Case study: Estonia
(D.Kutsar and M.Linno)

1. Definitions of terms

The general term when talking about children who are without parents and living in institutions or in foster families is substitute care. The official name for orphanages is substitute home (until 2007 these institutions were called children’s homes).

The Social Welfare Act (RT I 2010, 41, 240) provides a list and explanation of all possible welfare institutions. According to it a substitute home is a place that provides substitute home services for children left without parental care.

Substitute home service is a service which aims to provide family-like conditions for a child, to satisfy his/her fundamental needs, to create a living environment which is secure and development supportive and to prepare him/her to cope according to his/her abilities in adult life (Social Welfare Act § 15). Children live in substitute homes in small groups called families.

A Youth home is an institution for children aged 15 years and more who formerly lived in substitute homes, in schools for children with special needs or who are left without parental care (Social Welfare Act § 18, 5).

An orphan is a child whose one or both parents are dead. Children, who live in substitute care, but whose parents are alive, are called children left without parental care.

Children left without parental care are children whose parents:
1. are wanted or missing;
2. have legal guardians themselves because of their legal incompetence;
3. are without parental rights or their rights are limited;
4. are in pre-trial detention or in imprisonment. (Social Welfare Law § 25).

In terms of Estonian legislation a child is a minor up to 18 years of age. In terms of youth work law young people are considered as being below 26 years of age. There is no special term for young people who are leaving care in Estonian legalisation. Children with special needs are called disabled children in legislation.

2. Context analysis

Supporting families to grow as a family is one of the priorities of the Estonian state. The general aim of family policy is to assure the best possible quality of life for children and families with children. For The Ministry of Social Affairs whose responsibility this subject field is, priorities are first, to unify work and family life and secondly, educating parents. Research (Võrk, Karu, Tiit 2009 Riiklike perepoliitiliste meetmete analüüs) has shown that Estonian family policy is addressed more to the childbirth and toddler periods and is more mother and child-centred than family-centred.

Estonian youth work concentrates mainly on organising spare time activities, it is lacking clear vision and distinguishes itself from dealing with social issues.
From this point of view it takes into account children’s needs to grow up with parents, but it
does not pay special attention to older children and children who live in substitute care. At the
moment The Ministry of Social Affairs has started work on a new policy document for
developing work with children and families to assure that every child matters and every child
will get the help he/she needs in spite of their place of residence.

The position of the child is weak in general. According to research (EMOR, RISC 2006,
RISC 2008) 40% of the Estonian adult population agrees with the fact that in certain
situations it is permissible to punish children physically. Nine out of ten people agree that it is
as important to listen to an adult, as it is to listen to a child. But a child’s opinion does not
always count; only 44% of population agrees with the statement that one should always listen
to a child. As we see, although on the level of attitudes people think it is important listen to a
child, they do not value it enough (Tikerpuu, Reinomägi 2009).

In most schools we have school psychologists and social pedagogues who work with children
in need and help child protection workers to clarify children’s needs and the whole family
situation. Obligatory school attendance age is from 7 to 17 or to graduation from elementary
school. Support systems do not exist in kindergartens (pre-schools). Additionally there are
counselling centres in bigger cities where children and families can get different types of
counselling, psychological therapy, family therapy etc. Children’s hospitals also provide
psychological help. In health care, the paediatric system is replaced with the G.P. system,
which means that the quality of medical help is different and in some places some children
might not get the help they need. Municipalities are responsible for providing services to
children and families, that’s why we have such a large scale of different practices.

To help municipalities find out about those children in need and to even up local practices,
different ministries (The Ministry of Social Affairs, The Ministry of Justice, The Ministry of
Education and Research, The Ministry of Interior) together with UNICEF are working on
early detection of children’s problems and intervention guidelines. This project is in the early
stages; guidelines were published some weeks ago, so we do not have any data on how
effective this tool is. There are different family centres, child support centres, shelters, family
support services etc. which all help to prevent placement. But, as mentioned previously, the
practices are very different and a lot depends on local social workers. One can find excellent
collaboration among different specialists and social workers, which is always in the best
interest of children, but there are also practices where the only work with families is
children’s placement (Soo, Ilves, Strömpl 2009).

According to national statistical data the number of children who are left without parental care
(see list at the beginning of this report) was 664 at the end of 2009, which is more than the
year before. At the end of 2008 the number of children left without parental care was 585.
This is only 13 – 15 % of all the children social workers work with during the year. In 2008
45% of all children left without parental care were placed in substitute homes and in 2009 this
increased to 52%. Unfortunately we can’t show the statistical trends, because previous data
were collected at the different bases.

There are 51 child welfare institutions in total, their size varies, 35 of them are substitute
homes, 3 of them are, or use the SOS children village model, others are shelter type of
institutions which provide temporary placement. The ownership of institutions also varies,
most of them belong, or belonged before\(^2\) to the State, only a few of them are new NGO institutions.

In addition to residential care, Estonia has spent a lot of energy in building up a modern system of foster families. But the audit of the National Audit Office “Activities of the State in organising state welfare services for children” in 2009 revealed that contrary to the State’s strategic objective, the proportion of children in foster care has decreased. It is the view of the National Audit Office that both forms of care are necessary, but the state has contributed more to the development of the substitute home service, while at the same time claiming foster care as its priority (Olgo 2009). The main reason for the decrease of foster families might be that suitable families cannot always be found for each child. In 2008, two thirds of children referred to substitute care found new homes in families, which is somewhat less than 2003, when 73% of children found a family (Health, Labour and Social Life in Estonia 2000-2008).

3. **Analysis of regulation, practice and key actors in residential care**

3.1. **Living in residential care**

Residential childcare is governed by different laws: Child Protection Law, Social Welfare Act, Family Law. Children’s basic needs are provided for in the laws: for example, children from the one family should be placed in residential (or foster) care together. Municipalities must find the best residential care according to a child’s individual developmental issues. Unfortunately, there are no studies on how these decisions are made and how much, in reality, social workers work in the best interest of the child.

Substitute home standards are listed in the Social Welfare Act. Estonia is moving towards family centred residential care; the main object is to reduce the number of children living in any one substitute home family. This reduction will be phased in on a gradual basis over a number of years, for example, until 2010 the maximum size of one substitute home family is 10 children, from 2010 this will be reduced to 8 children and from 2015 the maximum size of a substitute home family will be 6 children. In the law there is a list of activities substitute home should provide for a child. Unfortunately, it is quite brief and allows different institutions to work differently. Only the basic needs of children are reflected in the legislation. The National Audit Office found in its audit that the number of children in substitute homes is larger than that provided by law (Olgo 2009).

In theory, the underlying philosophy for substitute homes is child-centred practice. Unfortunately, we have no data on what is done in practice. But all attempts at reforming residential childcare are made on that basis.

Substitute home staff is called educators. There are different requirements for educators working in different positions, but the minimum requirement for a lower level educator is secondary education. Additionally, all the staff should have special substitute home educators’ training of 160 hours. In addition to the education requirements it is important that educators are not criminal offenders, that they have a suitable personality (not clarified in law) and they

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\(^{2}\) There is ongoing reform of substitute homes. Most of them were state institutions, but now the State has started to give responsibility for inventory and buildings to the municipalities. The financing of the substitute home service is still the State’s responsibility, that’s why there is confusion in clarifying state institutions.
have not been left without parental rights themselves. The government set a deadline 1 July 2009 for fulfilling the educational requirements of staff, as the requirements are part of the reform process of residential care. Educators working before in residential care had to attend special training in order to maintain their jobs. The National Audit Office also found that the education requirements of caretakers had not been fulfilled by the deadline (Olgo 2009).

Responsibilities for residential care are shared between the Government, county government and municipalities. The Government finances substitute homes through county governments, municipalities are sometimes responsible for substitute home houses. From 1 July 2007 every substitute home should have an activity licence given by the county governor who also carries out audits of the substitute home service.

During the last two decades there have been significant changes in the residential care system. After regaining independence, Estonia started out with large children’s institutions and boarding schools. During the Soviet period, children were divided into institutions according to their age, which meant that children usually lived in 2 or 3 different children’s homes. At the beginning of the 1990s the Government started to change the system and to build a new system of family-like institutions. The number of children was reduced to 20-30 children in each children’s home; siblings, who had previously been living in different residential institutions were brought together to the same children’s home. Another new principle when placing a child in residential care was not to transfer him/her to other parts of the country.

While conducting an ethnographic study in a residential school for troublesome girls at the beginning of 2000 Judit Strömpl found that the new values expressed in the institutional rhetoric are based on denial and the destruction of former values. The adoption of so-called “Western” attributes to the institution begins with external manifestation of things. This includes the application of new vocabulary in the operation of the institution and a new language (Strömpl 2002: 257-258). In some sense the same tendency still continues, as the most visible future plans for improving the situation are Government plans for constructing new family homes. Research is needed to analyse the situation. Ingrid Kask (2006: 100) conducted a study in one substitute home and she realised that the people who are working with children and their attitudes are more important than housing facilities.

The first SOS village was built in 1995; this had a totally different ideology and struggled for its place in the child protection system. At the moment there are three SOS villages in Estonia. At around the same time other private institutions started to provide children’s homes. These were smaller institutions with a clear philosophy – religious or educational. Now that there is clear legislation and regulation as mentioned before, there is reorganisation of children’s homes into more family-like institutions.

The advantage of the Estonian system is the wide variety of institutions, which enables social workers to find the best place for every child. The disadvantages are still related still to the size of institutions and the situation of Russian speaking children, which is part of a bigger problem. The ongoing reform might also be the disadvantage of Estonian system, as neither children nor staff is sure about their position.

The general mission of residential care institutions is to prepare children for adult life. There are some institutions (for example Tartu Christian Adolescent Home, see more http://www.tku.ee/?id=23&lang=eng) which have emphatically declared that the only way for their children to achieve something is through education, they are working very seriously
to keep children in school, and to provide special educational assistance to them etc. And their outcomes are good. Unfortunately we do not have data to support this claim, but different specialists who have been working in the field, have confirmed the tendency. Research on this subject is needed.

Social workers in municipalities are responsible for assessing, planning and reviewing children’s needs in cooperation with substitute homes. The plan should be reviewed at least once a year. The goal is to maintain contacts between a municipality’s social workers and children in care. The disadvantage is that for bigger municipalities the number of children who are living in substitute homes is big and sometimes they do not have enough resources to work with these plans.

Estonian legislation requires that any decision made about a child’s life, should also include the opinion of the child if they are at least 10 years old. The reality is that children do not feel that they can decide or participate in decision-making. For example, SOS village carried out research about young people leaving care and they found out that only 6% young people from those interviewed have ever participated in the decision-making process.  73 % said that they have never or had very rare opportunity to make their own decisions or participate in the decision-making process. (Soova 2009) Although this research has no representative sample and results are not general is able, the finding is expressive. This finding supports previously mentioned results that a child’s opinion is not valued very much in Estonia.

Some of the substitute homes have created a separate youth section (sometimes called youth home) for better preparation for leaving care. Young people can move to this section at the age of 15 and they have the opportunity there to take care of their everyday life with the assistance of educators and social workers. Although the legislation lists youth home as one of the possible social welfare institutions, the general financing system does not support it.

Some institutions are specialised in taking care of handicapped children. In the past these were usually called infant homes. Children who are left without parental care live in these institutions, but other children are also placed there as a part their individual rehabilitation programme by their parents. After leaving care some of handicapped children start their independent life in a support model or they go to live in an adult institution. The support system for handicapped children is totally different and more medicine-centred.

The number of children living in substitute homes has decreased over the years (Table 1). The reason for this trend is unclear; perhaps it is a sign of better social work with families.

### Table 1 Number of children in substitute homes and their educational status

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of children</th>
<th>School truants</th>
<th>In high school</th>
<th>In the vocational school</th>
<th>In university</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>1,539</td>
<td>35</td>
<td>38</td>
<td>173</td>
<td>6</td>
</tr>
<tr>
<td>2004</td>
<td>1,549</td>
<td>36</td>
<td>36</td>
<td>183</td>
<td>11</td>
</tr>
<tr>
<td>2005</td>
<td>1,567</td>
<td>33</td>
<td>38</td>
<td>210</td>
<td>14</td>
</tr>
<tr>
<td>2006</td>
<td>1,505</td>
<td>19</td>
<td>34</td>
<td>247</td>
<td>17</td>
</tr>
<tr>
<td>2007</td>
<td>1,409</td>
<td>23</td>
<td>32</td>
<td>247</td>
<td>18</td>
</tr>
<tr>
<td>2008</td>
<td>1,247</td>
<td>10</td>
<td>34</td>
<td>188</td>
<td>17</td>
</tr>
<tr>
<td>2009</td>
<td>1,209</td>
<td>10</td>
<td>37</td>
<td>195</td>
<td>18</td>
</tr>
</tbody>
</table>

*Source: The Ministry of Social Affairs*
Children can live in substitute homes until they are 18 years old. If they are studying at university or vocational school they can stay until they graduate provided they started studying before they reach 18. As we see from the data, the number of children who are at obligatory school attendance age but do not attend school, has decreased, meanwhile the number of university students has increased consistently through the years. The reason might be that two NGOs (Estonian Children Fund (http://www.elf.ee/?set_lang_id=2) and NGO “Dharma” (http://www.dharma.ee/?lang=3)) are giving scholarships supporting the education of residents of substitute homes. But again, research is needed to confirm this.

There are some studies (mostly Master theses) on children living in residential care. A brief overview of the main and most interesting results follows. They are all very different in their different aims, but the main similarities of children living in institutions are:

- they have low self-esteem (Kiil 2004: 24),
- they are more independent and stronger than their counterparts living with parents (Naudre 2008: 46),
- they value friends and friendship (Naudre 2008: 46),
- they lack personal contact with one adult (Kiil 2004: 48, Kallavus 2002, 28-29),
- their knowledge about their identity and families is vague (Kiil 2004: 50),
- they value a home atmosphere more than their counterparts (Naudre 2008: 31) and
- they feel that there are too many changes in their lives, they do not want so many changes going on (Naudre 2008: 31),
- they quite often have problems at school, children from substitute homes have felt prejudiced attitudes from teachers (Kallavus 2002: 29, Linno 2005: 17-21).

### 3.2. Leaving residential care

There is no national standard on leaving care. Young people must leave care when they are 18 years old or in the case where they are studying, after graduating. They can stay in substitute homes during their studies only provided they start them before they reach 18. After leaving care they can get help from the municipality. It is possible that social workers might find another institution for them when necessary, but they cannot return to their “old” substitute home.

According to national statistics the reasons for leaving care are as follows in Table 2:

<table>
<thead>
<tr>
<th>Year</th>
<th>Independent life</th>
<th>Welfare institution for adults with special needs</th>
<th>Foster families</th>
<th>Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>31 %</td>
<td></td>
<td>9 %</td>
<td>17 %</td>
</tr>
<tr>
<td>2004</td>
<td>38 %</td>
<td></td>
<td>10 %</td>
<td>17 %</td>
</tr>
<tr>
<td>2005</td>
<td>39 %</td>
<td>2 %</td>
<td>18 %</td>
<td>9 %</td>
</tr>
<tr>
<td>2006</td>
<td>43 %</td>
<td>6 %</td>
<td>9 %</td>
<td>12 %</td>
</tr>
<tr>
<td>2007</td>
<td>37 %</td>
<td>5 %</td>
<td>10 %</td>
<td>11 %</td>
</tr>
<tr>
<td>2008</td>
<td>31 %</td>
<td>7 %</td>
<td>12 %</td>
<td>8 %</td>
</tr>
<tr>
<td>2009</td>
<td>33 %</td>
<td>5 %</td>
<td>13 %</td>
<td>11 %</td>
</tr>
</tbody>
</table>

*Source: The Ministry of Social Affairs*
We cannot present data about leaving welfare institutions for adults for 2003 and 2004, as the national data collecting principles were different. As we see from the presented data, the proportion between the different reasons for leaving has remained almost the same over the years. Unfortunately only a small number of children (will)leave care because they have found a new family.

3.3. After leaving care

If the substitute home service is designed as quite child-friendly, the leaving care process and aftercare support or help are poorly organised. As mentioned before, municipalities are responsible for taking care of their inhabitants; young adults leaving care are also entitled to these services and support, which are available from the municipality.

Every child must return to the municipality where he/she was living before being taken into residential care. This principle has caused a lot of confusion among specialists, as there are different ways of interpreting it. It is a relict of the past: during the Soviet period, as we all know, it was obligatory to register one’s address. After regaining independence, this obligation was changed and ideas about personal freedom rights and free movement of individuals took its place. This is why it is sometimes hard to appoint the municipality who is responsible for taking care of care leavers. In some cases young adults have lost all contact with their previous municipality and the people working there. Although social workers try to find a substitute home near the original living place, in some cases this is not possible.

Case plans for assessing care leavers’ needs are made by social workers together with substitute home staff. In 2003 research was carried out in Tallinn about the situation of young adults leaving care. The results showed that most young people were aware of who the social worker in the municipality was, but only 20% of them said that they knew him/her well (Kiil 2003: 27). This research was made before changes in legalisation - legislation that made contacts between the social worker and substitute home residents obligatory. Perhaps the situation has changed. The help and assistance young people who are leaving care get, depends on the level of social services in the municipality.

There was an announcement in the news that an NGO organised by substitute home staff will develop a special support person system for those leaving care, unfortunately there is no more information about their activities.

4. Outcomes of residential care

As we know from other research, education is a fundamental issue for young people living in care if they are to avoid social exclusion and cope with their adult lives. In Table 1, we see a positive trend in the number of school truants decreasing over the past 6 years and the number of these young people who continue to study has increased.

There is no statistical data with which to analyse the success of care leavers after a few years. We found only one study carried out in 2003 about the situation of young people who had left care, but it concentrates on Tallinn and that’s why its results are not general is able. In this study, (Kiil 2003) researchers tried to contact young people who had left care during the last three years, they found 73% of them. Of those interviewed, 56% were Russian-speaking, which reflects one of the special features of Tallinn—the large number of Russian-speaking
people in general. The results revealed that 22% of the people studied were in prison, and the same number was living in social houses or apartments, only one of them was homeless. Their educational background was different, but the number of graduates was almost the same as the obligatory level and quitters – 30%. A smaller amount (19%) had graduated from school with a simplified curriculum and only 22% of them had vocational training or high school education. At the time of the interview 41% of them were not working. As mentioned before, more than half of them were Russian-speaking and only 10% of them evaluated their Estonian speaking ability as - good. Researchers explained this with the fact that some of the substitute homes in Tallinn only have Russian-speaking inhabitants as well as Russian-speaking staff, which make it difficult or even impossible for children to learn the Estonian language. (Kiil 2003) We can hope that the situation will change for better during the years ahead, but as the integration of the Russian-speaking minority is problematic in general, it could be that the situation will remain the same.

The young people interviewed evaluated their ability to cope with everyday life. The results showed that 25% of them mentioned that they have difficulties or they need help. One of the problems is, that according to this research 57% did not have experience in dealing with money. They specified this as one of the reasons they have difficulties. Other reasons they named were lack of independent decision-making experience and communicating with different institutions (Kiil 2003).

5. Conclusions and recommendations

In Estonia during the last two decades there have been significant changes in the residential care system. Reorganisation of residential care began with changing from Soviet-type large children’s institutions towards the more family-like model. Recent legislative developments require a step by step reduction in the number of children in children’s homes from 20-30 children to 8 by 2015, and from 2015 the maximum number of children in a substitute home family should be 6. Living in smaller groups supposedly prepares children better for adult life. However, these numbers are still larger than provided for by law.

Alongside decentralising large residential care institutions; the requirements for the personnel of these institutions were increased in terms of higher education level and better preparation for working with children in care. Nevertheless, research reveals the remnants of non-child oriented staff attitudes that impede progress in reforming the residential childcare system. In addition, the ongoing reforms make staff even more insecure about their future. Therefore, more attention towards appropriate preparation of personnel in the progressive principles of child rearing and corresponding attitudes is needed.

The Government of Estonia should also pay more attention to the integration of Russian-speaking children in substitute homes. A well functioning foster family system could be one possible solution.

In addition to residential care reform, Estonia has attempted to build up a modern system of foster families. However this process is still very slow: in 2009 in contrast to the state’s strategic objective, the proportion of children in foster care even decreased The State still contributes more to the development of the residential home services despite claiming foster care as its priority. Much more progress is needed in this area, especially in finding, preparing and supporting appropriately the potential foster families.
The strength of the Estonian approach - wide variety of institutions (family centres, child support centres, shelters, family support services, etc.) which all help to prevent placement or help social workers to find the best substitute home for every child. But the practices are very different from one municipality to another and a lot depends on local social workers themselves. One can find excellent collaboration among different specialists and social work that is always in the best interest of children, but also the practices where the only work with families is children’s placement. Thus, permanent monitoring of the situation is needed as well as more measures for exchange of best practices.

In Estonia social workers in municipalities are responsible for assessing, planning and reviewing the needs of children without parental care in cooperation with substitute homes. The disadvantage is that for bigger municipalities the number of children who are living in substitute homes is big, and sometimes they do not have enough resources to work with these plans. Therefore, it is not only the individual plans of children in care institutions that should be improved, but also pathway plans for children in leaving and aftercare should be introduced and successfully implemented.

Estonian legislation requires that in any decision made about a child’s life, any child of at least 10 years old should be consulted. Research shows that children in care do not feel that they can decide to, or participate in decision-making. More attention should be paid towards the existing practice in order to change the attitudes and work culture of personnel working with children in care.

If the substitute home services are designed as quite child-friendly, the leaving care process and aftercare support or help are poorly organised. Leaving care and after care regulation does not exist at the legislative level. Young care leavers must leave the care institution after 18 years old or after finishing their education. Traditionally the only measures for after leaving care are a relatively small allowance for apartments and some grants, but their abilities for creating and maintaining relationships, as well as their self-esteem, are neglected. More attempts should be made to improve the preparation of care leavers for entering adulthood in these respects, especially having in mind that these measures are not particularly costly but have, as is noticed in the good practice of other countries, a decisive positive influence.

Special attention should be paid towards the need for cooperation with parents and foster families when the child/youngster leaves the establishment, as in Estonia it is common that the biological parents are “forgotten” when the child is put into institutional care\(^3\). The same applies to maintaining relationships with the substitute home (residential care). One of the results of the survey carried out by Praxis\(^4\) was that these young people need a support person. It is advisable that an employee(s) of the substitute home assume(s) this responsibility as the contact with the youngster has already been established. This could be both the local and general recommendation for expanding the field of responsibility of substitute home staff and legalising the proceedings of what in practice is already happening.

There are some good initiatives for better preparations for leaving care such as youth homes, e.g. some of the substitute homes have created separate youth sections. Young people can move to this section at the age of 15 and they have the opportunity to take care of their everyday life with the assistance of educators and social workers. Although Estonian law lists

\(^4\) P.Turk: - How to ensure the successful process of becoming independent for leavers of institutional care?
youth homes as one of the possible social welfare institutions, the general financing system
does not support it.

The survey in Estonia showed that children/youngsters often don’t wish to return to live in the
same local community that sent them to institutional care. In practice there are some cases of
“exchanging” leavers of institutional care. This possibility could be official so that on leaving
institutional care, the care leaver’s future place of living is settled together with the concrete
person. Local governments could agree on this among themselves, and also agree on which
side will pay for the primary expenses of the care leaver (housing).

Very little is known about the effectiveness of the care system measures for children without
parents care, especially in leaving and after care. Therefore, the principles, collection and
analysis of statistical data need to be reorganised and corresponding research should be
initiated. This in turn will help to improve the effectiveness of leaving and after care measures
and help for planning future actions.

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