Adoption from Care

Pösö, Tarja, Skivenes, Marit

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Overcoming the Soviet legacy? Adoption from care in Estonia

Katre Luhamaa and Judit Strömpl

Introduction

Adoption is a topic that has received undeservedly little attention in Estonian policy development, as well as academic discussions. Nevertheless, Estonian children are adopted both in country and inter-country. Most of these adoptions are step-parent adoptions but adoption is also part of the child protection system. In Estonia, the term ‘adoption from care’ is not used in policy discourse. It is defined as ‘adoption to a new family’ and statistics also include cases when the child is adopted from a maternity hospital or direct from the birth family.

While adoption regulation of the newly independent Estonia continued to follow the regulation of the Soviet era, adoption practice has gone through rapid change over the last few years. Adoption in family1 and from care show a decrease, even though the policy papers recognise the need to move towards alternative care in a family (as opposed to institutional care) in the form of guardianship, foster placement and adoption (Ministry of Social Affairs, 2011). In recent years, the number of placements in public care has remained relatively stable (1,000 children per 100,000 child population), while the number of adoptions has decreased from 41 children per 100,000 in 2010 to nine per 100,000 in 2018 (see Table 3.1).

Estonian legislation and practice focus on the total secrecy of adoptions, including the identity of the biological parents. The background to this approach is the idea that any child should and could have only one mother and father. This principle derives from the Soviet legislation that was not changed in the 1990s, and it is still a prevalent concept in adoptions from care. The institutional system that supports all adoptions was fully reformed and centralised in 2017.

This chapter discusses these changes in law, policy and practice, and analyses the current state of affairs of both international and national...
adoptions in and from Estonia. It draws on national policy documents, legislation, court practice and expert interviews that give an insight into the institutional framework and practice, as well as the way prospective adoptive parents and families are found and prepared for adoption. For a better understanding of the current situation, the chapter starts with a historical overview of its development and the impacts on adoption from care in Estonia, followed by an overview of different stages of the adoption process, starting from the preparations for and ending with the consequences of adoption.

Adoption in Estonia: a historical overview

The roots of a parent-centred adoption system are in the Russian Empire, where adoptions were the privilege of childless noblemen who wanted to have heirs, or the rights of those who adopted their extramarital children (Commission of Laws, 1817). During Estonia’s first period of independence (1918–45), this tradition continued and the legislation prescribed that: adoption should not harm the adoptee; adoptees older than 14 had to consent to the adoption; and adoption decisions were made by the court (Junkur, 1940; Roosaare, 1944).

During the Soviet occupation (1945–91), prospective adoptive parents (s 112 Marriage and Family Code [MFC]) initiated the process by applying to the guardianship authority (s 113[1] MFC). Adoption required the consent of an adoptive child who was older than ten, except when the child was living in the adoptive family and did not know that they were not the biological child of the family. The institution where the child was placed and the legal guardian of the child also had to consent (ss 117–20 MFC).

Adoption required written consent of the biological parents, who had the right to withdraw their consent until adoption took effect. It was possible to adopt the child without such consent when: the court had removed the parental rights of the biological parent(s); parents lacked legal capacity or their whereabouts were unknown; or a parent had not lived together with the child for more than one year and did not raise the child or participate in providing maintenance for them (ss 111, 115–16 MFC).

An administrative body of the local government (which was under the political control of the Communist Party) made adoption decisions (s 113[1] MFC). Only courts had the right to annul the adoption in the interests of the child. Among other reasons, it was possible to annul the adoption on the request of the biological parents when their consent had not been properly received (ss 128–34 MFC).
Most of the children who were voluntarily or involuntarily removed from their parents were placed in residential care. Single mothers had the right to place their children voluntarily into residential care without termination of parental rights, provided that they kept contact and regularly visited their children (Supreme Soviet Presidium of USSR, 1944). When the mother failed to visit the child, she was declared a parent whose whereabouts were unknown and her parental rights were terminated, allowing the adoption of the children without her consent (ss 9, 74 MFC). As an example, in March 1988, 44 per cent of children in Tallinn I Children’s Home had single mothers. In 1987, only four single mothers out of 39 regularly visited their children and seven did not wish to raise their children but did not agree to give up parental rights (Rahnu, 1988). Similarly, parents of children with disabilities were strongly recommended to place their children into special institutions; these children were not available for adoption (Tobis, 2000; Linno and Strömpl, forthcoming).

From 1986, adoptions were coordinated and decided by the education departments of local governments, who also had information about children in care and persons wishing to adopt; local vital statistics offices registered such decisions (Rahnu, 1988, 22; Laas, 1991). The focus of the process was on establishing the health of the adoptive parent and the child.

Secrecy was a central requirement of adoptions at that time; adoptive parents were registered on the child’s birth certificate if they so wished (s 123[1] MFC). Adoption terminated all contact between the child and the birth parents as the child became a full member of the adoptive family. Secrecy of adoption was deemed essential in cases of small children, who could not remember their life before adoption.

Furthermore, an adoptive mother could avoid social stigma by imitating pregnancy and birth in a maternity clinic (Rahnu, 1988; 26). Adoptive parents could change both the first and family name of the adoptive child and the date of birth of the child (which had to be around three months of the actual birth date). All adoption information was kept in a sealed envelope in a safe at the local education department.

**Present status of adoption from care**

The Estonian child protection system is risk-oriented (Gilbert et al, 2011) and focuses on supporting the child in the family setting (Linno and Strömpl, forthcoming) and retaining the connection between the child and the family (s 26 of the Constitution of the Republic of Estonia). Research shows that accountability systems for adoptions
Adoption from care are very limited in Estonia (Burns et al., 2019). The Estonian adoption system has its roots firmly in the Soviet regulation of adoptions, and while the regulation itself has remained relatively similar to the regulation of the USSR, the practice and especially the adoption counselling process have developed substantively in recent years.

**International and national legal framework**

After 1991, adoptions in Estonia have been regulated by two legal acts: the 1969 MFC (in force until 1994); and the Family Law Act 1995 (FLA), which was revised in 2010. General principles included in the Child Protection Act 2016 (CPA), such as the child’s best interests and hearing the child, also apply for adoptions.

International treaties regulating adoptions create binding legal obligations on Estonia and, among other things, guide the implementation of national law (Luhamaa, 2015, 2020). Estonia is a member of the following human rights treaties regulating adoption:

- European Convention on Human Rights (ECHR) – ratification and entry into force 1996; and

These instruments, in particular, the CRC, are used by the national courts when interpreting child protection and adoption laws and regulation (see Supreme Court, Administrative Law Chamber [2012] No. 3-3-1-53-12).

Until 1995, adoptions were purely administrative matters decided by the local governments (Bernstein, 1997). From 1995 to 2017, adoptions were prepared and coordinated by the county boards, while the courts had decision-making powers and duties. Child welfare services (CWS) of counties registered prospective adoptive parents, analysed their background, prepared them for adoption, helped to find a suitable child for them and prepared necessary documentation. This segregation of the pre-adoption work was criticised by the CRC Committee in 2003 and 2017. The CRC Committee pointed out inconsistencies in monitoring foster and adoptive parents, and recommended that Estonia establish comprehensive national policy and guidelines, as well as a central monitoring mechanism, governing foster care and adoption (CRC Committee, 2003: para 37; 2017: para
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51). This system was fully reformed in 2017, and activities specifically connected to adoption were centralised and managed by the national Social Insurance Board (SIB) (s 158 FLA).

The work of the SIB is supported by the CWS of the local governments as they are typically guardians of children without parental care. Today, the CWS of local governments are responsible for social work with the child and organisation of family foster care or residential care. The CWS of the local governments also participate in the adoption process. However, the SIB has the central responsibility for the process: it evaluates adoptive parents, collects necessary documentation, connects the child with prospective adoptive parents, presents documents in court and develops family evaluation guides. Alongside the state and local governments, non-governmental organisations (NGOs) provide supportive activities to families that care for non-biological children (for example, consultation, training of adoptive and foster families, and supervision).

Adoption statistics

Estonian adoption statistics reflect changes connected to territorial reform. From 1995 to 2017, Estonia was divided into 15 counties that represented the central government. Adoption management was the responsibility of county boards, while child protection was the responsibility of local governments. There was no uniform collection of statistics as they were collected by both counties and local governments. Since 2017, adoption activities have been concentrated in a department of the SIB. Table 3.1 summarises the Estonian adoptions statistics for 2010–18 and previous placements of the children adopted from care.

Children in public care in Estonia are divided into two groups: children under the guardianship of an individual (typically family kinship placement); and children under the guardianship of the local government (Linno and Strömpl, forthcoming), who are placed in a foster family, family house or residential care. The number of children taken into public care is decreasing, and their placement generally follows the aim of family placement, with the number of children under the guardianship of the local governments slowly decreasing.

In the late 1980s, there were around 400 adoptions in Estonia annually; two thirds of them were typically adoptions by the kinship family or the spouse of the biological parent (Rahnu, 1988: 2). Recent data show that adoptions from care are less frequent than in earlier years. The number of children adopted from residential care is decreasing, while the number of children adopted from foster care is slowly
Table 3.1: General child protection statistics (age 0–17) and previous placements of children adopted to a new family, 2010–18 (total N and per 100,000 children)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2014</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population on 1 January</td>
<td>245,360</td>
<td>243,640</td>
<td>252,117</td>
</tr>
<tr>
<td>Children in public care</td>
<td>2,852</td>
<td>2,556</td>
<td>2,451</td>
</tr>
<tr>
<td>From which children under guardianship</td>
<td>1,348</td>
<td>1,331</td>
<td>1,284</td>
</tr>
<tr>
<td>Total adoptions from care</td>
<td>101 (41)</td>
<td>53 (22)</td>
<td>22 (9)</td>
</tr>
<tr>
<td>Inter-country adoptions</td>
<td>28 (11)</td>
<td>5 (2)</td>
<td>0</td>
</tr>
<tr>
<td>In-country adoptions</td>
<td>73 (30)</td>
<td>48 (20)</td>
<td>22 (9)</td>
</tr>
</tbody>
</table>

Note: a Public care: placement in guardianship, residential care or foster care; N children in public care is a total number of children in substitute homes, in foster care and kinship care at the end of the year. b Guardianship: placement with a person who is the court-appointed guardian for the child (typically kinship placement); responsibility for the child is transferred to the guardian. c Adoption of a child from public care in Estonia to parents living in a foreign country. d Stock number, 1 January; e flow number, cases during a year. 


increasing. This shift seems to reflect the fact that while adoption did not previously follow on from foster care, there is a new trend where successful foster placement can develop into adoption. There are no aggregated data on numbers where parental rights have been removed in relation to children who are in state care; thus, the statistics do not show the number of children who are available to be adopted.

**Main principles and ethos**

Estonian courts typically only limit parents’ rights and see full removal of parental rights as the last resort measure (see, for example, Supreme Court, Civil Law Chamber [2019] No. 2–18–3298). The legislation and practice of the Estonian child protection system rest on needs-based assumptions, where the law focuses on ‘children in need of help’ or ‘in danger’, and the aim of protection is the interests of the child (s 1[1] CPA; see also Petoffer, 2011; Riisalo, 2011).

Terminating parental rights and adoption are typically separate proceedings: first, the child is taken into public care and the parents’ rights are terminated; and, second, when suitable adopters are found, the adoption process is initiated. Adoption legislation stresses the interests of the child and the child-centric focus of the process (s 147 FLA). In practice, due to a limited number of prospective adoptive parents, the adoption process focuses on connecting the right child with
the prospective adopters. There are cases where adoption (including inter-country adoption) is decided before the child has lived with the family as the specialists try to avoid a situation where the child lives in multiple settings before the adoption is confirmed.

The main aim of adoption is to provide a healthy family environment for the growth of every child (s 147 FLA). This principle is the starting point in every child protection intervention in every case where children are in any way involved.

Estonia’s child and family policy does not substantively or systematically focus on the issue of adoption. The Strategy of Children and Families for 2012–2020 does include adoptions from care as a child protection measure, though statements on adoption are potentially conflicting. First, the strategy stresses the need to increase placement of children in family-based substitute care, such as foster care, guardianship and adoption (Ministry of Social Affairs, 2011: 30, 46), instead of residential care. Second, the strategy points out that adoption should only be considered in cases where the ties between a child and their biological family have been fully severed or threaten the child’s well-being (Ministry of Social Affairs, 2011: 47). However, the stress on family values can undermine the child’s interests as the child is placed in residential care for an extended period in the hope that reunification with the biological parents is possible.8

Pre-adoption practices

The adoption process consists of two phases: preparation of the adopter family and the adoptee; and the decision-making process in court. The description of the pre-court adoption procedure is based on several interviews with the head of the substitute care unit of the SIB9 that were conducted especially to collect information for this chapter.

Adoption register

The SIB coordinates the state’s general register of adoptions, which includes information about persons wishing to adopt, as well as the results of the finalised adoptions. This data set is confidential and is only accessible to adoption specialists from the SIB. This centralisation ended the duplication of information about potential adoptive parents and local inconsistencies in adoption practice. Family evaluations and preparation for adoption were also centralised and standardised. Behind this consolidation was the aim to treat all families equally and arrange evaluations free of charge and in a unified system.
Pre-adoption work with the adoptive family

The SIB, in cooperation with local CWS and other specialists (for example, university researchers, officials from the Ministry of Social Affairs and members of interested NGOs), developed the system for a family study. All the preparation of the adoptive families is standardised (see SIB, 2018). Central to the process is working together with families. As the SIB works in four regional centres, its specialists are familiar with local arrangements; adoption also requires good collegial cooperation with the local CWS.

During the first meeting with the family, the potential adopters receive information on different types of substitute care (guardianship, foster care and adoption) and the preparation process (evaluation and support system). As a rule, prospective adopters then have time to think, and they are encouraged to come back if their wish to adopt remains. When necessary, adoptive parents can meet other experienced adoptive parents before making their decision.

The prospective adopters fill in an application and write motivation letters (spouses write them separately). All these documents are registered at the start of adoption preparations and are the basis for family evaluation.

A SIB specialist then conducts a family study, during which they visit the home of prospective adoptive parents and talk with all family members who live together. Families can prepare for these conversations as they receive the discussion topics beforehand. The SIB regards it as essential to assess the motivation of every family member before adoption as there can be underlying motivations or the family might need support or therapy.

Prospective adopters can participate in pre-training through Parent Resources for Information, Development and Education (PRIDE) (a training programme for foster, adoptive and kinship parents), which generally targets foster families but through which adoptive families can also receive support and counselling; the SIB has discretion to make participation in the training obligatory (s 158[5] FLA). Practice shows that some prospective adoptive parents leave the training because the topics of discussion are too personal. During PRIDE pre-training, adoptive families can change their mind and choose to foster instead of adoption. However, if they do not change their mind, general PRIDE training is not obligatory for adoptive parents.

When the family study concludes that the adoptive parents are suitable, they are registered as qualified adoptive parents, and the process of finding a suitable child starts (for 2019 this included 75 families). When interviewed by the authors, the head of the SIB unit stressed...
that it would be best if the child could be placed with the family when the adoption process is ongoing but adoptive parents are deemed to be suitable. This is often not possible as many adoptive parents oppose a placement that is not already agreed as permanent because they are scared that the child, whose parents’ parental rights are not fully terminated, could be returned to their biological parents.

**Finding the right child**

The SIB collects information about any potential adoptive child and contacts the child and their carers to find the best adoptive family for the particular child, while also taking into account and supporting the feelings and considerations of the adoptive family. The SIB documents all such discussions, advice and processes; the data collected are confidential. The SIB takes into account as far as possible the social context of the child and adoptive parents, for example, ethnic background, culture and religion (s 147[1] FLA).

Estonian legislation stresses the importance of knowing the health conditions of both the child and the adoptive parents (s 158[6] FLA). Adoptive parents receive information on any possible congenital diseases and health problems. This was one of the most frequently mentioned problems noted by experienced adoptive parents (Petoffer, 2017).

When interviewed, an SIB official explained that the wishes of adoptive parents often shift – in earlier years, most adoptive parents were looking for a smaller child; today, some older children are also successfully adopted. For example, one family came with a wish to adopt a small girl but when they looked at children who were waiting for adoption, they found a teenage boy who they later adopted. Also, a second family wanted to adopt one child but met three siblings during the process and adopted them all as they did not want to separate siblings.

**Preparing the broader network of the child**

Adoption preparations have to be child-centric and consider the needs of the child (ss 151, 158[6] FLA). Children have the right to participate in adoption proceedings according to their maturity. Adoption potentially influences the well-being of other children in the adoptee’s network. The SIB stresses the need to know and prepare the broader network of the child – biological relatives, siblings and everyone who is connected to the child. The Register of Social Services and Supports (STAR) includes such information about every child in alternative
care in Estonia, with the basic stance that all children have the right to know their life story, which contains all their relations and carers.

An adoption prerequisite is that the biological parents received all possible support and help before the court terminated their parental rights. Biological parents receive information about the planned adoption of their child; they are also informed of the legal and practical implications of adoption (see Supreme Court, Civil Law Chamber [2013] No. 3–2-1–154–13). It is at the discretion of the adoptive family whether and how they wish to keep post-adoption contacts with biological parents. For example, some biological parents leave their photos with adoptive parents so that children can retain an image of their birth parents. The head of the SIB Substitute Care Unit also pointed out in the interview that while they can link up with adoptive families before the court decision, they have no right to intervene in their family life after adoption. At the same time, it could help the adoptive family if they can turn to the SIB with their questions.

**Procedure in the court**

The prospective adoptive parents initiate the adoption procedure in court by submitting their application (s 159 FLA; s 564 Code of Civil Procedure [CCP]). The SIB then provides the court with relevant background information, including a written report on the health, financial situation and housing of the applicants, and provides an opinion on whether the applicants are capable of raising the child, caring for the child and maintaining the child (s 567 CCP). The SIB participates in the court proceedings together with the court-appointed legal guardian (an individual or the local government) of the child (s 158 FLA). The court also assesses the suitability of the adoptive parents and their bond with the child.

The following consents are necessary for adoption: the person wishing to adopt, the child’s guardian (s 153 FLA) and the spouse of an adoptive parent (s 154 FLA). The consent of the biological parent(s) is required when their right to custody is not fully terminated (s 152 FLA). The written consent of the child is obligatory when the child is at least ten years of age (s 151 FLA)\(^\text{11}\); the court should also consider the wishes of a younger child if the child’s maturity so permits.

The court holds one or several hearings to establish the facts of the case and check the required consents. The court informs and hears biological parents separately from the other parties to hear any of their concerns and, when necessary, fully terminate their parental rights. Whether all parties meet simultaneously or separately depends on the
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discretion of the judge but the court has to hear the adoptive parents and the child who is older than ten years. In most cases, the adoptive parents, guardian of the child (usually the local government) and SIB would be simultaneously present at the hearing; the court typically hears the child before the general court hearing. According to the SIB, the court proceedings do not take long, but are concluded within a few weeks.

A single judge in a generalist district court decides the adoption following the CCP and the proceedings are investigative. The court sitting can be declared closed (s 38[1]4 CCP).

**Adoption decision**

The court formalises adoption in a substantiated written order (ss 478[2], 568 CCP), which sets out the information to be entered into the population register, as well as shows the legal basis for the adoption. It also indicates whether the parents consent to the adoption. The ruling enters into force once the adoptive parents receive it (s 268[2] CCP). If adoption is granted, the order cannot be appealed or amended (s 568 CCP), unless one required consent is missing.

Similarly to the Soviet system, modern Estonian law emphasises adoption secrecy (s 164 FLA). The objective of adoption secrecy is to guarantee the protection of the private life of children, biological parents and adoptive parents, and to prevent undesired interference or possible discrimination. Thus, access to the court order and the case file is limited to the adoptive parents, the child and officials who need to enter the information into the public databases (s 164 FLA; s 59[4] CCP).

Biological parents cannot get information about the adoptive family; it is in the discretion of the adoptive family to establish such contact if they so wish. To resolve this situation, the SIB consults adults who were adopted as children and who want to find their biological relatives.

**Costs relating to adoption**

Adoption preparation is free of charge. The costs of the parties in the court proceedings are typically covered by themselves; state legal aid covers the costs of the child’s legal representative. Section 23 of the Family Benefits Act 2017 provides for the right of adoptive families to a one-off payment of adoption allowance (€320 on 1 January 2020). Otherwise, adoptive families receive universal child support benefits and the time for adoptive leave is equal to maternity leave.
Consequences of adoption and post-adoption care

Adoption terminates all prior family relationships of the child with and the rights and obligations arising from them (s 162 FLA). The court can, however, require the relationship between siblings to be maintained. In order to protect the child’s right to identity, specialists in the SIB advise adoptive parents to think about the opportunity to tell the child about the adoption. Such an approach is supported by evidence that factual information can prevent some traumatic effects of adoption; the precise approach depends on the adoptive child’s maturity and interest in their life story.

Per 2020 the Estonian adoption system does not have an aftercare service for either inter-country or national adoptions. Often, the child is not living with the adoptive family before the adoptive process, and moves to the family only after the adoption process is completed. Pre-adoption contact between the adoptive family and the child is also often limited; however, once the adoption process is completed, these families are effectively left alone. There are no special support services, nor is the child’s adaptation or well-being evaluated after adoption.

Inter-country adoptions

Inter-country adoption appeared during the first years of independence (Valkama, 1993; Vetik, 1995), when Estonia started adopting its children in care to suitable families abroad. After ratification of the Hague Convention on inter-country adoption in 2002, Estonia limited the extent of inter-country adoptions, and in 2020, it allows inter-country adoptions (mainly to Sweden) to a minimal extent. These adoptions are coordinated by the SIB and require cooperation from the CWS of the receiving state, which prepare the documentation relating to adoptive parents. Otherwise, such cases are decided by Estonian courts and follow the same procedure. Whether these families receive aftercare depends on the national system for adoptive parents.

Reflections from adoptive parents

Adoption from care has received scarce attention in academic research in Estonia. A few master’s theses have been published on this topic (Bonder, 2012; Petoffer, 2017); some focus on inter-country adoptions (Amberg, 2014; Karu, 2015).
In 2020, a small inquiry, ‘It’s my story’, was carried out, where 107 respondents answered a questionnaire, followed up with some personal face-to-face interviews (MTÜ Oma Pere et al., 2019). Most adopters in this study had experiences with the unreformed adoption system. Respondents typically mentioned the long waiting time as problematic. As an example, one adoptive mother waited for three years for her child who was placed in residential care from birth, even though the child was born after she had already been positively evaluated and prepared for adoption, and the child’s biological mother had not opposed the adoption. A total of 68 of 107 respondents mentioned that they received insufficient information about the health condition of the child. Some adoptive parents continued to gather information about the biological parents in order to prepare for the child’s possible questions (MTÜ Oma Pere et al., 2019).

**Conclusion**

Estonia has moved a long way during its independence and has, in recent years, aimed at providing family-based care for all children. This has not yet been a full success story. The number of children in guardianship is increasing as the state has been able to mobilise kinship placements. This approach is in harmony with Estonia’s general concept of family protection, whereby children brought up by relatives are seen to have a better chance for reunification with biological parents compared to those who are adopted. Adoption statistics show a decrease, which is partly due to the decrease in the number of inter-country adoptions but also indicates that it is difficult to find suitable adoptive families.

Services provided to adoptive families follow the earlier understanding: they are equal to biological families that have to cope with bringing up children alone. Adoption places the child back under family care and ends all types of state intervention. This approach is evident in the focus on adoption secrecy and the limited obligatory training for adoptive parents. Redefining adoption secrecy in Estonia is not an easy process. Instead, it requires changes in understandings of the child as a subject of their own life. Pre-adoption work with the child’s wider network and attempts to secure relationships with siblings despite the adoption is a positive feature of the Estonian system. Whether these contacts are, in practice, retained requires further research.

**Acknowledgements**

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Notes
1 Kinship adoption or adoption by the step-parent.
2 The authors are grateful to the Head of the Substitute Unit of the Social Insurance Board, Ms Nadezhda Leosk, for detailed data and explanations of the pre-court procedures and practices.
3 See generally, for example, Taagepera (1993).
4 A total of 213 until 2017 and 79 since 2017 under the Territory of Estonia Administrative Division Act 1995.
5 Adopters wishing to adopt a child registered themselves in different counties and were matched with the first suitable child available for adoption from wherever.
6 Estonian legislation refers to residential care units as ‘substitute homes’.
7 Estonian legislation has omitted ‘best’ and uses the term ‘interests of the child’ (Luhamaa, 2015: 148–51).
8 Services for biological parents whose children are removed are limited; their focus is on providing visitation opportunities, provided the interactions are relatively good. There are no specific services that could improve parents’ parental capacity (Ministry of Social Affairs, 2011; Osila et al, 2016).
9 See: www.sotsiaalkindlustusamet.ee/et/lapsed-pered/lastekaitse/lastekaitse-osakonna-kontaktid (accessed 1 April 2020). The interviews were conducted in August 2019 by Judit Strömpl.
10 Lapsendamise ettevalmistamise käigus läbiviidavad kohustuslikud toimingud ja nende sisu, lapsendamise sooviavalduses esitatavate andmete loetelu ja Sotsiaalkindlustusameti kogutavate dokumentide loetelu ‘[Obligatory steps to be taken during the preparation of adoption and their content, list of information to be provided in the application for adoption and list of documents to be collected by the Social Insurance Board]’ (2018) RT I, 31.01.2018, 3.
11 Interestingly, the FLA 1995 initially had the age for consent at seven years. Furthermore, the FLA 1995 included the Soviet-era principle that when the child had lived in a family and did not know their past, they could be adopted without the consent of the child. The FLA 2010 did not include this possibility.

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Supreme Soviet Presidium of USSR (1944) ‘Riikliku abi suurendamisest rasedatele naistele, laterikastele ja vallasemadele, emade- ja lastekaitse tugevdamisest, aunime “Sangar-ema” sisseseamisest ja ordeni “Ema au” ning medali “Emamedal” asutamisest’ [‘Decree on increasing state support to pregnant women, women with many children, single mothers, increasing protection of mothers and children’], ENSV Teataja 1945, 4.


