An overview of fulfilment of TLU tasks for the REWIR.

Prepared for the REWIR project meeting in Rome, ADAPT office, 31.01.2020 by Marti Taru

Country background description was 90% ready earlier but not sent; needs be finalised very soon.

Roundtable and focus groups:

* Stakeholder roundtable was held on 19 June 2019.
* Focus group with representatives of employees was held on 28 January 2020.
* Focus group with representatives of employers was held on 28 January 2020.

While the number of participants in the roundtable was satisfactory, in both focus groups only 2 people participated. On the one hand, the low numbers are seen as findings in themselves, useful for the project. On the other hand, the small number of participants arises a methodological question if this really is focus group. The discussion during the meeting decided these were focus groups.

Survey 1 (workers’ survey, implemented by Wageindicator) is carried out only in Estonian. By the meeting, we have had 0 responses. To attract respondents, the plan is to distribute the link to contacts that we have collected for other tasks in the porject:

* Employers’ organisations,
* Employees’ organisations, trade unions,
* Medical professionals: doctors, nurses,
* Patients’ organisations,
* Other organisations.

Introductory / background information page needs some further work and addition of information.

The list of contacts for the survey 2 was completed in time. The survey has been launched and all invitation were sent out in time and from each of the five countries, some invitees have filled out the questionnaire.

Individual interviews with national actors are in the preparation phase.

Summary of the discussions in focus groups

The RTW of people with CI is generally governed by business logic. Organisations and entreprises have to carry out certain functions to survive and grow and to do this, they need employees with a certain profile of capabilities. If somebody is not capable of carrying out certain tasks because of illness or injury then his or her tasks need be carried out otherwise – either by other employees or by a new, able employee. In the case of losing an employee because of ill health, companies often choose to hire new people. It is more expensive to hire a person suffering from some illness for several reasons: s/he is more likely to be absent from work, s/he might need adjusted workplace and/or adjusted working space/room, s/he can do only certain operations or can not not do all operations that are expected from him or her.

Work ability of a person is estimated by occupational health doctor. This is a very influential institution in the system of employment relations in Estonia. The doctor’s decision reagarding work ability of a person as well as doctor’s decision on necessary working conditions is mandatory to any employer. Occupational health doctor has powers to prohibit person from working under certain conditions (e.g. night shifts, use his/her limbs, lifting heavy stuff, etc) and he or prescribe what kind of assistance and work place adjustments he or she needs to work at a certain job.

Once occupational health doctor has given his or her assessment of a person, employer must take care for providing the employee with required working conditions. The employer may terminate work contract as the paragraph 88 of the Employment Contracts Act stipulates that if an employee is not fit for fulfilling his or her tasks for more than four months, the contract may be terminated.

Prevention, testing and curing of diseases and injuries is employers’ responsibility. Because they have to cover the costs, employers are not very keen on doing this. Neither are they interested in hiring people who are likely to incur higher costs.

There are three mechanisms of RTW after serious illness or with CI.

The most common is using medical services plus support services offered by the Employment Insurance Fund. This mechanism is by far the most common. Although this is a highly institutionalised system, there seems to be some aspect of informal relations present too – actual support to RTW of a concrete employee depends on interpersonal relationships between the concrete person and employer, management.

Another mechanism in work is the first mechanism supplemented by a private health insurance scheme which is paid for by employers. This is confined to only few specific jobs in few enterprises – the jobs which require substantial training and experience to be performed well.

Third mechanism is RTW using the circles of relatives and friends in company management. In some cases, close relatives like mother, father, child who sit in company management, may decide to employ a person with CI or with incomplete work ability.

Collective agreements between employers and trade unions do not contain anything specific on RTW.

Neither representatives of employers nor employees saw the need to change the current system. However, both mentioned that there is need for more money in the system so that there could be support to RTW for people with CI.

There is no signifcant different between companies of public and private sector. However, there is some difference between micro enterprises and larger to large enterprises – in smaller companies, there is far less opportunities to rearrange work so that an employee who has fallen ill seriously and can not fulfill his or her tasks, needs be replaced sooner.