Ad-PHS
Advancing Personal and Household Services

This project is funded by the European Union.
(Ad-PHS - VS/2018/0344)

COUNTRY REPORT ESTONIA

December 2020

EASPD IMPROVING SERVICES IMPROVING LIVES
EFSI European Federation for Services to Individuals
UNI global union europa
EFFAT
IWAK Institut für Wirtschaft, Arbeit und Kultur Zentrum der Goethe-Universität Frankfurt am Main
diesis
EFFE EUROPEAN FEDERATION FOR FAMILY EMPLOYMENT & HOME CARE

Introduction

Estonia is a country on the east coast of the Baltic Sea in the northern part of Europe and former member of the Soviet Union (until 1992). Following the fall of the Soviet Union in 1992, Estonia became a sovereign parliamentary democracy with a very high rate of economic development and is currently considered an advanced, high-income economy. At the same time, Estonia has the highest gender pay gap in the EU and, in comparison to other EU Member States, digital technologies for communication between government and citizens are particularly well developed. In terms of demography, the country is not very densely populated. Both the shares of elderly people and women 's participation in the labour market are expected to grow significantly in the upcoming decades. This will produce an additional need for care services and PHS development.

Factors Supporting the Growth and Development of the Field of PHS

Estonia has a population of about 1.3 million people (as of 1 of January 2020).[1] Statistics Estonia expects the population of Estonia to increase by about 1,500 persons every year due to **migration**. The size of the population will mainly be shaped by natural causes, with a decreasing number of births and an increasing number of deaths. Furthermore, it is expected that until 2060, the working-age population (aged 15–64) will decrease by 8.6 percentage points of the total population, after which there will be a small increase. The proportion of persons aged 65 and older will increase gradually from 20 to 30 per cent by 2060. In 20 years, the proportion of children (aged 0–14) in the population will decline from 16 to 14 per cent and then rise slightly. As fertility is below the replacement level, natural increase will remain negative.[2] Forecasts for Estonian demographics show that in 2030, the share of the **population aged** 65 and older **will increase** from the current value of 19 per cent to a quarter of the population, implying a tangible increase in care-dependency ratios in the near future.[3]

Further challenges can be detected on the Estonian labour market. The Estonian Tax and Customs Board has estimated that in the first quarter of 2017 the share of undeclared work comprised less than 4.59 per cent of all workers.[4] However, according to a study conducted by the Estonian Institute of Economic Research in 2017, the number of recipients of “envelope wages” showed a one-year increase from 8 to 13 per cent.[5] Another challenge is the gender employment gap. In 2017, compared to 2016, the employment rate for both men and women

[1] Statistics Estonia (2020).
[2] Statistics Estonia (2019c).
[3] Mozhaeva (2019).
[4] European Commission (2017).
[5] Mozhaeva (2019).

increased, but the rate for men was 8 percentage points higher (63.6 and 71.6 percent, respectively).[6] Estonia has now the highest gender pay gap in the EU (22,7%)[7] while the EU average is 14,8%.

In 2025, in Estonia most job opportunities, i.e. around 25 per cent, will be for professionals (high level occupations in science, engineering, healthcare, business, and teaching). Job opportunities forecast that the number of craft and related trade workers in Estonia will be much higher than the EU average,[8] while the share of job opportunities for technicians and associate professionals will be slightly below the EU average.[9] Most job opportunities in Estonia will require high-level qualifications; however, there will be a significant number of job opportunities requiring medium-level qualifications.[10] Furthermore, Estonia is experiencing a shortage of skilled labour in the healthcare and social services sector in the coming decade. Occupations such as nurse or carer need more employees to replace the professionals exiting the labour market due to age.[11] Estonia is expected to rein in public expenditure growth by means of a greater withdrawal of working-age informal carers from the labour market. This will cause significant negative effects on the Estonian economy, especially in the face of diminishing numbers of younger entrants into the labour market and a shrinking working-age population.[12]

Definition and Development of PHS Instruments

According to official information by the City of Tallinn, "Service is provided to persons with disabilities, the elderly and families with children and coping problems. Home care services are provided in the person's domestic environment that help the person to cope in an accustomed environment. **Home care service** means providing help to the person with executing daily procedures and activities that are related to home and personal life. Home care services include **home assistance** and **personal assistance**."[13]

Further definitions can be found in the Social Welfare Act, which came into force on 1 January 2016. As §17 of the Social Welfare Act states, "(1) Domestic service is a social service organised by a local authority and the objective of which is to ensure independent and safe coping of an adult in his or her home by maintaining and improving his or her quality of life. (2) Upon provision of the domestic service, assistance is provided to a person in activities which the person is unable to perform without personal assistance due to reasons relating to state of health, operational capacity or physical and social environment [,] but which are

[6] Statistics Estonia (2018).
[7] Eurostat (2018).
[8] Sixteen per cent as compared to five per cent.
[9] Eleven per cent as compared to thirteen per cent.
[10] CEDEFOP (2015).
[11] Vahtla (2018).
[12] Mozhaeva (2019).
[13] City of Tallinn (2019).

essential for living at home, such as **heating, cooking, cleaning the dwelling, washing clothes and buying food and household articles and running other errands outside the dwelling**."

On 6 June 2018, the Parliament of Estonia adopted amendments to the Social Welfare Act.[14] The law provides a paid parental leave for a working caregiver of an adult person with disabilities. And the leave will be reimbursed on the basis of the minimum wage.

The Government of the Republic or, on the authorisation thereof, the minister responsible for the area may establish by regulation detailed requirements for the objective and content of the domestic service, including the activities necessary for the achievement of the objective of the service."[15]

In Estonia, the following instruments are currently in use: the Carer's Leave, the Caregiver's Benefit/Allowances, the In-Kind Benefits, and the Pension Supplement.

Carer's Leave: In Estonia, **paid care leave** is only available **on a short-term basis**. The associated care benefit (*hooldushüvitis*) is a temporary benefit in the case of incapacity to work, which is regulated by the Health Insurance Act[16] (passed 19 June 2002) and paid by the Estonian Health Insurance Fund to people who have a temporary disruption in employment because of caring needs. Care benefits are paid to an insured person in the following cases: nursing a child of under 12 years of age; nursing a family member who is ill at home; and caring for a child under three years of age or for a child with disabilities under 16 years of age, when the person caring for the child is themselves ill or receiving obstetrical care.[17]

The duration of the benefit is up to 14 calendar days in the event of nursing a child of under 12 years of age, or up to seven calendar days in the event of nursing another family member at home. Since July 2015, the benefit is paid for up to 60 calendar days if a child under 12 years is sick due to a malignant tumour and the treatment starts in the hospital. The benefit is paid for up to ten calendar days in the event of caring for a child under three years of age or for a child with disabilities under 16 years of age, if the regular person caring for the child is ill themselves or is receiving obstetrical care.

Caregiver's Benefit/Allowances: The Caregiver's Benefit (*hooldajatoetus*) is a **cash benefit provided by local authorities to informal caregivers** who support people with an **assessed degree of disability** in everyday activities (for example paying bills, organizing transportation to a doctor or to a bank when needed) and who also provide care services at home (for example personal assistance in eating, clothing, washing, or home assistance in cleaning, cooking, buying products). The conditions of the benefit are regulated by local authorities and may therefore vary.[18] Most municipalities provide this type of benefit regardless of the caregiver-recipient kinship; however, some pay allowances only to non-relatives who provide a person with disabilities with necessary care.[19] The main condition is that the caregiver or the family member who provides care needs to be appointed by the local authority.[20]

In-Kind Benefits: People who have disabilities or who need long-term care may receive **a variety of services organized by local municipalities**. A person may be charged a fee for social

[14] https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/530042020007/
[15] Riigi Teataja (2016).
[16] Riigi Teataja (2002).
[17] European Commission (2016).
[18] European Commission (2016).
[19] Mozhaeva (2019).
[20] European Commission (2016).

services provided to them or their family. Home care is provided by local government, helping dependent people to manage in their usual environment. Home care is not subject to any limits on its duration. Long-term support services are provided continuously for people living independently to enable them to use general public services. Home services comprise for example cleaning and care of the home, provision of meals, pharmaceuticals, firewood or other fuel, other necessities, and information and assistance in administrative matters.[21]

Pension Supplement: The Pension Supplement does not directly support the sector but alleviates the hardships of old-age pensioners. Since 2017, pensioners living alone whose net pension is lower than 1.2 times the average pension receive a pension supplement of EUR 115.[22] In the third quarter of 2019, the average old-age pension was about EUR 485.[23]

Additional parental benefit for fathers and 30 days of paternity leave - Estonia adopted additional parental benefit for fathers as a new type of parental benefit by a recent change in the Family benefits Act.[24] Additional parental benefit started on 1 July 2020 and is accompanied by paternity leave of 30 days for working fathers from their employers. The goal is to promote the greater involvement of fathers in the raising of their children and thereby also alleviating the burden of care placed upon mothers.

Landscape of Users

Home care services in general: In 2007, 4.9 per cent of the dependent older persons were receiving care in an institution and 7.4 per cent were receiving care at home.[25] The number of users of home care services has exceeded the number of persons in care homes by some 1,400 persons in recent years. Some 6,000 to 6,500 persons have used home care services in the last four years. Home care services are mainly used by elderly persons, of whom 44 per cent were at least 80 years of age in the past three years. In 2008, home care services were used by 49 persons per 10,000 residents and by 551 persons of at least 80 years of age.[26] Based on a survey of respondents aged 50 and over, the services with the highest demand were domestic services (29 per cent), social transport services (23 per cent), and personal assistant services (14 per cent).[27]

Formal home care: This kind of care is usually provided to persons with serious health deteriorations, who live alone. The smallest standard package of formal home care services includes purchasing food once or twice a week and providing help with paying bills. As a rule, the price of this package is very low (a few euros) and can be adjusted if the person has a very low income; such payments do not cover the actual costs of care and are meant to stimulate the person to remain active and try to execute everyday activities independently. Nevertheless, some municipalities provide completely free formal home care services to

[21] European Commission (2016).
[22] Estonian Ministry of Social Affairs (2017).
[23] Statistics Estonia (2019b).
[24] https://www.sotsiaalkindlustusamet.ee/en/family-child-protection/changes-family-benefits-act
[25] OECD (2011).
[26] Statistics Estonia (2010).
[27] Estonian Ministry of Social Affairs et al. (2017).

persons who do not have any relatives. If necessary, more intensive and diversified help is provided to the persons with disabilities: a social worker can, for example, clean the house, cook food, help with bathing, take the person to a doctor; however, services directly related to the duties of medical workers are not included.

Due to strict budget limitations, local governments in Estonia target social long-term care (LTC) services to those who need them the most, such as severely handicapped persons. Only 5.5 per cent of the surveyed elderly persons in Estonia reported receiving formal home care during the last year. The official data also indicate very low coverage of publicly provided formal home care in Estonia: For example, in 2014, only 6,500 Estonians received municipal home care. There is no empirical evidence of inequality in access to formal home care related to ethnicity and education. Living in a rural area, other parameters equal, also does not seem to reduce the chances of accessing formal home care. Although the number of social workers and other specialists is very limited in small, rural municipalities and the social budgets of such municipalities are, on average, considerably lower than those of cities, social services are physically close to people and usually very well informed not only about all the persons with disabilities in their area but also about their needs.[28]

Informal home care: According to Mozhaeva, households with higher level of education are more likely to get informal care; however, the effect on the probability and regularity of informal care provided outside the household (either by relatives or non-relatives) is not statistically significant. Well-off elderly persons are more likely to receive care from non-relatives, while the probability and regularity of care provided by family members does not seem to be related to the income level. Elderly persons living in rural areas have greater chances of receiving domestic help from someone outside their household (relatives or non-relatives). Ethnic minorities are found to receive elderly care within their own households more often than ethnic Estonians; at the same time, ethnic differences are not observed for the other non-elderly kinds of informal care.[29]

Financing of the Main Instruments and Associated Prices

Personal care services are mainly provided by **local governments**. Depending on the people's economic situation, the services are provided for a fee and partly or completely free of charge "(determined by the manager of [the] social welfare department). Home care services are free for persons whose income is smaller than valid minimum wage, established by the Government of the Republic."[30]

However, it has become common to purchase services from the public sector (state and local government agencies), as well as from the private sector (non-profit associations, foundations, and businesses). A local government's social worker typically chooses the care package according to the individual's needs and financial situation.[31] The decision about the

[28] Mozhaeva (2019).
[29] Mozhaeva (2019).
[30] City of Tallinn (2019).
[31] OECD (2011).

provision of home care services is based on an assessment form (questionnaire) completed by a social worker or sometimes also by the person claiming the service. In some municipalities, general physicians are involved in the assessment process; in others, such involvement is required only when a specific care plan is necessary. The service package and individual care plan is based on the results. Reassessment usually is carried out on an annual basis. The same assessment tool is used for the various social LTC services provided by a local government.[32] The home care service has no direct impact on the alleviation of poverty or reduction of social exclusion, but already the fact that a person has the opportunity to continue living in their habitual environment and is communicating regularly with the social worker can have a deep social and psychological significance for that person.[33]

Due to the strict budget limitations of local governments, the provision of formal home care in Estonia is being expanded too slowly to meet the growing need for home-based services among the elderly, increasing the burden on institutional care and implying higher private and public expenditures.[34]-[35] Estonia has been tackling the shortage of home care services by allocating additional funds from the EU structural funds between 2014 and 2020. The government has decided that EUR 49 million will be used to relieve the burden of family members who currently take care of persons with disabilities. Additionally, EUR 28.3 million from the European Social Fund (ESF) and EUR 5.3 million of co-financing from the government was allocated to local governments in 2016 for the development of social services.[36]

As far as the **carer's leave** is concerned, the benefit is paid by the **Estonian Health Insurance Fund** from the first day of exemption from work and amounts to 80 percent of the previous labour income. There is no ceiling for the benefit, and it cannot be cumulated with labour earnings.[37]

The Caregiver's Benefit is provided by **local authorities.** The size of the benefits depends on the municipality, the persons with disabilities' age and the severity of disability. In 2015, the monthly allowance for carers of retirement-age persons with disabilities ranged from EUR 7 to 200; allowances for carers of frail elderly persons without official disability status were available in approximately one-tenth of municipalities and ranged from EUR 15 to 70 per month. If a caregiver is registered with the Unemployment Insurance Fund as unemployed, the local government must pay a social tax for this person.[38] For those carers who neither work nor receive national pensions, local authorities pay the minimum level of social tax that guarantees carers health insurance, and the minimum required contributions to the state pension scheme. The exact rules of the benefit depend on local municipalities. Some municipalities allow caregivers to work at the same time, some do not. The Caregiver's Benefit is not subject to taxation.[39]

The municipalities and the state determine the market for social (care) services as they provide most of the services for a relatively low price. As the services of private companies

[32] Mozhaeva (2019).
[33] Statistics Estonia (2010).
[34] Mozhaeva (2019).
[35] Estonian Ministry of Social Affairs et al. (2017).
[36] European Commission (2018).
[37] European Commission (2016).
[38] Mozhaeva (2019).
[39] European Commission (2016).

are comparatively expensive, they find it difficult to establish themselves in this situation. This hampers the establishment of a market offering services as an alternative to public sector services.
However, some municipalities have framework agreements with private providers and outsource some of their services. For example, in the capital city of Tallinn several services are sourced from the private sector; in the case of substitution services for family carers the providers are private companies. Also in the municipalities Põhja-Sakala, Tartu or Pärnu social (care) services are sourced from private providers. Whether a municipality decides to use private providers depends on the number of their inhabitants as well as the administrative capacity of the municipality that enables it to combine services flexibly from various sources. Of course, the services provided by private companies are subject to guidelines and standards issued by the municipality.
The framework agreements between municipalities and private providers are granted for over a year and have been in place for longer periods of time. While they offer planning certainty for the private providers, they also favour larger providers and those who already have their contracts. As new opportunities for contracts are rare, this hampers the development of a real market for social (care) services.

Non care instruments: culture in Estonia lead to marginal non care services. Non care services are therefore only available for wealthy people provided by services providers.

Work Arrangements

Informal care plays an important role in Estonia. The role of the family in caring for dependent family members is not simply a matter of fact, it also has a legal basis in the Constitution of the Republic of Estonia. Article 27 of the Constitution stipulates that "[t]he family is required to provide for its members who are in need."[40] In addition, the Family Law Act[41] (passed in 2009) states that "[a]dult ascendants and descendants related in the first and second degree are required to provide maintenance."[42] Only if a person has no relatives or their relatives cannot provide the assistance necessary for objective reasons, then state and local governments step in. As Mozhaeva states, "[w]hile the legislative framework places the burden of care onto close family members, other relatives and non-relatives accept this burden voluntarily and are more often supported by local governments through caregiver allowances."[43] The transposition of the EU Directive on work-life balance adopted on June 13th 2019 as a part of the European pillar of social rights, may help informal carers to better reconcile work and family life. It includes the right to request flexible work arrangements for carers and workers with children under 12. It may also increase the access to and use of flexible work arrangements, especially for those who are not necessarily in high skilled positions but in great need of it for a better balance between their work and family life. At

[40] Riigi Teataja (1992).
[41] Riigi Teataja (2009).
[42] European Commission (2016).
[43] Mozhaeva (2019).

present, only highly skilled persons in higher occupational levels have access to flexible working arrangements in Estonia.[44]

Formal care provided by local governments is concerned: the care package may therefore include different forms of work arrangements, such as personal assistants employed by the municipality, volunteers and domestic workers employed by private service providers.

Direct employment does not legally exist in Estonia.

Landscape of Intermediaries and Quality Management

Service providers are the main intermediaries operating in the field of formal care.
In order to provide special care services an activity licence is needed.[45] Special care services can be provided by a self-employed person, a legal personality, or the local authority to which an activity licence has been issued by the Estonian National Social Insurance Board (ENIB) for the provision of special care services. To provide the following special care services, care workers need to apply for an activity licence:

1. daily life support services;
2. employment support services;
3. assisted living services;
4. community living services;
5. 24-hour special care service, including 24-hour special care service for persons with profound multiple disabilities, persons with a mental disorder with unstable remission, and persons placed in a social welfare institution based on a court ruling.

To apply for an activity licence for each special care service, a separate application must be submitted, and a separate state fee must be paid.
To provide a special care service, the service provider does not have to have a contract with the ENIB, but it is required to have an activity licence. A service provider who has concluded a contract with the ENIB is paid for the expenses related to the service from the state budget through the ENIB. After obtaining an activity licence, it is possible to submit an application to the ENIB for concluding a service provision contract. If the service provider has not concluded a contract with the ENIB, the person in need of the service themselves or their closest ones must fully cover the service expenses, or the person can be assisted by a local authority, for example.
Several example of service providers have been identified such as Care Mate, an online resource centre which connects customers and care providers (Promising practices).

[44] Chung (2017).
[45] https://www.eesti.ee/en/licences-and-notices-of-economic-activity/welfare-services/activity-licence-for-provider-of-special-care-services/

Landscape of Employees and Degree of Professionalisation

Because the highest proportion of care is provided informally, the degree of professionalization is expected to be rather low.

Formal carers: According to speakers during the Estonian seminar: PHS workers in Estonia are mostly women from 45 – 50 years old from no migrant background. Most of the time they have no qualifications, to increase by about 1,500 persons every year due to migration.
Non care services: most of the time, **service providers companies train** their workers for commercial purpose.

During the seminar in Estonia, participants indicated that universities set up two-year **professional courses to tackle the lack of workforce** and produce professional care workers. **Unemployment agencies** are more and more orienting job seekers toward the care work sector.

But due to the high proportion of care provided by family members or informally employed persons, there seems to be no specific official training or certificates.

There are trainings, for example maintenance worker training in Estonia. There is also vocational education in the college for Care workers in Estonia.

Wages

In the third quarter of 2019, the general average monthly gross salary amounted to EUR 1,397, and the average hourly gross salary to EUR 8.01. During the same time, the average monthly gross salary in the "human health and social work" sector was EUR 1,502, and the according average hourly gross salary was EUR 8.36.[46] Examples of wages in the PHS sector are: Municipally-employed personal assistants who support people with disabilities earned an average hourly gross wage of EUR 2.91 EUR in Tartu and EUR 2.62 EUR in Pärnu in 2016;[47] and according to a recent job offer for personal assistants, the hourly gross fee is at EUR 3.61 in 2019.[48]

[46] Statistics Estonia (2019c).
[47] Grigor (2016).
[48] Estonian Unemployment Insurance Fund (2019).

Social Dialogue in the Field of PHS

The institutional landscape in the Estonian PHS sector is very fragmented. Furthermore, Estonia has a very low unionisation rate between 8 and 10 per cent, that involves mainly manual workers.[49] A survey by Statistics Estonia shows that unions are present in only 6 per cent of all organisations employing five or more people, and 48 per cent of those employing 250 employees or more. Furthermore, only 6.7 per cent of the employees in the "service and sales" sector and 9.5 per cent in the "skilled workers, craft and related trades workers" sector are trade union members.[50]

There are different partners involved in the PHS sector, for example the Ministry of Social affairs, the Social Insurance Board, the National Institute for Health Development. Additionally, local governments play a big role in the matter. Local governments however delegate providing the services to service coordinators. Unions are not common in Estonia particularly regarding to the PHS sector as a whole. However, organisations representing elderly and persons with disabilities exist in Estonia.

Policy Process

There is no care insurance scheme in Estonia. Responsibility for formal LTC provision in the country is shared by the health care and social welfare systems. Health care services are organized at the state level by the Estonian Health Insurance Fund (EHIF), whereas social LTC services are split between the state and local governments. As in many other European countries, the separation of funding streams between state and local governments provides little incentive to coordinate care between the health care and the social care systems. The social LTC system maintained by local governments offers general care home and day care centre services, home care, childcare, support person and personal assistance services, curatorship, transportation, and housing services, according to the Social Welfare Act in 2015.[51] Municipalities can also ensure dwelling adaptation and provision of special equipment according to the needs of the persons with disabilities. Local governments are free to define their own policy for social LTC provision. The supply of these services is defined primarily by the social budget of each local government; therefore, the provision of social LTC is highly unequal across municipalities. Due to strong budget limitations, social services are usually not advertised, and hence, public awareness of such opportunities is limited.[52]

[49] ETUI (2015).
[50] Statistics Estonia (2015).
[51] Riigi Teataja (2016).
[52] Mozhaeva (2019).

Commonalities across Countries

Estonia is an interesting case, as it stands out from EU Member States as having one of the lowest expenditures on LTC services. Public expenditure in 2010 was 0.5 per cent of the GDP in Estonia, while it was 1.8 per cent across the EU-27.[53]

Estonia does not fall under a particular welfare regime; it is in the process of definition. However, the country can be assimilated to "Former-USSR type."[54] Concerning the total government expenditures, it is close to the conservative corporatist type, but the scores on all other governmental programmes' variables are below the three well-known Western European types. However, the biggest differences can be observed in the social situation and the level of trust in these countries.

Promising Practices

In September 2018, Estonia started a project together with the International Foundation of Integrated Care (IFIC) and with the support of the Structural Reform Support Programme of the European Commission (SRSS), which aims to contribute to a more integrated and person-centred provision of social, medical, and vocational support services to people with disabilities and elderly people with high support needs. The project outlines a strategy of the Estonian government which shall promote improvements in the interoperability of registries and administrative datasets to specific cohorts of individuals with integrated care needs and vocational support; the development of measures and indicators through which to support quality improvement and assess performance; the introduction of performance-based financing and payment elements to incentivize integrated service provision; and a closer cooperation between services administered at the central and local levels as well as between local stakeholders. Other goals are to create the basis for building the administrative capacity in the form of a dataset; to link resources on social, medical, and vocational services; to enable better-informed policy making and planning; and to monitor service delivery and outcomes.[55]

In 2019, a new start up initiative called CareMate was created. This new intermediary service brings together users of PHS (mainly persons with special needs) and providers of PHS.

The Platform Senior Care also offers PHS services especially dedicated to elderly people.

[53] Tarum/Kutsar (2018).
[54] http://www.learneurope.eu/files/9913/7483/4204/Welfare_regimes_in_Central_and_Eastern_Europe.pdf
[55] e-estonia (2018).

References

CEDEFOP (2015): *Estonia: Skills Forecasts up to 2025*. URL: https://www.cedefop.europa.eu/en/publications-and-resources/country-reports/estonia-skills-forecasts-2025 (last accessed 29 February 2020).

Chung, Heejung (2017): *Future of Work and Flexible Working in Estonia*. URL: https://www.riigikogu.ee/wpcms/wp-content/uploads/2017/09/Employee-friendly-flexibility.pdf (last accessed 29 February 2020).

City of Tallinn (2019): *Home Care Service*. URL: https://www.tallinn.ee/Teenus-Home-services (last accessed 29 February 2020).

e-estonia (2018): *Estonia's Minister of Health and Labour Explains Why the Future of Care Is Digital*. URL: https://e-estonia.com/minister-health-explains-future-care-digital (last accessed 29 February 2020).

Estonian Ministry of Social Affairs (2017): *Pensions*. URL: https://www.sm.ee/en/pensions (last accessed 29 February 2020).

Estonian Ministry of Social Affairs et al. (2017): *Reducing the Burden of Care in Estonia*. URL: https://www.riigikantselei.ee/sites/default/files/content-editors/Failid/hoolduskoormus/estonia_ltc_report_final.pdf (last accessed 29 February 2020).

Estonian Unemployment Insurance Fund (2019): *Job Offer: Personal Assistant*. URL: https://www.tootukassa.ee/eng/toopakkumised/isiklik-abistaja-414305 (last accessed 29 February 2020).

European Commission (2016): *ESPN Thematic Report on Work-Life Balance Measures for Persons of Working Age with Dependent Relatives: Estonia*. URL: www.ec.europa.eu (last accessed 29 February 2020).

European Commission (2017): *Factsheet on Undeclared Work – Estonia*. URL: https://ec.europa.eu/social/BlobServlet?docId=15820&langId=en (last accessed 29 February 2020).

European Commission (2018): *Challenges in Long-Term Care in Europe. A Study of National Policies*. URL: https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9185 (last accessed 29 February 2020).

Eurostat (2018): *Gender pay gap statistics*. URL: https://ec.europa.eu/eurostat/statistics-explained/index.php/Gender_pay_gap_statistics (last accessed 29 February 2020).

European Trade Union Institute (ETUI) (2015): *Estonia: Trade Unions*. URL: https://www.worker-participation.eu/National-Industrial-Relations/Countries/Estonia/Trade-Unions (last accessed 29 February 2020).

Grigor, Eva (2016): *Personal Assistant's Safety in Worklife and Factors Affecting It on the Example of the Towns of Pärnu and Tartu. Thesis at the University of Tartu*. URL: http://dspace.ut.ee/bitstream/handle/10062/53717/grigor_eva.pdf (last accessed 29 February 2020).

Mozhaeva, Irina (2019): *Who Cares? Evidence on Informal and Formal Homecare Use in Estonia*. URL: https://www.tandfonline.com/doi/full/10.1080/1406099X.2019.1578478 (last accessed 29 February 2020).

OECD (2011): Estonia: *Long-Term Care*. URL: http://www.oecd.org/estonia/47877618.pdf (last accessed 29 February 2020).

Riigi Teataja (1992): *The Constitution of the Republic of Estonia*. URL: https://www.riigiteataja.ee/en/eli/530102013003/consolide (last accessed 29 February 2020).

Riigi Teataja (2002): *Health Insurance Act*. URL: https://www.riigiteataja.ee/en/eli/520012014001/consolide (last accessed 29 February 2020).

Riigi Teataja (2009): *Family Law Act*. https://www.riigiteataja.ee/en/eli/530102013016/consolide (last accessed 29 February 2020).

Riigi Teataja (2016): *Social Welfare Act*. URL: https://www.riigiteataja.ee/en/eli/522032019017/consolide (last accessed 29 February 2020).

Statistics Estonia (2010): *Poverty in Estonia*. URL: https://www.stat.ee/index.php/en/uudised/vaesus-eestis (last accessed 29 February 2020).

Statistics Estonia (2015): *Table WQU96 – Employees by Group of Employees and Membership of Trade Union* https://www.stat.ee/dokumendid/607378 (last accessed 29 February 2020).

Statistics Estonia (2018): *Employment Rate at Record High in 2017*. URL: https://www.stat.ee/en/uudised/article-2018-06-07-employment-rate-at-record-high-in-2017 (last accessed 29 February 2020).

Statistics Estonia (2019a): *Average Wages and Salaries*. URL: https://www.stat.ee/en/find-statistics/statistics-theme/work-life/wages-and-salaries-and-labour-costs/average-monthly-gross-wages-and-salaries (last accessed 29 February 2020).

Statistics Estonia (2019b): *Monthly Average Pension and Old-Age Pension, Quarters*. URL: https://www.stat.ee/en/node/5862 (last accessed 29 February 2020).

Statistics Estonia (2019c): *Population Projection Shows Population Decrease Is Slowing down*. URL: https://www.stat.ee/en/uudised/news-release-2019-077 (last accessed 29 February 2020).

Statistics Estonia (2020): Population. URL: https://www.stat.ee/en/find-statistics/statistics-theme/population (last accessed 19 May 2020).

Tarum, Häli/ Kutsar, Dagmar (2018): *Compulsory Intergenerational Family Solidarity Shaping Choices between Work and Care: Perceptions of Informal Female Carers and Local Policymakers in Estonia*. URL: https://onlinelibrary.wiley.com/doi/pdf/10.1111/ijsw.12272 (last accessed 29 February 2020).

Vahtla, Aili (2018): *Estonian Institute: Number of Recipients of Envelope Wages up to 13 Percent*. URL: https://news.err.ee/841259/estonian-institute-number-of-recipients-of-envelope-wages-up-to-13 (last accessed 29 February 2020).