

**ADDITIONAL REPORT ON THE UN CONVENTION
ON THE RIGHTS OF THE CHILD**

ADDITIONS, COMMENTS AND PROPOSALS BY NGOs IN ESTONIA

TALLINN 2023

Introduction

In 2023, the Republic of Estonia submitted to the **UN Committee on the Rights of the Child the combined fifth to seventh periodic reports on the implementation of the CRC of the Republic of Estonia**¹. The report was a response to list of issues prior to submission of the combined fifth to seventh periodic reports of Estonia made by the Committee in 2021².

According to the population census, at the beginning of 2022 there were 269,111 children in Estonia, making up slightly over 19.7% of the population. Past and ongoing crises have undermined both the mental and material well-being of children and families, and created new challenges for society. The number of families in need of income support increased several times in 2022. It is noteworthy and worrying that, while unemployment has been a key determinant of needing help in the past, in 2022 the share of unemployed families among beneficiaries fell, but the share of families with children rose³.

The restrictions established during the COVID-19 crisis have affected children's mental health and inequalities continue to widen, including technological and educational inequalities⁴.

Many of the concerns reflected in the report are being addressed by the reform of child protection and support services⁵, which has not yet entered into force at the time of reporting, and therefore there is no certainty as to which problems will receive appropriate and effective solutions. There is still a lack of policy impact studies in several areas.

The Committee on the Rights of the Child emphasised in the concluding observations for the second to fourth Estonian periodic reports (2017)⁶ that whilst national legislation largely complies with the Convention, this is not the case with its practical implementation. Unfortunately, the same could be said in 2023, whether we look at the high number of people in favour of physical punishment, the uneven access to services and regional inequalities, the low participation of children or the increasing number of maintenance allowance debtors.

This report has been prepared under the coordination of the Estonian Union for Child Welfare⁷ (EUCW) with the following major sectoral NGOs: Own Family (Oma Pere), Child Welfare Development Centre, Estonian Chamber of Disabled People, Estonian Refugee Council and Estonian National Youth Council.

The report highlights the most important problems in terms of the rights and well-being of the child and is based on studies and statistics published during the reporting period.

The preparation of the report was led by the EUCW: the substantive analysis was compiled by Helen Saarnik, the editors were Helika Saar and Ene Tomberg.

The present report has been compiled following the report of the Republic of Estonia (2023) and uses the same numbering in the subdivisions of the chapters. The chapters are followed by proposals for improving the current situation (in *italics* in the text).

¹ Combined fifth to seventh periodic reports submitted by Estonia.

² [UN Committee on the Rights of the Child](#) (2021)

³ [Melesk et al.](#) (2022)

⁴ [Saar](#) (2021)

⁵ [Ministry of Social Affairs](#) (2023a)

⁶ [UN Committee on the Rights of the Child](#) (2017)

⁷ Contact: liit@lastekaitseliit.ee Endla 6-18 Tallinn 10142 Estonia

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I New developments

1. The administrative reform of 2017 changed the administrative-territorial organisation of Estonia and local authorities have been given many important tasks in the field of child protection. The increasing number of services has created a lot of extra work for specialists working with or for children, including bureaucracy.
2. In Estonia, worsening regional disparities remain a major challenge – the rights and well-being of children are unevenly guaranteed across the country. The well-being and livelihoods of households with children depend largely on the type of household and their place of residence⁸⁹. Statistics and various studies point to inequalities in health and access to services, support specialists, hobby education, etc¹⁰.
3. In 2022, there were 296 CPWs in Estonia, with more than a third, i.e. 28 local authorities having one or fewer child protection positions¹¹. The heavy workload and multifaceted tasks raise the question of the adequacy of the number of CPWs, which cannot be regarded as optimal in relation to the number of children living in the area. The content and scope of the work is also important, and the specificities of the region must be taken into account. The number of families in need is expected to increase and the demands on child protection workers (CPW) will also grow. The role of other local government officials in supporting the work of CPWs and helping children and families is unclear¹². High workload and lack of support (including local authority leaders) affects the quality of child protection¹³, burns out CPW-s and promotes excessive labour turnover¹⁴¹⁵.
4. It is positive to note that the debate on the age of sexual self-determination of children, which has lasted for more than a decade, was resolved positively, and in 2022 a legal amendment came into force, according to which an adult may not have sexual relations with a person under the age of 16. In addition, an amendment entered into force which means that only adults can marry¹⁶.
5. Since 2017, the Barnahus (children’s house) model has been used to help sexually abused children and children behaving in a sexually abusive manner. Four of such houses were opened in Estonia by 2022. In the first year (2017), the number of users of the service was less than 140, in 2022, the number was 631¹⁷.
6. On the positive side, the former juvenile committees have been abolished, a service of closed children’s institutions (CCI) has been established and the development of an open service is under discussion. Placement in CCI covers all cases where the child’s behaviour that is a threat

⁸ Across regions, the net equivalent income of households with children varies by nearly twice, and the relative poverty rate by three times.

⁹ [Saar \(2022\)](#)

¹⁰ [Kallaste et al. \(2017\)](#)

¹¹ [Ministry of Social Affairs \(2023a\)](#). Five local authorities had only one part-time and 23 local authorities had one full-time CPW.

¹² [Civitta \(2022a\)](#)

¹³ An overview of the situation of local services across Estonia by the Ministry of Finance shows that the average (median) level of service of local authorities in the field of child welfare is 3 (out of 9), and the levels vary from one to eight.

¹⁴ [Ministry of Social Affairs \(2023a\)](#)

¹⁵ [RT I, 08.06.2022, 1](#)

¹⁶ [EUCW \(2020\)](#)

¹⁷ [Social Insurance Board \(2023a\)](#)

to his/her own life/health or the life/health of others and it is possible to help the child by restricting the freedom of movement. However, a suitable service for all children with risk-behaviour has not yet been developed (see J. Special child protection measures).

7. The entry into force of the Victim Support Act in 2023 is a positive step for the protection and assistance of victims. It is essential that all victims of crime or violence receive timely, adequate and appropriate assistance. Currently, far fewer victims receive victim support services than there are victims according to studies and statistics¹⁸, and getting victims to victim support depends on their own activity, skills and courage, even in complicated cases.
8. A guideline to give preference to family-based alternative care (AC) and to use family or substitute homes only in exceptional cases was added to the Social Welfare Act (SWA) in 2018. A funding scheme for AC was set up, and quality principles were laid down. The register of foster families, created in 2018, improves the quality of the service and facilitates the work of local authorities in finding a suitable family for the child, to which the Social Insurance Board (SIB) enters uniformly prepared and assessed foster families.
9. Since 2018, the National Institute for Health Development (NIHD) and SIB, have carried out campaigns to find new families¹⁹ and better support measures for both new and existing foster families have been ensured. The number of people wanting to become foster families has not increased significantly, but on the other hand, almost a quarter of foster families have heard about the possibility of becoming one through wider communication activities, which have helped to maintain the current number of foster families.
10. Additional forms of family-based AC (crisis and special care families) have been established alongside institutions to deal with specific cases since 2020, but there are concerns about them being project-based. The low number of foster families and the placement and stay of children under the age of three in foster homes remains a serious problem²⁰. Children staying in safe houses for too long is also a concern^{21,22}.
11. The Child Welfare Development Centre, a private foundation involving top Estonian experts and recognised by the state, was established in 2017 with the aim of providing effective solutions in the field of prevention for children and families. The Child Welfare Development Centre has developed the operating model of the Perepesa (Family Nest) Community Prevention and Family Work Centre²³.
12. According to the new procedure that entered into force in 2016, the children whose would have remained stateless according to their parents will become Estonian citizens by way of nationalisation from the moment of birth and this also extended to other stateless children

¹⁸ Explanatory Memorandum to the Draft Victim Support Act (2022): It can be estimated that around 20% of cases of DV registered with the police ended up in victim support.

¹⁹ Hoolduspere.ee

²⁰ Ministry of Social Affairs (2023). In 2022, there were 19 children aged 0-2 in foster care and family homes, but by the end of 2022 there were 11.

²¹ Ministry of Social Affairs (2023a). The number of children provided the safe house service in 2021 was 670. Only in Tallinn is there a separate safe house for small children.

²² The average length of stay in a safe house is 40 days. In 2019, there were *ca* 100 children who stayed in safe houses for 3-6 months and 10 children stayed even longer than 6 months.

²³ Child Welfare Development Centre (2022)

under the age of 15. It is positive that the number of stateless children under the age of 15 has decreased rapidly since the law was amended²⁴.

13. The General Data Protection Regulation of the European Union entered into force in 2018 and it emphasises that the personal data of children require special protection compared to the data of adults.
14. It is welcome that amendments to the law were adopted for the transition to Estonian-language education, but the lack of teachers who are qualified and speak Estonian, teaching aids and solutions to support parents in a smooth transition is a source of concern²⁵.
15. It is positive that Estonia, albeit as one of the last EU Member States, approved the Safe schools declaration²⁶ in 2020, the objective of which is to protect the right of a child to education and make it easier for them to continue their education in a situation of conflict.
16. A mental health department was set up in the Ministry of Social Affairs, the Estonian Human Development Report on mental health and well-being was published, and the Mental Health Action Plan 2023-2026, which also focuses on mental health concerns of and support for children and adolescents was completed.
17. In November 2020, the Riigikogu (parliament) adopted the Act Amending the Public Holidays and Days of National Importance Act and the Estonian Flag Act, which added the International Day for Protection of Children to the list of national holidays and added it to the list of flag days. The joint letter sent in late 2019 by the EUCW to the Social Affairs Committee and parliamentary groups of the Riigikogu was signed by 19 organisations that stand for the rights and welfare of children.
18. In 2022, a programme of home visits by midwives to support the welfare of young children and their families was piloted and an operational model was developed, as primary healthcare providers rarely visited young children's homes to identify potential risk factors.

²⁴ Police and Border Guard Board (2018), the number of children under the age of 15 who are not citizens of Estonia, but who lived in Estonia as at 1 December 2018, was 8,885. Among them, 7,595 are stateless and third country nationals and 1,290 are citizens of EU Member States. The number of stateless children under the age of 15 among these 7,595 children is 138.

²⁵ [EUCW](#) (2022a)

²⁶ [Ministry of Foreign Affairs](#) (2020)

II Rights under the Convention and the Optional Protocols thereto

A. General measures of implementation (Articles 4, 42 and 44 (6))

Legislation

19. Regulation around child welfare is fragmented across different acts, making it difficult for local authorities and other actors to understand and implement the requirements. The duties and requirements to ensure the well-being of children are included in both the Child Protection Act (CPA) and the SWA, but the relationship between them is not clear. Specialists in other areas of life (healthcare professionals, education and youth workers) do not have an unambiguous understanding of their role in ensuring children's welfare and their duty to cooperate²⁷.
20. According to the CPA, which entered into force in 2016, the organisation of preventive measures is the responsibility of the state and local authorities, and in local authorities it falls largely on CPW. In the CPA, prevention is set out in general and declarative terms, but there is no proactive obligation or framework for local authorities to organise prevention and no common understanding of the duty to cooperate. Although prevention is seen as an important part of child protection work at the level of the local authorities, CPWs often do not have the time to do it and they often respond to problems instead of preventing them. Local authorities on their own are also too small to ensure comprehensive and high-quality prevention and child protection work at the same time.
21. The current description of the duties of local authorities in the CPA does not allow for a uniform understanding of the content of the tasks, the purpose of their performance and the expected result. This also makes it difficult for the state supervision authority (SIB) to control the activities of the local authorities. These problems, combined with a lack of resources, do not currently allow the SIB to carry out effective administrative supervision of the local authority's child protection tasks. This, in turn, allows regional disparities to persist, directly affecting children's rights and welfare.
22. It is positive that several analyses on the quality and processes of child protection work were carried out between 2020 and 2022, and they led to the start of the child protection reform in 2023²⁸.
23. The Rules for Good Legislative Practice and Legislative Drafting do not require assessment of the impact of legislation on children, and impact assessments do not suggest that the effects, consequences, or lack thereof a decision on children and families should be highlighted.

Comprehensive policy, strategy and coordination

24. The Welfare Development Plan 2023-2030²⁹, which focuses on promoting parental education, creating a more family-friendly environment, and reforming the organisation of child protection, was approved. At the same time, a new Development Plan for Children and Families was not drafted, but the topics integrated alongside other areas and several important topics, including child participation, were lost. The Misdemeanour Prevention Council and the Child Protection Council were abolished as separate governmental committees and a new Prevention Council was created and tasked with cross-sectoral prevention, including child welfare and child

²⁷ [Ministry of Social Affairs](#) (2023a)

²⁸ [Ministry of Social Affairs](#) (2023a)

²⁹ [Ministry of Social Affairs](#) (2023b)

- protection. The topics concerning child protection and the rights of the child could be dissolved in the multiplicity of topics in both the Welfare Development Plan and the Prevention Council³⁰.
25. Over the last decade, there have been significant changes in the organisation of child protection in Estonia, both at national and local level. One of the innovations introduced by the CPA, which entered into force in 2016, is that the SIB was given the task of implementing national child protection policy and supporting local authorities in solving child protection cases. At the same time, CPWs have pointed out that it can be difficult to involve the SIB, because there is sometimes a lack of trust between them. CPWs feel that their workload increases with the involvement of the SIB, and that the support they receive is mostly theoretical and does not always contribute to their practical work.
 26. The main problems in child protection work are the fact that the process and its components are not sufficiently distinguished, the lack of an analytical approach to the assessment of the need for help. CPWs want their workload to be regulated. According to them, the current guidelines – one CPW per 1,000 children in a region – do not support the work of CPWs and do not allow to thoroughly delve into each case, because the workload is too large³¹. CPWs identified several problems that should be solved in the child protection system. The level of the salaries, poor reputation, and the lack of understanding in society, the network and the community of what child protection entails.³²³³

Allocation of resources

27. The support for hobby activities allocated to local authorities was reduced from 2022 onwards. Objections to the cuts were made by youth organisations, the Association of Estonian Cities and Rural Municipalities and the EUCW, who referred to the recommendations made by the UN Committee on the Rights of the Child (2017) that impact assessments of cost-cutting measures should be carried out in areas related to the rights of the child.
28. In international terms, Estonia stands out with its good financial performance – in 2021, 1.3% of Estonian children lived in absolute poverty, and according to the EU Deprivation Index, 6.4% of children under the age of 18, i.e. 16,300 children, lived in deprivation in Estonia in 2020. The analysis of children vulnerable to poverty shows that, compared to all children in Estonia, the index is higher for children with disabilities (17.5% in 2019), Russian-speaking children (10.3% in 2020) and children growing up in single-parent households – the deprivation rate among these children was 14.1% in 2020. These poverty risks can also exist at the same time – for example, quite a lot of disabled children live with a single parent (17.8% of disabled children in 2019).
29. From the viewpoint of reducing child poverty, increasing child support has helped. In 2023, family allowances were increased, and the maintenance allowance will also increase from 2024. The decisions to amend family allowances were revised several times and the allowances for families with many children, which were increased at first, were reduced again. However, the allowance increased by EUR 150 compared to 2022, further increasing the unequal treatment

³⁰ [EUCW \(2022b\)](#)

³¹ CPWs believe that a reasonable workload would be one CPW per 500 children in a region.

³² If a family is approached by a worker, people immediately fear that the child will be taken away and the willingness to accept help is low.

³³ [EUCW \(2018\)](#)

of families with 1-2 children. These policies did not provide families with security, safety or stability.

- *Establish better links between the CPA and specific sectoral laws.*
- *Develop a comprehensive cross-sectoral policy on the rights of the child.*
- *To obtain a comprehensive and diverse overview of the welfare of children, the situation of children and families in and across different areas should be monitored, and the efficiency and impact of policy measures assessed.*
- *Give more attention to prevention and early detection, and allocate resources for consistent prevention. Establish a cross-sectoral cooperation format to coordinate more targeted and interlinked activities in the health, social and education sectors.*
- *Allocate dedicated resources to recruit more CPWs, increase the qualifications and competences of child protection parties and the quality of interventions, including systematic cooperation with universities and other research institutions.*
- *Reduce the disparities between local governments in the remuneration of child protection workers and give more attention to motivating and supporting child protection workers both in their daily work and in crisis situations. The purpose of child protection needs to be explained in society on broader scale and the reputation of child protection workers must be improved.*
- *It is necessary to contribute to promoting multidisciplinary cooperation. Improve the knowledge and skills of specialists working with children, including employees of law enforcement authorities.*
- *Make the assessments of the impact of austerity measures in areas directly and indirectly related to children's rights mandatory.*
- *In addition to the legislative amendment (changing the age of consent for sexual self-determination and marriage), there is a need for a wide range of communication (both children and adults, in the appropriate channel and language for each target group, including child-friendly or simplified language). In outreach, it is necessary to pay attention, among other things, to the gender-based approach, i.e. boys need special attention. Sexual education, training of specialists, but also wider provision of parental education are essential to prevent abuse.*

Data collection

30. Child-centred statistics are still scarce in mainstream statistics, data related to children are fragmented and there is little data on children's participation, their own assessments and opinions.
31. It is positive that a large part of the statistics and studies related to the rights of the child can be found in aggregate on the Chancellor of Justice's website. The collections "Children in Estonian Society"³⁴ and "How Are You, Estonian Child?" were published³⁵ and a follow-up survey on children's rights and parenting was carried out.³⁶
32. Data on registered crime is compiled and published annually by the Ministry of Justice, and surveys and analyses have been carried out. The number of offences committed by minors has decreased in the last two years (2021: 4,187, 2022: 4,177). The quality of statistics on violent

³⁴ [Office of the Chancellor of Justice](#) (2021)

³⁵ [Soo, Kutsar](#) (2020)

³⁶ [Anniste et al.](#) (2018) follow-up study will be carried out in 2023/2024

crime and procedural data needs to be improved and made more accessible to increase the role of data in criminal policy planning. However, the recidivism rate of juvenile offenders has not been studied and there is still no comprehensive overview of the number of children with one or both parents in prison, and these children as in need of assistance do not get automatically detected by child protection. It is assumed that there may be around 3,000 children for 2,300 detainees in Estonia.

33. Social work information systems and technological tools are lagging in many areas and the state aims to modernise these tools³⁷. The STAR system for CPWs has not provided a comprehensive overview of a family's situation, has not included the possibility to assess a child's initial need for help, and has not provided the necessary assessment tools³⁸. In addition, network members do not have access to the documents and information included in STAR. Also, STAR does not support rapid collection of information, and it can take significantly longer than the required 10 days for initial information to be gathered³⁹.
- *Develop a comprehensive information system covering all areas of the Convention, to be used as a basis for analysing and developing policies to ensure the rights of the child.*
 - *Develop indicators to monitor the realisation of children's rights to target children's well-being indicators and monitor the changes in them.*
 - *Improve statistical data collection principles (including harmonisation of definitions and classifications across different information systems) and database integration. This should include the systematic collection of data on all children in need of assistance, including children of parents in prison.*

Independent monitoring

34. There is no simple and effective way for child protection service recipients to provide feedback and lodge complaints with the local authority. The child is at the centre of child protection work, so feedback must be child-friendly and children must be given an age-appropriate and convenient way to express their views. Currently, local authorities have different practices for dealing with feedback and complaints, and there are local authorities where a complaint against a CPW is resolved by the CPW themselves⁴⁰.
35. The current organisation of state supervision does not ensure compliance with the requirements of the CPA in childcare institutions. Under the CPA, one of the tasks of the SIB is to carry out state supervision of private institutions, legal entities and natural persons in respect of compliance with several requirements of the CPA, including the best interests of the child, notifying about a child in need of assistance and requirements for children's institutions. For some requirements (e.g., proceeding from the best interests of the child, notifying about a child in need of assistance), supervision in individual cases is not particularly effective, but the existence of relevant codes of conduct and processes in the childcare institution should be checked, but there are currently no such requirements in the Act. In addition, the SIB should monitor compliance with the requirements of the CPA (including the performance of an internal

³⁷ [The Welfare Development Plan 2023-2030](#) of the Ministry of Social Affairs identifies knowledge-based design of policies for children and families and the use of visible data about and from children in routine statistics as one of the challenges ahead.

³⁸ [Civitta \(2022a\)](#).

³⁹ *Ibid.* 25% of CPWs have encountered cases where critical information has not been received in time.

⁴⁰ [Ministry of Social Affairs \(2023a\)](#)

assessment in children's institutions) in education and health care institutions, while these sectors have their own control systems – the Ministry of Education and Research supervises schools, while the health sector has its own service quality management system in place. In practice, a situation has developed where there is essentially no state supervision of compliance with the requirements of the CPA in education and healthcare institutions, as the SIB does not supervise these institutions and the corresponding task has not been clearly assigned to the supervisory authorities of other sectors.

- *Create a simple and effective way for child protection service beneficiaries to provide feedback, including child-friendly ways to express their views.*
- *Harmonise and organise an effective state supervision system for compliance with the requirements of the CPA in children's institutions, including education and health institutions.*

Dissemination, awareness raising and training

36. The number of calls to the child helpline has increased (8,217 in the first half of 2023, which is 688 (9%) more than in 2022)⁴¹. The number of recorded violent crimes (including those against children) has also increased in recent years, suggesting, among other things, that people are reporting such crimes more often and that violence is noticed more than before.
37. CPWs say that health care professionals and educators should do more to report child protection cases. CPWs do not have the time to work on prevention and early intervention while working on cases, and therefore cases of children in need for assistance come to their attention too late.
38. Comparing the results of the study Child's Rights and Parenting in 2012⁴² and 2018⁴³, there has been no increase in the proportion of adults who have heard about the rights of the child and the share of children who have heard about the rights of the child has decreased a little. In 2018, 75% of adults and 70% of children had heard of the rights of the child, but they were not always aware of their nature.
39. Most adults are prepared to help a child in need of assistance, but their willingness to help (or seek help for) a child depends very much on the specific situation, and there is often a lack of knowledge about how to behave in a certain situation⁴⁴. People are the least likely to see the need and interfere in situations where a parent is punishing their child physically or humiliating them.
40. The Office of the Chancellor of Justice organised a training course (2022) for Estonian probation officers, prison officers and CPWs and, as an initiative of the EUCW in cooperation with the Prisons Department of the Ministry of Justice, materials for children and parents whose family member is in prison were gathered to the website vangla.ee.
41. EUCW in cooperation with the Child Welfare Department of the SIB and the Ministry of Social Affairs, has been organising a summer school for CPWs (since 2019) and will continue with the seminars to them (since 2013).
 - *Inform society more about the rights of the child, including introduce the CRC to both adults and children (including in Russian), using channels suitable for different target groups.*

⁴¹ Statistics from Lasteabi.ee

⁴² [Karu et al.](#) (2012)

⁴³ [Anniste et al.](#) (2018)

⁴⁴ [Anniste et al.](#) (2018)

- *Train and raise awareness among health professionals and educators of the duty to inform about children in need and in distress. Promote multidisciplinary cooperation.*
- *Work to prevent violence and facilitate access to victim support. Attention needs to be given to reducing stigmatisation (especially in the case of sexual violence) and raising awareness in society, as well as coordinating cooperation between support services for victims.*
- *Increase funding for more efficient and faster processing of sexual crimes against children, enhance cooperation between officials and increase the capacity of police, education, child protection, youth work and health care professionals.*

Cooperation with civil society

42. Cooperation with civil society has evolved from short-term funding to a multi-annual strategic partnership. The partnership has supported the activities of large NGOs, but left small and starting organisations in a difficult position. The project “Computer for every schoolchild” (EUCW) started as a citizens’ initiative during the COVID-19 pandemic and is a good example of the cooperation of the private, public and non-profit sectors for the benefit of children.
43. The recent practice of involving the organisations operating in this field in legislative drafting have been rather illusory – legal amendments have been made in haste (no legislative intent, no impact assessments), laws have been reversed, and the good practice of involvement has repeatedly not been followed, when the deadlines for expressing an opinion on the legislative intent of bills were 3-4 days⁴⁵.
 - *Ensure transparent and inclusive legislative drafting through public dialogue, with children and NGOs working for the rights of the child.*

C. General principles (Articles 2-3, 6 and 12)

Non-discrimination

44. In the process of creating a new EU youth strategy, Estonian young people highlighted the need to give more attention to equal treatment in society, with 81% of respondents considering the issue of inequality in Estonian society to be important⁴⁶.
45. In 2023, cases of abuse of children with disabilities at Rakvere Lille Home (CCI) came to public attention, which raised the question of whether, after the abuse had occurred, discrimination on the basis of the disability of the victims had taken place in respect of the support of the victims by various institutions, including during criminal proceedings and in court proceedings when agreements were made and sentences were imposed. The Chancellor of Justice made proposals to the Riigikogu⁴⁷.
46. From the viewpoint of persons with disabilities (including children), it is important that the scope of the act is harmonised so that discrimination on the grounds of disability is prohibited to the same extent as discrimination on the grounds of nationality (ethnicity), race and colour. The Equal Treatment Act has still not been amended^{48,49}. The activities related to the adoption of the act have continued in 2023.

⁴⁵ Draft Amendments to the Family Law Act and Other Acts Related to this Act

⁴⁶ Estonian National Youth Council (2017, 2018). It was also considered important to give more attention to the consequences of being online and to young people’s mental health.

⁴⁷ [Chancellor of Justice](#) (2023)

⁴⁸ [Habicht](#) (2022)

⁴⁹ [Estonian Chamber of Disabled People](#) (2018).

47. During the COVID-19 emergency in 2020, a coping allowance for parents of children with special needs was created to provide a replacement income for those parents of children with special needs who had a valid employment contract but had to take temporary leave from work due to the closure of educational establishments. To be eligible for the allowance, the parent had to be on unpaid leave according to the employment register or the performance of his or her contract under the law of obligations had to be suspended⁵⁰.
- *Develop a broad strategy to raise awareness and reduce discrimination.*
 - *Harmonise the scope of application of the Equal Treatment Act so that discrimination on the grounds of disability is prohibited to the same extent as discrimination on the grounds of nationality (ethnicity), race and colour.*
 - *Give more attention to increasing accessibility for children and preventing obstacles on children's daily journeys, such as from school to home.*
 - *Consider the stipulating the imposition of a lifetime ban on working with children in the CPA also in cases of physical abuse where the act was committed against a minor repeatedly or systematically.*
 - *Consider the creation of a new penal norm. Namely, should the abuse or systematic humiliation (e.g. by creating fear, anxiety and a feeling of inferiority in victims) of a person in a defenceless or helpless position also be punishable?*

Best interests of the child

48. Every year, the courts settle thousands of disputes between parents, so there are thousands of children growing up in Estonia whose lives are affected by the court battles between parents⁵¹. The Chancellor of Justice has received several reports of parents failing to put their differences aside and put the best interests of the child first when deciding on living arrangements⁵². Disputes between divorcing parents have worsened the relationship of the parent, who lives separately from the family, with the child, and children of divorced parents have also expressed their wish to meet the separately living parent more often⁵³.
49. In 2023, a case was brought to public attention when the Estonian legal system failed to enforce court judgments in child custody and access cases. The case, which was also brought before the European Court of Human Rights, degenerated into a dispute between the children's parents that has not been resolved for almost nine years. When the court determines the conditions of custody and access, it proceeds on the assumption that all the persons concerned will comply with them, and in practice, the possibility of using the coercive power of the state in enforcement proceedings relating to children has never been used, which in this case has failed to guarantee the right of the child to meet or communicate with his or her parent and to put his or her best interests first.

⁵⁰ [Ministry of Social Affairs](#) (2020).

⁵¹ In 2020, the courts settled 1,098 disputes over rights of access and custody and 2,472 disputes over maintenance.

⁵² [Madise](#) (2022)

⁵³ [Anniste et al.](#) (2018) 41% of children felt that they see their separated father often enough and 41% would like to see him more often. 3% of children would like to see their separated father less often and 15% did not want to see their father at all (the sample was too small to provide data on separated mothers).

50. To alleviate the situation, the state launched a family support service in 2022. In the first year (01.09.2022-01.09.2023)⁵⁴ there have been 683 referrals (including 149 court orders). The charity project “Good advice for families with children” of the EUCW and the Estonian Bar Association has been continuously operating for 13 years and provided free legal advice to more than 2,000 people in need.
51. Prisons have been forcing all children who come to the prison to meet their parent directly to fully undress for a search. The Chancellor of Justice has repeatedly stated that such a large-scale search of children is excessive and unacceptable⁵⁵. In 2022, the Tallinn Circuit Court (Case No 3-21-161) found that prisons had misinterpreted the scope of the rules on the basis of which children entering prisons were searched and that the activities of prisons in searching children had not been proportionate⁵⁶.
52. There are a number of unresolved issues related to the citizenship of children living in Estonia (e.g. a child may remain stateless if parents renounce their Estonian citizenship even though it is not possible to apply for the citizenship of another country for the child; the amendments adopted in 2016, which made it easier for children to obtain citizenship do not apply to children aged 15-17 who can only apply for citizenship on the general basis), which require a solution that takes into account the best interests of children.
- *Ensure that families with children have access to a range of counselling, mediation and therapy services, as well as improve the effectiveness of child support collection.*
 - *It is necessary to increase access to free public legal aid, including in Russian. The path to help must be simple and accessible (including child-friendly and simplified facilities, channels).*
 - *Establish a functioning system for ensuring the enforcement of the child custody rulings made by the court, considering the good practice of other countries.*
 - *Establish clear guidelines and train prison officers on child-friendly behaviour and communication with children visiting their parents. Inform both child protection and law enforcement specialists about the importance of communication between an incarcerated parent and the child.*

Respect for the views of the child

53. It is positive that children are asked for their opinion and it is recognised increasingly more⁵⁷⁵⁸, including the Minister of Social Protection consulted with organisations working with children and young people on both mental health and sexual self-determination⁵⁹.
54. Studies have shown that some children lacked personal experience in communicating with a CPW, which means that the child’s opinion has not been considered in the decision-making process. A survey of children in AC⁶⁰ also revealed a low level of substantive involvement of children. Children and their families feel that child protection work is not transparent and that there is a wide disparity in positions of power. Surveys of CPWs⁶¹ suggest that child participation

⁵⁴ Ministry of Social Affairs (2023), including 165 parenting agreements issued (33% of completed procedures) and 253 children whose parents have a parenting agreement.

⁵⁵ [Chancellor of Justice \(2020a\)](#), [Chancellor of Justice \(2019\)](#)

⁵⁶ [Žurakovskaja-Aru \(2022\)](#)

⁵⁷ [Saarnik, Sindi \(2021\)](#)

⁵⁸ [Telia \(2020\)](#)

⁵⁹ [Ministry of Social Affairs \(2021\)](#)

⁶⁰ [Saarnik, Sindi \(2021\)](#)

⁶¹ [Lauri, et al. \(2021\)](#)

- in the assessment process is passive rather than active. The assessment of a child's need for assistance, ascertainment of the child's opinion and the documentation of the child's situation are still superficial, and the interviews with children are not thoroughly targeted and analysed. There are several reasons for this: time constraints, large caseloads, lack of skills to interview younger children in particular, fear that talking about 'difficult' topics might harm the child⁶².
55. According to an analysis of in-service training by the NIHD, 110 more CPWs no longer worked in child protection in 2018 compared to 2017⁶³. Although specialists working with children in the social field are successfully trained and a lot of attention has been paid to listening to and involving children, the high turnover of staff makes it difficult to guarantee that all specialists have received training, and further efforts are needed to train specialists.
 56. The child's participation in decisions related to his/her health and treatment causes confusion⁶⁴ and whether parents should be informed about a child's appointment is a difficult question for health care professionals⁶⁵. If the child is capable, in the opinion of the health care professional, of responsibly weighing the pros and cons of his or her own health or of a treatment procedure, the provision of health care and the disclosure of related data must in any case be based on the child's consent, not that of the parent⁶⁶ (At present, different practices are used to assess children's discretion in different health matters and there is no clear understanding of the extent to which children's own discretion should be exercised in different health-related matters. From a health point of view, there is also no age limit in Estonia at which a child has full autonomy over his or her own health. According to some health professionals, children do not have an actual right to make decisions about their own health, as children under the age of 18 are not considered adults by law, and up to that age it is the parents who legally make decisions for children.
 57. There is a significant number of parents who think that involving children means giving them unlimited freedom (21% of adults either agree or strongly agree with this statement) and fear that the respect of children for adults will disappear (25% of adults). 34% believe that if children make their own decisions, adults will lose their ability to protect and guide them.
 58. However, there are many children who do not belong to representative organisations and whose voices do not reach decision-makers. The results of the study⁶⁷ completed in 2020, showed that the involvement of children and young people depends to a large extent on the size of the local authority, its financial capacity, the availability of supportive adults and how open the local authority is to the participation of children. Another problem is the lack of information on how to participate. Even very active young people feel that their involvement is often rather formal and ostensible (no one asks for their opinion, they are considered too young, live too far away

⁶² Toros, Falch-Eriksen (2021)

⁶³ Ibid.

⁶⁴ [Krusell et al.](#), (2020)

⁶⁵ [Haap Consulting OÜ](#) (2020)

⁶⁶ [Anniste et al.](#) (2018) 70% of children and only 61% of adults considered this one of the rights of the child.

⁶⁷ [Haljasmets, et al.](#) (2020)

⁶⁸ [Law of Obligations Act](#) § 766 (4).

⁶⁹ [Lang et al.](#) (2020)

from the centre, don't speak Estonian well enough, or they have a health problem that is a barrier).^{70 71}

59. In 2023, children will also prepare an overview of the situation of children's rights in Estonia for the Committee on the Rights of the Child (ambassadors for the rights of the child of the EUCW under the leadership of the Office Chancellor of Justice).
60. In 2022, the European Congress of the ISPCAN (International Society for the Prevention of Child Abuse and Neglect) held in Estonia also hosted a youth forum under the auspices of the young people of the EUCW. Young people found that expressing an opinion should be commonplace for children and children should be taught how to express and argue an opinion so that they can have a better say in policymaking.
 - *Increase the influence of children and young people in shaping society, promote the participation and involvement of children and young people in various decision-making processes and environments, giving more attention to the inclusion of socially excluded children and children with fewer opportunities.*
 - *Train professionals working with children and young people about the child's right to participation and best interests.*
 - *Develop supporting guidance materials for assessing the discretion of the child and increase outreach in the area of health.*
 - *Ensure sustainable funding for different forms of participation of children and young people, including special attention to vulnerable target groups.*

D. Civil rights and freedoms

61. According to the Police and Border Guard Board, four children (aged 9, 7, 5 and one) stayed in the detention centre in 2017, five children (aged 16-17) in 2018 and one child (aged one) in 2019. No minors were detained in the detention centre in 2020 (as at 01.12.2020). In recent years, courts have changed their practice and generally refused to authorise the detention of minors. However, there have been a few isolated cases of detention.
62. The question of how to enter a child's details in the population register has risen if the child was born at home and does not have a medical certificate of birth issued by a maternity hospital or a midwife trained in home birth. A temporary solution to the problem is provided by case-law⁷².
63. There is the phenomenon of 'phantom children', where the child's place of residence is not registered with the local authority, the child does not go to local school, does not meet or interact with local peers. Many refugee parents do not have enough trust in the education system and therefore do not enrol their children in the school system (see I. Special protection measures). According to the UNHCR survey (2022, 550 participants) carried out by the Estonian Refugee Council, 8% of families with a child of school age do not have at least one child in school. As a result, neither the local authority nor the state can provide the necessary services for these children, which may exacerbate their special needs, affect their mental health, and reduce their prospects for adaptation and integration⁷³.

⁷⁰ [The Chancellor of Justice](#) (2015). Report on the implementation of the UN Convention on the Rights of the Child

⁷¹ [Anniste et al.](#) (2018)

⁷² Tallinn Administrative Court, case 3-21-2840

⁷³ Saar (2023)

- *The legal provisions concerning the registration of births should be systematically reviewed.*

E. Violence against children (Articles 19, 24 (3), 28 (2), 34, 37 (a) and 39)

Freedom of the child from all forms of violence

64. In the last seven years, Estonia has ratified or transposed most of the main international instruments on the prevention of violence: Council of Europe Conventions on Action against Trafficking in Human Beings, on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), on Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention), the EU Victims' Rights Directive and the Directive on Procedural Safeguards for Children who Are Suspects or Accused Persons in Criminal Proceedings.
65. The CPA sets out a general definition of child protection (§ 10) and the institutions dealing with child protection but does not include the criminal justice system. However, the Violence Prevention Agreement 2021-2025, which calls for cooperation between the different agencies dealing with domestic violence (DV), provides for cooperation at both national and agency level. At the same time, this agreement also does not specifically address the treatment of children who have witnessed DV in the justice system. A new Action Plan for Prevention of DV 2024-2027 is being prepared and it will focus on prevention.
66. Although physical punishment of a child is prohibited by law, a 2018 survey⁷⁴ found that only 36% of parents considered physical punishment to be violence against children and 42% considered physical punishment to be necessary at some point. Such behaviour is also supported by societal attitudes, as a large share of both adults (42%) and children (28%) consider physical punishment of children in certain situations as a necessary and understandable course of action⁷⁵.
67. The number of registered cases of DV in Estonia is high (2017: 2,632 cases, 2018: 3607, 2019: 4119, 2021: 3760, 2022: 32,44 cases). According to police data, 26% of DV crimes in 2021 involved children, where the child was a victim or witness to the crime, while more than 6,000 children were involved in cases of DV. Around 900 of them are victims in such cases themselves, around 100 are witnesses, and a very large share are eyewitnesses to DV. In 2021, there were more than 5,115 such children.
68. The Code of Criminal Procedure makes a distinction between the rights of witnesses and the rights of victims. Support under the Victim Support Act focuses primarily on the needs of the victim of the crime, and specialised services are available to children who have witnessed an DV if the regulation of the Victim Support Act is interpreted to include children who have witnessed an DV. In Estonian criminal law, a child who has witnessed DV does not qualify as a victim (Penal Code § 121 (2)).
69. The state has placed the obligation to help a child who has witnessed DV primarily on the child protection system of the local authority, although there is no guarantee that the measures taken to assist the child will also cover the needs arising from the child witnessing DV and that children

⁷⁴ [Anniste et al.2018](#))

⁷⁵ Physical punishment of children is tolerated and understood more than violence between adults.

who have witnessed DV will receive adequate information and support in civil proceedings⁷⁶. Access to psychological and psychiatric care for children remains a major problem (especially in Ida-Viru County and for the Russian-speaking population)⁷⁷.

70. International studies show that Estonia is one of the countries with a higher than average number of children exposed to bullying⁷⁸. According to the results of the survey in 2018⁷⁹, approximately 70% of Estonian 10- and 12-year-olds and 78% of 8-year-olds had been hit, mocked and/or excluded at school at least once in the past month.
71. There are significant gender differences in bullying at schools. Boys are considerably more likely than girls to have been hit and mocked in every age group⁸⁰. Among pupils with special needs, the share of bullying victims is around twice as high as among pupils without special needs. There are also more victims of bullying among pupils in Russian-language schools than in Estonian-language schools. In addition, the results of the 2018 survey⁸¹ showed that students belonging to sexual minorities are also more often bullied (including by teachers). Russia's military aggression against Ukraine has also created massive tensions in schools and they have led to children being bullied based on their nationality and views.
72. The concept of a bullying-free education was created in Estonia in 2017 in cooperation with initiatives related to bullying prevention and the Ministry of Education and Research, and targets related to bullying prevention were set. Anti-bullying and social coping skills training programmes, such as KiVa, VEPA, "Kiusamisest vabaks!" [Free from bullying!], "Vaikuseminutid" [Moments of Silence], support student programme TORE, etc. are implemented in schools with the funding of the Ministry of Education and Research. In 2020, 72% of general education schools and 95% of kindergartens implemented such programmes⁸².
73. However, different schools may have different approaches and methods, which are not part of any of the programme of the Coalition. Also, not all schools may consciously prevent bullying at all⁸³. Monitoring is often carried out by prevention programme teams rather than the school itself. Approximately 30% of respondents do not use any preventive bullying-free education programmes and Anti-bullying programmes are often perceived as optional extra activities and a burden.
74. Parents are worried about their children's screen time and their children's online safety⁸⁴. More than half (55%) of parents think their child spends too much time in front of a screen in their free time. The Estonian Youth Sexual Health Survey⁸⁵ found that 30% of young people who have had sexual intercourse have had intercourse with a partner they met on the Internet or a mobile app.

⁷⁶ Interviews with specialists highlighted the poor legal knowledge of the parties involved in the child protection system of the local authorities. The capacity to provide child protection assistance is linked to a variety of factors and the overall quality of child protection is variable.

⁷⁷ [EUCW](#) (2015) Additional report on the UN CRC

⁷⁸ [Oja](#) (2020), PISA (2018).

⁷⁹ [Statistics Estonia](#) (2019)

⁸⁰ The biggest differences were in the responses of 10-year-olds: 25% of boys had been hit more than three times in the last month, compared to 9% of girls.

⁸¹ [Estonian LGBT Association](#) (2018) 68% of LGBT+ students have experienced mental abuse in the past year because of their sexual orientation, gender or gender expression.

⁸² [Kendrali, et al.](#) (2022)

⁸³ Ibid.

⁸⁴ [Anniste et al.](#) (2018)

⁸⁵ [Lõhmus et al.](#), (2023)

75. Since autumn 2010, the Estonian Safer Internet Centre has been running a project called Safer Internet – Smartly on the Web, which is implemented by four organisations: EUCW, the Estonian Education and Youth Board, SIB (child helpline 116111) and Tallinn University of Technology. Internet safety training sessions and workshops for children from kindergarten, pupils, parents and teachers are organised within the scope of the project. The project cooperates with educational institutions, public authorities and private companies.
76. The EU KIDS ONLINE (2018)⁸⁶ survey indicates that 23% percent of the participating children had experienced bullying within the past 12 months, 67% of them specifically online, but almost a third of the children unfortunately do not tell anyone about their experience. The 2020⁸⁷ found that 45% of 16-26-year-olds had experienced at least one type of sexual abuse online in the past year.
77. About 70% of Estonian children feel confident and safe online, and most of the respondents believe that they know what to do if someone misbehaves online. According to a survey conducted at the end of 2022, children in Estonia are afraid of having their passwords stolen online (43%) and of their pictures and videos being shared without their consent (37%)⁸⁸. The survey shows that 10% of respondents have received unsolicited sexual images, videos or messages.
- *Data and research are needed to better understand the nature of different types of violence, to assess trends becoming a victim of violence, how and for whom interventions work, and how to improve the quality of violence prevention and response.*
 - *Increase the scale of prevention of violence against children by promoting positive, non-violent and child-inclusive parenting methods.*
 - *Systematically promote awareness among children and parents of the various risks associated with the use of the Internet and digital communication tools.*
 - *Better communication and awareness-raising of victim support services in society is needed. Ensure needs-based victim support services for children who have suffered or witnessed DV.*
 - *Strengthen measures to combat different forms of bullying, including improving the capacity of teachers, school staff and students to cope with diversity and resolve conflicts.*
 - *Allocate resources consistently to create a safe and developing learning environment for all, including children and young people with special needs, at all levels of education, starting from kindergarten. This includes training, adapting the necessary learning environment, supporting anti-bullying programmes.*

Sexual exploitation and abuse

78. According to the Ministry of Justice (2023)⁸⁹, 530 sexual offences involving minors were registered in 2022, representing 86.46% of all registered sexual offences. Of these, 46% are committed by a family member or relative. The number of sexual offences involving a minor victim was 363, of which 82 were rapes. Of these, 250 were non-contact sexual offences involving a minor victim, 88% of which were committed online or using information technology tools.

⁸⁶ [Telia](#) (2018)

⁸⁷ [Hillep, Pärnamets](#) (2020)

⁸⁸ [Nordstat](#) (2022)

⁸⁹ [Kriminaalpoliitika.ee](https://kriminaalpoliitika.ee)

79. According to the 2020 survey⁹⁰, approximately half of young people aged 16-26 have not told anyone about being a victim of sexual abuse⁹¹, with very few cases (2%) reported to the police. 13% were aware of the existence of the children's house service established in 2017 and 57% of young people knew about the sexual violence crisis support centres established in the same year.
80. One of the activities of the project "Estonian Safer Internet Centre – Smartly on the Web" is to prevent the spread of material that depicts the sexual abuse of children. EUCW operates the web-based Hotline service for this purpose, giving internet users the opportunity to report any material depicting the sexual abuse of children that is shared online⁹². Hotline is actively cooperating at national and international level to remove such material from the Internet.
- *More should be done to raise awareness and change attitudes that lead to sexual violence. Disseminate information on opportunities to receive advice and assistance.*

F. Family environment and alternative care

Family environment

81. A number of changes have been made in Estonian law from 2015-2023 that concern families and children's living arrangements (increase in child benefits and maintenance allowance, support for families with many children, amendments to the SWA on AC, and changes to the calculation of care leave for parents with young children), which have favoured the provision of family-centred AC, a more equal division of work and family life between fathers and mothers, and better relations between children and both parents.
82. The well-being and prospects of children and families are strongly influenced by their material security. According to Statistics Estonia, 10.2% of families with one child, 9.6% of families with two children and 5.3% of families with three or more children were in relative poverty in 2021. Single-parent families accounted for 29.2%. The indicators of Ida-Viru are more than twice as high as the respective indicators in Harju County. There are approximately 9,000 children with disabilities. The analysis of children vulnerable to poverty shows that, compared to all children in Estonia (6.4% in 2020), deprivation is higher among children with disabilities (17.5% in 2019)
83. The problem has been the current procedure for payment of care allowances, which is unfair to families with young children. EUCW⁹³ and the Chancellor of Justice⁹⁵ have repeatedly pointed out that parents lose out multiple times on the daily care allowance when their parental leave ends⁹⁶, as no social tax is levied on the parental benefit and the calculation is based on the minimum wage. Single parents are particularly vulnerable, with no alternative to having another parent stay on care leave with the child. However, it should also be taken into account that,

⁹⁰ [Hillep, Pärnamets \(2020\)](#)

⁹¹ In almost a third of cases, the reason was shame, and nearly a fifth of victims did not think what happened to them was wrong. A tenth of victims said they did not know who to talk to or who to turn to.

⁹² The Hotline received 2 199 reports from 2021 to June 2023, of which 1,109 contained information about an online environment where child sexual abuse was shown.

⁹³ [EUCW \(2022\)](#)

⁹⁴ [Saar \(2022\)](#)

⁹⁵ [Chancellor of Justice \(2017\)](#)

⁹⁶ For example, the minimum rate in 2021 was €19.47, but if we look at the income of a parent by the average amount of parental benefit, their daily rate would be EUR 37 (women) or EUR 47 (men), which is 80% of their daily income.

according to Statistics Estonia, 32.7% of single parents experienced relative poverty in 2022⁹⁷. In 2023, a draft proposal was launched that offers a long-awaited solution to a problem.

84. In Estonia, around 4,000 people go to court every year with various child-related issues. Parental disputes over the child's place of residence, access and maintenance are a growing problem. In 2020, 2,472 applications for maintenance were filed with the county courts, while 1,098 petitions were filed with the county courts in matters concerning parental rights and the regulation of access to the child. As at March 2020, there are around 8,000 parents in enforcement cases who owe maintenance totalling more than €33 million. The number of child support orders has also increased – in 2020, 518 children were awarded child support during court proceedings and 5,503 during enforcement proceedings.
85. The limited knowledge of parents about child development and poor parenting skills can be one of the reasons why families experience problems. Research in Estonia⁹⁸ shows that parents want more advice and support in raising their children, while for many, attending parenting skills training is not customary or a common practice.
86. However, parents often feel that they are left alone with their concerns when raising their children. According to the study in 2018⁹⁹ just over half (53%) of parents in Estonia have felt that they needed advice and help as a parent but did not know where to turn for help or did not dare to ask for it. Young mothers are the most in need of help and advice on raising children: for example, advice on internet safety, conflict resolution and calming a fussy child¹⁰⁰.
- *Ensure that families with children have access to a range of counselling, mediation and therapy services, as well as improve the effectiveness of child support collection and ensuring a parent's access to their child.*
 - *Support campaigns that promote the rights and welfare of children, non-violent and child-inclusive parenting methods.*
 - *Provide more systematic support for parents and make parenting education training widely available to parents with children of all ages and increase the motivation of parents to develop their parenting skills.*
 - *Support groups vulnerable to poverty, including through access to services.*

Children deprived of a family environment

87. Although the SWA stipulates the obligation to give preference to family-based AC since 2018 and the state has actively contributed to the recruitment of foster families in recent years, there are still 762 children in substitute or children's homes and 154 in foster families. In 2022 a total of 2,319 persons were in AC in Estonia (1,403 children in a guardianship family and 20 children adopted into a new family¹⁰¹). At the end of 2020, 41.6% of children living in substitute and children's homes, 15.1% of children growing up in foster families and 14.6% of children in custody had been diagnosed with a disability¹⁰².
88. There is a shortage of support services, qualified AC providers and special programmes. Placements of children under 3 in families have increased. There are concerns about the length

⁹⁷ Statistics Estonia (2022)

⁹⁸ [Anniste et al.](#) (2018)

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ [Ministry of Social Affairs](#) (2023a)

¹⁰² [Civitta](#) (2022b)

of time children stay in safe houses (in 2021, 233 children were in safe houses for more than one month, 60 of them were under seven years old, 4 young children stayed in safe houses for more than six months). The Chancellor of Justice received information about a child who was brought to a safe house at the age of one month and lived there for one year and seven months)¹⁰³.

89. At the end of 2020, 65% of children in AC were in family-based care. The main form of AC is guardianship families, which comprise more than half of all AC providers (59% in 2020) and most family-based care providers (90% in 2020). At the same time, guardianship families participate least in preparatory and complementary support activities. A particular concern is the lack of appropriate and tailored training and other support measures for grandparents who are guardians. CPWs also admit that they do not have an adequate or complete overview of the guardians in their area and that information often reaches the local authority only when problems have already arisen or when children go from guardianship to aftercare.
90. At the same time with the guideline on preferring family-based care, tension is created among local authorities and families by the situation where there is a simultaneous shortage of families suitable for children and children suitable for the capacity of the families¹⁰⁴. In addition to the shortage of foster families, the attitudes and prejudices of CPWs also act as a barrier to placement of children in families¹⁰⁵.
91. The CPWs of local authorities who responded to the questionnaire¹⁰⁶ pointed out that the types of support most needed by foster families are: training in trauma-informed care, help from family supporters, psychological support, supervision. Emphasis was placed on trauma awareness and the willingness to care for a child who has experienced trauma, sometimes the expectations of foster families are not realistic. It can also be said that the awareness of local and regional authorities about AC could be raised. It was noted that meetings with biological families are difficult – foster families do not have the resources and need support from the local authority, whereas local authorities are used to having meetings organised by the staff in the substitute homes.
92. Due to the increasing number of children with special needs entering AC and the scarcity of family-based service providers, institutions are also often preferred as a first choice, as they may offer better conditions on average for dealing with children with special needs, due to the qualification requirements of the staff, the training and support services provided to them on an ongoing basis, and the supervision they receive, as they are systematically coordinated by state authorities (i.e. the SIB and the NIHD) rather than by each local authority individually. At the same time, the state has set a higher price coefficient for the substitute home service (with the aim of favouring family-based care) and local authorities have said that the current funding does not cover the real costs, especially for children with special needs and children with higher care needs.
93. CPWs highlighted that substitute homes are most in need of psychological counselling and specific training to deal with aggressive children, raise trauma awareness, self-establishment skills, supervision, mentoring, support person services for children, advice on issues related to the children's studies, legal support, support in getting the child to test in case of behavioural

¹⁰³ [Chancellor of Justice](#) (2022)

¹⁰⁴ [Aps et al.](#) (2022)

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

difficulties or special educational needs. In a situation where sexual abuse is more prevalent in institutional care than is known, it is important that staff have a greater knowledge of this, so that they are better able to identify both young people with risky behaviour and potential victims of sexual abuse. The staff at a substitute home receive a lot of training, but they are unable or do not know how to put what they learn into practice.

94. Providers of AC services have highlighted that there is a serious lack of help for children with mental health problems, getting an appointment with a psychiatrist and, if necessary, hospital treatment is difficult and there is a shortage of specialist help for children with addictive disorders. Foster and guardianship families and young people in aftercare also want help with mental health issues. Providing more services to the birth family is also in the interests of the child.
95. Alternative and aftercare services have been organised by local authorities since 2018 and 86% of the local authorities who responded found that the organisation and funding model of aftercare services effective since 2018 support the provision of needs-based services for young people¹⁰⁷. Local authorities, who felt that the new organisation and funding do not support the provision of needs-based services for young people, argued that the start of independent living should not only depend on the age of the young person, but should also take into account their level of development and needs, but that the capacity (including financial and human resources) of local authorities to provide the service varies and therefore it is not always possible to provide the service according to the young person's needs. In addition, representatives of local authorities highlighted the provision of services to young people with disabilities who cannot manage on their own in independent life, but there are long waiting lists for community living and supported work services and there are no schools to which young people with disabilities can be referred.
96. Thus, the quality and availability of aftercare services varies from region to region and depends on the resources of the local authorities¹⁰⁸. For example, it was mentioned that it is difficult to find a place to live that matches a young person's requests and study or work plans. Most local authorities do not have housing to offer, even if they required to do so by law. A few local authorities had funded young people's appointments with a psychologist as part of aftercare, but in more complex cases local authorities also lack practice and skills, resulting in unequal access to services for young people.
97. The value of the coefficient used to calculate the amount of funding to be allocated from the Support Fund to local authorities for the provision of aftercare services was reduced in 2021, because of which the scheme tends to support local authorities with more children and young people in family-based AC. Representatives of local authorities noted that the future direction in their opinion is that local authorities will have to be able to guarantee the resources themselves, which is likely to mean that many local authorities will only provide the services that are required by law, rather than all the services that young people actually need.
98. Local authorities can provide aftercare services for young people under guardianship, but this depends on the financial resources of the local authority, which puts these young people at a

¹⁰⁷ [Civitta \(2022b\)](#)

¹⁰⁸ 38% of respondents noted that the service does not always provide the necessary support for the young person and that in practice, local authority officials are often very busy, and preparation for starting to live interdependently should take place daily with the AC providers.

disadvantage. Young people under guardianship find that they could also have a meeting with a CPW before they start independent living, where they would be told what benefits they can apply for. It was also suggested that the necessary information could also be sent by e-mail.

- *Provide quality family-based alternative and aftercare for children separated from their families. Reduce institutionalisation, including in the case of children under 3 years of age and also in the case of short-term AC, especially in the case of children under 3 years of age.*
- *Continue to increase the share of family-based AC and raise awareness in society.*
- *Train AC service providers (including foster families and guardians) on the principles of trauma-informed care and to ensure the availability of mental health services for children and families.*
- *Establish a well-functioning service for families in special and crisis care, ensure funding and support services for families.*
- *Ensure specialty-based in-service training for specialists working with children in AC (including children with disabilities) and support the application of their knowledge in practice.*
- *Ensure that young people leaving the substitute home service receive support and aftercare tailored to their needs. Raise awareness of aftercare options for young people living under guardianship.*
- *Create suitable aftercare services for young people with disabilities.*
- *Provide guidance on how to support the child's birth family, support services to promote communication between the child and their birth family.*

G. Children with disabilities (Article 23)

99. According to the data of the SIB, there are a total of 10,148 children living in Estonia as at 31 June 2023 whose disability was identified by a decision of the SIB. The average share of children with disabilities among children aged 0-17 is 8%.
100. A disabled child is mainly cared for by his or her parents, in 90% of cases by the child's mother, and 40% of these parents are not working. The survey carried out in 2018¹⁰⁹ found that 62% of parents feel that they are alone, tired and worried, and that they are unimportant in the eyes of the state, while 36% find that coping is difficult. The analysis of children vulnerable to poverty shows that, compared to all children in Estonia (6.4% in 2020), deprivation is higher among children with disabilities (17.5% in 2019)
101. In 2021, the government supported the launch of a reform of the support system for children with special needs, which aims to provide children with faster, more effective and holistic support¹¹⁰. A legal amendment entered into force in 2023, means that data on children with a degree of disability will be sent to local authorities. During the reform, the organisation of support services for children with disabilities was transferred to local authorities, but the state did not help to improve access to these services. Problems exist in practice because not all local authorities assess the needs of the disabled child and his or her family in the same way, i.e. services are not available to all those in need to a sufficient extent¹¹¹ and services are not accessible in rural areas. Over the years, both the Estonian Chamber of Disabled People

¹⁰⁹ [Lahtvee, et al.](#) (2018).

¹¹⁰ [Ministry of Social Affairs](#) (2023a)

¹¹¹ [Ministry of Social Affairs](#) (2021)

(EPIKoda) and the Chancellor of Justice ¹¹²¹¹³ have highlighted problems with the accessibility of support services (including in kindergarten and school settings) ¹¹⁴. The lack or unsuitability of services hinders the participation of parents on the labour market – over 30% of parents caring for a disabled child do not work¹¹⁵.

102. Up to 4% of children with disabilities are excluded from the education system and inclusive education is not sufficiently implemented. The share of these children is the biggest among preschoolers and 16-17-year-olds. Cohesion between the social sphere, education and health persist – parallel plans are drawn up for the same child in need of assistance, where specialists assess the child's needs, but these plans are not synchronised in terms of data exchange, action plan implementation and evaluation of results, making access to help difficult and time-consuming for the child and his or her family¹¹⁶. In practice, there is no comprehensive case management of children with disabilities by any institution and no cross-use of data (except for the fact of determination of disability). As a rule, the role of the case manager must be performed by the families of children with disabilities, in addition to the roles of carer, nurse, supervisor and developmental support. This places a disproportionate administrative burden on families in exercising the rights of children with disabilities¹¹⁷¹¹⁸¹¹⁹.
103. According to the audit carried out by the National Audit Office in 2020, schools and kindergartens do not have enough teachers, assistant teachers or support specialists with the necessary skills, which means that nearly a third of children in kindergartens and a quarter of children in primary schools who need support are not getting the help they need. The services that must be most often provided for children with disabilities are the services of psychologists, speech therapists, special needs teachers and physiotherapists, but the accessibility of services varies from region to region and the shortage of specialists is a concern. The most frequent shortage is of speech therapists, which creates a waiting list of people seeking the service. The number of university places and graduates in post-secondary education will not meet the demand for specialists in the foreseeable future either.¹²⁰
104. As a positive development, the Riigikogu decided in 2019 to significantly increase the disabled child allowances from January 2020. The allowance for a moderately and severely disabled child doubled and the allowance for a severely disabled child tripled. Since May 2021, children with unchanging or progressive conditions can be diagnosed with a disability until the age of 16. Previously, these children also had to reapply for disability every three years, which was a huge administrative burden for families¹²¹.
105. Since 2022, children aged 16-17 with reduced capacity for work will receive aids with the same discount by the state (90%) as disabled children of the same age whose degree of disability has been determined. The threshold for disabled children up to 18 years of age and children with a

¹¹² [Chancellor of Justice](#) (2022)

¹¹³ [Chancellor of Justice](#) (2020)

¹¹⁴ [Estonian Chamber of Disabled People](#) (2023)

¹¹⁵ [Ministry of Social Affairs](#) (2023b). The loss of revenue to the state due to the childcare burden is estimated to reach around €13-18 million in 2025.

¹¹⁶ [Kallaste et al.](#) (2018) 83% of parents surveyed think specialists could cooperate more and help parents.

¹¹⁷ [Estonian Chamber of Disabled People](#) (2018)

¹¹⁸ [Ministry of Social Affairs](#) (2023b)

¹¹⁹ [National Audit Office](#) (2020)

¹²⁰ *Ibid.*

¹²¹ [Habicht](#) (2022)

reduced capacity for work aged 16-17 for receiving an assistive device previously put children with a reduced capacity for work aged 16-17 at a disadvantage compared to disabled people of the same age¹²².

106. In 2017, the government approved a bill that gives parents of severely disabled children the right to apply for cancellation of their student loans by the state from 1 January 2018; until then, parents of profoundly disabled children and persons with no capacity for work had the right to have their student loans cancelled.¹²³
107. In 2019, the SIB changed its previous practice of determining the degree of disability, as a result of which the degree of disability was not established for some children, although it had previously been done. The Riigikogu resolved part of the situation and created the possibility to pay disability allowances in certain cases to children who have not been diagnosed with a disability but who have a rare disease associated with significant additional costs¹²⁴. The public continued to debate the determination of the degree of the disability of a child, whose condition depends on the support of parents to carry out treatment and follow the treatment plan. The Supreme Court made a judgment that makes the identification of a child's disability much clearer.¹²⁵
108. It is still not possible for the state to provide 24-hour services to children with moderate and severe intellectual and behavioural disorders without restricting their freedom and suspending parental rights, as highlighted by the UN Committee on People with Disabilities in its report on the implementation of the Convention¹²⁶.
 - *Develop flexible care services, reducing the burden of care for children and adults with disabilities and enabling their active participation in the labour market and society.*
 - *Guarantee services for children with severe and profound disabilities at the level of state based on the needs of the child and the family.*
 - *Ensure that educational institutions provide the necessary support services for children with disabilities (including the employment of mental health nurses in schools) and learning tools, and upgrade teacher training accordingly.*
 - *Improve access to public services (including education and social welfare) for children with disabilities (including their families). Raise public awareness of the services offered, including in Russian.*
 - *Ensure that victim support services are appropriate for all vulnerable groups of victims and provided in an environment that is safe (and not frightening) for the victim.*

H. Basic health and welfare

109. The National Audit Office notes in its 2022 annual report¹²⁷ that the shortage of health care professionals has become one of the central problems in health care. There is a particular shortage of nurses, psychiatrists, emergency doctors and general practitioners¹²⁸. There are also

¹²²[Ministry of Social Affairs](#) (2022)

¹²³[SIB](#) (2023b)

¹²⁴[SIB](#) (2023c)

¹²⁵[Saarevet, Kalm](#) (2022)

¹²⁶[Committee on the Rights of Persons with Disabilities](#) (2017)

¹²⁷[National Audit Office \(2022\)](#)

¹²⁸The optimal size of a family doctor's list is 1,600 people. According to this, there is a shortage of at least 45 family doctors in Estonia.

shortcomings in school health¹²⁹. The number of lists without family doctors is growing and locums in family medicine are becoming an increasingly permanent phenomenon, contrary to the nature of family medicine. In 2020, the National Audit Office pointed out that there are more retiring family doctors than there are doctors to fill the vacancies¹³⁰ and that it is increasingly difficult to find new doctors¹³¹:

110. Concentration of health services in larger hospitals helps to ensure the quality of care, but this has led to poorer access to timely treatment and unequal treatment of patients in rural areas. For example, there was a paediatrician in 11 general hospitals in 2019, but in only five in 2021.
111. In a year, there are just over 3,000 cases of poisoning requiring hospital treatment in Estonia, and 4,000 cases where the poisoning hotline 16 662 is called for advice. Over the past two years, there has been an increase in the number of poisoning cases in children under one year old in Estonia. Nearly 90 per cent of poisoning accidents happen at home and are linked to medicines, chemicals or packaging getting mixed up¹³².
112. According to the National Institute of Health Development (NIHD), there were 222 psychiatrists in Estonia in 2021, including 18 child and adolescent psychiatrists (about 15 psychiatrists per 100,000 people). The shortage of support specialists (including school psychologists, mental health nurses) has been highlighted for years¹³³¹³⁴, when mental health problems have been added to the growing need¹³⁵¹³⁶.
113. Children's health problems go unnoticed because many children do not have health checks¹³⁷. The refusal to vaccinate children is on the rise and could lead to a return of dangerous diseases. Depending on the vaccine, the share of refusals ranged from 3.8% to 7.8% in 2021. Also, the vaccination coverage of Estonian people did not meet the WHO target for any of the vaccines reviewed. The survey of the Health Insurance Fund (2023)¹³⁸ shows that 14% of respondents have had their daughter vaccinated against HPV and 26% plan to do so, while 30% have not had their children vaccinated and do not plan to do so. HPV vaccination is carried out only with the consent of the parent. In cooperation with the Ministry of Social Affairs and professional associations, offering HPV vaccination to boys is also under discussion.
114. Despite the fact that the Health Insurance Fund pays for dental treatment up to the age of 19, the number of children aged 0-14 attending a dentist has decreased (95% in 2010, 72% in 2019) and by the age of three, 57% of children had visited a dentist (2019)¹³⁹. In addition, waiting lists

¹²⁹Uneven levels across regions, lack of space, insufficient connection to the health information system and shortage of school nurses. For example, in 2021, 55 out of 90 schools did not meet the requirement of one school nurse per 600 pupils. More than 40% of school psychologists were missing.

¹³⁰Almost half of family doctors were and are aged 60 or over, meaning they are already of retirement age or will be able to retire soon if they wish.

¹³¹Nearly 75% of competitions for finding a new family doctor failed in the first half of 2022.

¹³²[Poison Information Center](#) (2023)

¹³³[EUCW \(2015\)](#)

¹³⁴[Saar](#) (2019)

¹³⁵[National Audit Office](#) (2020)

¹³⁶[Estonian Equal Treatment Network](#) (2020)

¹³⁷[National Audit Office](#) (2020) While 88-96% of children up to two years of age had regular health checks, only 6% of children aged 3-6 had the same. 43% of children aged 3-6 years remained completely out of the sight of health care professionals for years because they never had a health check.

¹³⁸[Health Insurance Fund](#) (2023)

¹³⁹[Olak et al.](#), (2019).

for orthodontic treatment can go on for years, preventing children from receiving timely and free treatment.

115. The mental health field in Estonia has developed significantly in recent years, and in 2021, the Mental Health Act was amended to guarantee the right of a child to see a psychiatrist without the consent of his or her legal representative or the permission of a court. EUCW has drawn attention to the need to amend the act since 2015, referring to the recommendations made by the UN Committee on the Rights of the Child (2017) that the state must further strengthen the accessibility and quality of mental health services for children¹⁴⁰.
116. According to the Survey of the Health Behaviour of Pupils¹⁴¹, 87% of 11, 13 and 15-year-olds in Estonia were satisfied with their lives in 2018. The Survey of Subjective Well-being of Children (2019)¹⁴² found that 51% of 12-year-olds rate their level of mental well-being as low and 15% feel unhappy.
117. The results of the Survey of the Mental Health of the Estonian Population (2022)¹⁴³ show that young girls are at an alarmingly high risk of mental health disorders compared to other age groups (except 18-26-year-olds) or boys. 54.4% of girls aged 15-17 are at risk of depression (28.1% of boys), 50% of girls and 15.7% of boys are at risk of generalised anxiety disorder and 19.3% of girls and 5.6% of boys are at risk of panic disorder. Among adolescents (15-17 years), there is more intentional self-harming (4.4% of boys and 15.5% of girls), 15.9% have thoughts of death or suicide (4.5% of boys and 22.1% of girls). Nearly half (49%) of girls aged 15-17 and around a quarter (26.2%) of boys of the same age experience binge eating¹⁴⁴.
118. According to health statistics, more than 4,000 new outpatient psychiatric cases have been registered every year in the last five years among people aged 19 and under (4,688 in 2021). In 2020 and 2021, the number of suicides and the deterioration of mental health increased more than before in the light of the COVID-19 pandemic. In 2022, four young people under the age of 15 and five aged 15-19 committed suicide, compared to 14 in 2020. A strategy for the prevention of suicide in children, which was mentioned by the UN Committee on the Rights of the Child in its recommendations to Estonia in 2017, has still not been adopted.
119. A survey carried out in 2023¹⁴⁵ indicated that the respondents (an E&A nurse, family doctor, paramedic, school psychologist, speech therapist, etc.) found that they did not have enough knowledge (67%) or skills (70%) or experience (70%) to handle a suicidal person¹⁴⁶. Less than 10% of the total sample said they had received special training in assessing suicide risk and dealing with a suicidal person. Only 13% of respondents say that networking in dealing with a suicidal person works well, but psychiatric services should be more accessible¹⁴⁷.

¹⁴⁰ [Committee on the Rights of the Child](#) (2017)

¹⁴¹ [Oja](#) (2020)

¹⁴² [Statistics Estonia](#) (2019)

¹⁴³ [Estonian Population Mental Health Research Consortium](#) (2022)

¹⁴⁴ Although the risk of developing most common mental disorders is high in this age group, young people are no more likely to be diagnosed with mental health disorders (including depression and anxiety disorders), suggesting that many of these cases are not brought to the attention of mental health specialists and therefore do not receive mental health treatment.

¹⁴⁵ [Sisask et al.](#) (2023)

¹⁴⁶ There is also a lack of tools and time to assess suicide risk and deal with suicidal people.

¹⁴⁷ The obstacles to networking that were highlighted are the limited movement of information or poor access to information, lack of time, staff turnover, lack of support from loved ones, the services are not accessible or there is no information.

120. A survey of the physical activity of pupils¹⁴⁸ shows that the proportion of children in grades 1-9 who meet the WHO recommendation of 60 minutes of moderate to vigorous physical activity on average is 43%. On weekends, 29% follow the physical activity recommendations. Among the young people who responded to the Estonian Youth Sexual Health Survey¹⁴⁹, 73% rate their health as either good or very good and 6% as poor or very poor. In the month before the survey, 61% had exercised once a week or more. 15% never exercised, 50% played with an electronic device every day during this period and 73% used the internet every day for leisure. Only 60% of kindergartens in Estonia have created a post for a PE teacher.
121. The results of the 2018 study (HBSC)¹⁵⁰ indicate that the overweight and obesity of children is a growing problem in Estonia¹⁵¹, as 30% of primary school pupils are overweight¹⁵².
122. ¹⁵³ 22% of young people have had sexual intercourse in their lifetime¹⁵⁴. Young people aged 14-18, who have had sexual intercourse and participated in the study, have started their sexual life at the age of 15 on average. During the first intercourse, 71% used a condom and 49% of young people who had intercourse with a casual partner always used a condom in the last 12 months. More than 40% of young people rate the quality of the way these topics are dealt with at school as good or very good, while just over a tenth rate the way the topics are dealt with as poor or very poor. Youth counselling centres tend to be in bigger centres, which makes them more difficult to reach for young people living in rural areas. Also, not all youth counselling centres have consistent funding for development and sex education activities.
123. Compared to students in general education schools, risky behaviour is more common among young people in vocational education and training, especially regarding sexual behaviour and drug use. These problems were first identified in the 2015 survey, but in 2021 we see that the situation among VET students is still worse than in general education schools.
124. 47% of young people have tried regular cigarettes in their lifetime, and 17% have used them daily (the average age of first use is 13). Regular cigarettes have been replaced by other tobacco products, the most common being e-cigarettes. 40% of young people had used a tobacco product during the four-week period (including 37% of young people who had used e-cigarettes). Studies¹⁵⁵ show that alternative tobacco products are the start of the nicotine addiction of the new generation. The younger the age group, the bigger the share of those who have smoked an e-cigarette before smoking a regular cigarette. Of those who have ever smoked, 73% of 11-year-olds, 61% of 13-year-olds and 42% of 15-year-olds started by smoking e-cigarettes. Unflavoured e-cigarettes are the least popular among minors. At the same time, added sugars and other substances contribute to a more rapid onset of nicotine addiction. The younger someone starts, the more likely he/she is to become a nicotine addict in the future.
125. 72% of young people have tried alcohol in their lifetime and 43% have gotten drunk at least once (the first attempt is made at the age of 12 on average). 31% have tried a drug in their lifetime, 75% of them have done so repeatedly (59% have used cannabis products).

¹⁴⁸ [University Mobility Lab](#) (2021)

¹⁴⁹ [Lõhmus et al.](#) (2023) Students in grades 7-12 and in vocational school years 1-4.

¹⁵⁰ [Oja](#) (2020)

¹⁵¹ [Metsoja et al.](#) (2018) 26% of children aged 7-8 were overweight in 2016 (including 10% who were obese).

¹⁵² The risk group for obesity is young people from poorer families (21%).

¹⁵³ [Lõhmus et al.](#) (2023) 14-18-year-olds in general education schools and 16-18-year-olds in vocational schools

¹⁵⁴ Ibid.

¹⁵⁵ [Kivistik, et al.](#) (2023)

- *The concentration of treatment must be a well-considered and coordinated action to ensure the regional accessibility of health services.*
- *It is necessary to ensure quality of children's medical records, their movement through the health information system and access to data by the specialists working with children.*
- *Expand the range of mental health first aid providers and focus on supporting children and young people who have experienced trauma. Raise awareness of the importance of early detection. Find specific solutions in areas where services are scarce.*
- *The mental health of the population needs to be assessed on a consistent and regular basis to identify emerging problems as early as possible during or after a pandemic.*
- *Integrate health education (including mental health competences) into teaching and ensure that general competences are taught in practice.*
- *Increase the mental health component of in-service training programmes for all primary care professionals (including kindergarten teachers, teachers, family nurses and family doctors). Merge family medicine, school healthcare, specialised medical care and advisory services into one effective and coordinated network.*
- *Ensure universal access to existing evidence-based mental health prevention programmes (including the necessary funding) and analyse which new prevention programmes could improve the mental health situation of the population, including suicide prevention.*
- *Strengthen access to and quality of mental health services for children across the country, including by ensuring sufficient numbers of child psychiatrists, in addition to other appropriately trained and experienced mental health professionals.*
- *Adopt a strategy to prevent suicide among children and do more to prevent adolescent suicide, including by expanding available psychological counselling services. Train all professionals working with children to recognise suicidal tendencies and spot mental health problems.*
- *Make first level screenings mandatory for families by law, including repeated family nurse home visits, mandatory to ensure early discovery of developmental and health disorders in children up to 1 year old.*
- *A child who is capable of exercising discretion must be able to make his or her own decisions about his or her health, as provided for by the Law of Obligations Act. It is necessary to ensure legal clarity in this area and to align the regulations governing vaccination in schools with the Law of Obligations Act. It is also necessary to ensure that school nurses have the knowledge and skills to assess a child's capacity to exercise discretion.*
- *Establish the concept of a system of universal home visits by midwives and harmonise accessibility.*
- *Provide more information to parents on immunisation, dental care, healthy eating, exercise, injury prevention, use of digital devices and other health promotion.*
- *Promote an environment that supports healthy eating and increase support for children's physical activity programmes, including ensuring that every child could participate in at least one publicly funded physical activity programme on a continuous basis.*
- *Develop a strategy for the prevention of childhood obesity, integrate this topic into the health education curricula of kindergartens and schools.*
- *Do more preventive work in the primary care network (family doctors and nurses) to raise awareness among parents about the causes of accidents.*

- *In a situation where the use of alternative tobacco products is increasing very rapidly, including among children and young people, timely and appropriate (policy) measures to prevent and reduce tobacco consumption, nicotine dependence and exposure to tobacco smoke are needed in the shortest possible time to protect children’s health. Evidence- and science-based measures that proceed from the health of children.*
- *The development and sex education activities of Youth Sexual Health Counselling Centres need to be consistently funded, and counselling needs to be made more accessible to young people living in rural areas.*

I. Education, leisure and cultural activities

126. According to Statistics Estonia, there were 505 general education schools in Estonia and 163,000 pupils in general education in 2022 (about 50,000 fewer than 20 years ago). Due to the decrease in the number of pupils, the number of general education schools has decreased by 26 and the number of municipal schools by 39 in the last seven years. The number of home-schooled children has doubled compared to 2014: 338 pupils were home-schooled in 2012 and 671 pupils in 2019, which has mainly occurred on the account of children who are home-schooled at the request of a parent (180 children in 2014 and 500 in 2019)¹⁵⁶.
127. The Estonian Education Strategy 2021-2035 foresees the reorganisation of the school network. When planning changes to the school network, parallel planning of the transport network is needed to ensure that pupils can get to school safely and on time, and also at the most reasonable cost¹⁵⁷¹⁵⁸. In the interests of pupils with special educational needs, it is also important to maintain schools or places with a smaller number of pupils (e.g. separate institutions or branches), which are better at supporting them. The local authority responsible for the organisation of basic education must ensure that education is provided close to home at least in the first and second grades of primary school, and in areas with a declining population, third grade education must be provided at least in the larger centres of the local authority, with services to support participation in education. On a positive note, five state upper secondary schools have been built, which improves the physical school environment and providing better opportunities for recreational activities.
128. The main concern is the high age of teachers and the small number of new teachers¹⁵⁹. According to a recent survey by the Estonian Educational Personnel Union¹⁶⁰, nearly 60% of Estonian teachers have considered leaving their jobs due to low pay and overwork, and as many as 92% have experienced burnout. According to the OSKA Forecast of Educational and Research Staff, there is already a shortage of both subject teachers and support specialists. Nearly a fifth

¹⁵⁶ The number of children home-schooled for health reasons has remained stable (158 children in 2014 and 171 in 2019).

¹⁵⁷ [Järv, et al.](#) (2020) Children face many accessibility barriers on their daily home-to-school journeys in traffic, public transport, school, shops and public spaces in general.

¹⁵⁸ A tenth of 12-year-olds and a fifth of the youngest children did not feel safe on the way to school. Among 8-year-olds, children in larger Russian-medium schools and in rural schools rate their journey to school as not safe.

¹⁵⁹ In the 2019/2020 school year, the average age of teachers in general education schools was 48 and the share of teachers aged 30 and under in basic education was 10.7%. One in five mathematics, chemistry, geography and biology teachers and one in four physics teachers are aged 60 or over.

¹⁶⁰ [Foresight Centre](#) (2023a)

of all children in primary and basic education need educational support services¹⁶¹ and this number is growing (in 2019, there were nearly 7% more pupils with special educational needs in mainstream education).

129. An analysis of gifted pupils¹⁶² points out that for educational personnel, special educational needs are primarily associated with disabilities and learning difficulties, and that gifted children may go unnoticed or under-developed, which could be more than the 0.3% of pupils in mainstream education recorded in the Estonian Education Information System (EIS) based on PISA (2018) results¹⁶³. The possibility for children with special educational needs to get the support they need was also put at risk during the emergency. According to the order of the Government of the Republic, traditional teaching in educational institutions was discontinued and transferred to remote learning¹⁶⁴. So children with special educational needs and their parents also had to be able to cope with learning at home.
130. According to the study of 2018, another 600 support specialists will be needed from 2018-2025, including 200 speech therapists, 330 special needs teachers and 100 psychologists¹⁶⁵, the Pre-School Education and Childcare Survey of 2020¹⁶⁶ also highlighted a shortage of support specialists and a widespread need for speech therapy support, a continuing shortage of kindergarten places in municipalities, and the conditions of kindergarten and childcare for children with special needs need to be improved. According to the National Audit Office (2020), 64% of children in municipal kindergartens and 74% in municipal basic schools receive most of the support services they need.
131. Pre-school education is not compulsory in Estonia, but local authorities are obliged to ensure that all children aged 1.5 to 7 years have a place in a pre-school institution near the child's place of residence. This includes children with health problems who need a range of support services that must be provided by kindergartens. The Early Learning and Childcare Survey (2021) shows that, unfortunately, local authorities are unable to ensure that all children under the age of 3 have access to a nursery or childcare place within a reasonable distance from their place of residence and with appropriate support services.
132. The results of PISA (2018)¹⁶⁷ and the IELTS (2020)¹⁶⁸ as well as the differences in educational paths after basic school reflect the gender gap in Estonian education¹⁶⁹, which is already evident in pre-school education.
133. The majority of parents¹⁷⁰ think that their child's free time is for playing and being with friends (91%) and that children have enough free time (81%), while half (49%) of parents of children at school think that their child has too much to study. 41% of children in grades 4-11 feel tired every day, 34% feel they have too much to study almost every day, 8% feel they have too many

¹⁶¹ In the 2019/2020 school year, almost 12,600 children, or nearly 19% of all kindergarten children, needed support services in pre-school education. More than 28,000 children, or nearly 22% of children, needed support services in basic education.

¹⁶² [Serbak](#) (2019)

¹⁶³ [Tire, et al.](#), (2018)

¹⁶⁴ Clause 1 of Order No 77 of 13 March 2020 No 77.

¹⁶⁵ [Mets, Viia](#) (2018).

¹⁶⁶ [Lang et al.](#) (2020)

¹⁶⁷ [Tire, et al.](#), (2018)

¹⁶⁸ [Tammemäe et al. \(2020\)](#)

¹⁶⁹ According to the 2018 PISA survey, the average result of boys exceeded that of girls in only one area.

¹⁷⁰ [Anniste et al.](#) (2018)

activities, hobbies and clubs. The results of the PISA test (2018) and the Child Well-being Survey (2019) show that it is because of the high school workload that children may perceive school as a burden rather than an opportunity, and that the amount of homework makes them feel bad about school.

134. Every year, just over a hundred children are left without basic education in Estonia¹⁷¹ and about a hundred children (1.2%) also drop out of upper secondary schools in the first year, which is why an estimated 2,000 young people with low levels of education enter the Estonian labour market and society every year. In 2019, the drop-out rate in non-stationary upper secondary education was 31.3% and in vocational education around 25%. The analysis carried out by the Ministry of Education and Research in 2016 on the issue of young people with low level of education found that the high number of school dropouts is a major problem in Estonia.
135. According to Statistics Estonia¹⁷², at the end of 2020, there were 24,300 young people aged 15-29 with NEET status in Estonia, which is 17% more than at the end of 2019. In 2021, the largest number of young people with NEET status in Estonia (9,100) lived in North Estonia and 6,900 of them lived in Tallinn (Statistics Estonia 2022). The Government has drawn up and approved a Youth Guarantee Action Plan to support youth inclusion, and both the Ministry of Social Affairs and the Ministry of Education and Research are planning various measures to support NEET youth, but according to an OECD analysis (2021), as many as half of local authorities do not use the Youth Guarantee support system.
136. Non-formal learning is well developed in Estonia. According to a 2018 survey¹⁷³, 76% of children in grades 4-11 say they have been able to attend all the sports, hobby or private lessons they wanted to. 18% of children said they had not been able to take part in some of the sports or hobby activities they wanted to attend. The reasons cited were lack of time (50%), unsuitable time for hobby classes (32%), lack of money (31%) or lack of a sports or hobby class that interests them (30%). For example, it was possible to attend 363 schools ten years ago, there were 782, more than twice as many, hobby schools by the 2019/2020 school year. At the same time, there is a noticeable inequality in the diversity of hobby education between regions and access to hobby education is uneven across the country¹⁷⁴.
137. The current Hobby Schools Act and Youth Work Act stipulate that the owner of a school has the right to operate a hobby school if it is registered in the Estonian Education Information System (EHIS), while private hobby schools that are not subject to the acts and no requirements or obligations have been set for providers of hobby activities also provide hobby education in Estonia. Also, only a person with a professional certificate can be a trainer, but anyone can coach training sessions. In 2023, a case of a hobby school was brought to the public's attention when training sessions for children (including 5-year-olds) were supervised by minors (including an 11-year-old).
138. Young people's overall satisfaction with youth work was high in 2020 (87% of those using youth work services are satisfied with what they are offered), but depending on the region, there may not be enough diversity in youth work in terms of areas, forms, methods, objectives and providers, or the information may not reach young people to help them find the most suitable

¹⁷¹ The drop-out rate in the third year of school, from grades 7 to 9, has remained at 0.3% since 2016

¹⁷² [Statistics Estonia](#). (2022). LES39: 15-34-year-olds not in education, employment, or training (NEETs).

¹⁷³ [Anniste et al.](#) (2018)

¹⁷⁴ [Urmann et al. \(2023\)](#)

activity for them¹⁷⁵. Information for young people is provided by the national youth information portal Teeviit.ee, but young people say that information on youth work is fragmented and they lack an overview of what is available.

139. The principles of funding youth work should ensure that all young people have the opportunity to participate in some youth work based on their own interests and needs, but in all regions and for all young people, this possibility is not guaranteed either because of the attitude of local authorities to youth work, the principles of funding youth work of local authorities, the ignorance or lack of courage of parents and young people to ask for support that promotes participation, or also on competition between different activities and providers of youth work. Youth workers feel that there is a lack of support staff, and access to training and programmes on the prevention of exclusion and increasing inclusion is limited for youth workers.

- *Develop teacher education (including give more attention to alternative teaching strategies based on the individual needs of students), learning materials (including digital), early language studies of children and integrated study system to identify and support special needs early on.*
- *In order to ensure high-quality education in Estonian, the state needs to give more attention to Estonian-language teaching materials for working with foreign-language children and state-commissioned education of teachers with Estonian as their native language for teaching children who speak other languages. The goal of the transition should be language learning with integration.*
- *Improve the continuing cooperation of health, social and educational spheres to ensure the availability and quality of necessary support services for children regardless of the child's place of residence and presence of educational special needs. Ensure the availability of support systems necessary for children in all educational institutions.*
- *Develop the educational system as a whole to continuously and effectively implement educational policies aimed at increasing inclusion and tolerance.*
- *Increase access to early childhood education and childcare, while promoting the participation of disadvantaged families and children with special needs.*
- *Develop curriculum management measures to improve learning outcomes and reduce the dropout rate. Ensure access to and quality of support services for pupils, regardless of their place of residence and special educational needs, and develop a system of support for pupils.*
- *Effectively implement the Youth Guarantee measures.*
- *Handle the problem concerning NEET youth as a whole, incl. ensure a complex approach that includes prevention, intervention and compensation.*
- *Raise awareness among young people, youth workers and society of the importance of and opportunities for youth work, and support cooperation between youth workers and other youth workers at national and local level.*
- *Increase the skills and readiness of all those working with young people to recognise and prevent exclusion, to respond adequately to exclusion and to engage diverse groups of young people in activities, and to carry out joint training for teachers in general education schools, staff in open youth centres and those involved in youth education and leisure activities*
- *Supporting children's participation in hobby education and activities, camps and after-school clubs (with a focus on underprivileged families).*

¹⁷⁵ [Institute of Social Studies of the University of Tartu](http://www.sotsiaalsuhtlemine.ee) (2018)

- *Increase the coverage, accessibility and staff competences of youth work services.*

J. Special protection measures

Asylum-seeking, refugee and unaccompanied children and children in situations of migration

140. A total of 6,415 persons have applied for international protection in the period 24.02.2022-08.10.2023, 5,932 of whom are Ukrainian citizens. The Estonian Refugee Council¹⁷⁶ points out that the lack of data is a big problem, as the state does not know how many Ukrainian refugees we have in Estonia, nor how many refugee children we have, where they are located, and how many children and young people are both enrolled in Estonian schools and continue their studies in Ukrainian e-schools. There are no studies on the well-being, including subjective well-being, of refugee children and young people. Lack of data is an obstacle to, among other things, identifying the needs of the target group, planning support measures and delivering services, but can also be the reason for premature termination of necessary support measures.
141. According to the SIB¹⁷⁷, 74 unaccompanied minors have arrived in Estonia since February last year (58 in 2022; 16 as at 1 September 2023). Most of them (94%) are from Ukraine, but there have also been children from Afghanistan, Russia and Belarus. Young people aged 16-17 are the most common among unaccompanied minors (84%). As at 1 September 2023, there were 14 unaccompanied minor foreign nationals in Estonia, 13 of whom were placed in AC. Young people (16-17) do not usually need AC as they are used to being rather self-sufficient in their home country and are more interested in finding a job and a place to live. It is necessary to find suitable accommodation units for these young people that consider the needs of this particular target group.
142. The total number of Ukrainian pupils registered in EHIS is 8,919¹⁷⁸. Ukrainian pupils are well or generally well-adjusted in Estonian schools. This is the opinion of 57% of the schools, that have Ukrainian pupils and that took part in the survey carried out by the Ministry of Education and Research in December 2022¹⁷⁹. The main challenges are the language barrier and teaching in a bilingual classroom, the big differences between the Estonian and Ukrainian curricula and helping Ukrainian pupils catch up. This has meant extra work for teachers and a consequent shortage of teachers, teaching assistants and support specialists. Ukrainian educators are helping to ease the workload¹⁸⁰. Complexity is added by the fact that many Ukrainian parents want their child to attend both an Estonian school and take part in remote learning in Ukraine at the same time. This doubles the burden placed on the children.
143. The state does not know the number of school-age Ukrainian refugee children or the reasons why parents do not notify the educational institution of their departure. For example, feedback received by the Estonian Refugee Council has revealed a lack of awareness among parents that if a child fails to attend school, they will not be transferred to the next grade¹⁸¹.
144. Many refugee parents do not register their children in the school system, and as the child's place of residence is not registered with the local authority, the phenomenon of 'phantom children'

¹⁷⁶ Saar (2023)

¹⁷⁷ [Laur et al.](#) (2023)

¹⁷⁸ [Haridussilm](#) (2023)

¹⁷⁹ [Foresight Centre](#) (2023b)

¹⁸⁰ According to the data of EHIS, 104 war refugees work as teachers in Estonian schools, plus those who work as psychologists, support persons, speech therapists, social educators, cooks or cleaners, etc.

¹⁸¹ Saar (2023)

emerges. It appears that parental mistrust in the state education system is often linked to a lack of awareness among parents and thus to the need for further information from the state and local authorities¹⁸².

- *There is a need to continue to place a strong emphasis on information for refugees, to keep the target group informed with clear messages and in channels that are appropriate for them (including in relation to the compulsory school attendance of children). There is a need for more coordinated and consistent information at both national and local level.*
- *More attention needs to be paid in communicating with refugees to introducing the Estonian school system and stressing the need for children to continue their education based on their rights and best interests. It is also necessary to actively contribute to cooperation with Ukraine in the field of education, to achieve recognition of education in Estonian educational institutions by the Ukrainian Ministry of Education and Science.*
- *More attention needs to be given to collecting relevant data and conducting studies on refugees, including in cooperation with higher education institutions and sectoral organisations.*
- *Suitable services must be found for unaccompanied minors who are about to reach adulthood that take into account the needs of this particular target group.*

Administration of child justice

145. In 2018, Estonia's criminal proceedings for children and young people were modernised to encourage the implementation of restorative justice. Preparations for these changes started in 2015 in the context of national and international trends to make the special systems for administration of child justice more child-friendly, including ensuring children's fundamental rights during proceedings and increasing the use of measures that do not fall under penal law.
146. The first signs of children's serious behavioural problems are visible at school and in health care, so educational support services and psychiatry are the first services. The accessibility of these services varies from region to region in Estonia, and there is a shortage of specialists. The quality of these services that determines the extent to which behavioural problems intensify as a child gets older and whether he/she moves on to the law enforcement and social system. In Estonia, there are no adapted and validated assessment instruments for assessing the risks and needs of children with severe behavioural problems or referral protocols.
147. According to Justice Scoreboard 2020, Estonian courts are among the most child-friendly in the EU, but despite this, there are still some bottlenecks that need to be addressed. Placement is decided by the court, but judges do not always understand the content of the service and the decision to place the child is made lightly¹⁸³). For example, children with only one type of risk behaviour (school attendance) are also placed, which could be improved by other measures that do not restrict freedom of movement. Children with severe mental disorders or special needs can also be placed in the service, but there is no separate service or bases for referral. Cases where a child who has acquired basic education needs a closed day-care service have also proved problematic. In addition, there are no measures for children over 16 in need of special care services, as well as for young people who have just reached adulthood (18-20-year-olds)¹⁸⁴.

¹⁸² Ibid.

¹⁸³ Supreme Court analysis (2020)

¹⁸⁴ [Aaben et al.](#) (2018)

148. As a result, the referral of children with serious behavioural problems to services in Estonia is not systematic and needs-based. Systemic referrals to inappropriate services create a situation where children's behavioural problems are exacerbated rather than reduced over time, and public resources are spent on expensive services that do not benefit the child, his/her family and the broader society. The main criterion for choosing a service is accessibility, which is why it is common practice for children to be 'shuffled' between different inappropriate services, and all too often the right service is not found. Of the children in CCI, 32% were in AC, indicating that the preventive work of support specialists already working with children is not effective enough. Among other things, two services are paid for in parallel (the state for the CCI service and the local authority for the AC service) and shuffling a child between the two services is not sustainable and child-friendly.
149. Positively, the number of juveniles in prison has been reduced and networking has been promoted and follow-up support measures for young people leaving residential care have been put in place to prevent them returning to the service. For young people and their families with severe risk behaviour and multiple needs, Multidimensional Family Therapy (MDFT) has proven to have a positive impact, but the volume of the service is not sufficient¹⁸⁵.
150. The reduction in the number of prison inmates can be highlighted, which has been favoured by the implementation of restorative justice measures and the referral to the CCI service. However, young people with experience of imprisonment have found that opportunities to work systematically to improve their status in conditions where they can be constantly accessed are missed, and that they tended to feel bored and inactive while in prison¹⁸⁶. Previous studies on recidivism have shown that the highest recidivism rates after release from prison are among juveniles¹⁸⁷. According to the Ministry of Justice, two thirds of minors released from prison commit a new crime within a year. For example, 69% of minors released from prison in 2015-2018 and 67% of minors released from prison in 2016-2018 did so. The recidivism of children who have stayed in CCI has not been studied, but analyses of their predecessors¹⁸⁸ indicate a high recidivism rate.
- *Ensure timely and child-friendly assistance for children who have committed offences.*
 - *Develop a system of assessment of minors and young people in pre-trial procedures to identify children and young people in need of assistance and requiring rapid and intensive intervention.*
 - *Prevent children and young people from ending up in institutions, including prisons, and further develop the network of open institutions and the rehabilitation needed for children with complex problems.*
 - *Create a validated assessment tool and referral protocol for assessing the needs for services for people with serious behavioural problems, adapted to the Estonian context, including the assessment and consideration of special mental health needs.*
 - *Develop a residential care service offering integrated health, education and social services for children who are high-risk, violent or suffer from serious mental disorders (including from*

¹⁸⁵ The service is offered to up to 250 children per year.

¹⁸⁶ [Aaben et al.](#) (2018)

¹⁸⁷ Kriminalpoliitika.ee (2010)

¹⁸⁸ National Audit Office (2010)

severe disabilities but who have normal intelligence) who are currently unsuitable for special schools or prisons because of their special mental needs.

- *Develop preventive interventions for children whose problems have not yet escalated so strongly that they should be placed in a closed institution. In addition, it is important to place emphasis on follow-up support to help children after the end of the service.*
- *Integrate mental health services into all services consisting of several components in education, social welfare and law enforcement.*
- *Improve access to family-based services, including increasing the capacity of the MDFT programme.*
- *Modernise the services offered in prison, which would be based on a structured and active daily schedule, including psychiatric treatment, individual cognitive behavioural therapy, social skills training, support services and education.*

ANNEX 1: List of key recommendations:

A. General measures of implementation (arts. 4, 42 and 44 (6))

- *Establish better links between the CPA and specific sectoral laws.*
- *Develop a comprehensive cross-sectoral policy on the rights of the child.*
- *To obtain a comprehensive and diverse overview of the welfare of children, the situation of children and families in and across different areas should be monitored, and the efficiency and impact of policy measures assessed.*
- *Give more attention to prevention and early detection, and allocate resources for consistent prevention. Establish a cross-sectoral cooperation format to coordinate more targeted and interlinked activities in the health, social and education sectors.*
- *Allocate dedicated resources to recruit more CPWs, increase the qualifications and competences of child protection parties and the quality of interventions, including systematic cooperation with universities and other research institutions.*
- *Reduce the disparities between local governments in the remuneration of child protection workers and give more attention to motivating and supporting child protection workers both in their daily work and in crisis situations. The purpose of child protection needs to be explained in society on broader scale and the reputation of child protection workers must be improved.*
- *It is necessary to contribute to promoting multidisciplinary cooperation. Improve the knowledge and skills of specialists working with children, including employees of law enforcement authorities.*
- *Make the assessments of the impact of austerity measures in areas directly and indirectly related to children's rights mandatory.*
- *In addition to the legislative amendment (changing the age of consent for sexual self-determination and marriage), there is a need for a wide range of communication (both children and adults, in the appropriate channel and language for each target group, including child-friendly or simplified language). In outreach, it is necessary to pay attention, among other things, to the gender-based approach, i.e. boys need special attention. Sexual education, training of specialists, but also wider provision of parental education are essential to prevent abuse.*
- *Develop a comprehensive information system covering all areas of the Convention, to be used as a basis for analysing and developing policies to ensure the rights of the child.*
- *Develop indicators to monitor the realisation of children's rights in order to target children's well-being indicators and monitor the changes in them.*
- *Improve statistical data collection principles (including harmonisation of definitions and classifications across different information systems) and database integration. This should include the systematic collection of data on all children in need of assistance, including children of parents in prison*
- *Create a simple and effective way for child protection service beneficiaries to provide feedback, including child-friendly ways to express their views.*
- *Harmonise and organise an effective state supervision system for compliance with the requirements of the CPA in children's institutions, including education and health institutions.*

- *Inform society more about the rights of the child, including introduce the CRC to both adults and children (including in Russian), using channels suitable for different target groups.*
- *Train and raise awareness among health professionals and educators of the duty to inform about children in need and in distress. Promote multidisciplinary cooperation.*
- *Work to prevent violence and facilitate access to victim support. Attention needs to be given to reducing stigmatisation (especially in the case of sexual violence) and raising awareness in society, as well as coordinating cooperation between support services for victims.*
- *Increase funding for more efficient and faster processing of sexual crimes against children, enhance cooperation between officials and increase the capacity of police, education, child protection, youth work and health care professionals.*
- *Ensure transparent and inclusive legislative drafting through public dialogue, in particular with children and NGOs working for the rights of the child.*
- *Consider the stipulating the imposition of a lifetime ban on working with children in the CPA also in cases of physical abuse where the act was committed against a minor repeatedly or systematically.*
- *Consider the creation of a new penal norm. Namely, should the abuse or systematic humiliation (e.g. by creating fear, anxiety and a feeling of inferiority in victims) of a person in a defenceless or helpless position also be punishable?*

C. General principles (arts. 2–3, 6 and 12)

- *Develop a broad strategy to raise awareness and reduce discrimination.*
- *Harmonise the scope of application of the Equal Treatment Act so that discrimination on the grounds of disability is prohibited to the same extent as discrimination on the grounds of nationality (ethnicity), race and colour.*
- *Give more attention to increasing accessibility for children and preventing obstacles on children's daily journeys, such as from school to home.*
- *Ensure that families with children have access to a range of counselling, mediation and therapy services, as well as improve the effectiveness of child support collection.*
- *It is necessary to increase access to free public legal aid, including in Russian. The path to help must be simple and accessible (including child-friendly and simplified facilities, channels).*
- *Establish a functioning system for ensuring the enforcement of the child custody rulings made by the court, considering the good practice of other countries.*
- *Establish clear guidelines and train prison officers on child-friendly behaviour and communication with children visiting their parents. Inform both child protection and law enforcement specialists about the importance of communication between an incarcerated parent and the child.*
- *Increase the influence of children and young people in shaping society, promote the participation and involvement of children and young people in various decision-making processes and environments, giving more attention to the inclusion of socially excluded children and children with fewer opportunities.*
- *Train professionals working with children and young people about the child's right to participation and best interests.*
- *Develop supporting guidance materials for assessing the discretion of the child and increase outreach in the area of health.*

- *Ensure sustainable funding for different forms of participation of children and young people, including special attention to vulnerable target groups.*

D. Civil rights and freedoms

- *The legal provisions concerning the registration of births should be systematically reviewed.*

E. Violence against children (arts. 19, 24 (3), 28 (2), 34, 37 (a) and 39)

- *Data and research are needed to better understand the nature of different types of violence, to assess trends becoming a victim of violence, how and for whom interventions work, and how to improve the quality of violence prevention and response.*
- *Increase the scale of prevention of violence against children by promoting positive, non-violent and child-inclusive parenting methods.*
- *Systematically promote awareness among children and parents of the various risks associated with the use of the Internet and digital communication tools.*
- *Better communication and awareness-raising of victim support services in society is needed. Ensure needs-based victim support services for children who have suffered or witnessed DV.*
- *Strengthen measures to combat different forms of bullying, including improving the capacity of teachers, school staff and students to cope with diversity and resolve conflicts.*
- *Allocate resources consistently to create a safe and developing learning environment for all, including children and young people with special needs, at all levels of education, starting from kindergarten. This includes training, adapting the necessary learning environment, supporting anti-bullying programmes.*
- *More should be done to raise awareness and change attitudes that lead to sexual violence. Disseminate information on opportunities to receive advice and assistance.*

F. Family environment and alternative care

- *Ensure that families with children have access to a range of counselling, mediation and therapy services, as well as improve the effectiveness of child support collection and ensuring a parent's access to their child.*
- *Support campaigns that promote the rights and welfare of children, non-violent and child-inclusive parenting methods.*
- *Provide more systematic support for parents and make parenting education training widely available to parents with children of all ages and increase the motivation of parents to develop their parenting skills.*
- *Support groups vulnerable to poverty, including through access to services.*
- *Provide quality family-based alternative and aftercare for children separated from their families. Reduce institutionalisation, including in the case of children under 3 years of age and also in the case of short-term AC, especially in the case of children under 3 years of age.*
- *Continue to increase the share of family-based AC and raise awareness in society.*
- *Train AC service providers (including foster families and guardians) on the principles of trauma-informed care and to ensure the availability of mental health services for children and families.*

- *Establish a well-functioning service for families in special and crisis care, ensure funding and support services for families.*
- *Ensure specialty-based in-service training for specialists working with children in AC (including children with disabilities) and support the application of their knowledge in practice.*
- *Ensure that young people leaving the substitute home service receive support and aftercare tailored to their needs. Raise awareness of aftercare options for young people living under guardianship.*
- *Create suitable aftercare services for young people with disabilities.*
- *Provide guidance on how to support the child's birth family, support services to promote communication between the child and their birth family.*

G. Children with disabilities (art. 23)

- *Develop flexible care services, reducing the burden of care for children and adults with disabilities and enabling their active participation in the labour market and society.*
- *Guarantee services for children with severe and profound disabilities at the level of state based on the needs of the child and the family.*
- *Ensure that educational institutions provide the necessary support services for children with disabilities (including the employment of mental health nurses in schools) and learning tools, and upgrade teacher training accordingly.*
- *Improve access to public services (including education and social welfare) for children with disabilities (including their families). Raise public awareness of the services offered, including in Russian.*
- *Ensure that victim support services are appropriate for all vulnerable groups of victims and provided in an environment that is safe (and not frightening) for the victim.*

H. Basic health and welfare

- *The concentration of treatment must be a well-considered and coordinated action to ensure the regional accessibility of health services.*
- *It is necessary to ensure quality of children's medical records, their movement through the health information system and access to data by the specialists working with children.*
- *Expand the range of mental health first aid providers and focus on supporting children and young people who have experienced trauma. Raise awareness of the importance of early detection. Find specific solutions in areas where services are scarce.*
- *The mental health of the population needs to be assessed on a consistent and regular basis to identify emerging problems as early as possible during or after a pandemic.*
- *Integrate health education (including mental health competences) into teaching and ensure that general competences are taught in practice.*
- *Increase the mental health component of in-service training programmes for all primary care professionals (including kindergarten teachers, teachers, family nurses and family doctors). Merge family medicine, school healthcare, specialised medical care and advisory services into one effective and coordinated network.*

- *Ensure universal access to existing evidence-based mental health prevention programmes (including the necessary funding) and analyse which new prevention programmes could improve the mental health situation of the population, including suicide prevention.*
- *Strengthen access to and quality of mental health services for children across the participating country, including by ensuring sufficient numbers of child psychiatrists, in addition to other appropriately trained and experienced mental health professionals.*
- *Adopt a strategy to prevent suicide among children and do more to prevent adolescent suicide, including by expanding available psychological counselling services. Train all professionals working with children to recognise suicidal tendencies and spot mental health problems.*
- *Ensure that all children have access to consistent health care and rehabilitation services, also ensure that children's institutions have support specialists.*
- *Make first level screenings mandatory for families by law, including repeated family nurse home visits, mandatory to ensure early discovery of developmental and health disorders in children up to 1 year old.*
- *A child who is capable of exercising discretion must be able to make his or her own decisions about his or her health, as provided for by the Law of Obligations Act. It is necessary to ensure legal clarity in this area and to align the regulations governing vaccination in schools with the Law of Obligations Act. It is also necessary to ensure that school nurses have the knowledge and skills to assess a child's capacity to exercise discretion.*
- *Establish the concept of a system of universal home visits by midwives and harmonise accessibility.*
- *Provide more information to parents on immunisation, dental care, healthy eating, exercise, injury prevention, use of digital devices and other health promotion.*
- *Promote an environment that supports healthy eating and increase support for children's physical activity programmes, including ensuring that every child has the opportunity to participate in at least one publicly funded physical activity programme on a continuous basis.*
- *Develop a strategy for the prevention of childhood obesity, integrate this topic into the health education curricula of kindergartens and schools.*
- *Do more preventive work in the primary care network (family doctors and nurses) to raise awareness among parents about the causes of accidents.*
- *In a situation where the use of alternative tobacco products is increasing very rapidly, including among children and young people, timely and appropriate (policy) measures to prevent and reduce tobacco consumption, nicotine dependence and exposure to tobacco smoke are needed in the shortest possible time to protect children's health. Evidence- and science-based measures that proceed from the health of children.*
- *The development and sex education activities of Youth Sexual Health Counselling Centres need to be consistently funded, and counselling needs to be made more accessible to young people living in rural areas.*

I. Education, leisure and cultural activities

- *Develop teacher education (including give more attention to alternative teaching strategies based on the individual needs of students), learning materials (including digital), early*

language studies of children and integrated study system to identify and support special needs early on.

- *In order to ensure high-quality education in Estonian, the state needs to give more attention to Estonian-language teaching materials for working with foreign-language children and state-commissioned education of teachers with Estonian as their native language for teaching children who speak other languages. The goal of the transition should be language learning with integration.*
- *Improve the continuing cooperation of health, social and educational spheres to ensure the availability and quality of necessary support services for children regardless of the child's place of residence and presence of educational special needs. Ensure the availability of support systems necessary for children in all educational institutions.*
- *Develop the educational system as a whole to continuously and effectively implement educational policies aimed at increasing inclusion and tolerance.*
- *Increase access to early childhood education and childcare, while promoting the participation of disadvantaged families and children with special needs.*
- *Develop curriculum management measures to improve learning outcomes and reduce the dropout rate. Ensure access to and quality of support services for pupils, regardless of their place of residence and special educational needs, and develop a system of support for pupils.*
- *Effectively implement the Youth Guarantee measures.*
- *Handle the problem concerning NEET youth as a whole, incl. ensure a complex approach that includes prevention, intervention and compensation.*
- *Raise awareness among young people, youth workers and society of the importance of and opportunities for youth work, and support cooperation between youth workers and other youth workers at national and local level.*
- *Increase the skills and readiness of all those working with young people to recognise and prevent exclusion, to respond adequately to exclusion and to engage diverse groups of young people in activities, and to carry out joint training for teachers in general education schools, staff in open youth centres and those involved in youth education and leisure activities*
- *Supporting children's participation in hobby education and activities, camps and after-school clubs (with a focus on underprivileged families).*
- *Increase the coverage, accessibility, and staff competences of youth work services.*

J. Special protection measures

- *There is a need to continue to place a strong emphasis on information for refugees, in order to keep the target group informed with clear messages and in channels that are appropriate for them (including in relation to the compulsory school attendance of children). There is a need for more coordinated and consistent information at both national and local level.*
- *More attention needs to be paid in communicating with refugees to introducing the Estonian school system and stressing the need for children to continue their education based on their rights and best interests. It is also necessary to actively contribute to cooperation with Ukraine in the field of education, in order to achieve recognition of education in Estonian educational institutions by the Ukrainian Ministry of Education and Science.*

- *More attention needs to be given to collecting relevant data and conducting studies on refugees, including in cooperation with higher education institutions and sectoral organisations.*
- *Suitable services must be found for unaccompanied minors who are about to reach adulthood that take into account the needs of this particular target group.*
- *Ensure timely and child-friendly assistance for children who have committed offences.*
- *Develop a system of assessment of minors and young people in pre-trial procedures to identify children and young people in need of assistance and requiring rapid and intensive intervention.*
- *Prevent children and young people from ending up in institutions, including prisons, and further develop the network of open institutions and the rehabilitation needed for children with complex problems.*
- *Create a validated assessment tool and referral protocol for assessing the needs for services for people with serious behavioural problems, adapted to the Estonian context, including the assessment and consideration of special mental health needs.*
- *Develop a residential care service offering integrated health, education and social services for children who are high-risk, violent or suffer from serious mental disorders (including from severe disabilities but who have normal intelligence) who are currently unsuitable for special schools or prisons because of their special mental needs.*
- *Develop preventive interventions for children whose problems have not yet escalated so strongly that they should be placed in a closed institution. In addition, it is important to place emphasis on follow-up support to help children after the end of the service.*
- *Integrate mental health services into all services consisting of several components in education, social welfare and law enforcement.*
- *Improve access to family-based services, including increasing the capacity of the MDFT programme.*
- *Modernise the services offered in prison, which would be based on a structured and active daily schedule, including psychiatric treatment, individual cognitive behavioural therapy, social skills training, support services and education.*

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