institutional services is difficult due to a lack of foster/guardian families willing to care for children with special needs.
- **Lack of support in the transition to adulthood:** There is no guaranteed smooth transition to the social protection system for children reaching the age of majority who still need support.



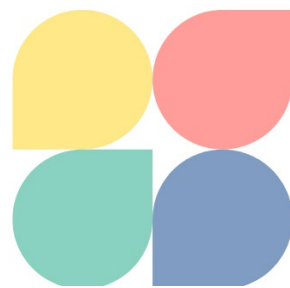
National legal framework

The objectives of the Child Guarantee align with national priorities and the government's action programmes such as:

- National long-term strategy 'Estonia 2035'.
- European Pillar of Social Rights Action Plan.
- Welfare Development Plan 2016-2023 and the new Welfare Development Plan 2023-2030.
- Children and Families Programme 2022-2025.
- Estonian Education Strategy 2021-2035.
- Population Health Development Plan 2020-2030.
- Green Paper on Mental Health.

Key targets and objectives

- Reduce the percentage of parents and carers of disabled children who struggle to access social services, whether due to lack of availability or insufficient support.
Baseline: 30% in 2017 (Target: 2025).
- Increase the percentage of teachers in general education schools who believe that their school effectively collaborates with various out-of-school specialists, including police officers, counsellors, doctors, psychologists and youth workers, to support children with special educational needs.
Baseline: 65.3% in 2021 (Target: 2025).
- Increase the percentage of early childhood education teachers who agree that kindergarten cooperate well with non-kindergarten specialists to support children with special needs.
Baseline: 59.2% in 2021 (Target: 2035).
- Increase the percentage of children placed in non-institutional alternative care out of all children in alternative care.
Baseline: 65% in 2020 (Target: 70% in 2025).
- Ensure that children in need of alternative care can grow up in a family rather than institutions, young people leaving alternative care receive needs-based support and benefit from high-quality alternative and continued care.



- Expand access to primary level mental health services, such as those provided by family doctors, school counsellors and community health centres.

Key measures

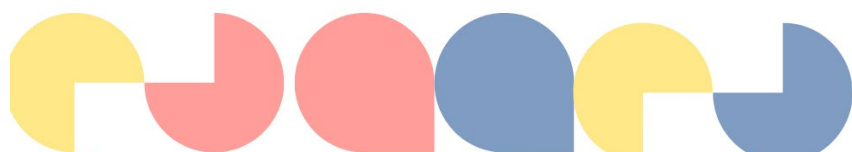
As part of the Child Guarantee, **Estonia is increasing funding** for measures supporting the identified categories of children. Funding for children with special needs and disabilities rose from €31.12 million in 2022 to €42.1 million in 2024. Similarly, over the same period, funding for alternative care and family-based alternative care has increased from €20.3 million to €33.1 million and from €1.5 million to €1.96 million for supporting children with mental health problems.

ECEC and education

- **Reforming and upgrading ECEC:** The principles for the provision of ECEC will be harmonised. Childcare and day nursery services will be merged and further developed for children with high care needs. Childcare service providers, previously part of the social sector, will now be included in the education sector.
- **Creating community-based prevention centres:** Centres will be established to provide integrated health and social services through community-based prevention and family work.
- **Reorganising support schools:** The network of schools for students needing support will be restructured, enhancing learning conditions and access to services.
- **Upholding inclusive education:** From 2024, support will be provided to educational institutions to increase the inclusion of individuals with special needs in mainstream education and youth work by improving the learning environment. The measure's total budget until 2027 is €12.1 million.

Healthcare

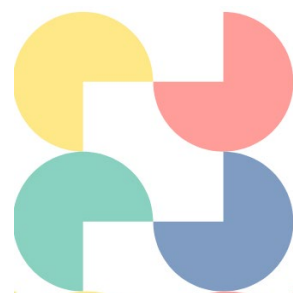
Agreed in 2021, the **Reform of the Special Need Support Scheme** aims to provide faster, more effective assistance by reducing duplication across social, educational and healthcare sectors. Assistance will be based on assessed needs, not disability severity, with a focus on early identification of developmental delays. Supported by the European Social Fund+ (ESF+), this reform comprises the following legislative changes and longer-term activities, planned until 2027:



- **Legislative intent for a draft Act amending the Social Welfare Act and other Acts:** Discussions are still ongoing. Main goals include establishing a stable system for crisis care and families with higher needs.
- **Reform of rehabilitation services:** It aims to restructure rehabilitation services to make them more accessible and transparent, focusing on individual needs, making access easier and upholding the person's assistance. More detailed plans are currently still under development.
- **Data integration:** In 2023, an analysis identified needs based on irreversible condition diagnoses, leading to a system for automatic data exchange between healthcare, social and educational sectors. This system enables authorities to contact families proactively and offer support.
- **Expanding support for rare diseases:** In 2021, six more diagnoses were added to the rare diseases list, aiding families in accessing social benefits and preventing complications. In 2022, the government allocated €5 million annually for four years (€20 million total) to support treatment access. Support for children with rare diseases will come from charity funds.
- **Improving data exchange to support families of children with disabilities:** Adoption in 2022 of an amendment for the establishment of automatic data exchange between the state and local authorities on persons with disabilities enables local authorities to reach families who may need additional support due to a child's disability.
- **Enhancing financial flexibility of support:** In 2022, the principles for the use of funds allocated to local authorities was amended to ensure greater flexibility to help children with a high care need - not just those with severe disabilities - and to prevent an aggravation of their need for assistance.

Mental healthcare

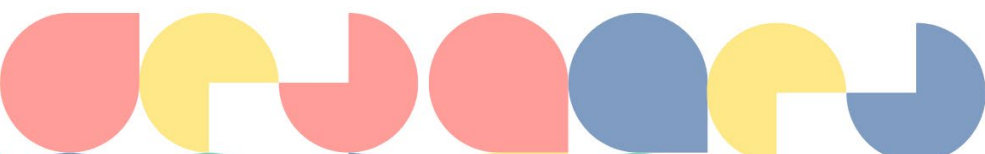
- **Mental healthcare Action Plan (2023-2026):** Adopted in 2022, the plan is in line with the WHO's principles, focusing on universal health coverage, human rights and notably empowering individuals with intellectual and psychosocial disabilities.
- **Increasing professional training:** The professional year for both clinical psychologists and community psychologists (psychologist-counsellors) will be extended to alleviate the shortage of specialists.



- **Improving pastoral care:** Efforts to enhance pastoral care services in care institutions and improve the quality of services in children's mental health centres will continue.
- **Support groups for mental conditions:** Support groups for individuals with mental conditions are provided through the Estonian Foundation for the Disabled.
- **Enhancing primary-level services:** The volume of mental health services at the primary level will be increased, with a focus on improving access at the community level.
- **Large-scale study on children's mental health:** Launched in 2023, the study will enable regular monitoring of children's mental health. They will notably serve to update the National Action Plan on the Child Guarantee by setting up new common indicators, enabling effective monitoring. The NAP mentioned that the results were expected for 2024.
- **Cross-sectoral ministerial working group:** Established to address factors affecting children's mental health, it was set up to propose changes to physical and social environments across all areas of life in 2024.
- **Improving access to mental healthcare and physiotherapy:** Amendments to the Health Services Organisation Act in 2023 to ensure psychological treatment, physiotherapy and speech therapy are treated as other healthcare services. These enable better information exchange, improved treatment quality and direct contracts between the Estonian Health Insurance Fund and service providers for psychological treatment.

Alternative care

- **Service quality and trauma-competent care:** Clarified service content and quality requirements, developed trauma-competent care and improved services for children with special needs in family and institutional settings. Competency models for service providers and foster families were introduced in 2023-2024. Substitute care training, now under the Social Insurance Board, received increased state funding, replacing ESF financing.
- **Support system for alternative care providers:** A state-regulated and funded support system was established to accommodate all forms of family-based alternative care.

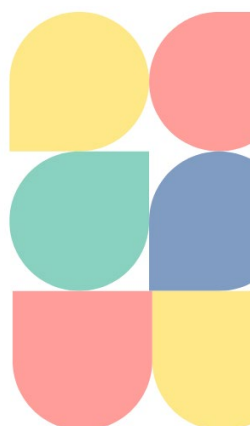


- **Modernisation of guardianship and adoption:** Regulations on guardianship and adoption were updated to ensure a uniform approach in supporting children and families in family-based alternative care.
- **Support for care leavers:** Clearer requirements for continued care planning were introduced to support young people leaving alternative care, including guidelines for local governments and networks.
- **Increased state funding for alternative care:** Financial contributions for children in alternative care were significantly increased to sustain activities that enhance the quality of family-based care.
- **New funding scheme for 2024:** The state revised the funding scheme for alternative care, supporting local governments via the revenue base and equalisation fund. This provides flexibility in fund use, including measures to prevent family separation.

Accessibility

The issue of accessibility of building, housing and public space, notably for people with disabilities, and legislations and initiatives addressing it, was not included in the NAP, but it was later added in the Biennial Report.

- **Accessible housing:** Local authorities assist people with disabilities who face challenges with mobility, independence or communication by adapting their current dwelling or facilitating access to a more suitable one.
- **Accessibility requirements for public space:** A regulation in 2018 establishes accessibility standards for public buildings, roads and spaces to support people with disabilities. These standards apply to social housing, educational, healthcare and cultural institutions and public street spaces. Accessibility varies, limiting notably school options and community participation for children with special needs. At the time of the writing of the NAP, it was planned by the Ministry of Climate to amend this regulation.
- **Accessibility Task Force report:** Published in 2021, it offers recommendations to improve accessibility across various sectors, which Estonia is actively implementing. The Estonia 2050 national plan, set for approval in 2026, will focus on accessibility, inclusive design and considering the entire life cycle in spatial design, benefiting children, disabled people and those with care burdens.

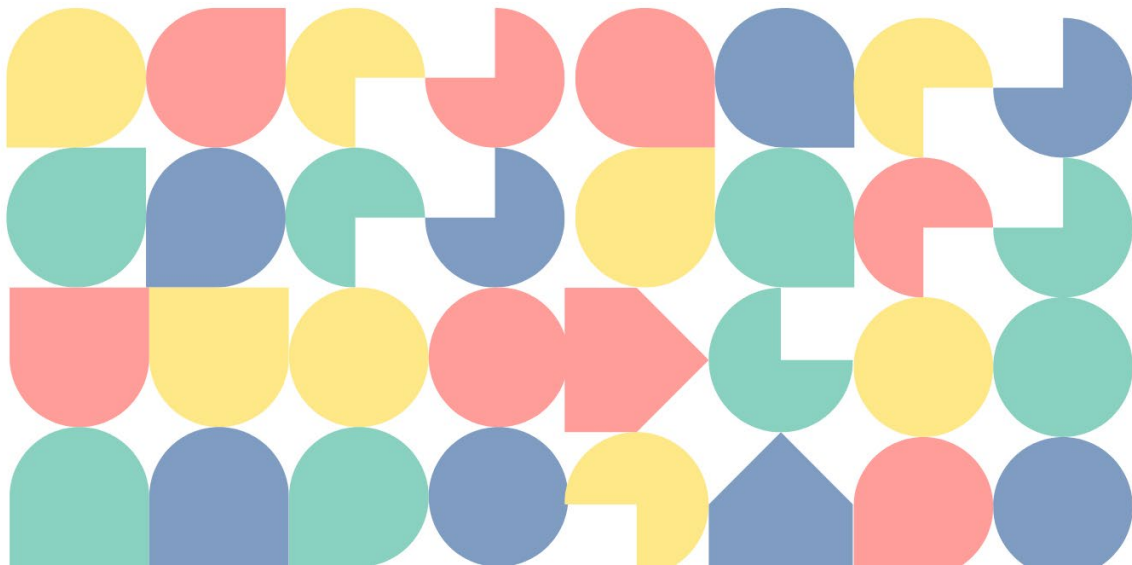


- **Transposition of EU Directive on Accessibility for products and services:** Completed in May 2022, it will notably improve children's access to information and daily activities.

Data collection

- **Review of family allowances and parental benefits:** The NAP mentioned a review, alongside collecting proposals for improving to best support family planning, planned in 2024. The last analysis was published in 2015.
- **Developing a Child Welfare Scoreboard:** It will be based on what Iceland has done¹.

For more information on the Child Guarantee contact: EASPD Junior Policy Officer Clara Massé, at clara.masse@easpd.eu.



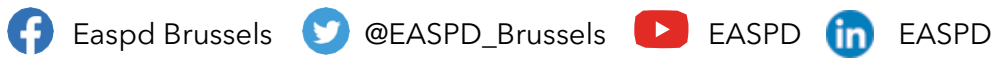
¹ Iceland has implemented a comprehensive framework to monitor and enhance children's well-being, notably through the development of a child well-being dashboard. This dashboard provides an overview of the status of children in the country, helping to prioritise projects, allocate funding and inform policy at both governmental and municipal levels. It focuses on key areas such as education, equality and equity, health and well-being, security and protection and social participation.



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