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arengukava
2012 – 2020

**STRATEGY OF CHILDREN
AND FAMILIES
2012–2020**

Smart Parents, Great Children, Strong Society

Ministry of Social Affairs

Smart Parents, Great Children, Strong Society

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INTRODUCTION

President of the Republic of Estonia Toomas Hendrik Ilves and many other opinion leaders in Estonia have pointed out in their speeches and articles that now, after the achievement of our most important external development goals (becoming a member of the NATO, EU, OECD and the eurozone), we should start thinking about our future and focus on the most important asset of Estonia – our people.

All European countries, including Estonia, are facing a number of demographic challenges – the population is aging, the number of working-age population is decreasing and the number of new births is small. One of the ways to cope with these challenges is to make Estonia a family-friendly country, where people want to have and raise children and grow old respectfully, thereby ensuring that the population of Estonia becomes a growing one. In addition to the children who have not been born yet it is equally important to appreciate and look after the children and families who already exist, because every person and their potential contribution to society are extremely important in a small country.

The Strategy of Children and Families 2012-2020 is aimed at all children and families living in the territory of the Republic of Estonia irrespective of their gender, nationality, race, language, religion, beliefs, social origin, material standing, place of residence or family type, so they can grow up and live in a safe and friendly environment.

The children and family policy has an impact on almost all people living in Estonia and it is either directly or indirectly associated with all aspects of their lives from birth to death. The adequacy of the contribution made into the well-being of children and families is sooner or later reflected in people's health and education, crime, employment and economy. Surveys indicate that the environment in which a child grows up has a significant impact on the child's future: adults who had a problematic childhood are more likely to be violent and antisocial¹, suffer from mental health issues², be less capable intellectually and less educated³, struggle more in terms of economic coping⁴ and be in bad physical health⁵ (see Figure 1, p. 4). This in its turn leads to higher expenditure in health care, social welfare and law enforcement, and reduces the reproduction of resources.

The last 20 years have shown that placing the focus on dealing with the consequences is not a sustainable solution, as it tends to lead to an increase in problems and thereby demands increasingly more money. The current child and family policy focuses primarily on alleviating the symptoms of various problems whilst not much attention is paid to dealing with the causes of these problems. This is why the Strategy focuses on prevention and early intervention at all levels, which requires an agreement between all political parties about the common strategy and main principles that guarantee the well-being of children and families. A common vision and a long-term and consistent policy are the only tools that can guarantee a quality childhood and good development opportunities for every child; break the vicious circle of poverty, inequality, lack of education and skills; and ensure that future generations will also cope successfully. Therefore, contributing to the well-being of children and families here and now secures a better future for all of us.

Preparing the Strategy of Children and Families is necessary, because many other strategy

¹ Hosking, G. D. C.; Walsh, I. R. (2005). The WAVE: Report 2005. Violence and what to do about it. Croydon: WAVE Trust.

² Andra, R. F.; Felitti, V. J.; Walker, J.; Whitfield, C. L.; Bremner, J. D.; Perry, P. D.; Dube, S. R.; Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256 (3).

³ Perry, P. D. (1995). Incubated in terror: neurodevelopmental factors in the cycle of violence. In Osofky, J. D. (Ed.) *Children, Youth and Violence: Searching for Solutions*. New York: Guilford Press

Perry, P. D. (2001). The neurodevelopmental impact of violence in childhood. In Schetky, D and Benedek, E. (Ed.). *Textbook of Child and Adolescent Forensic Psychiatry*. Washington DC. American Psychiatric Press.

⁴ Sinclair, A. (2007). 0-5: How Small Children Make a Big Difference. Provocation Series 3. No 1. London: The World Foundation.

⁵ Allen, G. (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. HM Government.

documents that touch upon issues related to child and family policy do not set any direct strategic objectives or activities in the main issues covered by the child and family policy.

The United Nations Committee on the Rights of the Child, the Chancellor of Justice of the Republic of Estonia, the Social Affairs Committee of the Riigikogu (2007–2011; 2011–2015) and various organisations that look after the interests of children, including the Estonian Union for Child Welfare and the Chamber for the Protection of Interests of the Child, which consists of fifteen organisations that represent the interests of children, believe that the preparation of the Strategy of Children and Families is necessary.

The Strategy includes strategic objectives aimed at guaranteeing an improvement in the well-being of children and families and in their quality of living. The document explains the preparation, inclusion and management process of the Strategy, describes the current situation and needs, and the main activities carried out in order to achieve the goals.

This Strategy is the basis for improving the lives of children and families and achieving an increase in population.

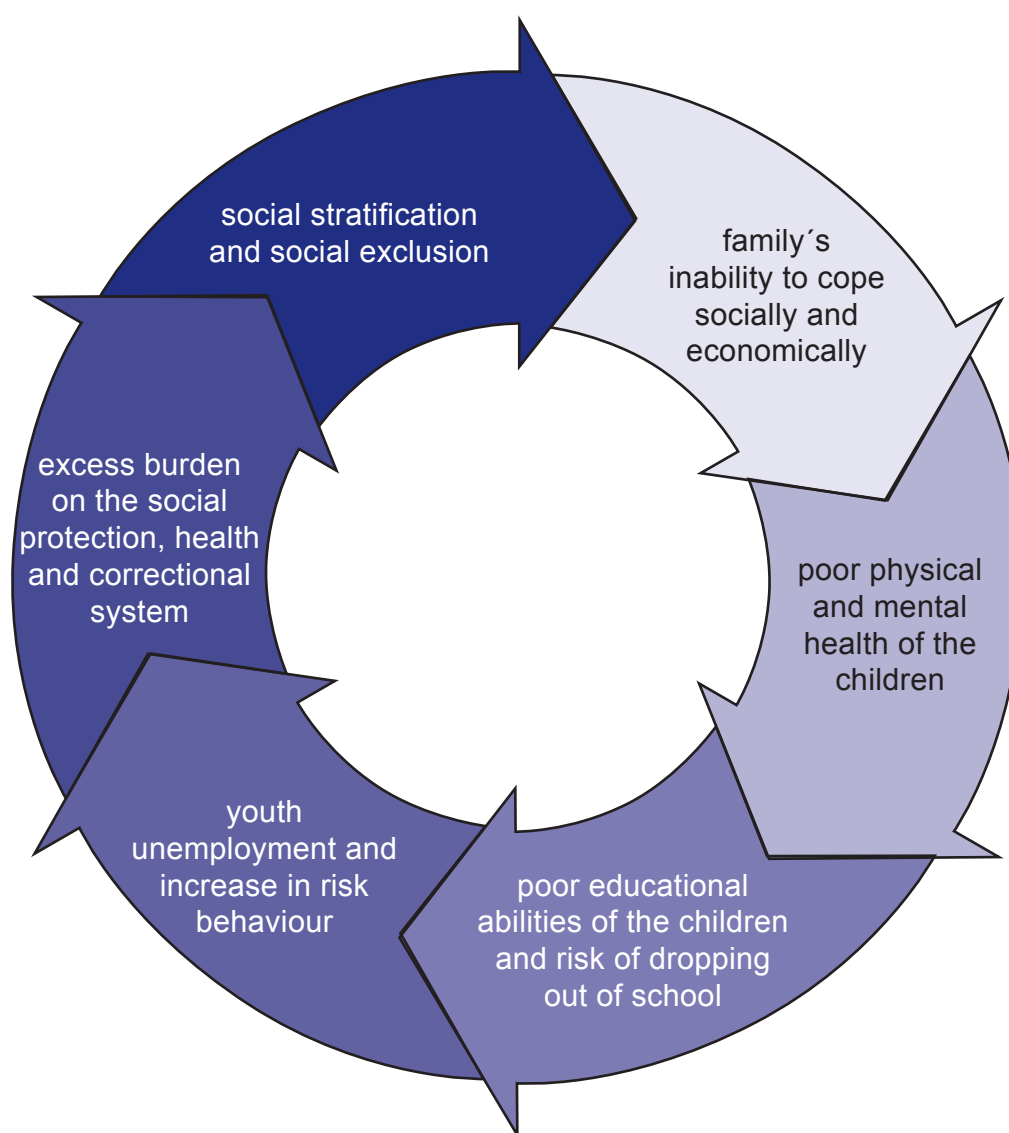


Figure 1. Possible (i.e. not always causal) risks and the connections between them

I Objectives of the Strategy

The priority subjects of the Strategy of Children and Families were chosen on the basis of the strategy of the Competitiveness Plan Estonia 2020, the goals and main political challenges set in the Action Programme of the Government of the Republic for 2007–2011 and 2011–2014, the document Principles and Actions of Estonian Population Policy 2009–2013 approved by the Government in 2009, the Child Protection Concept, the report on the execution of the Strategy of Guaranteeing the Rights of Children 2004–2008 and other Estonian and foreign child and family policy documents.

The main objective of the Strategy is to **improve the well-being and quality of living of children and families, thereby promoting the birth of children.**

Five strategic objectives have been set for the achievement of the main objective:

- 1. The Estonian child and family policy is knowledge-based and uniform** in order to support the sustainability of society;
- 2. Estonia is a country that supports positive parenting** and offers the necessary support to raising children and being a parent in order to improve the quality of living and future of children;
- 3. The rights of children are guaranteed and a functional child protection system is created** in order to value each child and the kind of safe environment that supports the development and well-being of children;
- 4. Estonia has a system of combined benefits and services that support the adequate economic coping of families** in order to offer constant security to families; and
- 5. Men and women have equal opportunities for reconciliation of work, family and private life** in order to promote a quality everyday life that meets the needs of each family member.

The principles we consistently follow in the Strategy are:

- Every child matters;
- Caring people, equal opportunities and gender equality are the foundations of modern society;
- Prevention of problems is more effective than dealing with the consequences;
- Cooperation with associated areas, specialists and practitioners is of primary importance in the implementation of ideas;
- An approach that is based on life cycle makes it possible to resolve the challenges of family policy in a comprehensive manner; and
- A knowledge-based approach and consistency help develop the best child and family policy.

II Involvement, preparation and management process of the Strategy

The Strategy of Children and Families is prepared for 2012–2020. The period of the Strategy was determined on the basis of the time the achievement of the goals is expected to take and the other strategies that influence the area (see p. 7).

The Ministry of Education and Research, the Ministry of Economic Affairs and Communications, the Ministry of Justice and the Ministry of Finance were included in the preparation of the Strategy. Local authorities and the organisations that represent them, representatives of the third and the private sectors, research institutions and young persons have also contributed to the lengthy preparation process. More than a hundred experts took part in the workgroups (see Annex 1) and interviews with experts were conducted in order to resolve specific issues. A nationwide discussion group of young persons was called in cooperation with the Estonian Union for Child Welfare in order to consult them about the Strategy. A steering group consisting of decision-makers was involved after the completion of the first version of the Strategy, which was then sent to a larger group of stakeholders for their comments, and people were also asked to give their opinions via the participation web.

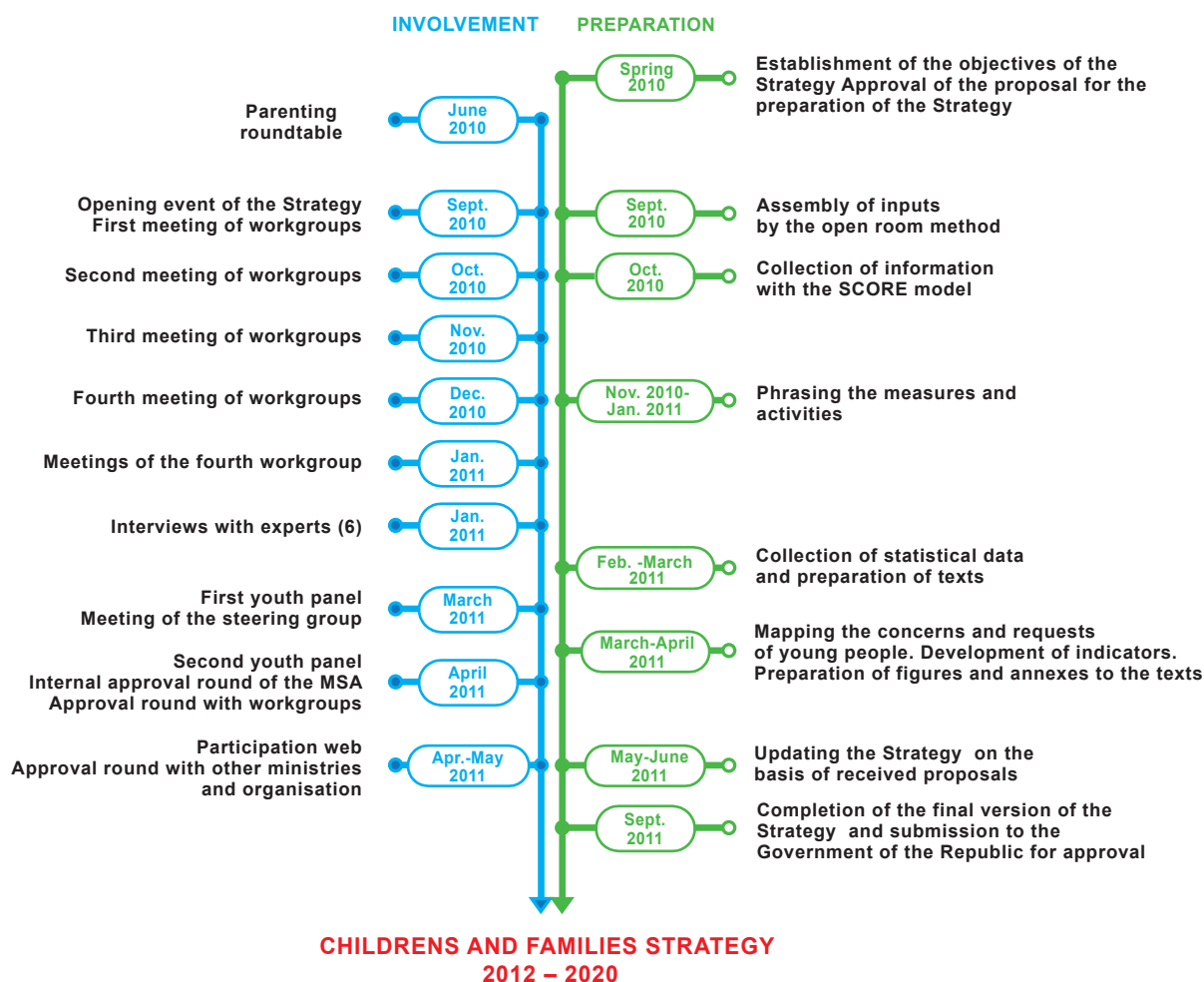


Figure 2. Inclusion and preparation process of the Children and Families Strategy 2012-2020

The Strategy of Children and Families sets forth the generalised lines of action until 2020. Specific activities are highlighted in the operational programme of the Development Programme according to the years in which they will be carried out. Two operational programmes will be prepared from 2012 to 2020 and the performance of the activities specified in these programmes will be monitored within the scope of annual reporting activities. Also, an evaluation will be carried out after the first operational programme of 2012–2015 in order to determine whether any significant changes or updates need to be made in the Strategy due to various factors. The involved ministries will submit to the Ministry of Social Affairs their summaries about the measures taken and activities carried out during the entire period in their areas of responsibility not later than on 31 March of the year following the reporting period (in the case of the final report not later than on 31 March 2021), and these summaries will be used by the Ministry of the Social Affairs in the preparation of the execution reports and the final report of the Strategy. The Ministry of Social Affairs prepares the report, has it approved by the ministries and submits it to the Government of the Republic for approval not later than on 30 June (in the case of the final report not later than on 30 June 2021). The performance of activities is evaluated by the steering group of the Strategy (see Annex 1) and various experts will be involved if necessary.

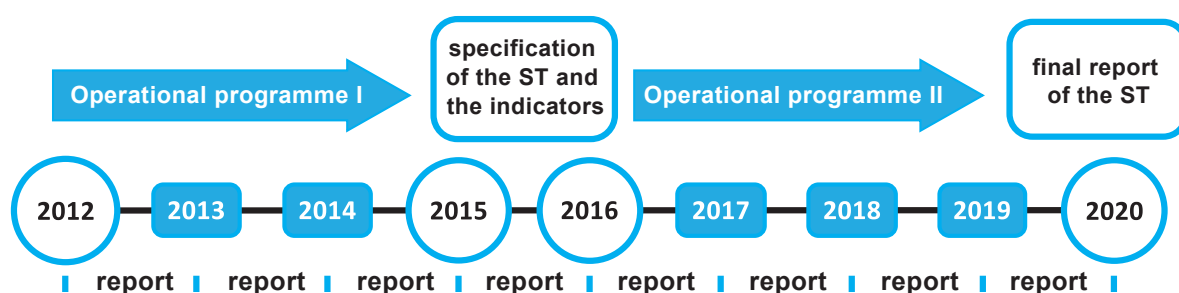


Figure 3. Management process of the Strategy of Children and Families 2012–2020

The following development plans and strategic documents are connected to the Strategy of Children and Families:

Strategies prepared by the Ministry of Social Affairs:

- Three objectives for the area of social protection, all of which have a direct or indirect impact on the well-being of children and families, are set forth in the **Strategy of the Ministry of Social Affairs 2012–2015**. A separate objective has been set for the purpose of supporting the well-being and quality of living of children and families, which covers all the lines of action of the Strategy of Children and Families;
- The **Child Protection Concept** (approved in 2005) suggests that a solution should be developed so that families can be taught social and parenting skills;
- The **Social Welfare Concept** (approved in 2004) is aimed at increasing the participation of risk groups (incl. parents of small children) in social life and employment of such people, improving the accessibility and quality of welfare services (incl. day care for children), thereby helping people achieve a better standard of living;
- The overall goal of the **National Health Plan 2009–2020** is to increase the number of years lived in good health by reducing the number of premature deaths and illnesses, and the subjects areas it touches on are closely related to

the quality of living of families (enhancing social cohesion and equal opportunities, guaranteeing the healthy and safe development of children, creation of an environment that supports health, promoting healthy lifestyles and ensuring the sustainability of the health care system);

- **The Primary Health Care Strategy 2009–2015** refers to the inadequate co-operation with the social welfare system and discusses several health issues that relate directly to the well-being of children and families;
- One of the goals set in the **National Report on Social Protection and Inclusion 2008–2010** is to prevent and mitigate the poverty and social exclusion of families with children. The achievement of this goal requires measures and actions that support the development of parental education and the employment of parents, and the provision of necessary welfare services to families with children (e.g. childcare, family conciliation, etc.).

Development Plans prepared by other government agencies:

- The employment and social cohesion goals set in the **Competitiveness Plan Estonia 2020** relate directly to this Strategy;
- The following are highlighted as important family policy needs in the State Chancellery's report **Main Challenges in the Development of Government Policies 2011**: (a) reducing the poverty of children by increasing the efficiency of the support offered by the state primarily to less privileged families and disabled children; (b) promoting the development of children by the enhancement of youth work and supporting education; (c) protection of the rights of children and prevention of risk behaviour and delinquency with the help of competent networking; and (d) promoting good family relationships in families with children and an equal division of work and family obligations by increasing the inclusion of fathers;
- The **Estonian Strategy for Competitiveness 2009–2011 for the implementation of the Lisbon Strategy** is aimed at keeping the economy of Estonia competitive and one of its goals is to increase the number of people participating in lifelong learning (relates to the issue of parental education), and another is to increase the flexibility of the employment market (relates to the participation of parents in the employment market and day care for children);
- One of the goals of the **Estonian National Strategy on Sustainable Development "Sustainable Estonia 21"** – an increase in well-being – relates directly to the quality of living of children and families at all levels (economic wealth, security, diversity of opportunities);
- The **Estonian Human Assets Report: Key Problems and Solutions 2010** includes recommendations on population growth, health, the quality of human assets and social cohesion;
- The **Principles and Actions of Estonian Population Policy 2009–2013** provides the general principles of children's rights and family policy;
- The **Estonian Education Strategy 2012–2020** lists the challenges faced by education, including the problem of how to compensate for the lessening opportunities of many families in raising their children, preparing them for school and educating them, and how to mitigate the negative consequences of social and cultural stratification for less privileged children and adults. The emphasis is placed on the need to improve the accessibility of education and to guarantee that every child has the opportunity to acquire preschool education;

- The **National Strategy for General Education System 2007–2013** is based on the principle that the future of Estonia and the coping and satisfaction of its people depend largely on each person's level of education (relates to the need to guarantee a learning environment that supports the development of children and that children with special needs are also educated in schools);
- The **Adult Education Strategy 2009–2013** emphasises the importance of developing adult education, incl. informal education, and parental education is a part of informal education;
- The **Youth Work Strategy 2006–2013** contains the strategic objectives of youth policy and youth work for the coming years;
- The **Action Plan for Supporting the Coping of Young People, Incl. the Prevention and Reduction of Juvenile Delinquency in the Area of Administration of the Ministry of Education and Research 2009–2011** describes the starting points and actions to be taken from 2009–2011 in the area of administration of the Ministry of Education and Research to guarantee that students perform their obligation to attend school and that juvenile delinquency is prevented and reduced;
- The activities listed in the **Action Plan for the “Safe School” Programme 2009–2011** include the activities required to guarantee the safety of children in the school environment, guaranteeing the mental and physical safety of children, prevention of bullying, etc.;
- The goal of the **Strategy for Reducing Violence for Years 2010–2014** is to reduce and prevent violence related to minors, domestic violence and human trafficking.
- The main task of the **Estonian National Housing Strategy for 2008–2013** is to ensure that the residents of Estonia have access to the kind of housing that is suitable for them and that they can afford, the existence of a quality and sustainable housing fund, the diversity of residential areas, and a balanced and sustainable development. The living conditions of families with many children is improved with the implementation of the measure “Home Support for Families with Many Children” within the scope of the Housing Strategy .

Documents developed by various international organisations:

- The **European Union Charter of Fundamental Rights** focuses on all human rights, incl. the rights of children and gender equality;
- The countries that have joined the **UN Convention on the Rights of the Child** provide parents and legal guardians the assistance they need in raising children to guarantee and promote the rights of the child;
- The **revised European Social Charter** is the part of the Human Rights Convention that concerns social rights and its Article 16 stipulates the right of the family to social, legal and economic protection. Article 7(10) stipulates the right of children and young persons to protection against physical and moral dangers. Article 17 guarantees the right of children and young persons to social, legal and economic protection. Article 19 stipulates the right of migrant workers and their families to protection and assistance. Article 27 stipulates the right of workers with family responsibilities to equal opportunities and equal treatment (incl. to public services);

- The **European Code of Social Security** sets the standards to maintaining a level of social security of people and thereby creates the framework for the development of a family benefits and allowances system;
- The **UN Convention on the Elimination of All Forms of Discrimination against Women** requires member states to take measures to abolish discrimination of women in employment and education and to recognise the joint responsibility of men and women for the upbringing and development of their children. Member states must also guarantee that men and women have the same rights as parents irrespective of their marital status, the same rights to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education and means to enable them to exercise these rights;
- The strategic objectives of the **Beijing Declaration and Platform for Action of the Fourth World Conference on Women** include elimination of discrimination of women in employment and of segregation on the employment market, promotion of the employment of women and supporting women's participation in working life;
- The objective of the **European Pact for Gender Equality** is to encourage the implementation of measures at the level of Member States and the Union to eliminate gender inequality and combat gender stereotypes on the employment market (e.g. promoting the employment of women), and improve the balance between working and private life (achievement of the Barcelona goals in offering childcare options, improvement of care options for other dependents, promotion of both women and men taking parental leave).

III Current situation, measures and lines of action

STRATEGIC OBJECTIVE 1:



The Estonian child and family policy is knowledge-based and uniform, and supports the sustainability of society.

1.

All policy areas of the state that are aimed at children and families are treated as child and family policy. The national policy that is aimed at children and mostly families with children is regarded as child and family policy within the scope of this Strategy.

Table 1. Strategic objective (SO) indicators

1. SO INDICATOR	BASE LEVEL	TARGET LEVEL 2015	TARGET LEVEL 2020
Total fertility rate (Statistics Estonia)	1.64 (2010)	1.71	1.77
Natural increase (Statistics Estonia)	+35 (2010)	positive	positive
Desired number of children and actual number of children (ESS; Oras & Unt, 2008)	Desired number 2.24 Actual number 1.10 (Oras & Unt, 2008) ¹	The difference between the desired and actual number of children is decreasing	The difference between the desired and actual number of children is decreasing
Percentage of social security expenditure incurred on children and families in GDP acc. to the ESSPROS method (Eurostat)	1.79% (2008)	2.2%	2.3%

¹ According to the study, the average number of children desired by the respondents was 2.24, but the respondents actually had 1.10 children. The total fertility rate in Estonia in 2008 was 1.66.

Analysis of the current situation

Population growth and positive natural increase are one of the priorities of Estonia. The reason why the state has set itself such a goal is the demographic situation in Estonia and Europe, which is characterised by a decreasing and aging population. The population of Estonia in the beginning of the 1990s was 1.57 million, but it had decreased to 1.34 million by 1 January 2011.⁶ According to forecasts, the population of Estonia will decrease to 1.28 million by 2030.⁷ The decrease in the number of minors or children aged 0 to 17 (incl.) is particularly important from the viewpoint of the child and family policy: the total number of children aged 0–17 (incl.) in the beginning of the 1990s was approximately 416,000, but it had decreased to 246,000 by the beginning of 2011.⁸

However, the impending extinction of Estonians due to demographic reasons is still nothing but a myth, as the current statistics indicate that the situation is improving. For example, the number of nursery school-age children will increase by 6% from 2020–2030

⁶ Source: Statistics Estonia.

⁷ Source: Eurostat.

⁸ Source: Statistics Estonia.

when compared to 2010, and the number of basic school-age children will increase by 20% in the same period. However, the number of young persons old enough to attend upper secondary schools and institutions of higher education will decrease somewhat. This means that in the nearest future, the decrease in the number of young persons will only have a significant impact on institutions of higher education whilst the services concerning other age groups should in fact be made available on a broader scale.⁹

The main factors that have an impact on the population size are the birth rate and the family policy that influences it, the mortality rate and the health policy that influences it, and international migration and the migration policy that influences it. The role of family policy in increasing the birth rate is an important one, as it has to create a suitable environment or an environment that supports raising children, and by doing this helps achieve the desired increase in the number of births. This approach is supported by surveys, which indicate that a broader policy¹⁰ is the one that may influence families for the longer term. For example, an increasing number of people in most European countries are convinced that gender equality and the measures that help with the reconciliation of work and family life and have a broader impact on the quality of living of families have a positive impact on the birth rate in the long run¹¹. The European Commission also points out that the employment of women and the number of births are both higher in countries that have created better conditions for childcare, parental leave and a flexible organisation of work.¹²

The birth rate is also influenced by many other areas and the confluence of various measures, which means that the achievement of narrow family policy goals is not sufficient to guarantee the well-being of families. Families are also influenced by the taxation system and pension schemes, not to mention health care, housing and labour market policies and anti-discrimination policies. This means that the processes of increasing the birth rate take a long time and are difficult to influence.¹³

Measure 1.1:

Uniform, sustainable and need-based development of the area of children and families

Indicators that characterise family policy in Estonia

Family life in Estonia has been changing constantly in the last twenty-odd years. The birth rate has decreased considerably in comparison to the period immediately after Estonia regained its independence: the fertility rate, which was 2.05 in 1990, had dropped to 1.64 in 2010. People also wait longer before they have children and get married: whilst in 1990 the average age of women giving birth for the first time was 22.8 years and the average age of women giving birth was 25.6 years, the respective indicators in 2010 were 26.3 and 29.3.¹⁴ The number of marriages has also decreased as more couples prefer cohabitation. Partnership relations are also characterised by a high divorce rate, which means that an increasing number of children

⁹ Tiit, E.-M. (2011). Composition of the Population of Estonia from 2020–2035. Presentation at Praxis morning seminar.

¹⁰ Pursuant to the Principles and Actions of Estonian Population Policy 2009–2013, a narrower meaning can be attributed to the family policy measures used by the state to improve the economic well-being of children and families with children during the period when children are being raised or fostered: family allowances, parental leaves, organisation of childcare. In a broader sense, all national policy areas that influence the well-being of families with children may be treated as child and family policies.

¹¹ Ronsén, M., Skrede, K. (2006). Nordic fertility patterns: compatible with gender equality? Politicizing parenthood in Scandinavia: gender relations in welfare states, p. 53. Editors Ellingsgaeter, Leira. The Policy Press, Bristol.

¹² Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions. Equality of Women and Men – 2010.

¹³ See Kohler, Billari & Ortega, 2006, quoted according to Bloom & Sousa-Poza, 2010. Bloom, D.E., Sousa-Poza, A. (2010). Introduction to Special Issue of the European Journal of Population: Economic Consequences of Low Fertility in Europe. Eur J Population (2010) 26:127–139, 1–13. Springer Science+Business Media B.V. <http://www.springer-link.com/content/m62p7u32469p4m06/fulltext.pdf>.

¹⁴ Source: Statistics Estonia.

live in so-called recreated families. We also have to mention same-sex partnerships, as many of them are also raising children. This means that we have to consider several needs of the population that have changed over the years when we design our family policy.

The gap between the desired and the actual number of children is often regarded as the indicator of the family policy's efficiency. This really is a good example, as the survey carried out in 2008 indicated that the average number of children people in Estonia wanted to have was 2.24, but the number of children the respondents actually had was 1.10.¹⁵ The total fertility rate in Estonia in 2008 was 1.66 (1.64 in 2010). However, we cannot evaluate our family policy on the basis of this indicator alone. Several surveys carried out in various European countries confirm that the indicators that motivate people to have children are mainly subjective: age, the number of children they already have and previous experience in raising children, the quality of their partnership relations, etc., and also their overall security and the norms and attitudes prevailing in society. The RISC Value Orientations Survey carried out in Estonia indicates that although people primarily consider their personal options when they have children, they do still expect the state to help and support those who raise children. Only one-tenth of people in Estonia expect to be fully independent.¹⁶ Many people have said that they have not had as many children as they would have liked to have because the state of Estonia does not promote having children (one-quarter of men, more than 30% of women).¹⁷ As several changes have been made to the family policy in Estonia after said surveys were carried out, the further development of measures requires a thorough study of the population's attitudes with respect to children and families.

The share of the expenditure incurred in relation to policy measures aimed at children and families among all social expenditure also helps to characterise the socio-political priorities of society. The social protection expenditure aimed at families and children in Estonia in 2008 comprised 1.79% of GDP, which is considerably lower than the average of the EU-27 (2.09%) or the same indicator in the Nordic countries, and certainly needs to be raised in the long term. For example, the share of social protection expenditure aimed at families and children in GDP was 3.81% in Denmark, 2.98% in Sweden and 2.96% in Finland.

On the international level, the family policy of Estonia has been described as **birth-oriented**. This means that family policy measures are primarily aimed at the moment of birth and the first years in a child's life. However, as family life does not start and end with the child's birth but lasts for the person's entire lifetime, the state needs to pay more attention also to the later years of growth. The birth of a child and the first months or years of their life may be well secured, but if they have no options for acquiring an education or practicing their hobbies, using health services, their parents participating in the labour market in order to guarantee that the family can cope economically, it means that the state's policies that support the quality of living of families and the sustainability of the population have no long-term prospects or positive impact.

This means that the number of children born every year is not the only important factor from the viewpoint of the main objectives of the family and population policy, as there are other factors that are equally important: the health of these children, the environment in which they develop and are raised, education and social skills, the family relations around them, their options for hobby education and self-development, the preparation for entering the labour market, the preparedness for cohabitation and starting their own families, etc.¹⁸

¹⁵ Oras, K., Unt, M. (2008). The Factors that Influence the Birth Rate in Estonia. Tallinn: Office of the Minister of Population.

¹⁶ TNS Emor. Children and Estonian Society: RISC Value Orientations Survey: Annex to the Country Report on Estonia, (2006). Ministry of Social Affairs.

¹⁷ Tiit, E.-M. (2000). Birth Rate Dynamics in Estonia. Influences, Trend and Forecast against the Background of Population Processes in Europe. Research Project Report, University of Tartu.

¹⁸ Analysis of the state's family policy measures for submission to the Government of the Republic within the scope of article 1.16.2 of "The Overview of the Analysis of the Impact of National Family Policy Steps on the Birth Rate and Raising Children". Ministry of Social Affairs. (2009). Department of Social Policy Information and Analysis, Tallinn <http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaaivaldkond/kogumik/Analuuus.pdf>.

Another indicator that characterises the family policy of Estonia is the **domination of financial support and benefits**. Families certainly need direct financial support, but they also need indirect support given in the form of services. The state must contribute more into such services in the future and offer the population services that are complete and accessible, and meet the needs of people. A positive side of the provision of services is the fact that the measures are more likely to reach their targets or be used for their purpose, i.e. usually for the benefit of children.

The third characterising indicator is the **focus on mothers and children**. This indicator has both biological and sociocultural reasons. It is positive and natural that pregnant women and mothers of newborn babies receive special protection from the state. Some biological differences aside, fathers can support their children as well as the mothers. Most of the family policy measures applied in Estonia consider gender equality and the father and the mother of a child have equal rights. However, stereotypical attitudes present an obstacle to the active participation of both parents in raising their children. The experience of other countries, especially in Scandinavia, has indicated that the participation of fathers in family life can be enhanced with policy measures, and this offers positive results and experience for men, women and children.

The fourth characterising indicator is the **conflicting nature of measures**, especially in respect of family allowances and benefits. For example, the analyses carried out by Praxis show that a measure can be very efficient in relieving poverty but it does not motivate people to seek employment whilst another increases inequality between children but increases employment.¹⁹ Such conflicts cause a waste of resources and act as barriers to the comprehensive development of family policy. Analysing the family policy measures of Denmark and Sweden indicates that various measures can complement each other and cover the objectives related to the poverty of children and families, well-being of children, women's employment and gender equality without working against each other.

Harmonised and consistent development of the child and family policy

The development of the child and family policy cannot be regarded as something that is separate from the entire public services system. The OECD report on the organisation of public services in Estonia points out that Estonia has room for improvement with regard to cooperation that crosses various levels and areas. The report highlights the need to increase the flexibility of the government in dealing with priority issues, reorganising agencies and managing resources; offering public services in a more integrated manner than before and enhancing cooperation between ministries and other public services. The report also admits that in light of the state's resources, which will remain the same or decrease in the coming years, Estonia will have to maximise its limited human and financial resources by developing its innovative capacity and improving the flexibility and reaction of public governance.²⁰ Coordinated research and development in the area of social affairs and child protection, and the creation of a potential implementing agency has proven an expedient activity for several countries (Finland, Iceland et al), as it assembles both financial and human resources. This would increase the Ministry's ability to perform its main function, i.e. its policymaking capacity, which would give the officials of the Ministry the opportunity to deal with legislative drafting and the development of strategies. The lack of resources is currently making it difficult for them, as they have to focus on the implementation of policies (organisation of services, activities aimed at raising awareness, coordination of training, preparation of

¹⁹ Võrk, A., Karu, M. (2009). Financial Support for Families: Impact on Inequality, Birth Rate and Employment Behaviour. Praxis Centre for Political Studies.

²⁰ OECD (2011). OECD Public Governance Reviews. Estonia. Towards a Single Government Approach. http://valitsus.ee/UserFiles/valitsus/et/riigikantselei/uldinfo/dokumendiregister/Uuringud/PGR_Estonia_A&R.pdf.

guidelines, carrying out surveys, collection of statistics, etc.). The survey carried out by Praxis, which indicates that the Ministry of Social Affairs is performing certain administrative duties in all areas that in their essence are not duties of the Ministry and should be performed by inspectorates, boards or non-government agencies, also points at this problem. The survey shows that the division of work between the Ministry and the agencies in its area of government should be revised by relieving the Ministry of excessive administrative tasks, especially in the social sphere.²¹

Implementing the potential of the National Institute for Health Development (NIHD) in the social sphere, incl. in the area of children and families, could be considered in light of the objectives and tasks of agencies that are set forth in their articles of association. This could result in the establishment of an Institute for Health and Social Development (IHSD), which would perform the same functions in the social sphere that the Institute is currently performing in the area of health care and which it is also obliged to perform pursuant to its articles of association.

The diversity of the tasks faced by the child and family policy also points to the need to increase the efficiency of daily cooperation between specialists and experts of other areas (incl. education, employment, legal protection, health, population and other policy areas) and to implement their knowledge in evidence-based policymaking that is comprehensive, i.e. proceeds from the lifecycle.

The need to increase cooperation and agree in common development trends was also pointed out in the meetings with the representatives of the Ministry of Education and Research (MER) held within the scope of the preparation of the Strategy. This requires, inter alia, the harmonisation of terminology and collection of statistics, and above all concerns children with special needs, whose special educational needs (that the MER primarily proceeds from) almost always include social and often health-related special needs. Study counselling centres are a good example of the cooperation between the area of education and the social sphere, and the Ministry of Social Affairs is planning to contribute more into the development of these centres.

As the issues relating to children and families are personal and therefore sensitive, it is not always practical for the state and its agencies to intervene. Non-government organisations and various NGOs have contributed to the well-being of children and families for years and an increase in activity can be observed in this area. The potential of the third sector has been considered in the operational programme of this Strategy – the activities that comply with the goals of the Strategy are supported with the resources of the Gambling Tax Council. Cooperation between the different levels of the state in the interests of common goals makes their achievement more likely.

Knowledge-based and preventive approach to the area of children and families

The services that are aimed at children and families must be based on the best available evidence. Unsuitable help may have irreversible consequences for the well-being and health of people, as any intervention in the social sphere is always aimed directly at people. Investing in activities that are the most efficient for the achievement of goals is even more important in a situation where resources are limited. For example, the OECD report from 2009 points out that the profile of the national expenditure of member states does not comply with theories on the well-being of children or scientific materials.²² The Government of the Republic and the Riigikogu must be given regular overviews of the

²¹ Praxis Centre for Political Studies (2011). Analysis of the Efficiency of the Social Protection System of Estonia. Ministry of Justice and Ministry of Social Affairs, European Social Fund.

²² Organisation for Economic Co-operation and Development (2009). Doing Better for Children. Paris: OECD.

tasks of child and family policy as well as the current situation so that politicians can proceed from the actual needs of the area and the opinions of experts in their proposals and activities.

The principles and actions of Estonian population policy also emphasise that the state's child and family policy must be knowledge-based and consistent. The document points out that the state must support surveys and monitoring of children and families as well as consistent collection of statistical data.²³ The conclusions to the report on the Strategy of Guaranteeing the Rights of Children 2004–2008 state that more attention should be paid to surveys that consider the perspective of children and methodologies for analysing this must be developed.²⁴

Expanding the selection of evidence-based programmes requires an analysis of the experience of Estonia and foreign countries, and programmes that have proven to be very effective can be implemented also in Estonia as a result of the information obtained from such an analysis. This option has been often considered within the scope of this Strategy and it is also included as an activity in the operational programme. One of the opportunities for the promotion of evidence-based services is to motivate NGOs by, for example, offering training and support to the organisations that plan to evaluate the efficiency of the services they offer.

Contributing to prevention and the earliest possible intervention is one of the principles of informed and consistent policymaking. Looking at studies of criminal behaviour, mental health disorders and other complex social problems shows that children and young people have very little influence on the type of risk factors that threaten them.²⁵ The behaviour of children and risk factors should therefore be regarded from the angle of the ecosystem, which states that different contexts (family, community, school, peers, society) have a different influence on the development of a person. Family factors are the most influential in the early stages of a child's development whilst factors relating to peers and the neighbourhood become important in later development.²⁶

This means that dealing with the problems that concern children calls, where applicable, for a strategy that is aimed at different risk factors in different areas of risks, compatible with the public health model, contains prevention at all levels (e.g. from the primary to the tertiary) and meets the needs of people (see Annex 2). The more efficient the work done at the level of primary prevention, the less need there should be for prevention at each subsequent level. On one hand, it is practical from the viewpoint of the well-being of individuals, as it helps to prevent further, more serious problems. On the other hand, primary prevention usually requires less resources and is easier to perform, and the cash flow required for this is usually smaller than what is required at the secondary or, moreover, the tertiary level of prevention.

No thorough calculations of the financial impact of prevention have been done in Estonia, but the Action for Children and the New Economics Foundation has estimated that without the additional investments into prevention suggested by them, the economy of the United Kingdom could lose £486 billion in revenue over the next 20 years.²⁷ This is £24 billion per year, which equals approximately one-fifth of the health expenditure fore-

²³ Principles and Actions of Estonian Population Policy 2009–2013. <http://rahvatervis.ut.ee/handle/1/158>.

²⁴ Tikerpuu, A., Reinomägi, A. (2009). Strategy for Guaranteeing the Rights of Children 2004–2008. Report on the Execution of the Strategy.

²⁵ Edovald, T. (2005). Overview of Juvenile Delinquency Strategies and Programmes in the World (Criminal Policy Studies, 4). Tallinn, Estonia: Ministry of Justice.

²⁶ Loeber, R., Farrington, D. P., Stouthamer-Loeber, M., & White, H. R. (2008). Introduction and key questions. Rmt: Loeber, D. P. Farrington, M. Stouthamer-Loeber & H. R. White (Ed.), Violence and serious theft: Development and prediction from childhood to adulthood (pp. 3–23). New York: Routledge/Taylor Francis Group.

²⁷ Action for Children and New Economics Foundation (2009). Backing the Future: Why Investing in Children is Good for Us All.

cast for 2010 to 2011.²⁸ Economic insecurity and a tight budget make it even more important that policymakers keep in mind that intervention based on prevention does not only yield long-term benefits for children, their families and society, but these benefits also generate revenue that outweigh the outlay on intervention.²⁹

It may be possible to save money on account of the investments made in the child and family policy also in many other sectors, both by reducing future investments (e.g. building prisons) and reducing costs (e.g. subsistence benefit, rehabilitation), as the majority of the preventive work done under child and family policy has an impact on all of the areas of the Ministry of Social Affairs (social welfare, health and employment) as well as problems that reach into the areas of administration of several other ministries.

As suggested by the above, it is important for the sustainability of Estonia to consider the impact of various policies on the quality of the lives of families, to promote cooperation between associated areas, to offer efficient services and to create the conditions where people feel that families are valued and supported.

Line of action 1.1.1:

Development of a knowledge-based child and family policy

- Carrying out surveys in the area of children and families
- Analysing the efficiency and cost-benefit ratio of child and family policy measures
- Developing a database of the surveys carried out in the area of children and families
- Expanding the selection of evidence-based and preventive interventions and motivating service providers in this direction

Line of action 1.1.2:

Harmonisation of cooperation and development trends in areas of direct impact on children and families

- Promotion of coordinated research and development activities in the social sphere and the area of child protection
- Creation of a concept, incl. harmonisation of terminology and collection of statistics, for exchanging information about the special educational, social and medical needs of children
- Considering the perspective of children, both boys and girls, and families with children in legislative drafting
- Supporting civil initiative that promotes the well-being of children and families by financing the project applications that are submitted to the Gambling Tax Council and comply with the objectives of the Strategy of Children and Families 2012–2020

²⁸ HM Treasury (2010) Budget 2010.

²⁹ Benefit-Cost Analysis for Early Childhood Interventions: Workshop Summary (2009) Alexandra Beatty, Rapporteur; Committee on Strengthening Benefit-Cost Methodology for the Evaluation of Early Childhood Interventions; National Research Council and Institute of Medicine.

STRATEGIC OBJECTIVE 2:



2.

Estonia is a country that supports positive parenting and offers the necessary support to raising children and being a parent in order to improve the quality of living and future of children.

Positive parenting means the conduct of parents whereby the interests of the child are considered, which is caring and instils confidence, free of violence, encouraging and guiding, and establishes restrictions in order to promote the complete development of the child.³⁰

Table 2. Strategic objective indicators

2. SO INDICATOR	BASE LEVEL	TARGET LEVEL 2015	TARGET LEVEL 2020
Unawareness of parents about where to get advice and assistance if they have problems in bringing up their children (European Social Survey) ¹	44% (2010)	decreases	decreases
Acceptance of corporal punishment by parents (European Social Survey) ²	40% (2010)	decreases	decreases
Regional accessibility of a coordinated national parenting programme (Ministry of Social Affairs)	0 (2011)	two regions	increasing

1 According to the results of the European Social Survey (2010), 44% of the parents who responded to the questionnaire admit that during the last year they have felt that they need advice and help as a parent, but they do not know where to go/who to contact (the respondents could indicate how often they felt like this: 11% claimed it was once a year or more frequently, 33% of parents that it happened 2-3 times a year or less frequently).

2 According to the results of the European Social Survey (2010), 40% of parents rated the claim "Corporal punishment of children is a necessary and justified method of disciplining children in certain situations" with 5-10 (on a scale of 5-10, where 1 meant "disagree fully" and 10 meant "agree fully").

Analysis of the current situation

Supporting parents and positive parenting is one of the best solutions to the prevention of later problems in the health, child protection, welfare and criminal system as well as the employment and economy sectors. Parenting practices have a particularly strong impact on the child's future in the earliest stages of the child's life – it is stronger than the impact of wealth, social class, education or any other social factor.³¹ The rapid development of a baby's brain and special susceptibility to what the child experiences at the time give them a great opportunity for development as well as a significant vulnerability. This is why the relationship between the child and the main caregiver lays the foundation for all the relationships created by the child in the future.³²

³⁰ Recommendations of the Committee of Ministers to Rec(2006)19 Member States Regarding the Policy of Supporting Positive Parenting: <http://www.sm.ee/tegevus/lapsed-ja-pere/vanemaharidus.html>.

³¹ Graham, A. (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. HM Government.

³² Ibid.

The warm, stimulating and consistent care of a parent leads to the emergence of empathy, trust and well-being, but the lack of such a relationship with one's parents; insecure affection; strict, inflexible or inconsistent discipline; insufficient supervision and too little time spent with the child; conflicts between partners and breakdown of marriages; and the psychopathology of a parent (e.g. the mother's depression) considerably increase the risk of behavioural and emotional problems in a child. The decisions of parents also influence behaviour that threatens the child's health, e.g. smoking and consumption of alcohol, drug abuse and unhealthy eating.³³ Children who grow up in dysfunctional families are more likely to form similar families themselves, which means that child raising practice has a very important role in determining the patterns carried from one generation to the next.

The need to develop parenting skills also becomes evident on the basis of the risk behaviour and death indicators of Estonian children. The increasing frequency of mental disorders, incl. addiction disorder, and the increasingly younger age of the persons suffering from them have become a major problem over the last decades. More than 10,100 children need help due to various mental problems in a year; 2,533 children aged 0 to 19 had been declared disabled due to mental and behavioural disorders by 2011.³⁴ The suicide rate remains high, also among young persons. However, the survey carried out among Estonian schoolchildren indicates that a good and trusting relationship with the child's family protects them from depression and suicidal tendencies.³⁵

Children's mental disorders that are not diagnosed and treated in time often lead to the development of addiction disorders. Recent data indicate that hospitalisation for mental disorders caused by the use of psychoactive substances and the behavioural and emotional disorders that started in childhood have become more frequent.³⁶ Drug use among students is also increasing. The results of the ESPAD (the European School Survey Project on Alcohol and Other Drugs) carried out among students aged 15–16 indicate that drug use among students has increased. 7% of students aged 15–16 had tried a narcotic substance at least once in their lives in 1995, but the share of such students had increased to 30% by 2007.³⁷

Use of alcohol by children and the juvenile delinquency that results from this are also reasons for concern. 1,788 crimes committed by minors were registered in 2010 according to police data. The number of underage criminals and the crimes committed by them have decreased in the comparison of five years, but the ratio of underage criminals is somewhat bigger.³⁸

Lethal accidents suffered by children do not necessarily point at parenting skills, but they are nevertheless connected with parental awareness and supervision. The need to support parenting is therefore also underlined by the fact that 41% of the deaths of children aged 1–4 in recent years were caused by accidents, poisoning or trauma.³⁹

The activities related to many of the aforementioned problems were mentioned in the various Strategies of the Ministries of Social Affairs, Justice, and Education and Research. However, developing parenting skills is also of primary importance in helping children and preventing their problems.

The importance of positive parenting has been recognised in many countries of the world. The Committee of Ministers of the European Council has advised Member States to develop

³³ Edovald, T. (2010). Parenting Programmes as a Means for Improving Parenting Skills by the Example of Triple P Distribution material for the Children and Families Department. Ministry of Social Affairs.

³⁴ Source: Estonian Health Insurance Fund, Ministry of Social Affairs.

³⁵ Samm, A et al (2009). Suicidal thoughts and depressive feelings amongst Estonian schoolchildren: effect of family relationship and family structure. *EuroopaEur Child Adolesc Psychiatry*. 2010 May; 19(5):457-68. Epub 2009 Nov 28.

³⁶ Source: National Institute for Health Development.

³⁷ The 2007 ESPAD Report (2009) Substance Use Among Students in 35 European Countries. Source: National Institute for Health Development.

³⁸ Ahven, A., Kereme, H., Kruusement, A., Klopets, U., Leps, A., Salla, J., Sööt, M-L., Surva, L., Tamm, K. (2011). Crime in Estonia 2010. Ministry of Justice. Criminal Policy Department.

³⁹ Source: Statistics Estonia, data for 2003-2009.

policies that would support positive parenting and help ensure that children do not experience violence.⁴⁰ Scandinavian countries have been supporting parenting and focussing on prevention for 30–40 years. The United Kingdom has also shifted its focus clearly onto noticing problems early and improving parenting skills with the strategy Every Child Matters, which was commissioned and approved by the Government in 2003. This document is the basis for the children and family strategies of all local authorities in the state.

The issues of parental education as well as family and close relationships have so far been given relatively little attention in the context of the Estonian family policy. However, according to the child protection workers of Estonia, the lack of parenting skills in raising children has been one of the main child protection problems in 2010.⁴¹

Although most parents want the best for their children, their parenting skills are not born with their children and they need to learn how to be good parents. In addition to improving the knowledge and skills of parents, it is also necessary to work on the attitudes of the entire population and increase the willingness of leaders at various levels to support parenting.

Measure 2.1: Promotion of attitudes that support parenting and improvement of knowledge

Sexual behaviour of minors

Approximately one-fifth of children aged 14–15 in Estonia claim that they have sexual experience. The age of the mother in 174 live births in 2010 was 15–17 (1.1% of all live births), 280 minors aged 10–17 had an abortion (3.1% of all women who had an abortion).⁴² Although these figures are not drastic, there is no clear decrease in the age coefficient of abortions by 15–17-year old women (number of abortions per 1,000 women of the same age). This emphasises the need to start giving sexual education to boys and girls as early as possible – minors have a bigger need for support and knowledge as they grow older and the prevention of abortions spares the mental and physical health of young women. Unprotected intercourse also carries various health risks as discussed in the National Health Plan 2009–2020.⁴³

In addition to the improvement of knowledge, it is also important to work on the attitudes of young persons. According to the RISC Value Orientations Survey, 38% of people in Estonia feel that the parental obligations of the parent who leaves the family in the event of a breakup “weaken”⁴⁴, and the share of the people who support this attitude is the biggest among those who are 15–24 years old, have secondary education and are school or university students.⁴⁵ Such values among the young generation may be the result of the fact that they do not have any children of their own, but they do point out that more attention should be paid to family studies in schools and to values associated with the equal partnership relations of men and women. Many upper secondary schools offer family studies and other information relating to parenting as elective subjects, which does not guarantee that the information reaches all young persons. The National Institute for Health Development

⁴⁰ Recommendations of the Committee of Ministers to Rec(2006)19 Member States Regarding the Policy of Supporting Positive Parenting: <http://www.sm.ee/tegevus/lapsed-ja-pere/vanemaharidus.html>.

⁴¹ Kütt, K. (2011). Content and Dynamics of Child Protection in Estonia 2001–2010. Master’s Thesis. Tallinn University.

⁴² Source: National Institute for Health Development.

⁴³ Ministry of Social Affairs (2009). National Health Plan 2008–2015. <http://www.sm.ee/tegevus/tervis/rahvastiku-tervise-arengukava-2009-2020.html>.

⁴⁴ The respondents who did not agree with one or all of the following claims were treated as respondents who noticed that parental obligations “weaken” in the event of a breakup (chose 1–6 on a scale of 1–10 where 10 – “fully agree” and 1 – “fully disagree”): (1) a man is obliged to support all the children they have conceived until their adulthood; (2) a parent should deal with their children even if they have left their family and started a new one; and (3) a parent should maintain their children even if they have left their family and started a new one.

⁴⁵ TNS Emor. Children and Estonian Society: RISC Value Orientations Survey: Annex to the Country Report on Estonia, (2006). Ministry of Social Affairs.

will soon complete a survey, which analyses the barriers to offering sexual education and drug education in schools. One potential problem is the ability of teachers to discuss sensitive and intimate subjects in schools. In order to improve the competency of teachers, the National Institute for Health Development has offered them training in how to teach sexual education and developed various study materials within the scope of the HIV strategy. Training courses and materials about sexual education and mental health for youth workers will also be completed soon.

The skill and willingness of parents to ask for parenting advice

The attitudes and knowledge of people in Estonia prevent them from asking for advice and support if they run into problems in parenting. It often applies to families who would benefit the most from such help and support. According to the European Social Survey, 44% of parents admit that they have felt the need for parenting advice and assistance in the last year, but they do not know where to go/who to contact; 25% of parents admit that they have felt the need for parenting advice and help, but are afraid to ask anyone.⁴⁶ Similar results were obtained within the scope of the survey carried out in 2008, where the share of parents who admitted to unawareness and lack of courage was the biggest among the people whose income per family member was less than 3,500 kroons (€223.69). Families with three or more children also believe that they need considerably more help.⁴⁷

The above survey also indicated that managing the tension and emotions associated with being a parent seems to be the weakest link in parental education: almost one-half of all parents believe that they need help.⁴⁸ The fact that 40% of parents agree that corporal punishment of children is a necessary and justified educational measure in certain situations can also be associated with stress and insufficient parenting skills.⁴⁹ The survey indicated that the smaller the children in the family and the lower the parent's level of education and social status, and if the parent themselves often felt that nobody listened to them in their childhood, the more likely it is that the parent has felt the need to punish the child physically (the question was about the experience of the last year).⁵⁰ It must be explained to parents that maltreating a child for any reason whatsoever, even as an educational measure, is classified as a crime according to the Penal Code of Estonia. Prohibiting corporal punishment of children expressis verbis at the level of law is also one of the obligations of the parties to the UN Convention on the Rights of the Child, incl. Estonia.⁵¹ The objective of this is not to sanction parents, but to support and educate them so they stop using violent and humiliating means of punishment.

The awareness of parents of alternative educational methods that support the development of children must be increased and it must be explained to them that corporal punishment is not effective and causes both short and long-term harm.

Attitudes and problems in the event of the breakups of parents

Surveys indicate that people in Estonia are not prone to looking for help when problems appear in their family lives and the prevailing attitude is that everyone has to solve their problems themselves.⁵² In addition to such attitudes, the other reason why only a few people seek professional help is that people generally have to pay for counselling and therapy themselves. However, the quality of a couple's relationship (incl. an equal division of work in raising children and housework)

⁴⁶ European Social Survey (2010). Initial data of the additional module of Estonia.

⁴⁷ TNS Emor. (2008). Inclusion of Children and Parental Education in the Society of Estonia: Report on the Special Analysis of the RISC Value Orientations Survey. Ministry of Social Affairs.

⁴⁸ Ibid.

⁴⁹ European Social Survey (2010). Initial data of the additional module of Estonia.

⁵⁰ TNS Emor. (2008). Inclusion of Children and Parental Education in the Society of Estonia: Report on the Special Analysis of the RISC Value Orientations Survey. Ministry of Social Affairs.

⁵¹ European Council (2008). Abolishing Corporal Punishment of Children. Questions and Answers.

⁵² TNS Emor. (2008). Inclusion of Children and Parental Education in the Society of Estonia: Report on the Special Analysis of the RISC Value Orientations Survey. Ministry of Social Affairs.

has an impact on how children cope⁵³ as well as on the fertility behaviour of families.⁵⁴

3,189 couples divorced officially in 2009, 1,606 of them had underage children (1,066 had one child, 540 had two or more children). This means that in 2009 alone, there were at least 2,270 underage children whose parents divorced. In previous years, the number of divorces as well as the underage children affected by divorce has been even higher: the number of underage children whose parents divorced was over 2,500 in 2008 and approximately 3,000 in 2007.⁵⁵ Although there are no statistics about breakups of cohabiting couples, the surveys of family structure (so-called recreated families) and family behaviour suggest that cohabitations also change, just like marriages.

Most people in Estonia agree that when a parent has a child, they also assume the obligation to care for their child until the child turns into an adult, even if the parent has left the family and started a new one. Nevertheless, more than one-third of people in Estonia find it acceptable that the relationship between a divorced or separated parent and their child weakens^{56,57} There are no data available in Estonia about how much a parent who lives separately actually communicates with their child or takes part in raising the child.⁵⁸

In general, it is also considered obvious that the parent who has left the family helps maintain the child and pays child support. However, 46% of people in Estonia believe that the payment/non-payment of child support is voluntary, primarily the “payer’s” problem and the employer, the state or other family members should not interfere in this. This opinion has more support among men and younger people (age groups 15–24 and 25–34). It shows that a lot of people in Estonia place their own interests above the interests of children, which highlights the need to raise people’s awareness of parental responsibility and to promote the relevant values.⁵⁹ The Ministry of Justice is collecting information about currently pending child support claims and information about violations of the maintenance obligation (§ 169 of the Penal Code) registered as crimes is also available. However, the state still does not have an overview of the children who never receive any child support despite the fact that the court has ordered a parent to pay it.

Child welfare statistics indicate that the disputes solved by social workers of local authorities in the last three years generally concerned 2,000 children per year. The majority of the disputes concerning children are caused by the fact that separated parents cannot reach an agreement. In 2010, 534 children were affected by disputes about the separately living parent’s communication with the child and their participation in raising the child (27% of all disputes), 291 children were affected by disputes about where the child should live (15% of all disputes) and 289 were affected by disputes about the obligation to maintain the child (15% of all disputes).⁶⁰

It is clear that disputes between parents have an impact on the well-being of children, causing mental health disorders and risk behaviour.

A serious problem that has emerged in recent years is also associated with parental responsibility: parents who go to work abroad for a long time leave their children in Estonia without adequate supervision. This problem indicates that the parents’ awareness of pos-

⁵³ Maser, M. (2004) Health Behaviour of School Students (HBSC). National Institute for Health Development.

⁵⁴ Järviste, L., Kasearu, K., Reinomägi, A. (2008). Marriage and Cohabitation: Trends, Regulations, Attitudes. Series of the Ministry of Social Affairs No 4/2008.

⁵⁵ Source: Statistics Estonia.

⁵⁶ The respondents who did not agree with one or all of the following claims were treated as respondents who noticed that parental obligations “weaken” in the event of a breakup (chose 1-6 on a scale of 1-10 where 10 – “fully agree” and 1 – “fully disagree”): (1) a man is obliged to support all the children they have conceived until their adulthood; (2) a parent should deal with their children even if they have left their family and started a new one; and (3) a parent should maintain their children even if they have left their family and started a new one.

⁵⁷ TNS Emor (2006). Children and Estonian Society. RISC Value Orientations Survey. Ministry of Social Affairs

⁵⁸ TNS Emor (2008). Children and Estonian Society. RISC Value Orientations Survey. Ministry of Social Affairs.

⁵⁹ TNS Emor (2006). Children and Estonian Society. RISC Value Orientations Survey. Ministry of Social Affairs.

⁶⁰ Source: Ministry of Social Affairs.

sible dangers must be increased on one hand whilst on the other hand, clear behavioural guidelines must be given to families as well as local social workers, class teachers and other members of the network. Placing children under temporary guardianship in order to prevent possible problems and complicated situations when the parents are not available requires further analysis.

This means that better accessibility of counselling and therapy services and their compliance with the needs of families must be guaranteed in order to prevent and alleviate conflicts. It is also important to educate parents so that the end of their partnership relations would not mean the expiry of their rights and obligations as a parent. This should ensure that the parent who lives separately preserves a relationship with their child(ren) and also the obligation to participate in raising and maintaining their separately living children. It is important to note here that participation in a child's early life and the creation of a relationship with them is also associated with the future payment of child support.⁶¹

Line of action 2.1.1:

Improving the knowledge of children and young persons of gender equality, responsible sexual behaviour and sexual health, skills in equal partnership relations and positive parenting practice

- Development of methodology in the area of sexual, family, and personal and social education
- Development of training programmes and offering them to children, parents, teachers and youth workers

Line of action 2.1.2:

Promotion of attitudes that value parents and parental education, and improvement of relevant knowledge

- Informing the general public of positive parenting via training and various media-based interventions
- Offering information about services that support the needs of parents and parenting to decision-makers of different levels
- Informing parents of different parenting programmes and services
- Improving parents' knowledge of the development of children and the needs of children in the various stages of their lives and in sensitive life situations
- Gathering the information that concerns children and families into a common portal

Line of action 2.1.3: Supporting positive relationships between adults and parental responsibility

- Informing parents of their rights and obligations
- Analysing the communication of the separately living parent with the child and their participation in raising the child, and promotion of the relevant positive attitudes
- Analysing the extent of the problem of children left without parental supervision due to the temporary absence of the parent and preparation of possible behavioural guidelines for members of the network

⁶¹ TNS Emor (2008). Children and Estonian Society. RISC Value Orientations Survey. Ministry of Social Affairs.

Measure 2.2:

Development and offer of efficient services to improve parenting skills

Services and programmes that support positive parenting

Another problem in addition to the limitations in parenting skills in Estonia is the insufficiency of the activities aimed at supporting positive parenting, especially in the area of primary prevention. The behavioural problems of children and young people are discussed in various national and area development plans and strategies (Strategy for Reducing Violence – DPRV), the high level of addiction and risk behaviour (National Health Plan), truancy (General Education Strategy, Europe 2020 Strategy) and delinquency (DPRV). Said problems are often associated with the quality of parenting, which is why the development of parental skills is so important. Also, the high indicators of maltreatment and the injuries and deaths of small children caused by external factors point to the need for parental education.

Although parenting in Estonia is currently not systematically supported, there are specialists who have been counselling parents for years in and on top of their daily work. The parenting roundtable called by the Ministry of Social Affairs in 2008, whose objective was to develop networking in parental education and find ways for promoting positive parenting, is a good example. Specialists have so far relied on their professional competence and practical experience. However, it is necessary to also develop a single approach to the evaluation of parenting skills and offering suitable services, and the efficiency of this approach must be proven. In order to do this, we need to expand the existing selection of services and offer specialists various options for self-development.

Estonia stands out among other countries with the frequency of the shaken baby syndrome.⁶² 40.5 children under the age of one per 100,000 children suffer this kind of maltreatment. In the US, for example, this indicator is 26 children under the age of one per 100,000 children.⁶³ Shaking a baby is clearly associated with the pressure the parent is under as well as their inability to cope, and parents are also unaware that such behaviour may cause lifelong disability or death of the child. It is therefore necessary to improve the accessibility and quality of various counselling services, incl. pregnancy crisis counselling. The time immediately before and after the birth of a child is the period when parents are more open and motivated to receive information about parenting, which is why the services aimed at parents during this period must be developed more. The Estonian Midwives Association is currently working on expanding family schools into a system that helps parents cope instead of focusing only on preparations for childbirth.

The Estonian Health Insurance Fund has financed pregnancy crisis counselling as a health promotion project since 2007 and the volume of the service is growing constantly. For example, the 1,887 counselling sessions in 2009 have increased to 4,289 counselling sessions in 2010. However, the target group of the service has still not been determined in sufficient detail and there are no surveys or evidence about the extent of the need for the service or the impact of the service.

Various parenting programmes have been developed in the world for the development of efficient parenting skills. They are often aimed at parents of such children and youngsters who suffer from behavioural and emotional problems, or are at high risk of developing be-

⁶² Shaken baby syndrome is known as a consequence of child abuse, which is caused by shaking and/or swinging a baby violently. Shaking leads to subdural hematoma and retinal haemorrhage, and possible brain damage and death, as shaking accelerates the movement of the brain.

⁶³ Talvik, I., Metsvaht, T., Leito, K., Pöder, H., Kool, P., Väli, M. et al. Inflicted traumatic brain injury (ITBI) or shaken baby syndrome (SBS) in Estonia. *Acta Paediatr* 2006; 95:799–804.

behavioural problems. At the same time, there is no extensive evidence-based approach to cover the entire population. The Incredible Years⁶⁴ series of programmes, which contains a part aimed at parents, can be highlighted as such a systematic approach. Triple P (Positive Parenting Program) is the comprehensive intervention system aimed specifically at the improvement of parenting skills. Triple P is a parenting and family support strategy with a preventive orientation, which consists of several sub-programmes of varying intensity. The objective of all sub-programmes is to promote positive and caring relationships between parents and children, and to help parents develop efficient coping strategies in the event of various behavioural problems and development issues.⁶⁵ The results of the extensive survey carried out in the state of South Carolina, US, in 2009 indicated that three years after the implementation of the Triple P program, the cases of physical abuse, hospitalisation and ambulance visits to children as a result of injuries caused by maltreatment and placement of children in care institutions decreased considerably in the counties covered with these services when compared to counties that used ordinary services.⁶⁶ It is the first survey that shows the effect of reducing child maltreatment at the level of population with an extensive parenting programme. Initial surveys and analyses have also shown the cost-effectiveness of the programme, i.e. the implementation of Triple P costs less than the amount of money it helps the state to save.⁶⁷ As Estonia does not have any evidence-based parenting programmes, then one of the activities this Strategy seeks to accomplish is the adaptation and implementation of Triple P also in Estonia.

Line of action 2.2.1:

Development of services that support parenting and guaranteeing their accessibility

- Development and offer of prenatal and postnatal services, incl. analysis, development and offer of pregnancy crisis counselling
- Development and regulation of the diagnostics used to evaluate parenting skills, training specialists
- Provision of training and counselling services that support partnership and family relations, increasing the accessibility of therapies
- Analysing and development of the content and quality of family conciliation services, supporting the accessibility of the services
- Organisation of parenting conferences, training, seminars and workshops

Line of action 2.2.2:

Implementation of the efficient and population-based Triple P Parenting Program in Estonia

- Preliminary and follow-up surveys
- Adaptation of the programme, translation of materials and training for practitioners
- Testing and implementation of the programme

⁶⁴ See also www.incredibleyears.com.

⁶⁵ Sanders, M.R., Markie-Dadds, C., Turner, K.M.T. (2003). Theoretical, scientific and clinical foundations of the Triple P – Positive Parenting Program: A population approach to the promotion of parenting competence. Parenting Research and Practice Monograph, (Vol. 1, pp. 1-21): The parenting and Family Support Centre, The University of Queensland (see also www.triplep.net).

⁶⁶ Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

⁶⁷ Mihalopoulos, C., Sanders, M. R., Turner, K. M. T., Murphy-Brennan, M., & Carter, R. (2007). Does the Triple P-Positive Parenting Program provide value for money? *Australian and New Zealand Journal of Psychiatry*, 41(3).

STRATEGIC OBJECTIVE 3:



3.

The rights of children are guaranteed and a functional child protection system is created in order to value each child and the kind of safe environment that supports the development and welfare of children.

This Strategy is based on the principle that every child is precious. This means that in all decisions and undertakings that concern children and families, the state puts the interests, needs and well-being of the child and their family first and guarantees equal rights and opportunities to all children living in Estonia.

Table 3. Strategic objective indicators

3. SO INDICATOR	BASE LEVEL	TARGET LEVEL 2015	TARGET LEVEL 2020
Number of children aged 0-17 per child protection specialist (Ministry of Social Affairs)	1,348 (2010)	1,325	1,274
Number of children separated from families and % of children aged 0-17 (Ministry of Social Affairs)	460 children 0.2% (2010)	decreases	decreases
Attitude that a child may be given the chance to express their views, but they must not be taken into consideration (RISC Survey)	54% (2008)	decreases	decreases
Percentage of children placed in non-institutional substitute care among all children placed in substitute care (Ministry of Social Affairs)	73% (2010) ¹	same	same

¹ Non-institutional substitute care means placing children who need substitute care in family-focussed substitute care: foster care, guardianship and adoption (excl. adoption inside the family); institutional substitute care means substitute homes (children's homes). The objective is to continue nurturing a family-centred approach in substitute care for the benefit of children's well-being both by placing children in non-institutional substitute care as well as by an increased implementation of a family-centred approach in substitute homes (reorganisation of substitute homes to increase their focus on family). The target is to maintain substitute care at around 70% and to simultaneously increase the family-centred approach in substitute homes.

Analysis of the current situation

The rights of the child are mentioned in several framework documents, which are also the basis for this Strategy and the activities to be carried out within its scope.

The European Union (EU) Charter of Fundamental Rights stipulates:

- Children shall have the right to such protection and care as is necessary for their well-being. Children may express their views freely. Such views shall be taken into consideration on matters that concern them in accordance with their age and maturity.

- In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration.
- Every child shall have the right to maintain on a regular basis a personal relationship and direct contact with both his or her parents, unless that is contrary to his or her interests.

The importance of the rights of children is also emphasised by the fact that in the beginning of 2011 the European Commission approved an agenda of the European Union that focuses on guaranteeing the protection of the rights of children via the application of the principles of the EU Charter of Fundamental Rights. The intention is to use the measures of the agenda for the promotion of child-friendly administration of justice, ensuring that children are more aware of their rights, protection of vulnerable target groups and making the internet safer for children. The Commission is of the opinion that the interests of children should always be taken into consideration in the preparation, implementation and supervision of the EU policies that concern children.⁶⁸

The countries that have joined the UN Convention on the Rights of the Child are also obliged to guarantee the rights of children and apply the measures required for this. In 2010 the UN Committee on the Rights of the Child advised Estonia to prepare a new strategy document for guaranteeing the rights of the child, as the national strategy for 2004–2008 had expired.

Guaranteeing the rights of the child requires ensuring extensive prevention at all levels (i.e. also in situations where problems have already become evident), thereby improving the opportunities of children to live at home and get the fastest and most efficient help whenever necessary. Child protection work in Estonia has so far focussed on dealing with the consequences. Child protection over here tends to focus on sanctions (e.g. separating the child from the family) and child welfare is aimed at children who have been left without parental care. The lack of early noticing and timely intervention means that more children are separated from their families and placed in substitute care than should be done in a modern society that supports families with children. At the same time, the costs of substitute care are high whilst the resources required for prevention and supporting services are rather marginal. 3,116 children were in substitute care (under guardianship, in foster care and in substitute homes) in 2009. Approximately 17 million euros (265 million kroons) was spent on substitute care in 2009, but the financing allocated to services that support parenting amounted to approximately 192,000 euros (3 million kroons).

The question of the obligations of the child is often raised when the rights of the child are mentioned. It has to be emphasised here that similarly to human rights, the rights of the child mean the rights that arise from sources of international law and are recognised in the entire world. The fundamental rights of people and the associated obligations are described in the Constitution of the Republic of Estonia. One of the main obligations is to avoid infringement of the fundamental rights and freedoms of other persons.⁶⁹ According to the above, a right automatically entails the obligation to consider the rights of other persons and this is why the obligations of the child have not been separately emphasised in this Strategy.

Valuing the child as a full member of society requires clear, consistent and cross-policy development.

⁶⁸ Notice of the European Commission regarding the approval of the EU agenda for the rights of the child <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/156&format=HTML&aged=0&language=ET&guiLanguage=en>.

⁶⁹ Liblik, E. (2008). Human rights in care institutions, incl. the right of residents to privacy. Presentation about human rights in care institutions at the conference "Good Name and Practice of Care Institutions".

Measure 3.1: Promotion of the rights of the child

The right of the child to participate and be included in society and family life

The governments of the countries that have joined the UN Convention on the Rights of the Child must inform their people of the Convention's provisions. Countries must actively take measures to reach all age groups, both children and adults, and the different communities in the country. The UN Committee on the Rights of the Child has emphasised the need to add informing about the rights of the child to the school programme and to the training programmes of the people who work with children. The role of non-government organisations and media in increasing public awareness and propagating the rights of the child is equally important.⁷⁰

Both the state and non-profit organisations have worked on valuing children and promoting their rights, but social awareness is still inadequate. For example, the UN Convention on the Rights of the Child stipulates that children may express their views. Society in Estonia does support asking children for their views in theory, but the views of children are not taken into consideration at the behavioural level. The survey carried out by Emor indicated that the majority (90%) of people in Estonia fully agree that people should talk to children as much as to adults. However, actual behaviour seems to be in conflict with this. A quarter of the population are convinced that the views of children must not be considered. 82% of people in Estonia are very or rather convinced that parents usually know better what is good for their children. Less than a half or 44% of people believe that when a child is asked for their opinion, this opinion should also be taken into consideration.⁷¹ It is therefore important to give society more information about the rights of the child and to promote attitudes that value children.

An important right of the child is to participate in social life and have a say in issues that concern his or her life. Children should gradually be given appropriate opportunities to have a say in social life and these opportunities should be suitable for their level of development, as it helps them grow into active and responsible citizens. The information and help offered to children must be accessible in the language they can understand, both in terms of their native language as well as the child-friendliness of the language used.

Participation means giving the child an opportunity to express his or her views, have an impact on the decision-making process and make changes. Supporting the participation of children and inclusion of children is a form of work and an important principle, which should occur on all levels, from home to government, from the national level to the international.⁷² Whilst the participation opportunities of children are guaranteed at the level of schools and society with youth work methods – student governments, youth participation councils and youth associations, then the situation in the inclusion of children in the daily lives of families is more complicated. The RISC Value Orientations Survey indicates that unfortunately, only seven out of ten parents have enough time to talk and listen to the child whilst approximately one-fourth do it rarely or not at all.⁷³

Rights and security of the child in media

One of the opportunities for children to participate in social life and have a say is to do it in the media. Estonian Public Broadcasting (EPB) ensures that the voice of children and young

⁷⁰ Rajani, R., Petren, A. (2005). The Rights of Children. Application of the Principles of the UN Convention on the Rights of the Child in Practice. Estonian Union for Child Welfare, 123.

⁷¹ TNS Emor. Inclusion of Children and Parental Education in the Society of Estonia. RISC Value Orientations Survey. Annex to the Country Report on Estonia. Ministry of Social Affairs.

⁷² Save the Children Activity Standards for Inclusion of Children in the Decision-making Process. www.savethechildren.net/alliance/about.../practicestandardscp.doc.

⁷³ TNS Emor (2008). Children and Estonian Society. RISC Value Orientations Survey. Ministry of Social Affairs.

persons can also be heard on its channels in addition to other target groups. Vikerraadio broadcasts children's shows that are educational and allow children to participate. One of the goals set in the Strategy of the EPB for 2012-2015 is to broaden the selection of shows for children and young persons both on television and radio.⁷⁴ However, there are currently no news shows edited by children themselves, which could give more impact to their voice and visibility.

The special developmental features of children mean that they also need protection from the harmful impact of media. The role of new media in the lives of children and young persons is growing constantly. The majority of young persons spend at least three hours a day online: the survey carried out in 2008 indicates that 30% of children spend three hours online and 28% even more than three hours.⁷⁵ Estonian children rank high among European countries with the time they spend on the internet (93% of children aged 6-17 use the internet in Estonia, the average in the EU is 75%). Estonian children also rank high in terms of experiencing the risks association with the internet. For example, 31% of Estonian children aged 6-14 have been picked on, cursed or bullied in the internet (the EU average is 15-20%); 13% of children aged 11-14 have actually gone to meet the strangers they first met in chat rooms (the EU average is 9%).⁷⁶

Internet security is also discussed in the Strategy for Reducing Violence for Years 2010-2014 (DPRV). The project is based on participation in international internet safety networks InSafe and InHope. Cooperation with them must continue also after the end of the project in 2012. It is also important to guarantee that information is given to target groups consistently and to support the continuation of the child helpline and the tip hotline. National cooperation between organisations operating at different levels, incl. the cooperation between the private sector and the experts, which was launched in 2008 under the name of the children's internet security cooperation group, must also continue in the area of internet security.

The Child Protection Concept⁷⁷ points out that children in Estonia are not protected from the media and not enough thought is given to the impact of the media on the development of children, i.e. there is a lot of unsuitable and unregulated content in advertisements and on television. This makes it necessary to cooperate with universities and experts in guaranteeing media protection for children and developing media education, and the legislation that regulates the relationships between children and media must also be evaluated and streamlined. The need to develop and implement age-specific warning systems must be evaluated in order to help parents guide the media use of their children. Development of the area of media education, updating study programmes and development of the necessary support materials for teachers helps increase the awareness of children themselves as well as the adults who have contact with children about the consumption of media.

Supervision of the rights of children

Consistent monitoring and supervision of rights comprises an important part of guaranteeing the rights of the child. In order to do this, the Ministry of Social Affairs plans to cooperate with the Children's Rights Department, established in 2001 in the Office of the Chancellor of Justice for the performance of the function of an ombudsman for children.

⁷⁴ Development Plan of the EPB for 2012-2015. http://err.ee/files/Arengukava_2012-2015.pdf.

⁷⁵ Kalmus, V. (2008). Risk-prone Tiger Cubs: Estonian Children as (New) Media Users. Ots, L. (Ed.), New Times – New Children. Tallinn: Tallinn University Publishers, pp. 35–62 of the Estonian Human Development Report.

⁷⁶ Livingstone, S. & Haddon, L. (2009) EU Kids Online: Final Report. www.eukidsonline.net.

⁷⁷ The Child Protection Concept. Approved with the protocol resolution of the Government of the Republic dated 27 January 2005 <http://www.sm.ee/sinule/perele/lastekaitse/lastekaitse-korraldus.html>.

Line of action 3.1.1: Increasing public awareness of the rights of the child

- Preparation and carrying out a training programme about the rights of the child for trainers in the area of human rights, teachers of preschool childcare institutions and general education schools, members of juvenile committees, representatives of law enforcement authorities, parents, etc.
- Development of a programme about the rights of the child in the study programmes of general education schools
- Giving information about the rights of the child in cooperation with non-profit organisations

Line of action 3.1.2: Increasing the participation of children at the level of individuals and society

- Mapping the participation opportunities of children against the background of national and international experience
- Sharing best practice and positive experience in child participation and inclusion
- Improving the opportunities of children to participate in social life, incl. media
- Preparation of guidelines and organisation of training to increase the participation and inclusion of children

Line of action 3.1.3:
Raising the media awareness of children and development of a safer media environment

- Explaining the role and image of children, both girls and boys, and monitoring trends in media
- Analysis and streamlining of the legislation that regulates the safety of children in media
- Analysis and implementation of age-specific warning systems regarding audio-visual media and computer and video games
- Promotion of media education and development of methodological material
- Raising awareness of internet safety via training, media campaigns and distribution of information
- Development of a tip hotline for internet security counselling and combating illicit content and activities

Line of action 3.1.4: Supervision for guaranteeing the rights of the child

- Monitoring and regular analysis of the rights stipulated in the UN Convention on the Rights of the Child
- Increasing the efficiency of the cooperation between the various institutions (local authorities, county government, ministry, Chancellor of Justice) that exercise supervision in guaranteeing the rights of the child.

Measure 3.2: Increasing the efficiency of early intervention and the child protection system

Shortcomings in the organisation of the present child protection system

According to the effective Child Protection Act, child protection is provided through state and local government bodies and non-governmental organisations⁷⁸. The duty of the state

⁷⁸ Republic of Estonia Child Protection Act (1992). Adopted on 8 June 1992; RT 1992, 28, 370; entered into force on 1 January 1993.

is to guarantee legislative, investment and supervision activities financed from the state budget. Local authorities are mainly responsible for protecting and helping children. Local authorities, especially those with a small revenue base, do not have enough resources for the development and implementation of child protection services at present. Many local authorities have no professional child protection workers. A situation like this means that the implementation of effective help measures and timely intervention in order to guarantee the well-being of children is impossible.

The organisation of state supervision is also a problem. The Social Welfare Act stipulates that the county governor supervises the social services and other assistance provided in the county. Such supervision is very poor at present, partly due to the absence of clear procedures and quality requirements. There is practically no supervision of the decisions made by the local authority in the organisation of a child's life⁷⁹. One of the reasons for this is certainly the lack of child protection specialists in county governments, which leads to limited administrative capacity.

Early intervention system in child protection

Considering the primary prevention standard, it is necessary to identify the developmental needs of small children early when families and children are supported, and the services they need must be provided to them. Early prevention or the absence thereof has a very long-term impact whilst any signs of danger can often be identified at an early stage of a child's life. The longitudinal study carried out in New Zealand indicated that the boys, who according to family nurses belonged to a risk group at the age of three, had two and a half times more criminal convictions by the time they were 21 than those who were not deemed to belong to a risk group.⁸⁰ Some findings suggest that the educational achievements of a child at the age of 26 years can be predicted on the basis of the child's development indicators at the age of 22 months.⁸¹ There are also surveys according to which a child who needs help and their family have been in contact with the relevant specialists 46 times on average before the case is referred for processing.⁸²

In the light of this knowledge, it is extremely important to create a system where the specific developmental features of a child are noticed as early as possible and this is followed by appropriate action, at the same time reducing the risks that threaten the child and preventing the accumulation of various problems. Early intervention is considerably cheaper and more effective than late resolution of problems, as it reduces the potential extent of the problems and helps focus on smaller target groups that really do need specific help.

One of the primary spheres where the health and social coping of a child can be noticed is the family doctor system. The plan for preventive medical examinations of children was established with the regulation Work Instructions of Family Doctors and the Medical Professionals Working with Family Doctors issued by the Minister of Social Affairs on 6 January 2010. Pursuant to this, the family nurse visits the child at home during the first week of his or her life, but this is done according to the agreement between the child's parent and the family doctor's surgery. A newborn who is discharged from hospital early (i.e. within 48 hours of life in the event of a natural birth and 96 hours of life in the event of a caesarean section) must be examined on the 5th to 7th days of his or her life by a paediatrician of the health service provider that provided obstetrical care. The next visits by a doctor or a nurse are recommended when the child's age is 2 weeks, 1 month, 2 months, 4 months, 4.5 months, 6 months, 7 months, 9 months, 12 months, 18 months, 2 years, 3 years, 4 years and 5 years. After the preschool medical examination, it is determined when the child should be examined for prevention purposes by the school nurse or

⁷⁹ Ministry of Social Affairs (2004). The Child Protection Concept.

⁸⁰ Dunedin Multidisciplinary Health and Development Study (1996) From Child to Adult: The Dunedin Multidisciplinary Health and Development Study. Auckland: Oxford University Press.

⁸¹ Graham, A. (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. HM Government.

⁸² World Health Organization (2006). Preventing Child Maltreatment: A guide to taking action and generating evidence.

family doctor when they are old enough to attend school. These medical checks are generally not home visits, but carried out either in the family doctor's surgery or at school.

Subsection 4 (4) of this regulation also stipulates that the family nurses who carry out preventive medical examinations of children will cooperate with the child protection or social workers of the local authority if necessary.

However, current practice shows that noticing the developmental needs of children and taking the required action in Estonia is not sufficiently systematic and therefore not always successful. There are situations where the children whose parents have not registered with a family doctor or who have not requested the registration of their child with a family doctor may not be monitored by a family doctor during the first year of their lives. Such persons are currently registered with family doctors by the county governor, but there are plans to change the system in such a manner that the Health Board will perform the relevant function. The regulation *The Minister of Social Affairs Establishes the Basis and Procedure for the Creation, Amendment and Comparison of the Practice Lists of Family Doctors* must be amended to make sure that local authorities also obtain information about the children and families registered on a family doctor's practice list by the relevant board. The purpose of amending the regulation is to regularly inform the local authority of the children entered in a family doctor's practice list and guarantee that every child not registered in the family doctor system is noticed and further action is taken if necessary.

Many specialists in the social and medical areas have for years spoken about the need to reintroduce home visits by family doctors or nurses. Although family doctors may perform home visits at present with an agreement between the parties, such practice is not common. This is partly the result of the big workload of family doctors and family nurses, which is why the number of family nurses must be increased before home visits can be reintroduced. The government's action programme plans to make it possible for family doctors to hire additional nurses in order to make the prevention of diseases more effective and monitor patients suffering from chronic illnesses. Additional negotiations and analysis must be carried out in respect of hiring a second family nurse and possibly adding regular home visits during the first year of a child's life to the duties of family nurses.

A method called Family Nurse Partnership, which is aimed at a smaller target group that belongs to a risk group, is widely recognised in the world in addition to the universal system of home visits by family nurses. This is a voluntary health programme for mothers and babies, where first time mothers are given knowledge and help through the visits of family nurses during the entire course of pregnancy and until the child is two. The survey carried out in the United States showed that the number of cases of child maltreatment and neglect in the families that participated in the home visit programme was 48% smaller than in the control group.⁸³ The cost-benefit analyses of families in the risk group have also shown that the benefits of the programme exceeded the costs of the programme fivefold by the time the children turned 15.⁸⁴ This is why the Washington State Institute for Public Policy considers it one of the most efficient and cost beneficial early intervention programmes in the world.⁸⁵

Training the specialists who work with children and developing instruction materials is another early intervention measure that should be planned. The National Institute for Health Development has been active for years in this area and several training courses that

⁸³ Olds D, Eckenrode J, Henderson C, Kitzman H, Powers, J, Cole R, Sidora K, Morris P, Pettitt L, Luckey D. Long-term effects of home visitation on maternal life course and child abuse and neglect: a 15-year follow-up of a randomized trial. *JAMA* 1997; 278(8):637-643.

⁸⁴ Karoly LA, Kilburn MR, Cannon JS (2005) *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation.

⁸⁵ Lee, S., Aos, S., & Miller, M. (2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington (Document No. 08-07-3901). Olympia: Washington State Institute for Public Policy.
Aos, S., Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., Anderson, L., Mayfield, J., & Burley, M. (2011). Return on investment: Evidence-based options to improve statewide outcomes (Document No. 11-07-1201). Olympia: Washington State Institute for Public Policy.

focus on noticing and preventing the mental health problems of children and young persons in the education system, noticing and helping children with behavioural problems, training the staff of specialised schools and supervising them in association with the health of children and young persons, and many other subjects are carried out at the Institute's initiative.

Noticing and helping maltreated children

Various studies of childhood prove that childhood traumas have a permanent impact on the development of people's personality, health and the related well-being and coping.⁸⁶ This is why it is necessary to guarantee that children who need help do not go unnoticed and receive the help they need as quickly as possible.

The surveys carried out in Estonia indicate that a number of children have experienced physical, sexual and mental maltreatment. The survey carried out in 2004 showed that every third school student aged 15–19 had been a victim of mental violence in the last 12 months and every fourth had suffered physical violence in the same period of time.⁸⁷ 24% of school-children have had to suffer bullying; the indicator is 40% among boys aged 12–13 and 30% among girls aged 14.⁸⁸ Witnessing domestic violence is also a form of mental violence and children who have been traumatised by this need help. In a survey of relationship violence, 40% of the respondents said that the violence had been witnessed by a minor child and 9% of all persons who had experienced violence in the last five years said that children had witnessed the incident. Incidents with underage witnesses contained serious physical violence somewhat more frequently than incidents not witnessed by children under the age of 18.⁸⁹

The part of the Strategy for Reducing Violence (DPRV) for Years 2010–2014 that focuses on the prevention and combating of domestic violence highlights that although domestic violence occurs in families of all levels of income, employment statuses and numbers of children, certain factors can be brought out on the basis of the current practice, which point at a bigger risk of becoming a victim of domestic violence. Women with small children who are materially dependent on their partners are considered to be at the biggest risk of violence. The operational programme of the DPRV contains measures for the prevention of domestic violence, developing options for helping victims of violence, investigation of cases of domestic violence and working with the perpetrators.

Although § 59 of the Child Protection Act stipulates that every citizen must inform about a child in need, even specialists do not always notify about a maltreated child. The survey carried out by Soo, Ilves and Strömpl indicated that not all officials who work with children and families are sufficiently aware of their obligation to inform about maltreated children or children who need help.⁹⁰ Obtaining information about maltreated children from medical professionals is seen as particularly problematic. The main reasons why no information is given about maltreated children are the specialist's insecurity and lack of knowledge, or the fact that they have been unable to ascertain maltreatment. This means that a system of diagnosing maltreated children and reacting to such cases must be created so that maltreatment is noticed early and intervention is timely and professional. This system must consist of a chain of behaviours and documentation in the treatment of cases of child maltreatment, which is agreed in great detail between the various specialists who work with children and whose purpose is to guarantee that all specialists are aware of the extent of their responsi-

⁸⁶ Soo, K., Ilves, K., Strömpl, J. (2009). Informing of Cases of Maltreatment of Children and Networking. University of Tartu. Institute of Sociology and Social Policy.

⁸⁷ Ainsaar, M., & Soo, K. (2004) Survey "Attitudes and Experience of Young Persons in Relation to Sexual Exploitation" Methodology. Soo, K. & Kutsar, D. (Eds.). Experience and Attitudes Regarding Sexual Abuse among Young Persons in Estonia. Survey Report. University of Tartu, Tartu Child Support Centre.

⁸⁸ Markina, A., Õahverdov-barkovski, B., 2007. Deviant Behaviour of Minors in Estonia. Institute of Law of the University of Tartu. Ministry of Justice. Criminal Policy Studies 5. Tallinn 2007.

⁸⁹ Soo, K. (2010). Partnership Violence in Estonia – Spread and Consequences. University of Tartu. Institute of Sociology and Social Policy. Ministry of Social Affairs.

⁹⁰ Soo, K., Ilves, K., Strömpl, J. (2009). Informing of Cases of Maltreatment of Children and Networking. University of Tartu. Institute of Sociology and Social Policy.

bility and that no cases of maltreatment go unnoticed. Pilot projects were launched in Pärnu and Tartu in 2011, which also offered training to the so-called diagnostics teams that consist of various specialists (social workers, doctors, police officers, prosecutors) to ensure that they are able to identify maltreated children. The existence and quality of the training must also be guaranteed in other regions of Estonia. Also, the 24-hour accessibility of the child support helpline 116 111 and the missing children helpline 116 000 must be guaranteed.

Until 2014 the above activities will be carried out within the scope of the Strategy for Reducing Violence for Years 2010–2014, as one of its goals is to reduce and prevent violence against children.

Capacity and competence of child protection workers

It is necessary to ensure that specialists in all areas recognise the different developmental needs of children when public services are offered to them. Information must be sent to the child protection workers of the local authority or to other relevant institutions if activities in the respective area are not adequate. For this purpose, it is necessary to improve the competency and raise the awareness of the specialists who work with children regarding the needs of the child, evaluation of such needs and deciding on intervention, and clear and unambiguous procedures for dealing with cases must also be implemented.

Once a child protection worker has received information about a child who needs help, they must follow the case management principle and involve the necessary parties in evaluating the child's and the family's need for support; plan, carry out and organise supporting activities, services and other interventions; and then evaluate how effective the interventions were. Unfortunately, the knowledge and skills of all child protection workers are inadequate and their large workloads make working effectively difficult. Thus, it is necessary to develop various support schemes for solving complicated cases and offering supervision options.

When a child who needs help ends up in the child protection system, the system should make sure that the specialists who work with children can react as proactively and professionally as possible. Unfortunately, the quality of child protection work in the state is uneven and often below par. The focus is on dealing with consequences instead of efficient prevention, which is characterised by the large number of the children separated from their families (439 children were separated from families by courts in 2009, incl. deprivation of their parents of parental rights). The need to increase the efficiency of the child protection system is also emphasised in the policy recommendations made in the Human Assets Report 2010.⁹¹

The institutional and organisational capacity of child protection work must be improved to allow child protection workers to do a good job. The state's role has been legislative drafting and establishment of service standards, but the organisation of practical child protection work (training, guidelines, work methods, case analysis, etc.) has remained in the background and should be developed more efficiently than before. The main problems as seen by child protection workers themselves are the lack of human resources, the overload of workers, the absence of necessary social services and insufficient cooperation between various institutions.⁹²

The number and qualifications of child protection workers are integral parts of the quality of the help provided. The optimal ratio given in the Child Protection Concept (2005) is one child protection worker per 1,000 children. In 2010 we had 178 child protection workers in total, which makes 1,378 children per worker. However, a survey of child protection work in Estonia showed that the actual number of children in the work areas of child protection workers varies considerably from 220 to 3,600 children per

⁹¹ The Estonian Human Assets Report (EHAR): Key Problems and Solutions 2010. Estonian Cooperation Council.

⁹² Child Protection Workers and Their Opinions of the Organisation of the Area and Legislation (2004). Questionnaire for Child Protection Workers. Ministry of Social Affairs.

worker.⁹³ We have more than 70,000 children living in the territories of local authorities that have no child protection workers. Increasing the number of child protection workers is not a goal of its own for this Strategy, as this alone would not guarantee quality services. The qualifications of the workers are a more important issue. The effective Child Protection Act stipulates that child protection must be carried out by persons who have special qualifications and are suitable for such employment. However, the act does not specify who can work as a child protection worker and the duties of the child protection workers of local authorities have not been explained in sufficient detail in the valid laws and methodological guidelines.⁹⁴

Case management includes professional evaluation of the client's situation and needs. However, not enough attention has been paid to evaluation in social work in Estonia, incl. in child protection, as there is no common understanding of the necessity and organisation of evaluation.⁹⁵ Also, many of the decisions made in child protection work are so-called decisions of consideration and there are no definite and clear decision-making criteria. While it is true that every case has to be separately considered, it puts a lot of responsibility on child protection workers. It is therefore necessary to create tools for the management of child protection cases and a user-friendly evaluation framework, which would help child protection workers make their decisions. The evaluation process must also be harmonised with the documentation of a child's case. Such tools would also help harmonise the case management procedure nationwide.

The effective Child Protection Act is outdated and declarative, and it does not give enough guidelines for carrying out practical child protection. Cooperation between the areas that work with children must be specified in greater detail to guarantee an interdisciplinary approach in the work done with children. The content and organisation of the everyday work of child protection workers must also be specified. Child protection supervision mechanisms and the requirements for guaranteeing the quality of child protection services must also be explained in greater detail in the relevant act.

This means that making the organisation of child protection work more efficient requires a legislative framework, professional child protection workers, the development of a supervision system, specification of the principles for evaluating the cases of children and the implementation of case plans.

Line of action 3.2.1:

Early intervention system for noticing the developmental needs of a child

- Development of a system for evaluation of the developmental needs of a child and early intervention
- Analysis and development of a system of home visits by family nurses
- Development of guidelines and provision of training for specialists who work with small children
- Organising the provision of information to a broader target group that helps identify the developmental needs of a child early
- Community-based development of a system for early noticing of and intervention in the risk behaviour of children

⁹³ Kütt, K. (2011). Content and Dynamics of Child Protection in Estonia 2001-2010. Master's Thesis. Tallinn University.

⁹⁴ The Child Protection Concept. Approved with the protocol resolution of the Government of the Republic dated 27 January 2005 <http://www.sm.ee/sinule/perele/lastekaitse/lastekaitse-korraldus.html>.

⁹⁵ Selg, M. (2009). Guidelines for Evaluation of Children and Families. Ministry of Social Affairs http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/lapsed/lastekaitse/kasulik/Lapse_ja_perekonna_hindamine_2009.pdf.

Line of action 3.2.2: Noticing and helping maltreated children

- Reduction and prevention of violence against children (through the DPRV)
- Raising the awareness of children and adults of abstaining from violence and seeking help
- Distribution of information to promote noticing children who need help and notifying about such children
- Maintaining and developing the child support helpline 116111 and missing children helpline 116000
- Development of a system for diagnosing maltreatment of children and reacting to such cases
- Carrying out surveys of maltreatment of children

Line of action 3.2.3: Improving the competency of specialists

- Development of an in-service training system and offering training to the specialists who work with children and families (teachers, medical professionals, prosecutors, support specialists, etc.)
- Development of basic training for specialists of social work, education and health
- Offering local leaders training about the welfare of children and families
- Sharing good practices and organisation of seminars for specialists who work with children and families
- Preparation of child protection guidelines
- Creation of a regular supervision opportunity for child protection workers

Line of action 3.2.4:

Increasing the efficiency of the organisation and supervision of child protection work

- Updating and implementation of the Child Protection Act
- Guaranteeing that local authorities are covered by child protection workers by determining, inter alia, the minimal education and qualification requirements
- Describing the concept of supervision of child protection work and development of the relevant guidelines
- Development of guidelines for evaluating the well-being of children and children's case plans
- Updating the social services and benefits data register STAR in the context of the cases of children

Measure 3.3: Provision and development of efficient interventions proceeding from the needs of people

Development of a needs-based service network

The role of collective responsibility keeps decreasing in the modern society as every individual becomes more responsible for coping with their life. This has given rise to the opinion that every person knows their needs better than anyone else and is also responsible for the satisfaction or protection of these needs. It suggests that because a person is more responsible for protecting themselves against risks, they should also be given the opportunity to be active in choosing and using help.⁹⁶ Those who develop public services must make

⁹⁶ Sömer-Kull, S. (2011). Principles of Guaranteeing the Quality of Social Services and Options of Measurement. Social Work 1/2011 pp. 11-15.

sure that interventions correspond to the needs of those who require help and that they be accessible and efficient. Public services also tend to work better if the recipient of the service is involved in the design and joint provision of the service.⁹⁷

Prevention has been relatively limited in Estonia so far and intervention is generally aimed at the elimination of consequences. The efficiency of targeted interventions and/or interventions offered by specialists has not been separately studied in Estonia, but child welfare statistics suggest that dealing with the consequences has not been the most efficient way of satisfying the needs of those who need help. The understanding prevailing today is that public interventions must satisfy the needs of persons in the best possible manner and the development of various public services must be based on quality empirical research. Evidence-based practice, which includes using the scientific research of the highest quality that is currently available in the promotion of a more successful and justified public policy, is often mentioned in the development and implementation of various services and programmes.⁹⁸

The services must be ranked with activities requiring less intervention coming first, followed by more specific activities that need deeper and often more intensive intervention.⁹⁹ In the case of the ranked intervention system, every subsequent service is provided only if the previous service could not meet the person's needs or if the person is unable to use the service. The potential number of users of the service generally decreases as the interventions become more specific.¹⁰⁰

Surveys have indicated that evidence-based interventions implemented in a timely manner give considerable economic benefits both in the short and the long term.¹⁰¹ For example, the survey carried out by Scott et al in the United Kingdom in 2001 indicated that the expenditure incurred on a person with behavioural disorders by the time they are 28 is ten times bigger than the expenditure incurred on their peers who have no problems and 3.5 times bigger than the expenditure incurred on their peers with behavioural problems.¹⁰²

One of the key words of the strategic implementation of interventions is their cost-effectiveness. Cost-effectiveness is the need to understand that every intervention should also be financially justified in addition to its positive impact. In other words, the implementation of interventions must also produce a positive return on investments. A service may produce positive results in the satisfaction of certain needs or in solving a problem, but if its implementation is more expensive than non-implementation, it may not turn out to be a reasonable investment.¹⁰³ The state and local authorities must therefore make wise decisions in the development and implementation of services, which are based on analysing the various effects of interventions.

Capacity of Estonian local authorities to provide social services

One of the main duties of local authorities in the area of welfare is to ensure the necessary social benefits and services for their people.¹⁰⁴ Help is the most accessible for those who

⁹⁷ *ibid.*

⁹⁸ Farrington, D.P., & Walsh, B.C. (2007). *Saving children from a life of crime: Early risk factors and effective interventions*. New York: Oxford University Press.

⁹⁹ Ministry of Social Affairs (2004). *The Child Protection Concept*.

¹⁰⁰ Medar, E., Medar, M. (2007). *Social Benefits and Services Financed by the State and Local Authorities*. Tartu: University of Tartu Publishing.

¹⁰¹ Romeo, R., Knapp, M., Scott, S. (2006). Economic cost of severe antisocial behaviour in children – and who pays it. *The British Journal of Psychiatry* 188: 547-553. doi: 10.1192/bjp.bp.104.007625. The Royal College of Psychiatrists.

¹⁰² Scott, S., Knapp, M., Henderson, J., Maughan, B. (2001). Financial cost of social exclusion: follow up study of antisocial children into adulthood. *British Medical Journal*, 323, 1–5.

¹⁰³ Lee, S., Aos, S., Miller, M. (2008). *Evidence-based programs to prevent children from entering and remaining in the child welfare system: benefits and costs for Washington*. Olympia: Washington State Institute for Public Policy, Document no. 08-07-3901.

¹⁰⁴ Medar, E., Medar, M. (2007). *Social Benefits and Services Financed by the State and Local Authorities*. Tartu: University of Tartu Publishing.

need it if services are provided at the local level¹⁰⁵ and it is easy for the person to participate in the solution of their problems as an expert.¹⁰⁶

However, the capacity of local authorities in Estonia is very different. In regional terms, the capacity of local authorities in the Estonian local government system is polarised in the north-western to south-eastern direction, especially in municipalities. The majority of local authorities with a smaller capacity index¹⁰⁷ are located in the south-eastern and eastern parts of Estonia.¹⁰⁸ Polling company OÜ Saar Poll carried out a survey of the clients of the welfare system and found that the number of people who use these services is the highest in the cities and towns of Ida-Viru County, who are followed by people living in small towns, other cities and towns, residents of Tallinn and finally, residents of villages.¹⁰⁹

The creation of regional counselling centres is an option of guaranteeing the accessibility of services in the situation where the administrative capacity of local authorities varies and local authorities with small revenue bases are unable to hire enough qualified specialists. Specialists of various areas, who are able to manage an interdisciplinary intervention process and monitor the results of interventions, can work in these counselling centres. The implementation of regional counselling centres should have a positive impact on the population – people will not have to go to several different institutions to get help and services are provided according to the needs of persons, not on the basis of whether or not the service is available in the place where they live.

The need for counselling in relation to the development and launch of services has been brought up in many meetings with the specialists of local authorities. Practical guidelines must be developed in the coming years, which give a thorough overview of the nature of welfare services and the aspects of their development, and help implement the services better.

Supervision of services is an integral part of guaranteeing their quality. Supervision should entail more than just inspections of the technical environments of the services and the economic activities of service providers, as they must focus on a substantial evaluation of the service quality. The goal of supervision is to focus on the prevention of problems and collection of the adequate information required for the development of services.¹¹⁰

Development of counselling and therapy services

The legislation effective in Estonia gives no definition of a psychologist or psychotherapist. The use of the title 'psychologist' is considerably more restricted in many other countries: it usually requires the person to have a master's or doctor's degree, which they acquired by passing an entire state-accredited academic curriculum of psychology and a supervised practicum.¹¹¹ The description of the profession of a psychologist in Estonia is based on the professional standard of a psychologist. Three types of psychologists are currently registered in the register of professional standards: psychologist, school psychologist and clinical psychologist. Clinical psychologists can expand their specialisation and receive certificates of neuropsychologist, child psychologist and psychotherapist after passing the

¹⁰⁵ The principle of subsidiarity states that help, decisions and responsibility must be as close to the person as possible. In general, public obligations are preferably performed by the authorities closest to the citizens and the state's main role should be to support local and regional institutions.

¹⁰⁶ Partnership with the person is the principle pursuant to which a person must be involved in solving their problems, as the person themselves is the best expert when it comes to the situation they are in. The more a person participated in the development of solutions to their problems, the better the results.

¹⁰⁷ See "Cities, Towns and Municipalities in Figures 2009" for the principles used to prepare the capacity index. (available at: http://www.tempt.ee/uploads/2519_Linnad_ja_vallad_arvudes_2009%5B1%5D.pdf).

¹⁰⁸ Estonian Statistical Office. (2009). Cities, Towns and Municipalities in Figures 2009.

¹⁰⁹ OÜ Saar Poll (2004). Report on the Client Survey of the Welfare System, spring 2004.

¹¹⁰ Pindus, N., Zielewski, E. et al (2008). Ensuring quality in contracted child welfare services, topical paper #6. U.S. Department of Health and Human Services.

¹¹¹ Kalas, K.-E. (2011). Psychologists, Psychiatrists, Therapists and the Rest. An Opinion. Tallinn: Postimees. <http://www.postimees.ee/?id=403090>.

relevant training and subject to constant self-improvement in said areas.¹¹²

There is still no binding agreement in Estonia about whether counselling and therapy services are health, welfare or integrated services. The content of psychological help and psychotherapy has therefore not been described in any laws of Estonia and there is no standardised system for the provision of said services.

Several service providers operate in local governments with large revenue bases, who offer the people in the region counselling and therapy services pursuant to the terms and conditions established by the local authority. The fee for the service in cases like these is paid either by the local authority or the user of the service, or they share the cost as agreed. As a rule, no counselling or therapy services are offered by local authorities with smaller revenue bases. The results of surveys indicate that the services child protection workers miss the most in their work include psychological counselling and family conciliation.¹¹³ One of the options for the promotion of a harmonised development and accessibility of counselling and therapy services is the creation of regional counselling centres that has already been mentioned in this Strategy .

In order to provide diverse and quality counselling and therapy services to people, we must first thoroughly analyse the situation of such services in Estonia and, by comparing the results of the analysis with the experience of other countries, develop uniform starting points for the promotion of mental health where various therapy and counselling services are described in addition to the specific intervention required for treatment.

Services aimed at children with mental disorders

There is an additional need for psychiatric help and rehabilitation for children with mental disorders. New specialised services always generate a queue. This was the case with addiction disorders and small child psychiatry in Tallinn Children's Hospital, which means that the expansion of such services is essential. Specialists also believe that there is a lack of specialised help for young persons with mental disorders, and the issue of providing help in the event of mental disorders experienced at a young age in general as well as to patients with unstable remission has still not been solved.

Official statistics and various surveys show that Estonia is among the countries with the highest risk of suicide in the world. The average ratio in the world is 16 suicides per 100,000 people, but the same indicator in Estonia in 2004 was 24 (there are no more recent comparisons with the rest of the world), which is evidence of a high risk of suicide.¹¹⁴ According to an international survey of the health behaviour of school students, more than a half of 16-year old girls and more than a third of boys of the same age suffered from depression in 2006. Episodes of depression become more frequent both among boys and girls as they grow older.¹¹⁵ This means that it is necessary to deal with the prevention and, if necessary, treatment of internalised problems.

Experts believe that intervening as early as possible is extremely important in the case of the mental and behavioural disorders of children. According to the Estonian Association of Psychiatrists, 12–20% of children suffer from psychiatric problems and less than a half of them get noticed at the primary level, and only some of them get to see a mental health specialist. Family doctors and education workers play an important role in early intervention, as they are the first to have contact with children and their families. Noticing special needs

¹¹² Ibid.

¹¹³ Kütt, K. (2011). Content and Dynamics of Child Protection in Estonia 2001-2010. Master's Thesis. Tallinn: Institute of Social Work, University of Tartu.

¹¹⁴ Source: National Institute for Health Development.

¹¹⁵ Statistics Estonia. (2008). Children. Collection. Tallinn: Statistics Estonia.

at an early age is difficult and requires specific knowledge. However, noticing problems in time and intervening as necessary helps avoid the development of psychological problems into serious mental disorders.

In addition to noticing mental disorders in time, it is also important to diagnose such disorders as accurately as possible and to prescribe effective treatment. Disorders should be diagnosed and treatment should be prescribed after a thorough examination of the child on the basis of clinical tests. Testing children with mental and behavioural disorders by qualified clinical psychologists gives psychiatrists the opportunity to prescribe effective and integrated treatment of the disorders. Such screening also helps ensure the success of the rehabilitation that follows the treatment. No requirements for carrying out such examinations have been established in Estonia, reliable tests are not accessible to all specialists, and their expedient use depends on the specialists knowing how to use such tests.¹¹⁶

No outpatient and/or inpatient rehabilitation service can be offered to children with mental disorders in Estonia today. Said services have not been standardised or legally regulated. The centres that provide the services cannot apply a compact approach to children diagnosed with multiple disorders. Two centres offer rehabilitation services to children with addiction disorders: Tallinn Children's Support Centre and Jõhvi Children's and Youth Treatment and Rehabilitation Centre. However, the services offered by these centres have also not been legally regulated, which means that there are no uniform quality criteria, it is impossible to supervise the services efficiently and the suitability of the services for the needs of the persons who use them is difficult to evaluate.

Some attempts are made to compensate for the absence of said compact approach by sending children with mental disorders who have committed offences and truancy to schools for children with special needs. Surveys show that mental and behavioural disorders are closely connected to juvenile delinquency and learning difficulties. For example, the problematic behaviour of the girls who study in the Kaagvere Specialised School stems from their lack of social skills, addiction problems and mental disorders and problems.¹¹⁷ However, sending children with special needs to specialised schools has not alleviated the problems associated with their behaviour, because students with mental and serious behavioural disorders stand out too much among the other students and therefore often become victims of contempt and bullying. The current environment in specialised schools deepens the problems of such children and adapting to the specialised school is difficult for them, because they need constant attention and treatment. The staff of such schools also lack the opportunities, skills, time and other resources required to cope with such students.¹¹⁸ The Chancellor of Justice is also not satisfied with what specialised schools offer and he pointed at the fact that specialised schools do not offer adequate psychiatric help and rehabilitation to children with mental disorders, which means that they are violating the fundamental rights of children.¹¹⁹

It must be noted that schools for children with special needs have provided three times more school health services to their students since 1 September 2010 than ordinary schools. However, the Health Care Administration Act stipulates that schools themselves cannot be the providers of health services, as such services must be provided by licenced health care institutions.

The Ministry of Social Affairs started describing the special welfare services needed by children with mental disorders in order to solve the aforementioned problems. Also, there

¹¹⁶ The need for clinical tests was highlighted during the discussions held in February 2011. The experts who attended the discussions were psychiatrists Andrus Tikerpe and Piret Visnapuu.

¹¹⁷ Salla, K. A., Tamm, K. (2008). Use of Educational Measures in Specialised Schools. Tallinn: Ministry of Justice.

¹¹⁸ *ibid.*

¹¹⁹ Summary of the Inspection Visit of the Advisers and Professional Experts of the Chancellor of Justice to Puiatu Specialised School on 12 May 2005. http://www.oiguskantsler.ee/public/resources/editor/File/04_Kontrollik_ik_Puiatu_Erikooli__mai_2008.pdf.

are plans to establish a contemporary child psychiatry centre in the next few years, which would focus on solving and preventing the mental health problems of children and young persons. All specialities of paediatric medicine would be available in the same complex after the establishment of the Children's Mental Health Centre. The establishment of the centre would alleviate the problem of insufficient accessibility of the help offered by child psychiatry treatment and diagnostics teams, which has arisen as a result of the increase in psychiatric children's diseases, and guarantee the quality of and suitable conditions for the addiction psychiatric treatment of children and young persons. The centre will also have a risk child clinic, which will help children with behavioural and learning difficulties and offer psychological counselling.

Several activities are planned in the various Strategies of the Ministry of Education and Research and the Ministry of Justice in order to integrate children with special needs into ordinary schools and to prevent and reduce juvenile delinquency, such as early noticing of behavioural disorders and intervention. Many other activities associated with the mental and physical health of children are described in the National Health Plan 2009–2020.

Services aimed at disabled children

There are approximately 6,800 families in Estonia that are raising at least one disabled child aged 0 to 17. Approximately 7,300 children in total are raised by these families. More than a quarter of families with disabled children are single-parent families and the share of families where all adult family members are unemployed is 18%. The severity of the disability of almost one-third (31%) of disabled children is determined as moderate, the disability of more than 58% of disabled children is severe and 11% have a profound disability. The percentage of children suffering from a disability or illness categorised as "other" is the biggest (42%). The next most frequent category is multiple disability (18%), followed by mental disability or mental disorder (16%) and mobility disability (15%).¹²⁰

The needs of disabled children and their families are vastly different both in terms of the type of assistance they need from the state (services, benefits, other help) as well as the volume of such help. Disabled children who need extensive care, i.e. children with profound and multiple disabilities, need diverse and expensive help. In addition to them, children with mental disorders also need a lot of help at home.¹²¹ The families where the child's disability is only one of the reasons of their coping difficulties also need a lot of help. Childcare services must be guaranteed for the disabled children who need extensive care in order to allow such families to lead lives that are as normal as possible. According to a survey of disabled children, 43% of parents considered this service necessary, which means that approximately 2,900 families with disabled children need childcare options for their children.¹²² However, the existing amounts of financing allocated by the state to childcare services do not meet this need.

In many cases, families also need nursing services in addition to care services. Such services are needed by both disabled children living at home as well as disabled children who need extensive care (incl. disabled children who need nursing care), who have been referred to substitute homes for disabled children (for the purposes of partial state welfare or childcare), because these institutions have the best conditions available.¹²³ Offering a solution in this situation requires legal regulation of the provision of nursing care to disabled children living at home as well as disabled children who need extensive care and live in children's welfare institutions.

¹²⁰ Survey of Coping and Needs of Families with Disabled Children 2009. Quantitative Survey Report. (2009). Tallinn: Ministry of Social Affairs.

¹²¹ Plan for Helping Disabled Children and Their Families. (2010). Tallinn: Ministry of Social Affairs.

¹²² Survey of Coping and Needs of Families with Disabled Children 2009. Quantitative Survey Report. (2009). Tallinn: Ministry of Social Affairs.

¹²³ Ibid.

The majority (92%) of disabled children attend either a nursery school or a school, but they need constant personal assistance when learning (40% of all disabled children). This is the reason why the parents of disabled children have expressed concerns about the possibilities of the area of education to support disabled children, as there are no teacher's assistants or suitable teaching aids, and the study programmes and school premises do not correspond to the specific needs of disabled children. The main problem in the support system mentioned by most parents was the difficulty of accessing the school (there was no transport and nobody to help disabled children move around). The parents who raise children with severe disabilities have experienced problems in accessing the education service more frequently than on average (31%).¹²⁴ The opportunities of disabled children to receive hobby education and the development of the support services required for using these opportunities also need special attention.

Guaranteeing physical access to institutions of education and care as well as other institutions is closely related to the above. On the basis of the information obtained from the Association of Estonian Cities, the Association of Municipalities of Estonia and the Ministry of Education and Research, it can be said that only 20% of schools are accessible and 80% have either guaranteed partial access or not guaranteed any access at all. The Association of Estonian Cities and the Association of Municipalities of Estonia find that 44% of nursery schools, 18% of municipality governments, 26% of youth centres, 27% of day centres and 22% of hobby centres are accessible.¹²⁵ Disabled children must have guaranteed access to these activities to ensure that they can participate in ordinary activities equally with other children. An accessible environment also reduces pressure on special services.

The methodology used to determine the degree of disability in Estonia must be amended and coordinated with the international standards. At the moment, the degree of a child's disability over here is determined on the basis of the child's need for personal assistance whilst the UN Convention on the Rights of Persons with Disabilities states that the degree of a disability must be ascertained pursuant to the interaction between persons with impairments and the attitudinal and environmental barriers.¹²⁶ The system for the provision of rehabilitation services has also not been implemented in the best manner for disabled children and their parents, and rehabilitation services require a more specific analysis in order to offer better support to the development of disabled children.

The procedure for compensating the cost of special food to disabled children and the procedure for allocation of technical aids also need to be reviewed. Modern technical aids give disabled children better opportunities for coping independently and reduce the care burden of parents; special food is considerably more expensive than ordinary food, but essential for children with certain disabilities.

Development of substitute care service

Substitute care is generally used in situations where the child cannot live with his or her parents for certain reasons. Adoption by an unrelated family, placing the child under guardianship or in a welfare institution are regarded as measures of substitute care.¹²⁷

Browne and his colleagues used examples from Central and Eastern Europe to look at the reasons why small children are placed in care institutions and they found that only 14% were placed in institutions due to maltreatment or neglect, 23% of children were

¹²⁴ Ibid.

¹²⁵ Explanatory memorandum to the draft decision of the draft Council Directive, which will be submitted to the Government of the Republic for an opinion and which will be used to apply the principle of equal treatment irrespective of their religion or convictions, disability, age or sexual orientation. (2010). Tallinn.

¹²⁶ United Nations Convention on the Rights of Persons with Disabilities. (2009). Tallinn: Ministry of Social Affairs, Estonian Chamber of Disabled People.

¹²⁷ Ministry of Social Affairs. (2004). Welfare Concept.

disabled, 25% were so-called social orphans (due to illness or alcoholism in their family or the family's inability to cope) and 6% were biological orphans (their parents were deceased).¹²⁸ The data of the Ministry of Social Affairs for 2010 indicate that 1,215 children were living in substitute homes and 337 children were in foster care (as of the end of the year), and 242 children had been taken under guardianship and 137 had been adopted. The number of children without parental care who live in institutions is obviously very big over here and family-based substitute care (fostering and guardianship) is not applied often enough.

Raising a child in a family environment and by their biological parents is of primary importance from the viewpoint of the child's well-being, which is why families at risk should be offered supporting services as early as possible. Bowlby and Vygotsky have emphasised that children need one-on-one interaction with a sensitive and caring parental figure who gives them a feeling of security and closeness. Negative influences for children raised in institutions are attachment disorder and subsequent antisocial behaviour.¹²⁹ This means that placing a child in an institution must be the last and an extreme measure. Community-based services must be developed in order to support families better and prevent separation of children from their families. On the other hand, child protection measures must be implemented to ensure that even if a child is separated from their family, they do not lose their relationship with their biological parents, unless this threatens the well-being of the child.

However, family-based substitute care should be preferred to institutionalisation if separating a child from their family is unavoidable. For example, placing the child with their birth or extended family should be considered and if this is not possible, the next options should be guardianship or fostering. Options must be created for placing children who are separated from their families in foster care either immediately or from a shelter. Fostering has several advantages – on one hand, the costs of fostering are lower and on the other hand, a trained foster parent can act as a positive role model for the child as well as their biological parents. Adoption must be regarded as a considerably more complex issue, because it usually means untying the child from the family they originate from, i.e. intervention with the child's right to know and be brought up by his or her biological family.¹³⁰ Adoption should therefore be considered only in the cases where the ties between a child and their biological family have been fully severed or threaten the child's well-being.

It is important to guarantee systematic and efficient supervision to ensure that the rights of children in substitute homes are observed and there are plans to train supervisors for this purpose and to offer them the guidelines they need. The existing system of substitute care must be developed, society must be given adequate information and the necessary supporting preliminary and follow-up services must be guaranteed for families who foster, provide guardianship or adopt in order to increase the number of the persons and families who offer family-based substitute care.

Development of services for unaccompanied minors and trafficked children

The Strategy for Reducing Violence for Years 2010-2014 sets specific duties for the Ministry of Social Affairs with respect of identifying and helping unaccompanied minors and trafficked children. An analysis of how to identify and help unaccompanied and trafficked children will be prepared within the scope thereof and there are plans to prepare guidelines for the officials and specialists who deal with unaccompanied and trafficked children. A seminar about unaccompanied and trafficked children will also be organised in 2013.

¹²⁸ Mulheir, G., Browne, K., Agathonos-Georgopoulou, H. et al (2007). De-institutionalising and transforming children's services. A guide to good practice.

¹²⁹ Browne, K. (2007). Alternative Child Welfare – Practice and Its Influence. Seminar Presentation 13 March 2007 EU Daphne / WHO Training Programme in Tallinn.

¹³⁰ Mulheir, G., Browne, K., Agathonos-Georgopoulou, H. et al (2007). De-institutionalising and transforming children's services. A guide to good practice.

Pursuant to the Granting International Protection to Aliens Act, the Ministry of Social Affairs has to organise the existence of the relevant regulations and institutions or agencies to ensure that the treatment of underage unaccompanied asylum-seekers and children who have been granted asylum is in conformity with the child's rights and interests. The first things that need to be developed are organising the reception, accommodation and guardianship of this target group and guaranteeing the well-being of these children. It is important to offer training and information to the specialists who will be working with such children (guardians, teachers, other service providers, police officers and border guards), as Estonia has not received any unaccompanied children yet.

The appointment of a contact point for unaccompanied and trafficked children is a part of the activities initiated by the children at risk network of the Council of the Baltic Sea States. Almost every Member State has appointed a contact point in the form of an employee of the responsible agency. An official of the Department of Children and Families performs this function in Estonia. In addition to international cooperation, the contact point is also obliged to receive and/or communicate information if a state in the network informs the contact point of a child of Estonian origin who has been found abroad or if a child who is not of Estonian origin has been found in Estonia.

Line of action 3.3.1: Development of a needs-based service network

- Development of the bases for regional counselling centres and launch of the centres in order to increase the accessibility and quality of services
- Development of the concept of continued care for children who start living in a family or independently after being in substitute care or an institution of welfare, health or education
- Development and legalisation of a supervision standards to increase the efficiency of the supervision of services
- Development of uniform quality assessment criteria for services and programmes
- Offering evaluation training to service providers

Line of action 3.3.2:

Improving the quality and accessibility of counselling and therapy services

- Mapping the counselling needs of parents of special needs children
- Creation of a family counselling system in the case of births of special needs children or later manifestation of special needs
- Standardisation and legalisation of psychological help
- Analysing the opportunities of improving the accessibility of psychological help and making the required changes

Line of action 3.3.3: Development of services required by children with mental disorders

- Reducing and prevention of violence and juvenile delinquency (through the DPRV)
- Improving the competencies and expanding the selection of evaluation criteria required for the evaluation of the needs of children with mental disorders
- Description and implementation of special welfare services for children with mental disorders
- Description and implementation of outpatient and inpatient rehabilitation services for children with mental disorders
- Offering the in-service training to specialists who work with children that they need for working with children with mental and behavioural disorders
- Establishment of the Children's Mental Health Centre

Line of action 3.3.4: Development of the intervention required by disabled children

- Supporting the accessibility of nursing care for disabled children
- Specification of the methodology of determining the degree of a child's disability
- Development of the health and support services needed by disabled children in the education system
- Development of support services that allow disabled children to take part in hobby education
- Development and implementation of the solutions required for increasing the state benefit used to cover the cost of the technical aids and special food of disabled children

Line of action 3.3.5: Offering children without parental care a living environment that resembles a family and promotes the development of the child

- Description and legalisation of the support services that support the preservation of a family environment
- Description and legalisation of the intervention required for supporting the parents of children placed in substitute care
- Development of an effective training programme for foster and adoptive families and also offering the programme to guardian families if necessary
- Development of a support system for foster, guardian and adoptive families that covers both preliminary and follow-up services
- Analysis and development of the organisation of foster care
- Raising the awareness and willingness of people to provide family-based substitute care
- Preparation of guidelines and organisation of training to guarantee quality supervision of the rights of institutionalised children

Line of action 3.3.6: Identifying and helping unaccompanied and trafficked children

- Implementation of the activities concerning unaccompanied and trafficked children provided in measure 16.6 of the DPRV (until 2013)
- Performance of the duty of a contact point for unaccompanied and trafficked children
- Organisation of the reception, accommodation and well-being of unaccompanied and trafficked minors
- Development and implementation of a guardianship system for unaccompanied and trafficked children
- Training specialists who work and have contact with unaccompanied and trafficked children

STRATEGIC OBJECTIVE 4:



4.

Estonia has a system of combined benefits and services that supports the adequate economic coping of families and offers them permanent security.

Supporting families in Estonia is based on the principle of universality and covers all children and families with children in order to promote the well-being of children and their families. The state offers additional measures to children with bigger needs and their families.

Table 4. Strategic objective indicators

4. SO INDICATOR	BASE LEVEL	TARGET LEVEL 2015	TARGET LEVEL 2020
Relative poverty rate of children (aged 0–17) (Statistics Estonia)	19% (forecast of the Ministry of Social Affairs for 2010)	17%	16.5%
Impact of transfers incl. pensions on reducing the relative poverty of children aged 0–17, percentage points (Statistics Estonia)	16 percentage points (2009)	14 percentage points	13 percentage points

Current situation

Poverty is a phenomenon of many dimensions, as in addition to low income, it also covers other forms of need. Poverty limits equal participation in society and has an impact on human dignity. In the case of children poverty is associated with several problems at once – health problems, limited opportunities for learning and development, behavioural problems, limited social contacts, lower self-esteem. Child poverty and social exclusion is a violation of the fundamental rights of children, which has an impact on their present development and undermines their opportunities in the future. This is why reducing poverty has been a priority in the European Union since 2000 and the main goal is to prevent poverty from transferring from generation to generation.¹³¹ Supporting economic coping is important, because the present negative patterns of behaviour may otherwise continue, living on benefits becomes the norm and there are no resources or capital for getting out of the vicious circle of poverty.

The risk factors of poverty are also interconnected, as employment depends on education and language skills – these in their turn depend on the place of residence. The background to all risk factors is the gender and age of the head of the household, which also affects the size of the household and the existence of children.¹³² Unfortunately, data show that the existence of children tends to increase the poverty risk of families whilst the state's priorities include increasing the fertility rate and the birth of a child should not be the factor that pushes a family into poverty.

¹³¹ Belgian Presidency of the EU. (2010). Call for and EU Recommendation on Child Poverty and Child Well-being.

¹³² Tiit, E.-M. (2006). Poverty and How to Measure It. Poverty Trends in Estonia. Series of the Ministry of Social Affairs No 8/2006

Various poverty indicators illustrate how families cope economically. The number of children who lived below the absolute poverty line¹³³ or below the minimum subsistence level in Estonia according to the data for 2010 was 18.6% of all children aged 0-17¹³⁴. The absolute poverty rate of all households at the same time was 9.5% and covered more than 57,000 families. The recession of recent years and the related increase in unemployment and decrease in income have had an impact on poverty indicators.

Relative poverty indicators are used to explain the inequality or solidarity of society and the efficiency of the interaction of social, employment and economic policies. 17.3% of children aged 0-17 were in relative poverty in 2009 whilst the percentage of the entire population living in relative poverty was 15.8. An increase can also be noticed in the figures illustrating relative poverty. For example, the relative poverty rate of households that used to cope well, such as households with two parents and one child, has increased in comparison to previous years and is now at 13.3% (11.8% in 2008). The increase in unemployment and decrease in income are two causes of the increase in poverty risk.

A person's wealth in comparison to the average of society has a significant impact on their happiness. The political dimension is also important in using happiness to evaluate the success of the economy. An unhappy person is generally not happy with society and wishes to change it or leave it. We can therefore assume that unhappy societies also have less stability. The lack of happiness can be a threat to a state even if the economic growth is rather strong. Stratification of a society in terms of wealth reduces the happiness of people and the entire country. A society that guarantees a high income and a sufficiently even distribution of wealth to its members may in some sense be the best society in terms of the primary goal of society and the economy.¹³⁵

Measure 4.1: Development of a functional social protection system

Universal system of family allowances

People in Estonia highlight the lack of economic security as the main factor that prevents them from having children¹³⁶. This is why various family allowances and benefits make it possible to guarantee families the kind of conditions where they feel secure enough to have the children they wish to have.

Family allowances generally fall into three groups in terms of their objectives: measures to increase the fertility rate, promote employment and/or reduce poverty. Estonia uses a universal system of family allowances, where every child has the right to a child allowance. A certain part of the costs of raising a child is divided between the whole of society with such a universal system. It is based on the understanding that all families with children incur costs in raising children that families without children do not incur. According to the surveys carried out by the European Commission, a universal system is efficient in preventing and mitigating child poverty, especially considering that the level of social protection expenditure in Estonia is lower than in other European countries.¹³⁷ For

¹³³ Tiit, E.-M. (2006). Modernisation of the Methodology for Evaluation of the Minimum Subsistence Level and Poverty Lines and the Consumption Scaled Used to Find Social Indicators. Report on Part II of the Project. As Resta/Ministry of Social Affairs. http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Elatusmiinimum_ja_vaesuspiiri_hindamine__II_osa.pdf.

¹³⁴ Data of the household budget survey and minimum subsistence level of Statistics Estonia. The possible impact of the changes in methodology must be considered when data for 2010 is compared with earlier years: for example, income is no longer measured by filling in an income diary since 2010 and the data is now based on the estimates of the respondents.

¹³⁵ Ross, T. (2008). Good Life and Quality Economy. Bank of Estonia. Presentation at the seminar "Quality of Life in Estonia in Comparison to Europe", Tallinn, 4 November 2008. http://www.eestipank.info/pub/et/dokumendid/publikatsioonid/seeriad/koned/varasem/_2008/_20081104.html?ok=1.

¹³⁶ Oras, K., Unt, M. (2008). Factors that Influence the Fertility Rate in Estonia. Tallinn: Office of the Minister of Population. [<http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Analuus.pdf>]

¹³⁷ TÁRKI Social Research Institute & Aplica (2010). Child poverty and child well-being in the European Union. Report for the European Commission. <http://www.tarki.hu/en/research/childpoverty/downloadables.html>.

example, social transfers (incl. pensions), incl. family allowances, reduced child poverty in Estonia in 2009 by 16 percentage points or 48%.¹³⁸ The surveys carried out in Europe also confirm that child poverty is lower in the countries that have implemented universal family allowances and services that support parents, incl. services for participation in the labour market.¹³⁹

The preventive nature of a universal system of family allowances is clear to see when we look at the experience of other countries. The abolishment of the universal system in Latvia, Poland and Portugal has resulted in the situation where families with two children also live in poverty in addition to other risk groups. In the light of the above, we should seriously consider whether it would be expedient to abolish universal family allowances and find ourselves in the situation where a family must fall into poverty to become eligible for (targeted) support rather than try to prevent such a situation. Another aspect that must be considered when family allowance schemes are changed is the 'labelling' impact or the fact that they may reduce the motivation to participate in the labour market.

The universal family allowance system of Estonia is also a targeted system, i.e. families at the risk of poverty are also offered additional support on top of universal allowances. Additional allowances are paid to families with a single parent, with three and more children, and with seven and more children.

However, in comparison with other countries Estonia stands out with its large number of family allowances, which means that the system is relatively fragmented. The harmonisation of child allowance and childcare allowance rates, and raising the rates in the long term, would help create some clarity, as the child allowance rate has remained unchanged since 1997. Surveys have indicated that the amount of money families spend on children increases in poorer families when family allowances are increased whilst the birth of another child becomes more likely in wealthier families.¹⁴⁰

Impact of parental benefits on fertility and employment behaviour

The primary objective of the parental benefit established in 2007 is to support the reconciliation of work and family life. The analyses carried out by Praxis so far¹⁴¹ confirm that the benefit has had an impact on the fertility behaviour of women. Although changes in the structure of women giving birth started taking place before the implementation of the parental benefit, the probability that women who are highly educated and earn a higher income decide to give birth increased after the implementation of the parental benefit, which gives reason to believe that the parental benefit could have given more momentum to a trend that had already started. The latter is also confirmed by the fact that the age of women giving birth has increased year by year, meaning that women postpone having children. The results of an analysis of the situation point out that the implementation of the parental benefit has motivated women who earn higher salaries to have a second or third child. No such noticeable developments have occurred in the behaviour of groups with lower income. The analysis also points out that people have started to consciously plan the spacing of their children – the number of consecutive births where the interval between births is 1.5 to 2.5 years has increased.

The analyses carried out by Praxis also show that the parental benefit has had an impact on women's employment behaviour both before and after birth. The benefit motivates

¹³⁸ Source: Statistics Estonia.

¹³⁹ European Commission. (2008). Child poverty and Well-being in the EU. Current status and way forward. Luxembourg: Office for Official Publications of the European Communities.

European Commission. (2008). Joint Report on Social Protection and Social Inclusion 2008. Social inclusion, pensions, healthcare and long-term care. Luxembourg: Office for Official Publications of the European Communities.

¹⁴⁰ Source: Materials of the Working Group on Demographic Issues.

¹⁴¹ Võrk, A., Karu, M. (2009). Financial Support for Families: Impact on Inequality, Birth Rate and Employment Behaviour. Policy Analysis by Praxis 1/2009.

Võrk, A., Karu, M., Tiit, E. M. 2009 Parental Benefit: Use and Impact on Employment and Fertility Behaviour 2004-2007. Praxis Centre for Political Studies.

women who did not work before to participate in the labour market. On the other hand, the number of women who work during the first year of a child's life has decreased after the implementation of the parental benefit and women who earn higher salaries in particular take a longer leave before they return to work. However, women return to work when payment of the parental benefit stops and two years after childbirth, the employment rate of women is at the same level as in the years before the parental benefit was established.

This confirms that families also need support after the child's birth and the first years of his or her life, e.g. when the child starts attending school, during their studies, when they become an adult and if their (grand)parents need personal assistance and care. It is therefore necessary to develop a single policy for supporting the families of small children after the payment of the parental benefit stops.

Poverty risk factors and targeted benefits

Targeted benefits are aimed at specific risk groups whose ability to cope would otherwise diminish considerably. In Estonia, the households that are more likely to struggle with coping are those with a single parent, three or more children, or an unemployed parent.

Children raised in single-parent families in Estonia are at the highest risk of poverty when compared to other family types – the poverty rate of single-parent families in 2009 was 38%, which is approximately two and a half times higher than the average. The higher poverty rate of single-parent families can be explained with the lower income of these households. For example, the equivalent net income of single-parent households in 2009¹⁴² was 399 euros or 6,239 kroons per month whilst the income of a household with one child and two parents was 706 euros or 11,042 kroons per month. The higher poverty risk of single-parent families arises from the fact that the only possible earner of income in a single-parent family is usually a woman, which means that the economic situation of these families is also affected by the fact that women have lower-paid jobs more often than men and therefore earn a smaller income. It is important to understand the long-term connections here, because a lower salary also means that any allowances that depend on income (such as sickness benefit, unemployment insurance, etc.) and pensions are lower as well. Single-parent families also experience many other problems in addition to the economic ones, which relate to the reconciliation of work and family life, promotion of the parent's employment, the children's opportunities to participate in hobby education, etc. This means that dealing with the problem of the ability to cope economically is not enough in the case of single-parent families and other supporting services are also needed.¹⁴³

In the case of single-parent families, it is also important to consider why the parent is raising the child alone. The single parent's child allowance is currently paid to children whose father's name is not indicated in their birth registration or whose parent has been declared a fugitive. However, there are a number of single-parent families where the separately living parent does not perform their obligation to maintain the child. The parent who raises their child alone can go to court to request payment of child support, but the disputes can be lengthy and in the end, the court may decide not to order payment of child support (e.g. the separately living parent is unemployed). The receipt of child support is not always guaranteed even if the court ruling enters into force. The person who suffers the most in a situation like this is the child, which means that support must be guaranteed for the family also in situations other than those currently stipulated by law. The scheme of benefits for single-parent families requires an integrated approach and a thorough analysis, and the

¹⁴² Equivalent income – the household income divided by the sum of the consumption scales of household members (1:0.5:0.3), i.e. the share of the first adult member of the household in consumption is 1, the share of the second and each following adult in consumption is 0.5 and that of each child 0.3.

¹⁴³ Sinisaar, H., Tammpuu, P. (2009). Single-parent Families: Problems, Needs and Policy Measures. Series of the Ministry of Social Affairs No 4/2009. Ministry of Social Affairs.

measures developed as a result of this should first of all guarantee the well-being of the child without reducing the responsibility of the separately living parent for maintaining the child and making sure that the abuse of benefits is minimised.

The existence of more than two children in the family also increases the poverty risk. The share of couples with one or two children who live in poverty is one-tenth, but the same indicator among families with three or more children is approximately twice as big – 20.1% (2009). Making sure that families with many children have the ability to cope is extremely important in the situation where pursuant to the Constitution, having many children is a core value that is subject to special protection by state.

Households with children live in poverty three times more often than households without children even if the employment intensity of the parents is at the maximum level. According to Statistics Estonia, the share of households with children where all working-age persons were employed, but who still lived in poverty was 8.7%. The wealthiest households in Estonia at the same time were those that had no children and where all working-age persons were working. Only 3% of such families lived in relative poverty in 2009. Poverty is the biggest in those households with children where none of the working-age persons were employed: according to Statistics Estonia, as many as 80% of such families were living in poverty.

The objective of policies concerning children is to guarantee that the child grows up in a safe and family-like environment, which is why guardians and foster parents are paid an allowance that is considerably bigger than the monthly child allowance. However, several shortcomings have become evident in the support scheme aimed at this target group, which should be reviewed and possibly amended within the scope of this Strategy. First of all, a child who is 16 years old but does not study is not entitled to a child allowance or foster care allowance pursuant to law. This scheme does motivate children to study, but deprives the family of any support, which may motivate the family to give up the child. Secondly, a temporary problem appears when the child graduates from basic school, as the family can only receive the allowance after the end of summer, which causes a temporary decrease in their ability to cope economically.

Cost-effectiveness and flexibility of family allowances

Various surveys confirm that the best environment for the birth of children is achieved in the situation where the family policy is consistent, stable and legally secure.¹⁴⁴ Several experts must be included in the development of new family policy measures and in perfecting the existing ones, as these measures are closely connected to each other as well as other areas, and their focus should be on the preservation of the schemes confirmed as justified by the results of analyses, and also on increasing the cost-effectiveness of family allowances. Also, it is elementary that in addition to other factors family policy measures also focus on the well-being of the child and the family, and their right to protection by the state.

In addition to increasing the funds aimed at families and children, it is also important to increase the internal cost-effectiveness of the system by reducing the allowances paid to target groups at a smaller risk of poverty and increasing those paid to groups at a greater risk of poverty without abolishing the universal approach that has justified itself. The survey conducted by Praxis shows that the benefits aimed at large families are the most cost-effective in reducing child poverty, followed by the childcare allowance and the child allowance. According to the results of an analysis, the single parent's child allowance does reach the children that live in the biggest poverty, but it is not adequate to help them out of poverty.¹⁴⁵ In other words, the allowance is too small and does not meet its objective, which is to reduce poverty.

Although the impact of the parental benefit has been analysed several times, its confluence with

¹⁴⁴ Sabotka, T. (2011). European Demographic Research Papers. Austrian Academy of Sciences.

¹⁴⁵ Võrk, A; Paulus, A. (2007). Impact of Financial Support Aimed at Families on Reducing Poverty in Estonia: Analysis by the Microsimulation Method. Praxis Centre for Political Studies.

other similar allowances needs to be studied further. The options for a more flexible implementation of the parental benefit, incl. the regulation and cost of amending labour law, the need for and cost of childcare and reorganisation of administration, are studied within the programme “Promotion of Gender Equality 2011–2013” commissioned by the Ministry of Social Affairs.

The possible extra bonuses of family allowances should also be used more, keeping in mind that the effectiveness of a measure does not lie in its monetary value alone. In Nordic countries, for example, the primary objective of the parental benefit is to guarantee the well-being of the child and promote gender equality, which in its turn increases the security families need in order to have children. Considering the priorities of EU policies and the development trends of the Ministry of Social Affairs, we could develop the relevant schemes in such a manner that in addition to the employment of women they would also support the rights of fathers and encourage them to participate more in raising the child. The period of the parental benefit in Sweden is 480 days, 60 days of which are reserved just for mothers and 60 days just for fathers. One half of the remaining 360 days is reserved for each parent, but they can be transferred from one to the other. The non-transferable right of fathers has guaranteed that 90% of fathers take parental leave and 22.3% of the parental benefit days prescribed for families are taken by men. This means that the voluntary participation of fathers in family life should be increased to ensure the well-being of families, children and men, and to guarantee equal opportunities. Resumption of the payment of paternity leave allowance in 2013 is a positive example here.

Housing conditions in improving the well-being of families

The different living conditions of households are also connected to their ability to cope economically. The housing conditions of families and the measures that improve them have a significant impact on the families’ quality of living and the environment in which children are raised and developed. For example, bad living conditions cause social stratification, deteriorate the well-being of children and promote the emergence of generational poverty.¹⁴⁶

Although there is no shortage of housing this day and age, not every family has access to a quality home that meets their needs. Families with many children, single-parent families and families with special needs caused by disability face bigger problems in terms of housing and living conditions. Also, 51% of families with many children believe that their homes need extensive renovation, because many of them do not have such elementary living conditions like water supply and sewerage.¹⁴⁷ Surveys carried out in Europe confirm that the absence of a home and the high expense of buying one is a significant reason why families postpone having children, especially in the case of more than one child.¹⁴⁸ This means that on one hand, it is necessary to ensure that a family’s home corresponds to their needs and on the other hand, it is important to create an environment where people do not postpone having children because the conditions in their home are poor or they have no housing.

Line of action 4.1.1: Development of a system of combined benefits that supports providing an adequate income for families

- Analysis and development of the system of family allowances, development of potential new measures and increasing the cost benefit of the system
- Development of a single policy for supporting the parents of small children after the payment of the parental benefit has ended
- Analysis and development of policies aimed at single parent families

¹⁴⁶ Tammur, A., Randoja, M., (2008). The Environment Where Children Are Raised. Collection Lapsed. Children, 11-19. Tallinn: Statistics Estonia.

¹⁴⁷ Reinomägi, A. (2006). Coping and Needs of Families with Many Children. Publications of the Ministry of Social Affairs 7/2007.

¹⁴⁸ Sabotka, T. (2011). European Demographic Research Papers. Austrian Academy of Sciences.

- Analysis and development of allowances aimed at families with three or more children
- Improvement of the procedure for paying the foster care allowance
- Resuming the payment of paternal leave benefit

Line of action 4.1.2:

Development of the system for payment of child support and maintenance allowance

- Development of an information and counselling system for applying for child support, creation of the informational environment required for this purpose
- Improvement of the efficiency of the payment of child support as ordered by court and analysis of the maintenance allowance system
- Development of new measures for guaranteeing that child support is paid to children

Line of action 4.1.3: Improvement of the housing conditions of children with families (through the Estonian National Housing Strategy 2008–2013, Ministry of Economic Affairs and Communications)

- Implementation of the programme of housing support for families with many children
- Improvement of the quality of the housing environment and the quality and energy-efficiency of the housing fund
- Continuing the provision of support increasing the municipal rental housing fund (incl. for young persons leaving substitute care)
- Supporting the adaptation of housing to special needs
- Provision of state surety to the home loans taken by young families

Measure 4.2: Development of services to promote the independent economic coping of families

Necessity and importance of the services

People in Europe have come to the understanding that financial support and benefits are not enough to combat poverty. Moreover, people have understood the threat that may arise in the situation where the policy measures, which support economic coping, only aim to “raise families above the poverty line” and then deprive them of attention. Many surveys indicate that families that officially do not live in poverty may be unable to meet the needs of their child and guarantee them future prospects that meet their development potential.¹⁴⁹

We therefore have to analyse the benefits of monetary support and services, and consider increasing the share of the latter, as the share of services in social protection expenses is very low. For example, day care for children allows parents to participate in the labour market and cover the family’s financial needs with the income earned by working. The Estonian Education Strategy 2012–2020 points out that poverty and unemployment are related to the level of education, which means that it is important to increase the accessibility of education and the number of people who acquire education. Estonian families also believe that the state should rather support them with (free) services than monetary benefits¹⁵⁰.

¹⁴⁹ Field, F. (2010). The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances. HM Government.

¹⁵⁰ Bruns, J., Poolakese, A. (2009). Survey of Coping and Needs of Families with Disabled Children 2009. GfK Custom Research Baltic; Ministry of Social Affairs, European Social Fund.

Supporting employment and reducing the care burden

The best way of preventing a family ending up in poverty is to give parents the chance to participate in the labour market, which is why services that support participation in the labour market must also be offered in addition to narrow family policy measures. However, it is important to keep in mind that the benefits offered to the unemployed should also promote re-entering the labour market and prevent the emergence of the situation where living on benefits is better than earning a salary. It is also important to ensure that the allowances aimed at families do not end up being 'labelling' or promote the exclusion of the child. More services that promote the ability to cope independently can be offered to families in addition to financial support in order to motivate them to work.

The share of children and families living in poverty started increasing in the second half of 2008 as a result of the increase in unemployment. The families that are affected by long-term unemployment and/or where both parents are unemployed are in a particularly difficult situation. The "Doing Better for Families" report issued by the OECD in 2011 indicated that in the comparison of all Member States, child poverty risk was the highest in Estonian families with a single, unemployed parent, reaching 94.5%.¹⁵¹ Long-term unemployment among families with children is increasing. The well-being of children must also be considered in addition to employment services and subsidies, and possible additional allowances or services (e.g. compensation of the cost of school dinners, payment for hobby education, etc.) must be analysed in order to ensure that the unemployment of parents does not have irreversible consequences for children's social skills and participation, educational ability and physical development (e.g. due to an insufficient and poor diet).

The large care burden of families, which may force a family member to withdraw from employment, also weakens the independent economic coping of families. Reducing the care burden by supporting the reconciliation of work, family and private life and the development of childcare options is also one of the priorities of the European Union. In addition to the vulnerability created by caring for a child, we also need to pay more attention to people whose participation in the labour market is restricted because they have to provide care to an elderly, disabled or sick family member. This need is certainly increasing as the Estonian population is aging.

People's unawareness of possible services and their lack of skills in managing their family lives began to stand out more during the recession. Various risk factors (e.g. instant loans, hire purchase options, gambling, etc.) are easily accessible and experience shows that people are not always able to analyse the potential consequences of these risks or the threat they pose to the family's ability to cope. More attention should be paid to increasing the knowledge of people of their rights and their options of protecting themselves in working lives, applying for child support, etc.

The accessibility of supporting social services (psychological counselling, family conciliation, career counselling, etc.) is a separate problem and the debt counselling service is the only one that currently meets the demand. Families themselves have also spoken of their desire to receive considerably more services than are being offered.¹⁵² The provision of social services is generally uneven in regional terms, as in some cases people have to pay for the services themselves and many of them do not have enough information about the provision of such services. It is also unknown what kind of an impact the recession has had on the services and benefits offered to families by local authorities.

¹⁵¹ OECD (2011). *Doing Better for Families*, OECD Publishing. This indicator illustrates relative poverty whereby the OECD uses 40% of the median equivalent net income as the relative poverty line.

¹⁵² Reinomägi, A. (2007). *Coping and Needs of Families with Many Children*. Policy Analysis. Series of the Ministry of Social Affairs No 7/2007. Tallinn: Ministry of Social Affairs.

Development of cooperation between various institutions in the social and employment system

The objectives of family policy and employment policy are closely connected and have an impact on each other. From the viewpoint of family policy, the employment of parents is an important precondition to the coping ability of families with children and living in a household with an unemployed member considerably increases the poverty risk of children. The objective from the viewpoint of the employment policy is employment of working-age persons, incl. women and men. In real life the birth of children, especially consecutive births, often means that women withdraw from the labour market for several years.

It has become evident during the preparation of this Strategy that the cooperation between and the combined measures of the social and employment area must be enhanced and areas of responsibility must be defined better in order to develop services that meet the needs of people. One of the examples here are the counselling centres for people with special needs and their families, which were established with the support of the European Social Fund and which offer various counselling services to increase their chances of finding employment.

Line of action 4.2.1:

Provision and development of social services that improve economic coping

- Carrying out an analysis of the compliance of social services that support the economic coping of families with the needs of families and evaluation of the effectiveness of the services
- Development of social services and guaranteeing their accessibility
- Provision of comprehensive counselling services in order to improve chances of finding employment
- Increasing the qualifications and competency of social workers
- Exchange of good practices between local authorities and development of cooperation for a more efficient organisation of services
- Clearer definition of the division of institutional responsibility in order to guarantee the efficiency of the training and social services provided to the unemployed

Line of action 4.2.2:

Increasing the efficiency of employment services and the relevant awareness of people

- Development and provision of welfare services that support the employment of people with special needs and their family members
- Organisation of seminars, publication of information leaflets and a handbook to promote the principles of protected flexibility in employment relationships

STRATEGIC OBJECTIVE 5:



Men and women have equal opportunities for reconciliation of work, family and private life in order to promote a quality everyday life that meets the needs of each family member.

5.

Reconciliation of work, family and private life emphasises the freedom of choice, equal rights and obligations of all individuals in the performance of different roles and, if desired, the achievement of a balance between different areas of life. The obligations of family members mean taking care of children and other family members as well as housework. Allowing people to have free time for themselves that is not spent on work or family duties, but is spent on interests or hobbies, is considered important.

Table 5. Strategic objective indicators

5. SO INDICATOR	BASE LEVEL	TARGET LEVEL 2015	TARGET LEVEL 2020
Share of children aged 0–2 and 3–6 in formal childcare (Eurostat)	0–2-year-olds 25% 3–6-year-olds 92% (2009)	0–2-year-olds 33% 3–6-year-olds 92%	0–2-year-olds 35% 3–6-year-olds 92%
Difference in the employment rate of men and women aged 20–50 with children aged 0–6 or gap in employment rate (Statistics Estonia)	Difference in the employment rate of men and women aged 20–50 with children aged 0–6 (gap in employment rate) 38.6 pp (2008)	Difference in the employment rate of men and women aged 20–50 with children aged 0–6 (gap in employment rate) 35.5 pp (2008)	Difference in the employment rate of men and women aged 20–50 with children aged 0–6 (gap in employment rate) 33 pp (2008)
Share of men among persons who were awarded the parental benefit in a year (first award) (Social Insurance Board)	6.9% (2010)	8.5%	10%

Current situation

The reconciliation of work, family and private life is one of the main principles of EU strategies. The problems and needs associated with the above, the need to increase the employment of women and the development of childcare systems are referred to in the Lisbon Strategy, which was adopted in 2000, and the Barcelona Childcare Targets were set to the development of childcare options. The Europe 2020 Strategy emphasises the need to continue with the activities that promote the reconciliation of work and family life.

The creation of more equal opportunities for men and women for the reconciliation of work, family and private life is closely connected with the rights of both women and men, which is why it is important that the representatives of both genders can fulfil themselves in all three areas of life. Also, work and family and their mutual relationship are an important area that illustrates the scale of the equality of women and men in society. As Estonia is mainly threatened by the absence of women from the labour market and therefore also a higher risk of poverty whilst men have to carry a large burden of work and responsibility to guarantee

the economic coping of their families and the resulting health risks, the activities in this Strategy are mainly aimed at the creation of a balance in the attitudes and real opportunities of genders. One of the things we have kept in mind is that the rights of the child must also be guaranteed in addition to the equal rights of men and women when the measures in the area are developed.

International surveys and the experience of countries with a higher fertility rate indicate that fertility is higher in the countries that take measures to reduce the care burden of women and increase the participation of fathers in family life.¹⁵³ Surveys show that when fathers participate more in raising their children and doing housework, it improves the quality of family relationships and maintains a stronger connection with children even in the event of divorce. The father's (voluntary) participation in raising the child has a good impact on the father as well as the development of the child. Longitudinal surveys have shown that the positive participation of a father in raising a child is connected with the high academic motivation and ability of the child, fewer criminal problems (especially among boys), fewer mental health problems in later life (especially among girls) and a good parent-child relationship in adulthood.¹⁵⁴ The fact that the behaviour of men who live with their children is less risky, i.e. they consume less alcohol, tobacco and drugs, suffer less often from depression and their general mental well-being is higher, has been scientifically proven.¹⁵⁵

Measure 5.1: Creation of more equal opportunities for women and men for work, family and private life

Attitudes associated with the obligations of women and men and the reality

The results of an analysis of national family policy measures indicated that the Estonian family policy as a whole is focussed on the mother and the child.¹⁵⁶ However, almost all people in Estonia (93%) agree that raising children is an obligation of both mothers and fathers in equal measures.¹⁵⁷ Also, the willingness and readiness of fathers in Estonia to stay home with small children is higher than the average and an increasing trend, especially among younger people. Several rights and benefits aimed at families and parents (such as parental benefit, parental leave, additional days of childcare leave, care allowance in the event of the child's sickness, etc.) are prescribed equally for both mothers and fathers. However, whilst people believe in the equal position of fathers and mothers in raising their children in terms of their attitudes, this kind of behaviour is not very common. Namely, the RISC Value Orientations Survey shows that more than a half of people in Estonia believe that a father's main responsibility is to offer financial security to his family and children. It is also worth pointing out that young mothers on parental leave are the ones who generally prioritise the role of mothers in the early stages of a child's life and are opposed to a parental benefit period that is aimed only at fathers.¹⁵⁸ The data for 2009 also indicate that men comprised 8.5% of parental benefit recipients (6.9% in 2010), 12.6% of persons who used childcare leave, 28.9% who took out care certificates to look after a sick child under the age of 12 and 21.5% of persons who took out care certificates to look after a sick family member.¹⁵⁹

¹⁵³ Ronsen, M., Skrede, K. (2006) Nordic fertility patterns: compatible with gender equality? Politicizing parenthood in Scandinavia: gender relations in welfare states, (Ed). Ellingsgaeter and Leira. The Policy Press, Bristol.

Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions. Equality of Women and Men – 2010.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52009DC0694:EN:NOT>

¹⁵⁴ Flouri, E. (2005). *Fathering & Child Outcomes*. Chichester, West Sussex: John Wiley & Sons.

¹⁵⁵ Plantin, L. (2007). *Fatherhood and Health Outcomes*. Copenhagen: WHO Regional Office for Europe.

¹⁵⁶ Goal of action 1.16.1 "Overview of the Analysis of the Impact of National Family Policy Measures on Fertility and Raising Children" in the action plan of the Government of the Republic in the area: considers the impact of national family policy measures on the fertility rate and their efficiency in contributing to raising children.

¹⁵⁷ TNS Emor (2008). *Children and Estonian Society*. RISC Value Orientations Survey. Ministry of Social Affairs.

¹⁵⁸ Ibid.

¹⁵⁹ Source: Social Insurance Board and Estonian Health Insurance Fund.

This means that the problems here stem from the attitudes that prevent the participation of fathers, not the lack of opportunities.

As the above shows that raising children and looking after them (especially in the early stages of their lives) is generally the mother's responsibility, it means that the participation of women in employment is restricted. The gap in employment rate, which characterises the employment of women with children of up to six years of age and women who do not have children up to six years of age is considerably bigger than the European average (17.3% in 2009). According to Eurostat the employment rate of women aged 20–49 who have at least one child aged 0–5 in 2010 was 50.6% and the employment rate of women without children aged 0–5 was 76.3%, which means that the gap in employment rate is 25.7 percentage points. The gap in employment rate has decreased in comparison to the previous years, mainly due to the changes on the labour market caused by the economic crisis (the gap in employment rate in 2008 was 31.9 percentage points). Among European Union Member States, the gap in the employment rate ranged from -4 percentage points in Slovenia to 45.2 percentage points in the Czech Republic. The gap in the employment rate may be caused by the fact that women who have stayed at home with children for a long time find it difficult to maintain their qualifications and return to the labour market. Also, the shortage of childcare facilities makes returning to work difficult. The attitudes of people in Estonia also do not support the participation of mothers with children less than three years of age in employment.¹⁶⁰ What we need to do is guarantee the accessibility of services that reduce the care burden and develop various measures that would help parents who have been away from the labour market for a long time to maintain and/or recover their qualifications, and make it easier to transfer from family life to working life.

However, the overall employment of women on the Estonian labour market is higher than the average in the European Union. Looking at different data shows that the active participation of women in the labour market and the attitude that women must be more active in raising children and doing housework leads to the situation where many women carry double the workload.¹⁶¹ The fact that in addition to paid jobs, women in Estonia also have to do the lion's share of housework is evidenced by the survey of the use of time, which showed that women aged 25–64 spent two more hours on unpaid work whilst men spent an hour more doing the work they got paid for. However, in comparison to European men, Estonian men spend relatively large amounts of time with their families and share more housework obligations every year, which underlines the importance of informing people and cultivating family-friendly attitudes.¹⁶²

The birth of children does generally not restrict the participation of men in employment – it usually increases it. Statistics show that fathers of children up to six years of age are the group in Estonia that participates the most in employment.¹⁶³ A comparison of the employment rate of men with small children and without small children shows that the employment rate of the latter is considerably higher. However, the excessive workload of men leaves them with fewer opportunities for taking part in the social and psychological development and everyday life of their families.¹⁶⁴

The participation of fathers in raising children, division of housework and creation of family relationships does not increase if awareness is not raised. In Estonia, there are no general strategies that focus on this awareness. Some attention has been paid to supporting fathers

¹⁶⁰ Vainu, V., Järviste, L., Biin, H. (2010). Gender Equality Monitoring, 2009. Survey Report. Publications of the Ministry of Social Affairs 1/2010. Ministry of Social Affairs, European Social Fund.

¹⁶¹ Ibid.

¹⁶² Survey of the Use of Time. (2001). Work and Family Years. Tallinn: Statistics Estonia.

¹⁶³ Source: Statistics Estonia.

¹⁶⁴ The survey of the use of time carried out by Statistics Estonia from 2000–2001 indicated that women spent 2 hours and 6 minutes more on housework per day than men, and the same indicator according to the survey carried out from 2009–2010 was 1 hour 33 minutes per day.

in the gender equality programme of the European Social Fund, but changing attitudes is a time-consuming process and activities in this area require consistency.

The gender pay gap in Estonia, which is the biggest in the European Union, is also a barrier to equal opportunities. It is worth mentioning that the pay gap is the biggest for women aged 25–45, i.e. in the period when they could be having children. In addition to various policy measures, it is also necessary to reduce the gender stereotypes that start at the early stages of a child's life.

Flexible forms of work and attitudes of employers

It is important for family policy measures to enable both mothers and fathers to combine the needs of their work and family life better than before in order to ensure that “work or family” would not be the only choice for women and men. In general, there are two options for reducing the conflict between work, family and private life: to reduce the family obligations of people or their work-related obligations. The childcare services offered by the state or local authorities, the education system of the state, health and care services, etc. can offer support in family obligations, especially raising children. These services allow parents to reduce their family obligations and thereby make time for work.

The other way for reducing the conflict between work and family life is to use the options that are associated with the job – the family-friendly attitude of the employer, laws that support parents and flexible forms of work.

Many countries have allowed parents to reduce their work obligations by letting them work part-time.¹⁶⁵ According to Statistics Estonia approximately 63 thousand persons aged 15–74 worked part time in Estonia in 2010, more than 43 thousand of them were women. 14.5% of women and 7.1% of men in total worked part-time in Estonia. However, the gender equality monitoring of 2009 showed that 43% of women would prefer to work part-time if their partner earned enough and the share of men who would like to do the same was 16%.¹⁶⁶ The biggest group among these people were mothers with minor children. On one hand, this difference may be testament to the higher housework load of women and bigger problems in the reconciliation of work and family life, but also to the stereotypical expectations that women must focus more on taking care of family members.

Although part-time work allows for a better reconciliation of work, family and private life in some cases, it also has some negative sides. In the worst case, it means that women give up paid hours of work in order to do unpaid work at home instead of dividing housework equally between men and women. Since women are usually the ones that work part-time, the poverty of women would increase even more in confluence with the gender pay gap and they would become even more dependent on their partners. It also has a long-term impact on a woman's income, including the amount of their pension.

The other downside of part-time work is that people often have a bigger workload whilst being paid less for doing the work. It is therefore important that a part-time worker and their employer both make sure that the workload is as prescribed.

Part-time work is not the only or, as said above, necessarily the best way of allowing people to plan their time better and divide it between different areas of life. People who work full-time can also organise their work in many different ways and adapt it in a manner that suits their family and private life. Whether it is possible or not depends on the nature of the work and also on the employer and the organisation of work in the workplace. Various surveys

¹⁶⁵ Karu, M. (2009) Conflict of Work and Family Life, Organisation of Work and Employers' Support to Employees. Praxis Centre for Political Studies, Office of the Minister of Population, Ministry of Social Affairs.

¹⁶⁶ Vainu, V., Järviste, L., Biin, H. (2010). Gender Equality Monitoring, 2009. Survey Report. Publications of the Ministry of Social Affairs 1/2010. Ministry of Social Affairs, European Social Fund.

have shown that flexible forms of work and a family-friendly organisation of work may be beneficial for a company as they reduce staff turnover and shirking, improve the company's reputation and the health and loyalty of its employees, and also reduce the stress of employees, which could reduce the productivity of the company.¹⁶⁷

However, it seems that employers in Estonia are not overly employee and family-friendly in their attitudes and knowledge. This is highlighted by the opinions of employees according to which the attitude of employers in Estonia is the most negative with regard to teleworking by parents and allowing fathers of small children to work part-time or take parental leave. Part-time work by mothers or fathers is also seen as complicated (42%), as are the opportunities of fathers of small children to stay on parental leave until the child turns three (40%). Employees also believe there is a noticeable difference in how employers regard the fact whether it is the mother or the father who stays home with a sick child: it is considered much more acceptable in the case of mothers.¹⁶⁸

This means that the willingness of employers to offer options for reconciliation of work, family and private life needs to be enhanced.

Line of action 5.1.1:

Promoting the participation of fathers in family life and women in working life

- Provision of information to raise awareness of the rights of fathers, their importance for the men themselves, the family and society as a whole, and reducing outdated stereotypes
- Analysis of the parental benefit to ascertain the impact of its use on the working lives of men and women, their inclusion in family life and their income
- Carrying out an analysis to ascertain the impact of the quality and accessibility of day care for children on the employment behaviour of parents
- Updating various policy measures to give men and women more equal opportunities to participate in work, family and private life
- Development of services that reduce the care burden, improvement of their quality and accessibility

Line of action 5.1.2: Development of an employee and family-friendly working environment

- Analysing the impact of the options of parents for flexible reconciliation of work, family and private life, incl. part-time work
- Raising the awareness and competency of employers and legal assistance providers about the rights and obligations stipulated in the laws that promote equal treatment and the support work, family and private life
- Motivating employers to create an employee and family-friendly working environment by reviewing various taxes on fringe benefits and exchanging experience and best practices
- Provision of information for the purpose of promoting a flexible work culture
- Organising a contest to find the most employee and family-friendly employer and the development of a relevant certificate

¹⁶⁷ Karu, M., Kasearu, K., Biin H. (2007). Children and Parental Leave: Survey Report. Praxis Centre for Political Studies, Ministry of Social Affairs.

¹⁶⁸ Vainu, V., Järviste, L., Biin, H. (2010). Gender Equality Monitoring, 2009. Survey Report. Publications of the Ministry of Social Affairs 1/2010. Ministry of Social Affairs, European Social Fund.

Measure 5.2: Development of child day care

Accessibility of child day care and its correspondence to people's needs

Child day care is an area that concerns both education and social policy: child and family policy; gender equality policy; social protection, labour market and health policy; guaranteeing the right of children to quality preschool education and childcare as well the employment of men and women, thereby preventing poverty and promoting the birth of children.

The goal set in the Barcelona Childcare Targets (2002), which is mainly aimed at increasing the employment of parents, especially women, was to provide childcare to at least 33% of children up to 3 years of age and to at least 90% of children aged over 3 by 2010. The relevant indicators in Estonia in 2009 were 25% and 92%, respectively. The new goal set in the conclusions made by the European Council in 2009, which focus on the pan-European education and training cooperation network, is that at least 95% of children from the age of 4 to school age participate in preschool education by 2020.¹⁶⁹

As both men and women want to work this day and age, the accessibility and quality of child day care is very important for meeting the needs of parents who are working, looking for a job, studying or receiving professional training, and the needs of their children. Child day care contributes to the reconciliation of work, family and private life, which in its turn increases the employment of both men and women. The position of women on the labour market will improve first of all, as it will be easier for women to enter the labour market after the birth of a child and they will be less uncomfortable employees for their employers. The fertility rate is strongly affected by whether or not it is possible for parents to work.

However, the preschool education system (incl. nursery schools) in Estonia is not sufficiently flexible (opening hours, etc.), diverse (different group sizes, methodology, etc.) or accessible (incl. regional differences) to consider the needs of parents and children in our changed society. The mobile labour market and the work schedules of people mean that they need more flexibility, but local authorities provide the nursery school service strictly on a regional basis and during certain hours. It is difficult to use the service provided by another local authority or outside the traditional working hours. The childcare service is more flexible, but also considerably more expensive for parents. The services offered by the private sector make it possible to save some money in the public sector and give parents more choice and control, but it should not restrict the accessibility of quality services for everyone. Economically disadvantaged people tend to need child day care more, earlier and for the lowest possible price, and they are also often unable to afford the services offered by the private sector. However, surveys indicate that child day care is the most beneficial for groups that are vulnerable and in need, incl. children of families with low income¹⁷⁰ and single parent families.

Local authorities are obliged to ensure that all children aged 1.5 to 17 have the opportunity to attend a childcare institution in their service region.¹⁷¹ Earlier surveys have indicated that approximately 39% of local authorities have for many years been unable to perform the obligation to guarantee all children with a place in day care¹⁷², which means that Estonia

¹⁶⁹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2009:119:0002:0010:ET:PDF>

http://ec.europa.eu/governance/impact/planned_ja/docs/426_eac_early_childhood_education_en.pdf

¹⁷⁰ Council Conclusion of 11.05.2010 on the social dimension of education and training (OJ 2010/C 135/02).

¹⁷¹ § 10 of the Preschool Child Care Institutions Act. <https://www.riigiteataja.ee/ert/act.jsp?id=13336294>

¹⁷² Ainsaar, M., Soo, K. (2008). Support Provided by Local Authorities to Families with Children in Estonia. University of Tartu. Institute of Sociology and Social Policy.

needs approximately 4,000 additional childcare places. Childcare for children up to 3 years of age is the most problematic. The limited provision and accessibility (incl. affordability) of child day care means that women especially have to carry a larger care burden and their opportunities for participation in the labour market are smaller.

The current system is also unable to consider the requirements of special needs children adequately. However, the European Union has ratified and Estonia has signed the UN Convention on the Rights of Persons with Disabilities, which means that the state agreed to perform various obligations in the area of education.¹⁷³ This is why the local authorities that are willing to create integration groups and special groups (for children with developmental, physical, visual and multiple disabilities, etc.) need money and support from the state.

Improving the quality of child day care

Child day care covers both preschool education and childcare. Child-minding is provided by both preschool childcare institutions as well as in the form of the childcare service, but preschool education is only offered by preschool childcare institutions and it is developed primarily by the Ministry of Education and Research. Pursuant to the Social Welfare Act, the childcare service is offered by qualified service providers who are trained and whose services are developed primarily in the area of administration of the Ministry of Social Affairs.

Child day care is meant for children and it must therefore proceed from the interests of children and meet all the individual development needs of children.¹⁷⁴ Quality child day care is an important contribution to the social adaptation of children, as it helps to strengthen the social, emotional, intellectual and physical development of children.¹⁷⁵ Childcare that meets the needs of the child also reduces sickness among children, which in its turn reduces the number of care days that both women and men would otherwise have to use.

The early experience of children shapes the way they study in the future. If the foundation laid at the early age is good, the child will learn more effectively in the future and they are more likely to learn during their entire life, their risk of dropping out of school is reduced, the uniformity of the educational results of children is increased and society will not lose money due to lost talents and incomplete education.¹⁷⁶ Quality preschool education also means that children will do considerably better in the PISA and PIRLS basic skill tests, as it is equal to the results of one to two years in school.¹⁷⁷ This means that in the long term, it would be good to contribute more to the early education and quality care of children rather than try to fix things later.¹⁷⁸

Child day care influences children not only in terms of their future education, but also in terms of their integration into society by generating well-being and contributing to their ability to work when they turn into adults.¹⁷⁹ In the European Union Strategy 2020, the provision of quality child day care that allows all children to fulfil their potential is an important measure for the achievement of two of the document's main goals: to reduce the number of children dropping out of school early by 10% and to help at least 20 million people conquer the risk of poverty and social exclusion.

¹⁷³ The UN Convention on the Rights of Persons with Disabilities (2006) has been signed by all Member states, and ratified by most.

¹⁷⁴ Recommendations of the Committee of Ministers of the European Council 2002.

¹⁷⁵ Ibid.

¹⁷⁶ Commission Communication "Efficiency and Equity in Education and Training System" (COM (2006) 481). (2007) p. 158. (2007) p. 158.

¹⁷⁷ Organisation for Economic Co-operation and Development (2010). PISA 2009 results Vol.2: Overcoming Social Background, p. 97-8; IEA, PIRLS 2006 International Report, (2007) p. 158.

¹⁷⁸ Lamb, M. E. (1998). Nonparental child care: context, quality, correlates and consequences, see Damon, W. et al, Handbook of Child Psychology.

¹⁷⁹ Council Conclusions of 26.11.2009 on the education of children with a migrant background (OJ 2009/C 301/07).

Irrespective of the above, the education expenditure per child at the early stages of the child's life in most EU Member States is still lower than at any other level of education.¹⁸⁰ Integration between childcare and preschool education is extremely important regardless of whether it is childcare or preschool education that is provided.¹⁸¹ This means that the preschool education programme and the qualifications of the staff should be developed further. The competence of staff is the key to quality child day care. Also, more attention should be paid to the interaction between the child and the adult, and to team training. Although the overall quality level of the providers of child day care services is rising, the prevailing tendency is still to have the so-called educational work done by qualified staff and the care work by less qualified staff, which often leads to a lack of consistency in the individual care and education of a child. As a result of this, certain quality requirements only apply to institutions known as nursery schools. Preschool education is not guaranteed within the scope of the childcare service; the training of childcare service providers is limited to 160 hours and applying for a licence.

Guaranteeing the supervision of every aspect of the quality of childcare services must also be regulated.

Systematisation of child day care information and promotion of cooperation

The surveys carried out so far¹⁸² do not give a comprehensive overview that considers the child day care needs of the various target groups living in Estonia, and the current monitoring system is also inadequate and fragmented.¹⁸³ For example, there are no exhaustive statistics about the actual number of the children who need day care (different estimates show that the number of such children is either 4,485¹⁸⁴ or 29,700¹⁸⁵). Also, the accessibility of information about the principles for supporting special needs children and the relevant support systems is also inadequate at the regional level. However, mapping the accessibility situation and information of day care and guaranteeing its adequacy is important for the state as well as the local authorities, as it allows them to make necessary decisions about child day care better and faster. The state's resources are also used more expediently and efficiently.

The development of information systems should also proceed from the principle that parents should be able to obtain all the information about childcare service providers that interests them from the same place, which would make it possible for them to analyse and monitor different offers.

The developments in Europe as well as in Estonia are aimed at enhancing the integration of childcare and preschool education. Placing the entire domain in the area of administration of one ministry has not been set as a goal in this Strategy and no activities are planned in association with this. However, the idea should be analysed in greater depth in the future. Until then, it is important that we develop effective cooperation between the areas of education, social affairs and health, guarantee the rights and well-being of children and the consideration of the needs and expectations of families, and ensuring the accessibility of a diverse and flexible child day care service.

¹⁸⁰ Organisation for Economic Co-operation and Development (2009). Doing Better for Children. Paris: OECD.

¹⁸¹ Communication from the Commission: Early Childhood Education and Care: Providing all our children with the best start for the world of tomorrow (2011).

¹⁸² Ainsaar, M., Soo, K. (2008). Support Provided by Local Authorities to Families with Children in Estonia. University of Tartu. Institute of Sociology and Social Policy.

European Commission (2009). The provision of childcare services. A comparative review of 30 European countries <http://ec.europa.eu/social/BlobServlet?docId=2803&langId=en>

Kask, R., Tint, S., Viljasaar, R. (2007). Needs and Options of Child Care in Harju County until 2012. Harju County Government. http://www.harju.ee/public/Arenguosaakond/Arendusdokumendid/Lastehoiu_uuring.pdf.

¹⁸³ Education license is the only place where the Ministry of Education and Research can regulate the activities of local authorities (it has the right to cancel the education licence if the activities of the childcare institution do not meet the quality criteria); health requirements are established and supervised by the Ministry of Social Affairs; child care services are financed by local authorities, but supervision is exercised by county governments – the financier has not control of the quality of the service provider.

¹⁸⁴ Ainsaar, M., Soo, K. (2008). Support Provided by Local Authorities to Families with Children in Estonia. University of Tartu. Institute of Sociology and Social Policy.

¹⁸⁵ Source: Statistics Estonia on 2 June 2008 (the most recent data available).

A better exchange of information and closer cooperation between various institutions (Ministry of Education and Research, Ministry of Social Affairs, incl. the area of health and social affairs, and local authorities) could help resolve the problems of the fragmented system and child day care, and parents should also be included in order to develop a better service. Cross-border cooperation between local authorities makes it possible to combine funds and achieve the most client-friendly and cost-effective solution for offering child day care.

Line of action 5.2.1: Supporting all child day care providers (incl. providers of day care for children with special needs and disabilities) in order to improve the accessibility and sustainability of the service

- Creation of a permanent child day care workgroup of stakeholders
- Organisation of conferences, workshops and training for exchanging information about good practices, etc.
- Analysis and changing the child day care system
- Improvement of day care options with the support of the funds received from the KOIT Programme of the European Union Structural Funds and the sale of Kyoto pollution quota
- Finding opportunities for the creation of new childcare places
- Development and implementation of solutions required for increasing the volume of the state-financed childcare services for disabled children who need extensive care

Line of action 5.2.2: Improving the quality of child day care

- Mapping and analysis of the awareness, attitudes and needs of child day care providers
- Reviewing the quality indicators of child day care and updating their evaluation, verification and procedure with the emphasis on the well-being, fundamental needs and rights of children
- Increasing the competency of child day care providers with the development of both basic and in-service training
- Amendment of the educational requirements for child-minders is stipulated in the Social Welfare Act in order to improve the accessibility of state-financed childcare service

Line of action 5.2.3: Collection and systematisation of information to obtain an overview of child day care requirements and needs

- Mapping the needs of the target group of child day care
- Raising the awareness of child day care users of the options and quality of the childcare service
- Investigating the provision of child day care by local authorities
- Creation and development of a childcare information system

Line of action 5.2.4: Increasing the efficiency of local authorities to improve child day care

- Supporting the opportunities and ability of counties to provide child day care
- Sharing best practices and other information exchange to promote the cross-border cooperation of local authorities

IV Operational Programme and Cost Forecast of the Strategy

The first operational programme of the Strategy of Children and Families 2012–2020 will be prepared for 2012–2015. The operational programme describes the activities that will be carried out during the period, the time when they will be carried out, the persons responsible for the activities and the sources of resources. The Ministry of Social Affairs is responsible for carrying out the entire Strategy whilst the other involved ministries and organisations have approved the activities in their areas of responsibility and thereby taken responsibility for them.

The estimated total cost of the Strategy from 2012–2020 is 380,959,631 euros, incl. 160,404,055 euros in the period from 2012–2015 according to the first operational programme, and the approximate expenditure forecast for the period from 2016–2020 is 220,555,576 euros, which will not bring about a significant increase in expenditure (up to 10%). A more detailed cost forecast for 2016–2020 can be given in the operational programme of the relevant period in accordance with the completion of the State Budget Strategy 2016–2020. According to plans, the resources for the first operational programme in the area of administration of the Ministry of Social Affairs will be allocated from the state budget for 2012 and pursuant to the State Budget Strategy 2012–2015, the EEA Financial Mechanism and the Norwegian Financial Mechanism 2009–2014, the European Social Fund 2009–2014+ programmes and other external sources. The civil and NGO initiatives that correspond to the strategic objectives of the Strategy of Children and Families are supported through the Gambling Tax Council. The expenditure forecasts of other ministries are added in the course of the approval round.

The expenditure planned for the activities proceeds from the 2012 budgets of ministries and the principles approved with the State Budget Strategy 2012–2015. The activities where the operating expenses of the responsible agency are noted as the source of resources (marked with an asterisk (*) in the operational programme) do not bring about the need for extra resources, as they will be carried out within the scope of the existing staff costs. The activities that are carried out only if additional funding is found are marked with two asterisks (**) in the operational programme.

The activities of the Strategy of Children and Families and a more detailed cost forecast will be specified after the preparation of the state budget strategy of each year.

*Table 6. Forecast of the cost of the Strategy of Children and Families
by strategic objectives for 2012–2015 (euros)*

2012					
Strategic objective	Additional funds of the MSA	Funds of the Gambling Tax Council	Expenditure of other organisations	External funds	Total
1. SO	20,000	0	37,170	0	57,170
2. SO	33,150	191,000	252,630	55,000	531,780
3. SO	397,413	140,564	37,000	372,802	947,779
4. SO	25,200	5,000	0	220,479	250,679
5. SO	35,000	39,391	0	98,595	172,986
All expenditure in total	510,763	375,955	326,800	746,876	1,960,394

2013–2015					
Strategic objective	Additional funds of the MSA	Funds of the Gambling Tax Council	Expenditure of other organisations	External funds	Total
1. SO	112,000	0	62,170	0	174,170
2. SO	831,150	608,000	1,010,520	816,663	3,266,333
3. SO	3,468,903	369,564	151,000	7,040,814	11,030,281
4. SO	12,889,465	20,000	0	553,647	13,463,112
5. SO	52,604,000	177,564	0	77,728,201	130,509,765
All expenditure in total	69,905,518	1,175,128	1,223,690	86,139,325	158,443,661

Annexes

Annex 1. List of included persons (in alphabetical order)

We would like to thank everyone who helped to prepare the Strategy 2012-2020!

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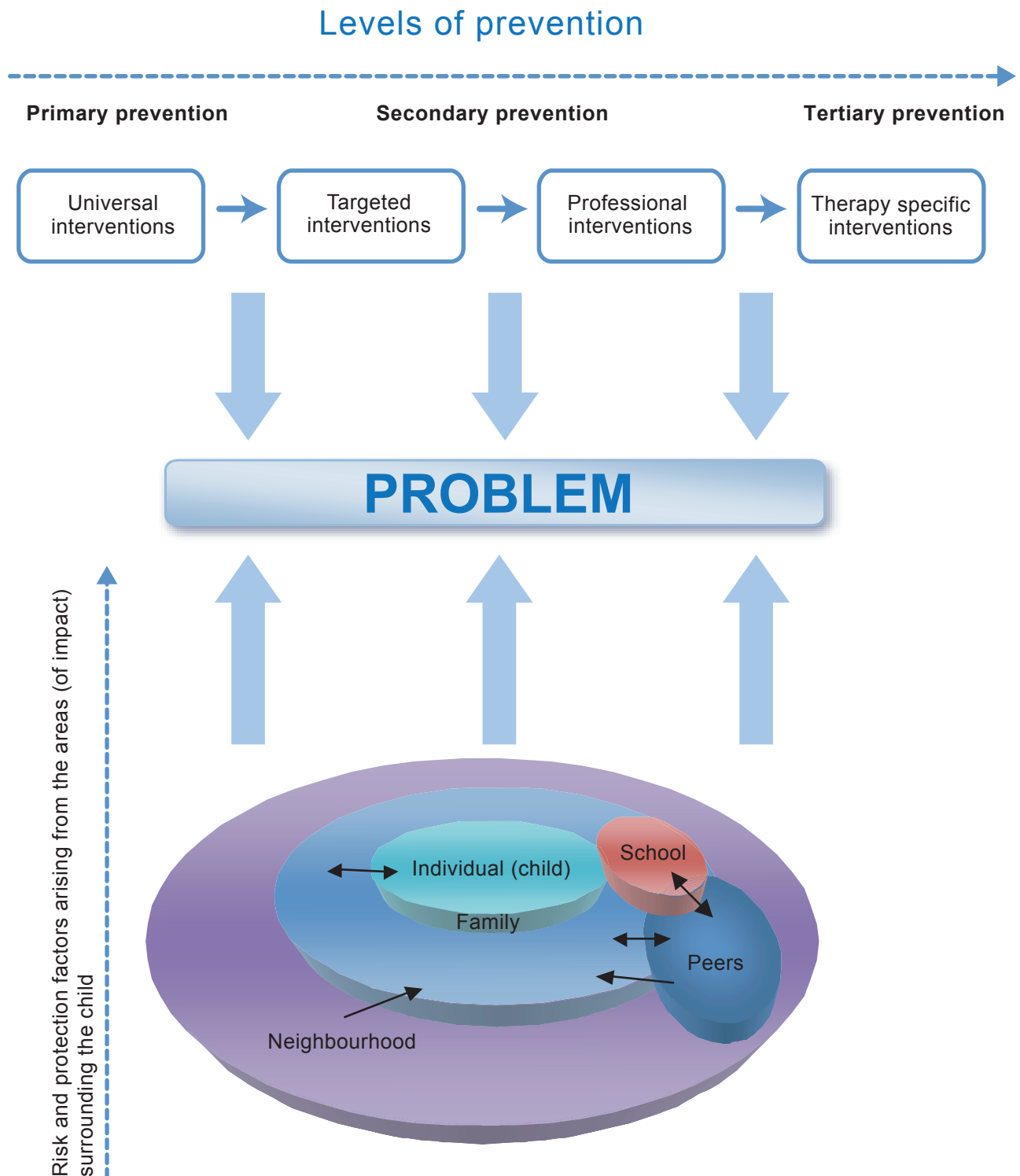
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Annex 2. Public health-based model approach in prevention¹⁸⁶



¹⁸⁶ The author of the figure is Triin Edovald (2011) and it was prepared on the basis of the various sources that deal with the public health model.

Annex 3. Definitions

Child in need is a child forced to live in conditions that threaten their health, well-being and development, or a child threatens his or her health, well-being and development with his or her own behaviour or activities.

Absolute poverty is a lack of resources for the minimal standard of living or for the basic needs of the person. The absolute poverty level expresses the share of households whose income per member in the case of 1:0.7:0.5 consumption scales remains below the absolute poverty level or the minimum means of subsistence, i.e. below the level of expenses that is the absolute poverty level.

Preschool education for the purposes of the Preschool Childcare Institutions Act is a set of knowledge, skills and experience that create the preconditions for successful advancement in daily life and school. Preschool education is acquired in a childcare institution or at home.

Guardian is the person who has the right to provide personal care to a child and look after the child's property; a guardian is appointed by a court.

Child support is a manner of providing maintenance that is usually done by making regular payments of money.

Quality of living indicates the general well-being of people according to the broadest approach. The important factors in describing the quality of living are the objective living conditions (e.g. income, health status, number of close persons, working conditions, etc.) as well as the subjective opinion of a person of their life. Indicators of employment (incl. options for reconciliation of work, family and private life), the ability of families to cope economically (incl. living conditions), socially and psychologically is used to describe the quality of living of children and families.

Special need is the difference of abilities, background and personal qualities from those of one's peers or those considered ordinary to such an extent that a reorganisation of the environment is required to fulfil the development potential.

Special needs child is a child whose needs are different from or bigger than ordinary needs.

Well-being is an indicator used to express the emotional, mental, psychical and social health of a person.

Stakeholders are the associations, umbrella organisations, movements or networks created for the promotion of the common interests (either private or public interests) of their members, which try to apply pressure on the public authorities in order to influence the decisions that concern them.

Gap in employment rate is the difference in employment rates in percentage points.

Father's participation for the purposes of this Strategy means the participation of a father, who is interested in the child and spends time with him or her, in raising his child to an equal extent with the child's mother. He may but need not live with the child's mother and may but need not be the biological father of the child.

Protected flexibility is the principle used to simultaneously increase the flexibility of the labour market, work organisation and employment relationships, and social protection of employees, especially weaker groups and persons not participating in the labour market, and protection of jobs.

Foster parent is the person who actually cares for and raises a child, but who is not the child's (biological) parent or the person married to the child's (biological) parent.

Trafficked child or underage victim of human trafficking is a child who has been exploited by way of his or her recruitment, transportation, transfer, accommodation or receipt, kidnapping or in any other forceful manner or by threatening the use of force, deception, abuse of power or taking advantage of persons in need of assistance or by making or accepting a payment to obtain the consent of a person who controls another person or by offering or accepting any other goods or any other manner of abuse. Exploitation also means forcing another person into prostitution or any other sexual abuse, forced labour or service, keeping in slavery or in a similar condition, or the forceful removal of an organ.

Corporal punishment is any manner of punishment where physical force is used in order to cause pain or discomfort.

Cost-benefit analysis (CBA) is a method that measures inputs (expenditure) and outputs (revenue) in monetary units, i.e. money.

Cost-effectiveness analysis is the method that looks at expenditure as well as the results of the intervention. The inputs of the analysis (the expenses incurred for the intervention) are measured in money and outputs are measured in natural units.

Child is a person up to 18 years of age.

Child-minder is the natural person who personally cares for and develops a child and guarantees the child's safety in the provision of childcare services.

Childcare service for the purposes of the Social Welfare Act is the service that supports the coping or employment of the child's legal representative or the carer stipulated in subsection 252 (1) of the Social Welfare Act during the provision of which the child's care, development and safety is guaranteed by person who provides the childcare service instead of said legal representative or carer.

Child's participation is the right of the child to participate and be included as stipulated in the UN Convention on the Rights of the Child. Participation of young persons in Estonia is regulated with the European EU White Paper Youth Policy and the Estonian Youth Work Strategy 2006-2013. According to the Youth Work Strategy, the participation of young persons is the active or passive intervention of young persons in social processes, their impact on the decisions made in society. Active participation – young persons make and offer decisions themselves, passive participation – they participate in the activities offered in society.

Child day care is the service that supports the employment, studying or coping of a parent during which the care, development and safety of a child are guaranteed by a preschool childcare institution or a childcare service provider or with any other day care option, which provides childcare also after the end of school lessons.

Family with many children is in this Strategy regarded as a family that raises three or more children. The term has not been specified in legislation, but birth statistics show a significant decrease in the number of births after the third child: live births in 2010 divided as follows: 42.2% were born as the first child, 37.5% as the second child, 14% as the third child and 6.3% as the fourth and subsequent child.

Parent is the person who has the authorities or obligations of a parent.

Rights of the child are the rights specified in the UN Convention on the Rights of the Child.

Child and family policy means the policy of the state that is aimed at children and families with children. In a narrower sense, family policy may also be regarded as the measures used by the state to improve the economic well-being of children and families with children during the time the children are raised and cared for: family allowances, parental leave, organisation of childcare. In a broader sense, all national policy areas that influence the well-being of families with children may be treated as child and family policy. In this document, the child and family policy is approached in the broader sense.

Household is the group of persons who share a common (main) dwelling and common resources of money and/or food. The most significant difference from a family is that an individual is treated as a household, but not as a family. It is important that the people who live together also define themselves as a household.

Young person for the purposes of the Youth Work Act is a person aged 7 to 26.

Participation of young persons is the active or passive intervention of young persons in social processes, their impact on the decisions made in society. Active participation means the situation where young persons make and offer decisions themselves, passive participation is the situation where young persons participate in the activities offered in society.

Foster carer is a person with whom a municipality, city or town government has entered into a contract for fostering a child.

Foster care means caring for a person in a suitable family of which he or she is not a member. Foster care is effected on the basis of a written contract entered into between the municipality, city or town government and the carer.

Domestic violence covers home and relationship cases in addition to family relationships. In the case of domestic violence, the perpetrator and the victim are members of the same family, and violence is usually used between family members or between a family member and a close relative. The most common types of domestic violence include mutual maltreatment between spouses, partners, children, grandparents or siblings. Cases where a child witnesses violent behaviour between adults at home or elsewhere are also considered violence.

Positive parenting/positive upbringing of children means the conduct of parents whereby the interests of the child are considered, which is caring and instils confidence, free of violence, encouraging and guiding, and establishes restrictions in order to promote the complete development of the child.

Pregnancy crisis is the situation where the ability of a woman, man and their close persons to cope with the physiological, social and psychological changes or traumatic experiences relating to becoming pregnant, miscarriage or abortion, expecting the child, childbirth, and motherhood and growing into a parent, is diminished.

Pregnancy crisis counselling is the provision of psychological support and information for the purpose of improving the ability to cope by a pregnancy crisis counsellor to men, women and their close persons during pregnancy planning, pregnancy and after childbirth.

Unaccompanied child or unaccompanied underage alien is an alien less than 18 years of age, who arrives or has arrived in Estonia without a parent or guardian or who loses their parent or guardian during their stay in Estonia, including a child who is an asylum-seeker or who has been granted refugee status.

Intervention covers various activities (incl. services, allowances and other help) whose purpose is to meet the needs of people and increase their well-being.

Targeted support/service is aimed at a specific target group (based on certain features), who in the context of this Strategy are the most vulnerable families (low income, single-parent, large families and families with disabled children).

Relative poverty characterises the inequality of the distribution of income and social exclusion. The relative poverty rate indicates the share of persons whose equivalent net income is lower than the relative poverty threshold. The relative poverty threshold is 60% of the median equivalent net income of household members. Equivalent net income is the household income divided by the sum of the consumption scales (1:0.5:0.3), i.e. the share of the first adult member of household in consumption is 1, the share of the second and each following adult in consumption is 0.5 and that of each child 0.3.

Evidence-based practice means the use of the best available scientific research for the promotion of a more successful and justified public policy.

Universal allowance/service is an allowance or service the receipt of which does not depend on the family's income (and which is aimed to partially compensate for the expenditure associated with children or raising children and prevention of the poverty risk of children).

Third sector is the part of society that does not belong to the public or business sector and covers non-profit organisations, foundations, civil law partnerships and other associations based on private initiative. Civil society is a term close to the third sector. A strong third sector is a precondition of a strong civil society.

Parenting/child raising means all the roles of parents in caring for and raising their children. Parenting focuses on the communication between parents and children and covers the rights and obligations that concern the child's development and self-realisation.

Early intervention is an approach that prioritises policy orientations and programmes that primarily help small children, but also older children to fulfil their potential and thereby become better parents themselves. Early intervention may be preventive or aimed at mitigating consequences. Early intervention calls for early noticing.

Maltreatment is any behaviour in respect of a child that reduces the child's physical and mental well-being and threatens their age-appropriate development and health.

Single parent pursuant to the State Family Benefits Act is a parent of a child (who is less than 16 years old or less than 19 years old and attending school) in whose birth registration no entry has been made concerning the father or an entry has been made on the basis of a statement by the mother or whose parent has been declared to be a fugitive pursuant to the procedure established by law.

Parent who raises a child alone is a family with one or several minor children and one parent, irrespective of the reasons why the parent is alone.

Annex 4. References

Action for Children and New Economics Foundation (2009). Backing the Future Why Investing in Children is Good for Us All.

Ahven, A., Kereme, H., Kruusement, A., Klopets, U., Leps, A., Salla, J., Sööt, M-L., Surva, L., Tamm, K. (2011). Crime in Estonia 2010. Ministry of Justice. Criminal Policy Department.

Ainsaar, M., & Soo, K. (2004) Survey "Attitudes and Experience of Young Persons in Relation to Sexual Abuse" Methodology. Soo, K. & Kutsar, D. (Eds.). Experience and Attitudes Regarding Sexual Abuse among Young Persons in Estonia. Survey Report. University of Tartu, Tartu Child Support Centre.

Ainsaar, M., Soo, K. (2008). Support Provided by Local Authorities to Families with Children in Estonia. University of Tartu. Institute of Sociology and Social Policy.

Survey of the Use of Time. (2001). Work and Family Years. Tallinn: Statistics Estonia.

Allen, G. (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. HM Government.

Andra, R.F.; Felitti, V.J.; Walker, J.; Whitfield, C.L.; Bremner, J.D., Perry, P.D.; Dube, S.R.; Giles, W.H.. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256 (3).

Aos, S., Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., Anderson, L., Mayfield, J., & Burley, M. (2011). Return on investment: Evidence-based options to improve statewide outcomes (Document No. 11-07-1201). Olympia: Washington State Institute for Public Policy.

Belgian Presidency of the EU. (2010). Call for and EU Recommendation on Child Poverty and Child Well-being.

Benefit-Cost Analysis for Early Childhood Interventions: Workshop summary (2009) Alexandra Beatty, Rapporteur; Committee on Strengthening Benefit-Cost Methodology for the Evaluation of Early Childhood Interventions; National Research Council and Institute of Medicine.

Browne, K. (2007). Alternative Child Welfare – Practice and Its Influence. Seminar Presentation 13 March 2007 EU Daphne / WHO Training Programme in Tallinn.

Bruns, J., Poolakese, A. (2009). Survey of Coping and Needs of Families with Disabled Children 2009. GfK Custom Research Baltic; Ministry of Social Affairs, European Social Fund.

Commission Communication "Efficiency and Equity in Education and Training System" (COM (2006) 481). Communication from the Commission: Early Childhood Education and Care: Providing all our children with the best start for the world of tomorrow (2011).

Council Conclusion of 11.05.2010 on the social dimension of education and training (OJ 2010/C 135/02).

Council Conclusions of 26.11.2009 on the education of children with a migrant background (OJ 2009/C 301/07).

Dunedin Multidisciplinary Health and Development Study (1996) From Child to Adult: The Dunedin Multidisciplinary Health and Development Study. Auckland: Oxford University Press.

Edovald, T. (2005). Overview of Juvenile Delinquency Strategies and Programmes in the World (Criminal Policy Studies, 4). Tallinn, Estonia: Ministry of Justice.

Edovald, T. (2010). Parenting Programmes as a Means for Improving Parenting Skills by the Example of Triple P Distribution material for the Children and Families Department. Ministry of Social Affairs.

The Estonian Human Assets Report (EHAR): Key Problems and Solutions 2010. Estonian Cooperation Council.

Estonian Statistical Office. (2009). Cities, Towns and Municipalities in Figures 2009.

Republic of Estonia Child Protection Act (1992). Adopted on 8 June 1992; RT 1992, 28, 370; entered into force on 1 January 1993.

Strategy of the EPB 2012-2015. http://err.ee/files/Arengukava_2012-2015.pdf.

European Commission (2009). The provision of childcare services. A comparative review of 30 European countries.

Notice of the European Commission regarding the approval of the EU agenda for the rights of the child <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/156&format=HTML&aged=0&language=ET&guiLanguage=en>.

European Council (2008). Abolishing Corporal Punishment of Children. Questions and Answers.

Recommendations of the Committee of Ministers of the European Council 2002.

European Social Survey (2010). Initial data of the additional module of Estonia.

European Commission. (2008). Child poverty and Well-being in the EU. Current status and way forward. Luxembourg: Office for Official Publications of the European Communities.

European Commission. (2008). Joint Report on Social Protection and Social Inclusion 2008. Social inclusion, pensions, healthcare and long-term care. Luxembourg: Office for Official Publications of the European Communities.

Farrington, D.P., & Walsh, B.C. (2007). Saving children from a life of crime: Early risk factors and effective interventions. New York: Oxford University Press.

Field, F. (2010). The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances. HM Government.

Flouri, E. (2005). Fathering & Child Outcomes. Chichester, West Sussex: John Wiley & Sons.

Graham, A. (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. HM Government.

HM Treasury (2010) Budget 2010.

Hosking, G.D.C.; Walsh, I.R. (2005). The WAVE: Report 2005. Violence and what to do about it. Croydon: WAVE Trust.

http://ec.europa.eu/governance/impact/planned_ia/docs/426_eac_early_childhood_education_en.pdf.

<http://ec.europa.eu/social/BlobServlet?docId=2803&langId=en>.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52009DC0694:EN:NOT>.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2009:119:0002:0010:ET:PDF>.

http://www.eestipank.info/pub/et/dokumendid/publikatsioonid/seeriad/koned/varasem/_2008/_20081104.html?ok=1.

<http://www.sm.ee/tegevus/tervis/rahvastiku-tervise-arengukava-2009-2020.html>.

Järviste, L., Kasearu, K., Reinomägi, A. (2008). Marriage and Cohabitation: Trends, Regulations, Attitudes. Series of the Ministry of Social Affairs No 4/2008.

Kalaus, K.-E. (2011). Psychologists, Psychiatrists, Therapists and the Rest. An Opinion. Tallinn: Postimees. <http://www.postimees.ee/?id=403090>.

Kalmus, V. (2008). Risk-prone Tiger Cubs: Estonian Children as (New) Media Users. Ots, L. (Ed.), New Times – New Children. Tallinn: Tallinn University Publishers, pp. 35–62 of the Estonian Human Development Report.

Karoly LA, Kilburn MR, Cannon JS (2005) Early Childhood Interventions: Proven Results, Future Promise. Santa Monica, CA: RAND Corporation.

Karu, M. (2009) Conflict of Work and Family Life, Organisation of Work and Employers' Support to Employees. Praxis Centre for Political Studies, Office of the Minister of Population, Ministry of Social Affairs.

Karu, M., Kasearu, K., Biin H. (2007). Children and Parental Leave: Survey Report. Praxis Centre for Political Studies, Ministry of Social Affairs.

Kask, R., Tint, S., Viljasaar, R. (2007). Needs and Options of Child Care in Harju County until 2012. Harju County Government. http://www.harju.ee/public/Arenguosaakond/Arendusdokumendid/Lastehoiu_uuring.pdf.

- Kleinberg, A. Psychiatric Problems of Children and Young Persons – Information for Family Doctors <http://www.tps.ee/Dokumendid/Lapse%20ja%20noorukiea%20psuhiaatrilised%20probleemid-%20mida%20peaks.pps>.
- Kohler, Billari & Ortega, 2006, quoted according to Bloom & Sousa-Poza, 2010. Bloom, D. E., Sousa-Poza, A. (2010). Introduction to Special Issue of the European Journal of Population: Economic Consequences of Low Fertility in Europe. *Eur J Population* (2010) 26:127–139, 1-13. Springer Science+Business Media B.V. <http://www.springerlink.com/content/m62p7u32469p4m06/fulltext.pdf>.
- Summary of the Inspection Visit of the Advisers and Professional Experts of the Chancellor of Justice to Puiatu Specialised School on 12 May 2005. http://www.oiguskantsler.ee/public/resources/editor/File/04_Kontrollik_Puiatu_Erikooli_mai_2008.pdf.
- Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions. Equality of Women and Men – 2010.
- Preschool Childcare Institutions Act <https://www.riigiteataja.ee/ert/act.jsp?id=13336294>.
- Kütt, K. (2011). Content and Dynamics of Child Protection in Estonia 2001-2010. Master's Thesis. Tallinn University.
- Lamb, M. E. (1998). Nonparental childcare: context, quality, correlates and consequences, see Damon, W. et al, *Handbook of Child Psychology*.
- The Child Protection Concept. Approved with the protocol resolution of the Government of the Republic dated 27 January 2005 <http://www.sm.ee/sinule/perele/lastekaitse/lastekaitse-korraldus.html>.
- Lee, S., Aos, S., Miller, M. (2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington (Document No. 08-07-3901). Olympia: Washington State Institute for Public Policy.
- Liblik, E. (2008). Human rights in care institutions, incl. the right of residents to privacy. Presentation about human rights in care institutions at the conference “Good Name and Practice of Care Institutions”.
- Livingstone, S. and Haddon, L. (2009) EU Kids Online: Final Report. www.eukidsonline.net.
- Loeber, R., Farrington, D. P., Stouthamer-Loeber, M., & White, H. R. (2008). Introduction and key questions. Book: R. Loeber, D. P. Farrington, M. Stouthamer-Loeber & H. R. White (Ed.), *Violence and serious theft: Development and prediction from childhood to adulthood* (pp. 3-23). New York: Routledge/Taylor Francis Group.
- Markina, A., Šahverdov-Žarkovski, B., 2007. Deviant Behaviour of Minors in Estonia. University of Tartu.
- Maser, M. (2004) Health Behaviour of School Students (HBSC). National Institute for Health Development.
- Medar, E., Medar, M. (2007). Social Benefits and Services Financed by the State and Local Authorities. Tartu: University of Tartu Publishing.
- Mihalopoulos, C., Sanders, M. R., Turner, K. M. T., Murphy-Brennan, M., & Carter, R. (2007). Does the Triple P-Positive Parenting Program provide value for money? *Australian and New Zealand Journal of Psychiatry*, 41(3).
- Recommendations of the Committee of Ministers to Rec(2006)19 Member States Regarding the Policy of Supporting Positive Parenting: <http://www.sm.ee/tegevus/lapsed-ja-pere/vanemaharidus.html>.
- Mulheir, G., Browne, K., Agathonos-Georgopoulou, H. et al (2007). De-institutionalising and transforming children's services. A guide to good practice.
- OECD (2011). *Doing Better for Families*, OECD Publishing. This indicator illustrates relative poverty whereby the OECD uses 40% of the median equivalent net income as the relative poverty line.
- OECD (2011). OECD Public Governance Reviews. Estonia. Towards a Single Government Approach. http://valitsus.ee/UserFiles/valitsus/et/riigikantselei/uldinfo/dokumendiregister/Uuringud/PGR_Estonia_A&R.pdf.
- Olds D, Eckenrode J, Henderson C, Kitzman H, Powers, J, Cole R, Sidora K, Morris P, Pettitt L, Luckey D. Long-term effects of home visitation on maternal life course and child abuse and neglect: a 15-year follow-up of a randomized trial. *JAMA* 1997; 278(8):637-643.
- Oras, K., Unt, M. (2008). The Factors that Influence the Birth Rate in Estonia. Tallinn: Office of the Minister of Population.
- Organisation for Economic Co-operation and Development (2009). *Doing Better for Children*. Paris: OECD.

- Organisation for Economic Co-operation and Development (2010). PISA 2009 results Vol.2: Overcoming Social Background, p. 97-8; IEA, PIRLS 2006 International Report, (2007) p. 158.
- OÜ Saar Poll (2004). Report on the Client Survey of the Welfare System, spring 2004.
- Perry, P.D. (1995). Incubated in terror: neurodevelopmental factors in the cycle of violence. In Osotky, J.D. (Ed.) Children, Youth and Violence: Searching for Solutions. New York: Guilford Press.
- Perry, P.D. (2001). The neurodevelopmental impact of violence in childhood. In Schetky, D and Benedek, E. (Ed.). Textbook of Child and Adolescent Forensic Psychiatry. Washington DC. American Psychiatric Press.
- Pindus, N., Zielewski, E. et al (2008). Ensuring quality in contracted child welfare services, topical paper #6. U.S. Department of Health and Human Services.
- Plantin. L. (2007). Fatherhood and Health Outcomes. Copenhagen: WHO Regional Office for Europe.
- Praxis Centre for Political Studies (2011). Analysis of the Efficiency of the Social Protection System of Estonia. Ministry of Justice and Ministry of Social Affairs, European Social Fund.
- Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.
- Plan for Helping Disabled Children and Their Families. (2010). Tallinn: Ministry of Social Affairs.
- Survey of Coping and Needs of Families with Disabled Children 2009. Quantitative Survey Report. (2009). Tallinn: Ministry of Social Affairs.
- Principles and Actions of Estonian Population Policy 2009-2013. <http://rahvatervis.ut.ee/handle/1/158>.
- Rajani, R., Petren, A. (2005). The Rights of Children. Application of the Principles of the UN Convention on the Rights of the Child in Practice. Estonian Union for Child Welfare, 123.
- Reinomägi, A. (2007). Coping and Needs of Families with Many Children. Policy Analysis. Series of the Ministry of Social Affairs No 7/2007. Tallinn: Ministry of Social Affairs.
- Analysis of the state's family policy measures for submission to the Government of the Republic within the scope of article 1.16.2 of "The Overview of the Analysis of the Impact of National Family Policy Steps on the Birth Rate and Raising Children". Ministry of Social Affairs. (2009). Department of Social Policy Information and Analysis, Tallinn <http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaaalvaldkond/kogumik/Analuuus.pdf>.
- Romeo, R., Knapp, M., Scott, S. (2006). Economic cost of severe antisocial behaviour in children – and who pays it. *The British Journal of Psychiatry* 188: 547-553. doi: 10.1192/bjp.bp.104.007625 .The Royal College of Psychiatrists.
- Ronsen, M., Skrede, K. (2006). Nordic fertility patterns: compatible with gender equality? Politicizing parenthood in Scandinavia: gender relations in welfare states, p. 53. Editors Ellingsgaeter, Leira. The Policy Press, Bristol.
- Ross, T. (2008). Good Life and Quality Economy. Bank of Estonia. Presentation at the seminar "Quality of Life in Estonia in Comparison to Europe", Tallinn, 4 November 2008.
- Sabotka, T. (2011). European Demographic Research Papers. Austrian Academy of Sciences.
- Salla, K. A., Tamm, K. (2008). Use of Educational Measures in Specialised Schools. Tallinn: Ministry of Justice.
- Samm, A et al (2009). Suicidal thoughts and depressive feelings amongst Estonian schoolchildren: effect of family relationship and family structure. *EuroopaEur Child Adolesc Psychiatry*. 2010 May; 19(5):457-68. Epub 2009 Nov 28.
- Sanders, M.R., Markie-Dadds, C., Turner, K.M.T. (2003). Theoretical, scientific and clinical foundations of the Triple P – Positive Parenting Program: A population approach to the promotion of parenting competence. Parenting Research and Practice Monograph, (Vol. 1, pp. 1-21): The parenting and Family Support Centre, The University of Queensland (see also www.triplep.net).
- Save the Child activity standards for including children in the decision-making process. www.savethechildren.net/alliance/about.../practicestandardscp.doc.
- Scott, S., Knapp, M., Henderson, J., Maughan, B. (2001). Financial cost of social exclusion: follow up study of antisocial children into adulthood. *British Medical Journal*, 323, 1 –5.

Explanatory memorandum to the draft decision of the draft Council Directive, which will be submitted to the Government of the Republic for an opinion and which will be used to apply the principle of equal treatment irrespective of their religion or convictions, disability, age or sexual orientation. (2010). Tallinn.

Selg, M. (2009). Guidelines for Evaluation of Children and Families. Ministry of Social Affairs http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/lapsed/lastekaitse/kasulik/Lapse_ja_perekonna_hindamine_2009.pdf.

Sinclair, A. (2007). 0-5: How Small Children Make a Big Difference. Provocation Series 3. No 1. London: The World Foundation.

Sinisaar, H., Tammupuu, P. (2009). Single-parent Families: Problems, Needs and Policy Measures. Series of the Ministry of Social Affairs No 4/2009. Ministry of Social Affairs.

Soo, K. (2010). Partnership Violence in Estonia – Spread and Consequences. University of Tartu. Institute of Sociology and Social Policy. Ministry of Social Affairs.

Soo, K., Ilves, K., Strömpl, J. (2009). Informing of Cases of Maltreatment of Children and Networking. University of Tartu. Institute of Sociology and Social Policy.

Ministry of Social Affairs (2004). The Child Protection Concept.

Ministry of Social Affairs (2009). National Health Plan 2008-2015.

Ministry of Social Affairs. (2004). Welfare Concept.

Statistics Estonia. (2008). Children. Collection. Tallinn: Statistics Estonia.

Sõmer-Kull, S. (2011). Principles of Guaranteeing the Quality of Social Services and Options of Measurement. Social Work 1/2011 pp. 11-15.

Talvik, I., Metsvaht, T., Leito, K., Pöder, H., Kool, P., Väli, M. et al. Inflicted traumatic brain injury (ITBI) or shaken baby syndrome (SBS) in Estonia. Acta Paediatr 2006; 95:799–804.

Tammur, A., Randoja, M., (2008). The Environment Where Children Are Raised. Collection Lapsed. Children, 11-19. Tallinn: Statistics Estonia.

TÁRKI Social Research Institute & Applica (2010). Child poverty and child well-being in the European Union. Report for the European Commission. <http://www.tarki.hu/en/research/childpoverty/downloadables.html>.

The 2007 ESPAD Report (2009) Substance Use Among Students in 35 European Countries. Source: National Institute for Health Development.

The UN Convention on the Rights of Persons with Disabilities (2006) has been signed by all Member states, and ratified by most.

Tiit, E.-M. (2000). Birth Rate Dynamics in Estonia. Influences, Trend and Forecast against the Background of Population Processes in Europe. Research Project Report, University of Tartu.

Tiit, E.-M. (2006). Modernisation of the Methodology for Evaluation of the Minimum Subsistence Level and Poverty Lines and the Consumption Scaled Used to Find Social Indicators. Report on Part II of the Project. As Resta/Ministry of Social Affairs. http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/kogumik/Elatusmiinimum_ja_vaesuspiiri_hindamine__II_osa.pdf.

Tiit, E.-M. (2006). Poverty and How to Measure It. Poverty Trends in Estonia. Series of the Ministry of Social Affairs No 8/2006.

Tiit, E.-M. (2011). Composition of the Population of Estonia from 2020-2035. Presentation at Praxis morning seminar.

Tikerpuu, A., Reinomägi, A. (2009). Strategy for Guaranteeing the Rights of Children 2004-2008. Report on the Execution of the Strategy.

TNS Emor (2006). Children and Estonian Society. RISC Value Orientations Survey. Ministry of Social Affairs.

TNS Emor. Inclusion of Children and Parental Education in the Society of Estonia. RISC Value Orientations Survey: Annex to the Country Report on Estonia, Ministry of Social Affairs.

TNS Emor. Children and Estonian Society: RISC Value Orientations Survey: Annex to the Country Report on Estonia. (2006). Ministry of Social Affairs.

Vainu, V., Järviste, L., Biin, H. (2010). Gender Equality Monitoring, 2009. Survey Report. Publications of the Ministry of Social Affairs 1/2010. Ministry of Social Affairs, European Social Fund.

World Health Organization (2006). Preventing Child Maltreatment: A guide to taking action and generating evidence.

Võrk, A., Karu, M. (2009). Financial Support for Families: Impact on Inequality, Birth Rate and Employment Behaviour. Policy Analysis by Praxis 1/2009.

Võrk, A., Karu, M., Tiit, E. M. 2009 Parental Benefit: Use and Impact on Employment and Fertility Behaviour 2004-2007. Praxis Centre for Political Studies.

Võrk, A; Paulus, A. (2007). Impact of Financial Support Aimed at Families on Reducing Poverty in Estonia: Analysis by the Microsimulation Method. Praxis Centre for Political Studies.

Institute of Law, Ministry of Justice. Criminal Policy Studies 5. Tallinn 2007.

United Nations Convention on the Rights of Persons with Disabilities. (2009). Tallinn: Ministry of Social Affairs, Estonian Chamber of Disabled People.

Comments

- 1 According to the study, the average number of children desired by the respondents was 2.24, but the respondents actually had 1.10 children. The total fertility rate in Estonia in 2008 was 1.66.
- 2 According to the results of the European Social Survey (2010), 44% of the parents who responded to the questionnaire admit that during the last year they have felt that they need advice and help as a parent, but they do not know where to go/who to contact (the respondents could indicate how often they felt like this: 11% claimed it was once a year or more frequently, 33% of parents that it happened 2-3 times a year or less frequently).
- 3 According to the results of the European Social Survey (2010), 40% of parents rated the claim "Corporal punishment of children is a necessary and justified method of disciplining children in certain situations" with 5-10 (on a scale of 5-10, where 1 meant "disagree fully" and 10 meant "agree fully").
- 4 Non-institutional substitute care means placing children who need substitute care in family-focussed substitute care: foster care, guardianship and adoption (excl. adoption inside the family); institutional substitute care means substitute homes (children's homes). The objective is to continue nurturing a family-centred approach in substitute care for the benefit of children's well-being both by placing children in non-institutional substitute care as well as by an increased implementation of a family-centred approach in substitute homes (reorganisation of substitute homes to increase their focus on family). The target is to maintain substitute care at around 70% and to simultaneously increase the family-centred approach in substitute homes.

