



# ESTONIA/ ANALYSIS OF NATIONAL CONTEXT/ NOPUNISH

Authors:

*Barbara Haage*

*Mari-Liis Mänd*

16 November 2016





## Table of contents

### **Section 1. DESCRIPTION OF ESTONIA**

- Subsection 1.1. CLASSIFICATION OF ESTONIA
- Subsection 1.2. GENERAL CHARACTERISTICS OF ESTONIA
- Subsection 1.3. DATA OF ESTONIA ABOUT VIOLENCE RELATION TO CORPORAL PUNISHMENT

### **Section 2. DESCRIPTION OF THE NATIONAL SUPPORT SYSTEM**

- Subsection 2.1. LEGISLATIVE/LEGAL FIELD
- Subsection 2.2. ADMINISTRATIVE
- Subsection 2.3. EDUCATIONAL
- Subsection 2.4. HEALTH

### **Section 3. CONCLUSION**

- Subsection 3.1. SUMMARY, STRENGTHS, AND WEAKNESSES OF THE CORPORAL PUNISHMENT IN ESTONIA



## 01. Section 1: DESCRIPTION OF ESTONIA

### 1.1. CLASSIFICATION OF ESTONIA

Executive power in Estonia belongs to the Government of the Republic this is stipulated in the 1992 constitution. However, it is hard to talk about a single and uniform executive power because the structure of executive power in its entirety is very diverse and has a wide range of tasks. Domestic and foreign policy is carried out by the government and shaped by the parliament (*Riigikogu*). The parliament also directs and co-ordinates the work of government institutions and bears full responsibility for everything within the authority of executive power. The Prime Minister who represents the political leadership of the country and makes decisions in the name of the whole executive power (the head of the state) heads government. The Prime Minister is appointed by the parliament on the recommendation of the President. However, in important national questions the parliament has the final word and legislative power. (Estonica, 2000.)

Estonica (developed by the Estonian Institute, 2000) has also explained the role of the Government Office. The Government Office supports the government. The mission of the Government Office is to support the Government of the Republic and the Prime Minister in policy drafting and implementation. The Secretary of State is in charge of organizing the work of the Government of the Republic and heads the Government Office. The office also supports the panning of the government's work, prepares the government's programme and coordinates its implementation, prepares and organizes government sittings and cabinet meetings, ensures that the government's draft legal acts are constitutional and in conform to other legislation, coordinates the shaping of Estonia's positions and advises and supports the Prime Minister in European Union affairs. Government Office also organizes public relations for the government and the Prime Minister and internal public relations work related to the European Union. Office advises the Prime Minister on national security and organizes the work of the Government Security Committee, advises, and supports the Prime Minister in directing the work of the Research and Development Council and organizes recruitment, selection and development of top-level public servants. The Government Office also organizes matters related to state and local government insignia. (ibd.)

Estonia joined the European Union in 2004. After that, the executive branch of government started has started to play a significantly bigger part. The prime minister represents Estonia in the European Council, but in the Council of the European Union, the minister of the appropriate area or, with the delegated authority of the minister, a vice-minister performs this task. The position of vice-minister mainly grew out of the need to assure political management of ministries on the frequent



occasions when the minister had to participate in hearings of the Council of the European Union, away from Estonia. The vice-minister can be seen as the minister's political adviser. (ibd.)

Before entering into force all laws must be approved by the parliament (*Riigikogu*). Only the members of parliament, fractions, committees, and the government have the right to initiate a law, the majority of drafts for new laws comes from the government officials. In very rare cases commissions and parliament members present drafts. Usually the drafts presented by the government have been discussed already before thus the state political leadership therefore reaches the decision more quickly. After the presentation of the draft its legislative passage can be either suspended altogether, approved, or rejected, the decision is made by the parliament. (Estonica, 2000.)

In the final reading, the draft will be by a simple majority vote- more parliament members have to be in favour than against. The most significant discussion topics is always the state budget, which has to be passed as a law every year. Only the government whose work is co-ordinated by the Ministry of Finance does draft budget. Problems connected with the state budget have always raised the most political debate throughout the history. Because of that, the Finance Committee has to frequently face the task of going through hundreds of amendments presented by the member of the parliament. (ibd.)

## 1.2. GENERAL CHARACTERISTICS OF ESTONIA

The official name of Estonia is the Republic of Estonia. Estonia declared its independence 24 February 1918. Estonia is a small country. Its area (45 227 km<sup>2</sup>) is similar to that of The Netherlands yet the population is ten times smaller. Estonia's neighbours are Russia in the East, Latvia in the South, Sweden in the West, and Finland in the North. Its land border is 645 km long, with half of it running along rivers and lakes. Estonia's mainland neighbours are Russia and Latvia. The sea border has been established in agreement with Latvia, Finland, Russia, and Sweden.

Estonia has all together 15 counties. Largest cities in Estonia are Tallinn, Tartu, Narva, Pärnu and Kohtla-Järve. Tallinn is also the capital of Estonia and the current population in Tallinn is 443 263. (Tallinn, 2017.) Recently a draft for the new legislation of the merging of local governments has passed a reading in the parliament. 80% of local governments in Estonia have currently less than 5000 habitants, the aim of the new legislation is to have local governments with the minimum of 11000 habitants. Currently Estonia has 213 local governments and 188 of them have been involved in the merging negotiations. If the negotiations will be successful there will be 24 local governments with at least 11 000 habitants. (The Ministry of Finance, 2016.)



The total population of Estonia is 1,315,944 people, of which 905,805 are ethnic Estonians, 330,263 are Russians, and 68,122 are other nationalities. The natural increase of Estonians was positive in 2008–2012, but since 2013 this indicator has been negative as well. In 2015, 80 more Estonians died than were born. Among counties, Harju and Tartu counties experienced population growth as a result of migration and positive natural increase. Both the net migration and natural increase were positive in these counties. The number of inhabitants grew the most in Tallinn. In absolute terms, the number of inhabitants dropped the most in Ida-Viru county (by 2,145), while the biggest percentage decline was recorded in Põlva, Valga and Hiiu counties (–1.5...–1.7%). In most counties, population decreased mainly due to migration. Pärnu and Viru counties were the only ones where the population decline due to migration was slightly smaller than the decline resulting from the difference between the number of births and deaths. (Statistics Estonia 2016, 55.)

246 346 children were counted in 2012 census of population, which made a little more than 18% of the entire Estonian population. Nowadays Estonia has 17% less children than in 2012. The official language of the Republic of Estonia is Estonian, but of the total population, the Russian-speaking population forms 25.1%, the Russian language is also an important language of communication.

The inhabitants' ability to cope has improved but the risk groups have remained the same. The at-risk-of-poverty rate is the main indicator measuring poverty or inequality. In 2014, 22% of the population lived in relative poverty. A person whose equalised yearly disposable income fell below 394 euros per month (358 euros in 2013) was considered to be living at risk of relative poverty and a person whose equalised yearly disposable income was below 203 euros per month (205 euros in 2013) was considered to be living in absolute poverty. In 2014, the earnings of the poorest and richest quintiles of the population differed 6.2 times. Poverty risk is greater in the case of the elderly who live alone, single parents with underage children and families with many children. People's ability to cope can also be assessed based on their own opinion. In 2015, 53% of the inhabitants aged 15–74 said they were able to cope, 35% were coping with some difficulties and 12% found that they were unable to cope. Compared to 2014, the share of those unable to cope decreased by 2 percentage points. The most important factor influencing these subjective assessments is whether the respondent works or not. Since the unemployment rate in 2015 was lower than in 2014, it is to be expected that the assessments of coping would improve. The ability to cope can also be estimated indirectly, based on the number of subsistence benefit recipients, for example. While in 2015 applications satisfied to ensure the minimum subsistence level totalled 89,950, which was 11.2% less than in 2014. The number of households who received subsistence benefits was also smaller than a year earlier and totalled 14,605. What can also be examined separately are the poverty rate of children and the severe material deprivation rate. The severe material deprivation rate shows the share of the population who cannot afford at least four of the following nine items: 1) paying



rent or utility bills; 2) keeping their home adequately warm; 3) facing unexpected expenses; 4) eating meat, fish or a protein equivalent every second day; 5) a one-week holiday away from home; 6) a car; 7) a washing machine; 8) a colour TV; 9) a telephone. The share of children living in severe material deprivation has decreased in recent years. Based on the type of household, just like in the case of relative poverty, the probability to live in severe material deprivation was higher in 2015 among single parents with children and families with many children. Among people under 18, 3.9% lived in severe material deprivation in 2015 – the share was a little over two times smaller than in 2010. A good quality of life is facilitated by a flourishing economy and labour market, but the level of the quality of life itself is reflected by other indicators. (Statistics Estonia 2016, 32-34.)

Health indicators have remained the same. Health can be considered the main pillar of a good quality of life. In the last 10 years, there have not been many changes in people's self-perceived health status. In 2015, 54% of the population aged 15–74 considered their health good or very good, while 15% deemed it bad or very bad. One-third of the people considered their health as fair. Assessments of health vary the most by age. The assessments turn noticeably more negative after people have reached their mid-fifties. While 2% of young people say they are in poor health, among people aged 65 and older the corresponding share was 38%. The quality of life is also influenced by the sense of security. In 2015, there were 32,500 criminal offences registered in Estonia and although the indicator has been in decline, it could decrease even more to improve the inhabitants' sense of security. What can be pointed out as a positive development is that there has been a substantial drop in the number of serious criminal offences, such as manslaughter and murder. In 2015, instances of manslaughter or murder totalled 50 – slightly more than 100 fewer than ten years ago. It is good to observe that there is a strong possibility of getting caught when having committed a crime. For example, 20,500 crimes were solved in 2015. When talking about the quality of life, attention must also be paid to leisure opportunities. The number of museum visits per 1,000 inhabitants was on an uptrend in 2008–2014. The indicator dropped slightly in 2015 and museum visits per 1,000 inhabitants totalled 2,476 – 100 visits fewer than in 2014. The uptrend having stopped could be explained by the fact that the number of museums has remained unchanged and the number of foreign visitors has experienced a fall. Estonian inhabitants, however, are quite active in terms of cultural consumption. In 2015, among the population aged 15 and over, 618,000 visited a cultural site, 537,000 went to the cinema, 589,000 went to a concert and 377,000 visited a sports event at least once during the year. (ibid.)

Natural increase is still negative in Estonia. Population trends are always under the close attention of statistics users. In the case of small nations, negative changes increase worries about sustainability. In 2015, 13,907 children were born and 15,243 people died in Estonia. The number of births was slightly bigger than in 2013 and 2014, but there were 2,000 births fewer than in 2010, when there were a little more



births than deaths. The number of women in fertile age has also been falling for the last five years. The number of deaths has been dropping since the mid-1990s and has remained in the range of 15,000–16,000 for the last six years. Although natural increase was negative in 2015, the Estonian population was growing due to positive net migration. In 2015, there were 15,413 persons who immigrated to Estonia and 13,003 persons who emigrated from Estonia. Net migration was established at 2,410 and natural increase at –1,336, meaning that immigration compensated for the decrease in population caused by negative natural increase. There were no substantial changes in 2015. Positive net migration could be considered as a major change, but due to a different calculation methodology, this result is not comparable to those of previous years. Nevertheless, 2015 can be deemed a successful year, mostly because people’s ability to cope improved. (ibd)

2015 was a ground-breaking year for external migration. For the first time since the restoration of independence in Estonia, population growth due to external migration exceeded the population decline resulting from negative natural increase. Approximately 15,400 persons immigrated and 13,000 persons emigrated. The main destination country for emigrants was still Finland, but a great number of people leave for the United Kingdom as well. Among countries from which Estonia has positive net migration, the main countries of origin include Ukraine and Russia. Based on citizenship, 52% of all immigrants and 69% of all emigrants are citizens of Estonia. Citizens of the European Union (EU) accounted for 21% of the immigrants and 15% of the emigrants. Among people arriving from the rest of the countries, citizens of Russia and Ukraine were the most numerous. The net migration of non-EU residents was positive and people originating from non-EU countries stayed here in the greatest numbers. The net migration of EU residents was also positive. The net migration for Estonian citizens was negative: in 2015, 900 more Estonian citizens left the country than arrived here. (Statistics Estonia 2016, 55.)

The life expectancy of males in Estonia fell slightly. In 2014, the life expectancy at birth in Estonia was 72.3 years for males and 81.5 years for females, meaning that women can expect to live an average of 9.2 years longer than men. Compared to 2013, the life expectancy of males fell slightly, but compared to the period five years earlier life expectancy has risen by 2.3 years for males and by 1.5 years for females. This shows that the average life expectancy continues to rise faster for males than for females. The life expectancy of females in Estonia is close to the EU average, which was 83.6 years in 2014. That year, the EU average male life expectancy at birth was 78.1 years. The difference between the average life expectancy of males and that of females was 5.5 years in the EU. Only in Lithuania (10.3) and Latvia (10.9) did the gap between the figures for males and females exceed the corresponding gap recorded in Estonia. The smallest gap – 3.5 years – was observed in the Netherlands. (ibd.)



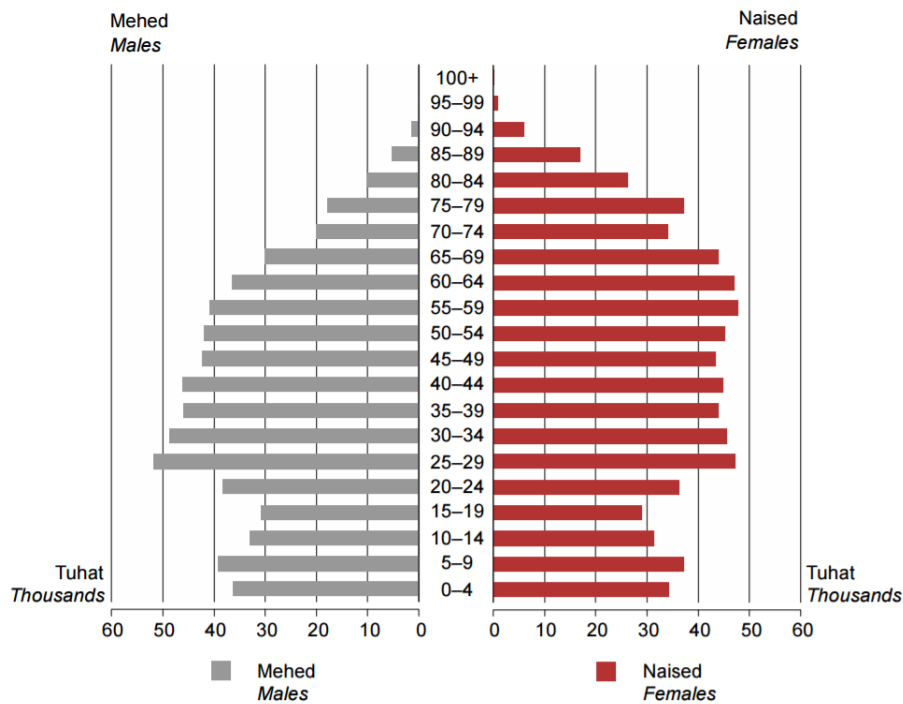
The small increase in the number of births, which started in 2014, continued. 13,907 children were born in 2015, which is 356 children more than in 2014 and 376 children more than in 2013. The fertility rate has reached the level of 2012, when 14,056 children were born. The number of births has stopped falling, but the decrease should continue in the future because the number of women in fertile age is in decline. As recently as four years earlier, 800 children more were born than in 2015. Since the number of women in fertile age has not fallen this fast, there has been a decrease in the total fertility rate, i.e. the average number of children that would be born alive to a woman during her lifetime if she passed through all her childbearing years conforming to the age-specific fertility rates of a given year. For the last two years, the total fertility rate has increased, but the rise has been minimal. While in 2013 the indicator stood at 1.52, then in 2015 – at 1.58. For population reproduction, the indicator should be at least 2.10. (ibd.)

The number of deaths decreased slightly. In 2015, 15,243 persons died – 241 persons fewer than the year before. There were 11.6 deaths per 1,000 inhabitants; a year earlier – 11.8 deaths. The mortality rate was at the same level as in 2013, when only one person more died than in 2015. The main causes of death have not changed over the years. More than a half (52%) of all deaths was caused by diseases of the circulatory system (incl. heart diseases), which account for 44% of the deaths of males and for 60% of the deaths of females. Malignant neoplasms (26%) are the second main cause of death, followed by accidents and poisonings (6%). In 2015, 656 males and 207 females were killed in accidents. Both figures were lower than a year earlier. In the last 10 years, the share of men killed in accidents has dropped by approximately a half. (Statistics Estonia 2016, 56.)





Figure 1 Population Pyramid, 2016



### 1.3. DATA OF ESTONIA ABOUT VIOLENCE RELATION TO CORPORAL PUNISHMENT

The problem of child abuse is a very actual subject across the world and a serious problem in Estonia. Article 19 paragraph 1 of the UN Rights of the Child Convention states that a child must be protected against all physical and mental violence, injustice or abuse, negligence, careless or cruel treatment or exploitation, including sexual abuse. Paragraph 24 section 1 of the new Child Protection Act that came into force in 2016 states that neglect of a child, mental, emotional, physical and sexual abuse of a child, including humiliation, frightening and physical punishment of a child, also punishment of a child in any other manner which endangers his or her mental, emotional or physical health, is prohibited. According to paragraph 121 section 1 of the Penal Code, causing damage to the health of another person and physical abuse, which causes pain, is punishable (Karu, 2015, 3-6.).

The forms of violence to which a child is receptive vary according to the child’s age and mental development. The threats change, foremost, depending on when the child starts communicating with the world outside of the home. Infants and young children become victims of violence mainly through the hand of their primary caretaker or other family members as the children are dependent on their adult



custodians and their social interactions outside of the home are limited. In these cases, the children primarily experience physical or sexual violence, humiliation or other forms of mental abuse and neglect in the home environment. The abusers can be the parents, foster parents, also caretakers, and other members of the (extended) family in the home environment. Cases of violence that take place in the family environment are the ones that are difficult to detect and it is difficult for these cases to reach law enforcement as the family is a closed unit and the revelation of the abuse cases depend heavily on the effectiveness of the child protection system and existing intervention measures. Children become increasingly independent when growing up and spend more time outside of home and away from their parents - this is the reason children become victims more easily outside of the home and the family environment. (ibid, 3-6.)

Statistically in Estonia, the incidence of child abuse and the spread of the phenomenon has been in a growing trend and generally may be regarded as abuse, torture, cruel, inhuman, or degrading treatment or punishment (Chancellor of Justice, 2015.) Child abuse is the behaviour decreasing the child's physical and psychological well-being that endangers his or her age-appropriate development and health condition.

In case of child abuse in the family, the types listed below can be distinguished between: (<http://www.kriminaalpolitika.ee/et/perevagivald/laste-vaarkohtlemine-peres>):

**Emotional abuse** is causing an emotional state of stress for the child, which can cause serious or irreversible damage to a child's emotional development. Emotional abuse is the treatment of the child as worthless, inadequate, unloved, and unneeded.

**Physical abuse** is the deliberate, non-accidental use of physical force by the parent or a caretaker of a child, which can injure the child. Physical abuse can cause a child lighter, heavier, or even life-threatening physical and psychological damage. Physical abuse-related activities are as follows:

- **Sexual abuse** is the involvement of a child in sexual activity the content of which he or she does not fully understand, to which he or she is not able to give informed consent, and that violates the laws or social norms of society. Sexual violence against children is a contact or noncontact activity with sexual need, committed for the purpose of satisfaction of power, sexual or any other needs by an adult or another child, who by age or level of development is in a responsible, trust or power relationship with the child.



The scale, which refers to the sexual abuse of a child:

Table 1 Indicators of sexual abuse (Criminal policy, 2017.)

The child's behaviour is normal and does not require intervention if ...	The child's sexual behaviour needs careful attention if...	The child's sexual behaviour needs immediate intervention if ...
The development of the child's sexual interest is in accordance with the child's development	The child's sexual development is overly active	The child is interested in pornography
The sexual games between children are characterized by equality. The games are age-appropriate, curiosity is natural.	Sexual behaviour differs from the natural childlike curiosity. Knowledge of sexuality does not correspond to their age.	Sexual games involve feelings, peer bribery, use of force and threats. Playmates are of different age, intellect, and degree of maturity.
Interest for sexuality is balanced by an interest in other activities.	The discovery of the behaviour by adults does not stop the sexualized behaviour.	The victim talks of sexual violence.

- **Child neglect** is non-fulfilment of obligations by a parent or a guardian in taking care of the child's physical, mental, emotional and social development and that may harm the child's age-appropriate development and mental and physical health.
- **Corporal punishment of the child** is a form of violence, which is defined as the penalty with the use of physical force and which is intended to cause pain or discomfort (even a light one) to the child.

Seeing or hearing of violence between other family members is equally damaging for the child as direct violence against the child, therefore, being a witness of domestic violence shall also be regarded as child abuse. Parents often think that if the children do not hear or see what happened, they do not know about the violence, and it does not affect them. In fact, not only that being near a violent incident at or hearing it from the adjacent room has a bad influence on the child, but also seeing the damaged and devastated parents and perception of the tense atmosphere at home.

The overall goal is to create a universal system for assisting abused minors (in any form), which would be able to exclude cases where for various reasons children cannot reach services, local governments do not provide adequate services, there is



no central case manager and due to errors in the system, the child remains without assistance.

Violence Prevention Strategy 2015-2020 (hereinafter VES) has referred to the 2014 survey of the European Union Agency for Fundamental Rights (hereinafter FRA) which showed that children before the teenage years fall most often victim to abuse within families, but during their adolescence, they are more abused by peers and strangers. According to the FRA, physical violence has been experienced in their childhood (up to 15 years of age) by a little over 40% of the women aged 15-74 in Estonia, and sexual violence has been experienced by 10% of the women. According to Estonian men's health survey, physical violence has been experienced in their childhood (up to 18 years of age) a little over half (55%) of the men aged 16-55, and sexual violence has been experienced by 3% of the men. In 2014, 142 contact sexual offenses committed against children were recorded, of which nearly in 90% of the cases, the victim was a girl, and 125 non-contact sexual offenses, the majority of which was committed by using e-tools. (See FRA, 2014; according to the Ministry of Justice, 2015, 10.)

In 2012, a research was conducted that year which focused on the Rights of the child and parenting. It was asked to be done by the Chancellor of Justice. The research results were quite alarming they showed that the society encourage physical punishment. 5% of children are often or sometimes hit or pulled by the hair, 3% are hit with a belt or are whipped. 25% of parents did not see that corporal punishment is a form of physical abuse. Four parents out of ten (38%) felt that in some cases corporal punishment is understandable and allowed. Corporal punishment was accepted by parents who have lower intelligence level and whose first language is not Estonian language. However, solving conflicts between adults with violence was seen as reasonable only by 8% of parents. This shows double standards- children are not seen as equal human being like the adult. (Chancellor of Justice, 2013.)

The research also showed that in 2012 the majority of the society felt that each parent should know on their own which is the best way to raise a child (87%) and that each parent should handle parenting issues on their own (71%). Such kind of thinking however will prevent parents from asking advice from specialists in regards to parenting issues. Half of mother and fathers who took part in the research have been in a situation where they have needed help but were not aware where to turn to. 38% of parents said that they have little knowledge on how to relieve stress or they lack the knowledge at all. In addition, parents are lacking the knowledge in regards to the child's emotional and social development (31%) and how to resolve conflicts (27%). (ibd.) After the research, the Chancellor made an appeal. The Chancellor's 2012 appeal to explicitly prohibit the corporal punishment of children has now taken the form of a legal provision in the Child Protection Act in 2016. Estonia has taken more and more steps towards helping children in need of help and also to raise the awareness and to educate people in regards to this topic. Also, the



government is putting a lot of emphasize in eliminating corporal punishment in the hole country. However, there is still a worrying number of children who are in need of help. For example, in 2013 there were 3190 children registered as children in need of help or without parental care. In 2015, the number went up to 3220. (Statistics Estonia, 2017.)

In order to stop corporal punishment and help children in need of help or children who have fallen victims, there have been changes made in the Child Protection law and in Estonia's development plans and strategies, which as one part also address children's welfare and security. In addition to various laws and strategies, it is important to hear and know what the children feel and want. In order to get their opinion researches have been made and data has been collected to better understand the current situation of children.

Estonian Union of Child Welfare has conducted a research in 2015 called "Children's involvement in their family life". In 2008, the same research was conducted in 2015 to compare how the results have changed within those years. The aim of the research was to identify the children's involvement in their family life and what they think about how parents raise them (including punish). 500 children participated in the survey between the ages 13-14, 338 of them used Estonian language as their mother tongue and 162 Russian Language. 236 of the children who answered were boys and 264 girls. (Estonian Union of Child Welfare 2015, 3.)

In each family, it may happen that rules that parents and children have agreed on are broken. In 2008, children said that parents would reprove their children for breaking the rules (38%) or yell (21%). In 2015, these two options were still in use but the percentage had gone down (reproving 21% and yelling 15%). The number one way to handle such cases was to calmly discuss these matters, in 2015 the percentage for that was 49% and in 2008 35%. Parents also try to understand the child's behaviour in 2015 it was 37% and in 2008 32%. In case a child has broken rule, 31% of families would ban some of the leisure activities for children. In the research of 2015, the number of children who have been punished physically had gone up by 2% compared to 2008. 9% of children said that their parents don't do anything in case rules have been broken. (ibid, 15.)

The children were asked what type of punishment forms they have encountered. In 2008, it was grounding (33%), in 2015, grounding was used 29%. The biggest change has been that 48% of parents band internet use as a way of punishment, there also has been an increase with forbidding meeting friends (32%). In 2008, the number was 29%. Some parents did not let the children attend in family activities as a way of punishment (18% in 2015 and 11% in 2008). (ibid, 16.)

Compared to 2008 the number of children who have never been punished has decreased. If in 2008 the number was 19% then in 2015 it was already 14%. The



number of children who have sent in to a corner has grown from 15% to 20%. However, there are children who have been physically punished (gotten hit with a fist, belt) in 2015 the number was 14%. 23% of children have been pulled by the hair. There are differences in Russian and Estonian speaking families. Estonian speaking families will ground children (30%) or ban meeting friends (35%) when a rule has been broken. Russian speaking families will use in such case as a punishment pulling the hair (33%) and not allowing children to join the family activities (23%). Despite the fact that corporal punishment is used more in Russian speaking families, parents in Estonian speaking families use corporal punishment more often during the childhood. (ibid, 16-17.)

At the end of the research, the children were asked to evaluate if they would punish their children in case they broke a rule. In 2008, the number of children who would punish their children in case they have broken a rule was 28%, in 2015, the number was 24%. The number of children who would not punish their children has grown, if in 2008 it was 4% then in 2015 the number was 9%. In 2015 research, the children had more doubts when answering the question, 37% said maybe and 17% did not know how to answer that question. Children from Russian speaking families would be ready to punish their children in case they brake rules (32%), children from Estonian speaking families say more often they would not do it (10%) or they probably would not (14%). (ibid, 18.)

In Estonia many parents use corporal punishment because that is how they were raised. So, it is an attitude that comes from previous generations. It is looked at as a normal way to raise children. There is a belief that small hits along the childhood is a normal part of childhood and will help to make the difference between right and wrong. In 2009 a research was made by the Ministry of Social Affairs which showed that 47% of parents saw that corporal punishment sometimes inevitable. In that 47% the majority of parents who felt like that were parents that had in their family more then on child and who struggle with every day discipline. (Ministry of Social Affairs 2010, 143). The use of corporal punishment also comes from the fact that parents quite often lack parenting skills in case of conflicts with children and don't know any other methods and ways to resolve the situations. In the Estonian Children and Families Development Plan 2012-2020 there is big emphasis put on various trainings for parents to improve and develop their parenting skills.



## 02. Section 2: DESCRIPTION OF THE NATIONAL SUPPORT SYSTEM

### 2.1. LEGISLATIVE/LEGAL FIELD

The Estonian Republic joined The Convention of the Rights of the Child in 1991, on the 26th of September (entered into force on 20th of November in the same year) with the decision of the Supreme Council of the Republic of Estonia. According to Article 3 paragraph 2, all countries who have joined this convention must set as an objective to provide children the protection and care needed for their well-being, taking into consideration the rights and obligations of their parents, legal guardians, or other legal representatives and to use all respective legal and administrative methods to achieve this. (Convention on the Rights of the Child, 1991)

There are laws, guides and strategies made for helping children. As of 01.01.2016, Estonia has a new Child Protection Act Paragraph 24 section 1, which prohibits corporal punishment. In 2011, the Ombudsman for Children, together with the Data Protection Inspectorate and specialists of the field, compiled a guide for informing about children in need of assistance. In case of a child in need of assistance, the feeling of security, development and well-being are not ensured to a child. The need for help might arise from possible mistreatment (including violence and negligence) but also from social and educational special needs, subsistence issues of the family, etc. (Ombudsman for Children, 2011, 6.)

In the Child Protection Act, it is brought out that a child in need of assistance is a child, whose well-being is threatened or in the case of whom doubt has arisen concerning his or her abuse, neglect or any other situation violating the rights of the child and a child whose behaviour threatens his or her well-being or the well-being of others. (RT I, 06.12.2014, 1).

Children in need of assistance also include children in danger. A child in danger is a child whose life and health need protection. A threat to the child's life and health may come from the environment or from the behaviour of others but also from the behaviour of the child. In the case of danger, the need for assistance is so great that intervention is needed to end or deter the danger. The child may be moved to a safe environment to deter or end the danger. However, extraction of a child from their family is only justified if the child has been endangered by their own family and there is no other possible way to deter the threat. (Ombudsman for Children, 2011, 6.)

It is also brought out in the guide that actions aimed at assisting and protecting children incorporate child protective work and networking in the widest sense. It



also includes social services and benefits, as well as co-operation between the child, their family and members of the network that come in contact with the child. (ibid, 6.)

Paragraph 27 section 1 of the Child Protection Act states that all persons are required to report a child in need of assistance. The revised act also brings forth the Child Helpline service telephone number (116 111) where people can call to notify about a child in need of assistance and it is also added that neither the person who reported the child in need of assistance nor the fact of notification will not be made public. (RT I, 06.12.2014, 1.)

In addition, various development plans and strategies, which as one part also address children's welfare and security. The strategy and the development plans that are made in order to help and protect children's welfare, are Violence Prevention Strategy 2015-2020 (hereinafter VES), Children and Families Development Plan 2012-2020 (hereinafter LPA) and the Welfare Development Plan 2016-2023 (hereinafter HA).

There are various bodies involved in order to help children in need of help. The Ministry of Social Affairs is responsible for policy making and preparing new drafts for possible changes done in the current laws or developing new laws. Another important governmental organisation in child protection is the Estonian Social Insurance Board. Paragraph 15 in the Child Protection Act lists out the Estonian Social Insurance Board functions. Section 1 in the same paragraph states that the functions of the Social Insurance Board upon the organisation of child protection are the implementation of state child protection policy, application of national strategies and coordination of cross-sectoral cooperation and prevention concerning child protection. (RT I, 06.12.2014, 1.)

Section 2 in paragraph 15 says that Based on the request of the local government, the Social Insurance Board shall apply the following state measures supporting children and families:

- 1) provision of counselling to the local governments upon the preparation of development plans supporting the well-being of children;
- 2) mediation of individual international child protection cases to the local government and provision of counselling to the local government thereon;
- 3) provision of assistance to the local governments upon resolving child protection cases





- 4) supporting the local governments upon the establishment of suitable measures for children or families from amongst the existing state measures. (ibd.)

In addition to that, section 3 in the same paragraph points out that the Social Insurance Board will organize national and international adoption and servicing the international adoption committee. It will collect child protection statistics, provide 24-hour counselling of state and local government agencies, the officials thereof and legal persons in public and private law for the assistance of children in need of assistance or children in danger. It will organize notification related to child protection and employment counselling of the child protection officials of a local government; maintain the Child Helpline service 116 111 and exercise of state and administrative supervision on the bases provided for in this Act. (ibd.)

## 2.2. ADMINISTRATIVE

In Estonia the child protector in the local government is the case manager in any case regarding children and their wellbeing, this also includes cases where there is corporal punishment within the family. This means that who will be involved in the case will be decided after the evaluation of the case done by the child protector. Depending on the severeness of the case, the child protector can for example involve the police, doctors, victim support service or any other specialist needed depending on the case. The work done by the child protector can and will be checked by the supervision unit in the Estonian Social Insurance Board.

There are numerous action protocols and guidelines developed to support specialist in their work with children and families. **Documents for child welfare evaluation:**

Child Welfare Measurement Approach (Lapse heaolu mõõtmise käsitus)

Guide for Child and Family Assessment (Lapse ja perekonna hindamise juhend)

Mapping of the Assessment Tools for Child Welfare and Mental Health (Lapse heaolu ja vaimse tervise hindamisvahendite kaardistamine)

Child and Family Assessment- Conditions at Home (Lapse ja perekonna hindamine-kodused olud)

Guidelines for case management:



List of Data that should be covered in the Case Plan (Social Welfare Act paragraph 9 section 6) (Juhtumiplaanis sisaldate andmete loetelu)

Instructions for Carrying Out Case Management Process (Juhtumikorralduse protsessi läbiviimise juhised)

Instructions for Implementing Case Management Based Networking (Juhised juhtumipõhise võrgustikutöö meetodi rakendamiseks)

Handbook for Case Management (Juhtumikorralduse käsiraamat)

Practical Guide for Organizing Cross-Border Child Protection Cases (Praktiline juhend piiriüleste juhtumite korraldamisel)

Assistance in Child Protection Work. Selection of Various Child Protection Cases. (Abiks lastekaitsetöös. Valimik teemakäsitusi). (Estonian Social Insurance Board, 2017.)

As in any child protection case, it is very important to have coordination between entities or networking as it is also called. In order to help a child and a child victim quickly and effectively, it is important that different specialists co-operate with each other as every specialist has their own role and opportunities to support the child in co-operation networking. In the Soo et al., 2009 research, it was found that specialists have a different level of knowledge when it comes to the existence of laws, acts and other regulations concerning the assistance of mistreated children. Pedagogues were the least familiar with instructions and laws. The results of interviews and questionnaires showed that mistreated child often stays unreported (63% of the respondents had not transmitted the information for some reason). (Soo, Ilves & Strömpl, 2009, 89-93.) Notification of a child in need of assistance and networking between professionals differs from region to region, and as a result, the children in need of assistance are guaranteed with an equal opportunity to receive help. Everyone has a duty to report on a child in need of assistance.

Networking in Estonia was started in 1996 through various projects. Korp and Rääk (2004), in their book „Child protective services in local government“, defined networking as the co-operation of parties which include the social network of the person in need of assistance/getting assistance and a network of officials. The purpose of the network is to solve everyday problems of the person in need of assistance and the network is a joining and delimiting relationship between certain people or groups. The network primarily requires some kind of relationships and communication. Networking is seen as an opportunity for productive co-operation, to better share existing information with each other and to help the person in need



of assistance to solve their problems in a more painless way. (Korp & Rääk, 2004, 10.)

Networking is not only a theoretical entity but in practice, a very well implemented method of work. There are two terms in networking – primary and secondary network, from which the first consists of parents, brothers and sisters, relatives, neighbours, and friends and the second, i.e. secondary network, consists of different professionals who belong to the network through certain formal channels. (Klefbeck & Ogden, 2001, 10.)

The secondary network consists of different professionals who belong to the network through certain formal channels (complaints, visiting hours, appointments, etc.). The professionals more or less become a part of the network of the person who needs assistance. The more the primary network withdraws, the more influential the secondary network becomes. The social circle of problematic people (e.g. long-time drug addicts or criminals) becomes smaller and smaller and the proportion of professionals becomes larger. (ibid, 75.)

The secondary network In Estonian child protection case may consist of child protection workers, police, and victim support workers who must co-operate to help child victims (if the case of abuse is very severe). Successful and effective networking is based on specialists understanding each other's work, exchanging information, and having a good working relationship.

In Estonia, MARAC (Multi Agency Risk Assessment Conference) model has been introduced to increase cooperation between specialists and to reduce domestic violence. It is a networked based case management model, the aim of which is to identify high-risk victims and to ensure their protection, in cooperation with specialists from several institutions. (Estonian National Social Insurance Board, 2017.)

The target group of the project are families at risk, including persons suffering from domestic violence, and the professionals who have direct contact with families at risk, including social and child welfare workers of local governments, police officers, victim support workers, women's support centre personnel, health care workers and other professionals who come into contact with the problems of the families suffering from domestic violence. Preparation of this model was commenced on 01.09.2015- 31.12.2016, and it will be tested until the end of 2017. Development and expansion of the model will take place in the period 01.01.2018-31.12.2020 (ibd.)



Ministries have made plans activities / objectives in order to develop networking system and brought them out in the governmental strategy and development plans:

1. Increasing of violence awareness, resulting in people's increased awareness of this issue and notification of children in need of assistance. (Ministry of Justice, 2015.)
2. Enhancing detection of the child in need of assistance and of cases of violence and early intervention in the fields of health and social care as well as in education. (Ministry of Social Affairs, 2011.)
3. Empowerment of teachers in addressing the issue of violence in teaching. (Ministry of Justice, 2015.)
4. Clarification of the training needs relating to early detection by the professionals coming in contact with children and making proposals for systematic improvement of the early detection skill of professionals. (Ministry of Social Affairs, 2011.)

As of 19 of March 2011, the Chancellor of Justice performs the role of an independent Ombudsman for Children in Estonia. The job of the Ombudsman for children who has the job to protect the rights of children and ensure that all those who make decisions affecting children, are guided by children's best interests, and take into account the opinions of children. The aim of the Ombudsman is to make the voices of children heard by decision makers.

The Chancellor of Justice has to submit a report of his or her activities to the Parliament once a year. The annual report also includes an overview of the activities as the ombudsman for children. The most recent report was done in 2015. In eight months of 2015, the Chancellor initiated 97 proceedings directly related to the rights of children. Children themselves contacted the Ombudsman four times during the reporting period. During the reporting period, the Chancellor received a number of petitions with a request for assistance in connection with mental or physical ill-treatment of a child by a parent or family member. There were also several petitions from people who were worried about how to prevent repeated sexual offences against children who have been in jail and served their sentence but may still pose as a threat. (Chancellor of Justice, 2015, 13.) As it was mentioned, above the Chancellor's 2012 appeal to explicitly prohibit the corporal punishment of children has now been taken the form of a legal provision in the Child Protections Act.



In addition to various laws, protocols, specialist, and the Ombudsman trying to prohibit corporal punishment there are various private entities working towards the same direction. Many NGO's organize various seminars and trainings for specialist but also to the public where they explain the children's rights and the best interest of the child. There are two well-known NGO's in that field one is the Estonian Union on Child Welfare. They hosted numerous seminars (for example "Same side- on the children's side"; "How are you living Estonian child?" etc.). They also publish magazine called "Notice the child", are leading the "Free from bullying" programme and are leading partners in Safer Internet project.

NGO Estonian Advice Centre is responsible for running the Child Helpline 116 111 and Missing Children Hotline 116 000. The 116 111 number is officially in the Child Protection Act as the number to contact in case there is a child in need of help. The NGO is responsible for running the hotlines but the Estonian Social Insurance Board is responsible for maintenance of the two numbers. In addition to those numbers, the NGO also conducts trainings and seminars for specialist working with children about various topics (working with children who have fallen victims, cross-border child protection cases, helping children who are running away from home etc.).

Both of the NGO's are working closely in cooperation with the government and have taken part in numerous EU projects in order to keep children safe and educate specialist working in that field. However, of course there are other numerous NGO's that promote child safety and educating parents in regards to the topic of the rights of the children (SA Eesti Lastefond, Lapse Huvikaitse Koda, Eesti Noorteühenduste Liit etc.).

## 2.3. EDUCATIONAL

It is important to educate everyone about corporal punishment: children, parents, specialist working with children and the public. Awareness raising can be done in many levels, for example campaigns, programmes for parents, developing information materials.

Abuse has been a taboo subject, and awareness of the extent of the problem is low and children who need help are not reported. Karu (2012) and his colleagues conducted in 2012 the monitoring of the child's rights and parenting. This study was referred to by Salla & Surva (2013) and their colleagues in their article "Child safety". It showed that while most adults are aware of the need to report a child in need,



their actual need for reporting depends on the individual case. Adults would report more on situations where they spot a crying child in the street or at the shopping mall (89%), or if the child's problem is obvious, for example, if parents have moved away and left the child alone (86%). It was more complicated to make the decision of reporting of a child, if the child's need for help is not quite clear, for example, when you continually hear throwing things, screaming, and crying at the neighbours' place (70%). It was also more difficult to make the decision when the children are constantly dirty and seem to have been neglected (71%), or when begging children are noticed in the street (70%). (Salla et al., 2013, 72-73.)

Many professionals, such as family doctors, medical specialists, teachers, and social workers encounter in their work children who have been abused. Often, professionals do not recognize abuse by external signs and are not able to suspect abuse. Occasionally, a specialist could suspect abuse, but does not know what to do in such a situation, whom to turn to and with what kind of information. In addition, children's talk is often not sufficiently taken notice of, and their opinion is not taken into account - The UN Children's Rights Committee paid attention to that as a national necessity in the year 2003.

Studies have shown that specialists are insecure in notification of abuse, fearing false accusations and negative assessments of their competence, and their biggest fear is about making the wrong decisions. Child protection specialists do organize home visits based on the information forwarded to them, but based on the visit it is difficult to assess the actual situation, including the evaluation of injury, behavioural specificities, etc. The specialist must make a subjective decision, with which, if necessary, they turn to the police.

Many of the offered in-service training have been project-based, which does not ensure continuity. The supervision system of child protection workers and counsellors has also not been consistently developed, and it is not equally available to everyone.

The analysis of the results of a study conducted by Soo, et al. (2009) showed that on the abstract level, professionals working in different agencies defined abuse in a similar way, but differences emerged when aside of providing definitions, the professionals were asked to give examples from practice. Mostly, it was found that abuse takes place at the place where the influence of the respondent cannot reach. The study showed that childcare professionals (school, kindergarten) attributed abuse to home. The authors of the study add that recognizing child abuse is complicated by the blurred boundaries between permissible and impermissible



behaviour, the ambiguities and lack of clear understanding of abuse; such misunderstandings can lead to the abandonment of the intervention.

Estonia's development plans and strategies such as Violence Prevention Strategy 2015-2020, Children and Families Development Plan 2012-2020 and the Welfare Development Plan 2016-2023 have planned the following activities in order to raise the competence of the professionals:

1. To develop an effective system of surveillance over the work of professionals who work with child victims. The aim is to support professionals in their work and to ensure a uniform quality of the work in Estonia. (Ministry of Social Affairs, 2011)
2. To ensure opportunities for professionals (i.e., the time and budgetary resources) to participate in continuing education courses and supervisions (on the topic of the welfare of victims and the children and families), which in turn form part of an integrated system for the development of competencies. (Ministry of Social Affairs, 2011)
3. Preparation of additional instructional materials for professionals for assisting a child in need of assistance (including the victim). (Ministry of Social Affairs, 2011)
4. Development of the continuing education system of the professionals working with children and families (teachers, doctors, prosecutors, support specialists, etc.) and the provision for training. (Ministry of Social Affairs, 2011)
5. Development of basic training for professionals of the social, education and health sectors. (Ministry of Social Affairs, 2011)
6. The exchange of the professional experience in joint seminars on the example of best practices. (Ministry of Social Affairs, 2011)
7. Further training on noticing and notifying of violations. (Ministry of Justice, 2015)

The Chancellor of Justice work also include raising awareness of the rights of children and strengthening the position of children in society as active participants and



contributors. He or she has to organise different analytical studies and surveys concerning the rights of children, and make recommendations and proposals for improving the situation of children based on them. The job task also includes organising training events and seminars on the rights of the child. In order to encourage and support active participation of children in analysing and understanding their rights and duties, an advisory committee to the Ombudsman for Children has been established at the Office of the Chancellor of Justice. Members of the advisory body include representatives from different children's and youth organisations who are involved in the work of the Ombudsman for Children. (Chancellor of Justice, 2015, 17.)

In the first half of 2015, the Chancellor's advisers carried out several training courses on the rights of child. They delivered lectures and presentations for specialists working with children, e.g. presentations on the rights of the child in alternative care for the staff and managers of substitute homes in different locations in Estonia, a training day for representatives of juvenile committees on the rights of juvenile offenders, and training sessions for staff of the Rajaleidja centres on the principle of taking the interests of the child as a primary consideration. (ibid, 18.)

The Chancellor's advisers explained the rights and duties of the child and debated on the topic of corporal punishment in topical discussion groups organised in cooperation between the Estonian Children's Literature Centre, Eduard Vilde Museum and the Office of the Chancellor of Justice. In the topical discussion groups, which were inspired by the story *Minu esimesed triibulised* [My first stripes] by Eduard Vilde, children were given a brief background on Eduard Vilde and the above story, and issues of equality, justice, violence-free education, and noticing, were discussed with children. In addition, children could engage in a role-play based on scenes from the story and create their own ending for them. (ibid, 18.)

As it was mentioned earlier, it is very important for parents to understand the corporal punishment topic. Parents should improve their knowledge and skills of positive educational methods. One of the best examples for that is the programme launched by the Ministry of Social Affairs in cooperation with the National Institute of Health Development called the Incredible Years (pilot project). The training offered within the programme teaches parents to prevent situations leading to stress and conflicts, and the parents receive assistance in setting limits and boundaries for children. In order to find the right parents the National Institute of Health Development is also cooperating with the local governments. The programme is being used in numerous countries and researches have shown that after the programme, children and parents manage to solve problems better, better





communication between peers, better learning skills and self-expression. In long term, the aggressive and anti-social behaviour in children will decrease and the use of drugs will go down as well as school dropouts. (National Institute of Health Development, 2017.)

To reach the wider public media campaigns in regards to corporal punishment must be done as well. In Estonia this topic has been well covered in the media by National Institute of Health Development and Child Helpline 116 111. Due to the size of the country, the campaigns are not organized at the same time but right after each other so the message would stay in picture longer.

In 2016, The Child Helpline organized a nationwide campaign with the message “Punishment dose not raise a child”. In the Child Protection Act that came in to force in 2016 it was stated that corporal punishment is banned. The aim of the campaign was to motivate and teach parents to look other solutions to raise children without using physical violence. The idea was to encourage parents to talk with their children and for children to know that corporal punishment is not the only way to solve problems. All possible channels were used in order to reach as many people as possible (radio, TV, cinema, internet, newspapers, posters, balloons, leaflets etc. In addition, many fairs, camps, and open-air events were visited to answer the public questions and hand out gifts and materials.

National Institute of Health Development focused in their 2016 campaign also on corporal punishment but more in the parents’ point of view. The message of the campaign was “Smart Parent” and the aim was to recognize parents who have used other methods for raising children that do not include physical punishment. Both of the campaigns (done by Child Helpline 116 111 and National Institute of Health Development) will also continue in the spring 2017 with new visuals but the message would stay the same. In addition, do that the Ministry of Social Affairs launched a campaign in January 2017 aiming children and young people with the message “I am OK”. The aim of this campaign is to raise the awareness of mental health among young people and to encourage them to talk about it and not to be afraid to look for help. Awareness campaigns for various social topics are always listed in various governmental strategies and development plans for example in the Children and Families Development Plan 2012-2020.



## 2.4. HEALTH

Medical staff has the best chance to discover and to intervene in case of family violence. People who are working in very different fields (for example medical sector, kindergarten, school etc.) and have exposure to a very large circle of persons in their everyday work may have a bigger chance to encounter victims of violence than the people who actually provide services for victims. In case of traumas caused by physical abuse, a nurse will be one of the first contact persons within the medical staff. All graduates in medical studies need the basic knowledge and skills about family violence and how to prevent/notice/recognize it and ways to intervene.

Ministry of Justice has issued an instruction material for specialist in 2011 on how to lower and prevent domestic violence, which was conducted by Linno, Soo and Strömpl. In that material, it is said that prevention and interventions for domestic violence can be done in cooperation with family doctors and family nurses, who have the mission of giving primary health care:

- they are the first contact point in the health care system to everyone, regardless their age and sex, where help is given in case of most medical problems but if there is a need they will also transfer the patient to a needed specialist;
- big part in the primary health care service is promoting health, preventing diseases, coordinating help and providing various services. (Linno et al., 2011, 41.)

The family doctor and family nurse also has the responsibility promoting, valuating, and increasing the positive health of children. It is a planned and conscious intervention through which it is possible to improve the mental, physical and social health of children and also to prevent development of disability, premature death and children getting sick. This also includes victims of domestic abuse that the family doctor and nurse should notice. (ibd.)

Their health promoting intervention are aimed to:

- create a healthy and safe psychosocial and physical environment for the children;
- based on the needs of children improve availability of health and social services;
- develop/update the knowledge and skills of a healthy life style and to motivate;



- empower the target group (educational intervention through various methods);
- in cooperation with the family doctors team, the family nurse will find out the various risk groups that the child may be involved and through that will help to develop the child's health and wellbeing. (ibd.)

The aim of the children's health check is to monitor the development of children and to provide the necessary medical help in case of early detection of health or development disorders. Paragraph 5 in Public Health Act brings out the means of disease prevention, which are the following:

- 1) preventive medical examinations for children in order to ensure the healthy development of children and early detection of disease;
- 2) implementation of measures for prevention of the spread of infectious diseases and vaccination for prevention of infectious diseases;
- 3) initial and regular medical examinations of the health of persons working in jobs which are hazardous to health, for prevention and early detection of health disorders and occupational diseases which may develop due to working conditions;
- 4) monitoring of risk factors for prevention of chronic non-communicable diseases, and development and implementation of such disease prevention programmes;
- 5) development of programmes for early detection of diseases and study of risk groups. (RT I 1995, 57, 978.)

A regular health check will also help detecting any specific social or educational need that a child may have and to arrange the right services in the social or educational system. The family doctor organizes the monitoring of the child's health. Every health check is documented according to every protocol done during each check-up. A family doctor, family nurse or school nurse who will make the health check does the documentation. Health check-ups made in school can only be made only with the consent given by the parents, if needed the child may be referred to the family doctor by the school nurse. (Linno et al., 2011, 41.)

There is also a manual made for doctors and nurses on how to make a health check-up for children up to 18 year old: [Kuni 18- aastaste laste tervisekontrolli juhend](#)

Work in the health care centre is closely linked with Law of Obligations Act. Paragraph 768 states that Providers of health care services and persons participating



in the provision of health care services shall maintain the confidentiality of information regarding the identity of patients and their state of health which has become known to them in the course of providing health care services or performing their official duties and they shall ensure that the information contained in documents specified in § 769 of this Act does not become known to other persons unless otherwise prescribed by law or by agreement with the patient. Section 2 in the same paragraph points out that it is permitted to deviate from the duty provided for in subsection (1) of this section to a reasonable extent if failure to disclose the information could result in the patient significantly damaging himself or herself or other persons. (RT I 2001, 81, 487.)

However, medical personnel must understand that they are not allowed to keep secrets or information that is related to crime and offense. In this case, medical personnel are obligated to give the information forward to the police. The doctor has to evaluate every time if the danger to a person's life or health is so serious that it justifies not keeping patients confidentiality. It is only allowed to give out information if it inescapable and the patient has to be informed about the fact that information related to him/her will be given forward to relevant specialist. For example, if a doctor informs the local government about a child in need of help, then he or she does not have to send forward specific diagnoses but has to explain what kind of help the child needs. For example, the doctor is aware of a child who does not have parental care (malnourished child) or the child needs due to his or hers health condition additional help. In case of a child in need of help or in danger the doctor does not have to give out information about the health condition or the diagnosis however the doctor has to say what type of help the child needs or what is the endangering situation. (Estonian Data Protection Inspectorate, 2016, 15.)

Obviously, the situation in regards to children in need of help or danger is a delicate topic and there may be several questions and doubts about reporting. This is why in Estonia the health care service providers handle the matter by providing the medical staff with written instructions with descriptions about in which case, to who and how patient data is sent forward. It is important to inform the medical staff about the rules in case of reporting and helping children in need of help or in danger then the doctor will not have to make the decisions individually but will follow objective parameter



## **03. Section 3. CONCLUSION**

### **3.1. SUMMARY, STRENGTHS, AND WEAKNESSES OF THE CORPORAL PUNISHMENT IN ESTONIA**

Estonia is a small country where executive power belongs to the government. All the nationwide and international policy is carried out by the government but shaped by the parliament. Currently Estonia is in the process of trying to join smaller local governments, which will increase administrative capacity, and people would have better access to various services. Due to the size and the population of the country, it is easy for governmental organisations to work closely together with the private organisations.

Important changes have already been made in the legislation (Child Protection Act that came in to force in 2016) which clearly states that corporal punishment is banned. Corporal punishment and issues relating to violence are looked at in Violence Prevention Strategy 2015-2020 and Child and in the Children and Families Development Plan 2012-2020 as well as the objectives, the better performance of the system, improving the availability of assistance and the growth of the professionalism of the specialist working with children. A special child protection unit has been made under the Estonian Social Insurance Board that will help to improve, support, and evaluate the work of child protectors but also offer additional services to help them in their work. In addition, numerous manuals and protocols have been made for specialist to help them in their everyday work. It should be understood that all of these objectives are closely linked. In order to achieve good performance, the training of the agencies and professionals involved in the network must be carried out hand in hand with systemic changes to ensure a common understanding, a better cooperation of the network and the comprehensive harmonization of the system.

In the society at large, there is a need to raise the awareness of the impact of any type of violence against children and to create the society that would be non-tolerant of violence. It is important to put an emphasis on prevention, not only to deal with the resolving of consequences. This would help both children and their families, but also professionals in their work.



## REFERENCES

- Child Protection Act (2014).** Downloaded 9 of January 2017, <https://www.riigiteataja.ee/akt/LasteKS>
- Chancellor of Justice. (2013).** *Ombudsman for Children Presents the Results of the Research of the Rights of the child and parenting.* Press release: <http://oiguskantsler.ee/et/lasteombudsman-tutvustab-lastekaitsepaeval-lapse-oiguste-ja-vanemluse-monitooringut-1>
- Chancellor of Justice. (2015).** *2015 Overview of the Chancellor of Justice Activities.* [http://lasteombudsman.ee/sites/default/files/annual\\_report\\_2015.pdf](http://lasteombudsman.ee/sites/default/files/annual_report_2015.pdf)
- Estonian Social Insurance Board. (2017.)** *Guidelines.* Downloaded 10 of January 2017, <http://www.sotsiaalkindlustusamet.ee/juhendmaterjalid/>
- Estonian Social Insurance Board. (2017.)** *MARAC Model.* Downloaded 10 of January 2017, <http://www.sotsiaalkindlustusamet.ee/lahisuhtevagivalla-all-kannatavate-noorte-ja-perede-kindlakstegemine-ning-nende-probleemide-lahendamise-vorgustikutoo-meetodil/>
- Estonian Data Protection Inspectorate. (2016.)** *Personal data in Social and Health Care Sector.* Tallinn: Estonian Data Protection Inspectorate.
- Estonica. Encyclopedia about Estonia. (2017).** *State.* Downloaded 9 of January 2017, <http://www.estonica.org/en/State/>
- Estonian Union for Child Welfare. (2015).** *Child's Participation in Family Life.* <http://www.lastekaitseliit.ee/wp-content/uploads/2015/11/LAPSE-OSALEMINE-PEREELUS-2015.pdf>
- Karu, J. (2015).** *Policy Analysis: Abused child assistance system.* Tallinn: Ministry of Social Affairs
- Klefbeck, J., Ogden, T. (2001).** *Child and networking.* Norway: Universitetsforlaget AS of Sehestedsgr.
- Korp, E., Rääk, R. (2004).** *Child Protection Work in Local Government.* Tallinn: National Institute for Health Development.
- Kriminaalpoliitika.ee. (2017).** *What is child sexual abuse?* <http://www.kriminaalpoliitika.ee/et/laste-seksuaalne-vaarkohtlemine/mis-laste-seksuaalne-vaarkohtlemine>



**Law of Obligations Act (2002).** Downloaded 24 of January 2017,  
<https://www.riigiteataja.ee/en/eli/526082015004/consolide>

**Linno, M., Soo, K., ja Strömpl, J. (2011).** Instruction manual for reducing and preventing domestic violence. Ministry of Justice

**Ministry of Finance. (2016).** *Administrative Reform Newsletter*.  
<http://haldusreform.fin.ee/static/sites/3/2016/04/hr-infokiri-kevad-2016.pdf>

**Ministry of Justice (2015).** *Violence Prevention Strategy 2015-2020*. Downloaded 8 of January 2017, [https://valitsus.ee/sites/default/files/content-editors/arengukavad/vagivalla\\_ennetamise\\_strateegia\\_2015-2020\\_kodulehele.pdf](https://valitsus.ee/sites/default/files/content-editors/arengukavad/vagivalla_ennetamise_strateegia_2015-2020_kodulehele.pdf)

**Ministry of Social Affairs (2011).** *Children and Families Development Plan 2012-2020* Downloaded 10 of January 2017, [https://www.sm.ee/sites/default/files/content-editors/Lapsed\\_ja\\_pered/laste\\_ja\\_perede\\_arengukava\\_2012\\_-\\_2020.pdf](https://www.sm.ee/sites/default/files/content-editors/Lapsed_ja_pered/laste_ja_perede_arengukava_2012_-_2020.pdf)

**Ministry of Social Affairs (2016).** *Welfare Development Plan 2016-2023* Downloaded 10 of January 2017, [https://valitsus.ee/sites/default/files/content-editors/arengukavad/heaolu\\_arengukava\\_2016-2023.pdf](https://valitsus.ee/sites/default/files/content-editors/arengukavad/heaolu_arengukava_2016-2023.pdf)

**Ministry of Social Affairs (2010).** *Gender Equality Monitoring 2009*. Tallinn: Ministry of Social Affairs [https://www.sm.ee/sites/default/files/content-editors/Ministeerium\\_kontaktid/Uuringu\\_ja\\_analuusid/Sotsiaalvaldkond/toimetised\\_20101.pdf](https://www.sm.ee/sites/default/files/content-editors/Ministeerium_kontaktid/Uuringu_ja_analuusid/Sotsiaalvaldkond/toimetised_20101.pdf)

**National Institute of Health Development. (2017).** *Parenting programme "Incredible years"*. Downloaded 12 of January 2017,  
<http://www.tai.ee/et/instituut/koostooprojektid/vanemlusprogramm>

**Ombudsman for Children. (2011).** *Notification of a child in need of assistance and data protection*. Downloaded 5 of January 2017,  
[http://lasteombudsman.ee/sites/default/files/IMCE/abivajavast\\_lapsest\\_teatamine\\_ja\\_andmekaitse\\_-\\_juhend.pdf](http://lasteombudsman.ee/sites/default/files/IMCE/abivajavast_lapsest_teatamine_ja_andmekaitse_-_juhend.pdf)

**Public Health Act (1995).** Downloaded 23 of January 2017,  
<https://www.riigiteataja.ee/en/eli/ee/501022016014/consolide/current>

Salla, J., Surva, L., Ilves, K., Soo, K., & Reinomägi, A. (2013). *Child Well-being*. Tallinn: Statistics Estonia.

**Soo, K., Ilves, K. ja Strömpl, J. (2009).** *Notification of cases of child abuse and networking*. Institute of Sociology and Social Policy of University of Tartu



**Statistics Estonia. (2017).** *Children without parental care and in need of help.*

Downloaded 11 of January 2017, <http://www.stat.ee/en>

**Statistics Estonia. (2017).** *Population.* Downloaded 11 of January 2017,

<http://www.stat.ee/en>

**Statistics Estonia. (2016).** *Statistical Yearbook of Estonia.* Tallinn: Published by

Statistics Estonia [file:///C:/Users/Barbara/Downloads/Aastaraamat\\_2016.pdf](file:///C:/Users/Barbara/Downloads/Aastaraamat_2016.pdf)

**Tallinn (2017).** *Population in Tallinn.* Downloaded 9 of January 2017,

<http://www.tallinn.ee/est/Tallinna-elanike-arv>

**The Convention of the Rights of the Child. (1991).** *Riigi Teataja.* Downloaded 12 of

January 2017, <https://www.riigiteataja.ee/akt/24016>



