



# Equality and quality for all? - Young people in child welfare

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# Outline of the presentation

- Current wellbeing of the Finnish youth.
- Young people in child welfare.
- Psychiatric diagnoses and need for out-of-home care among young people.
- Suggestion for improving care in child welfare.

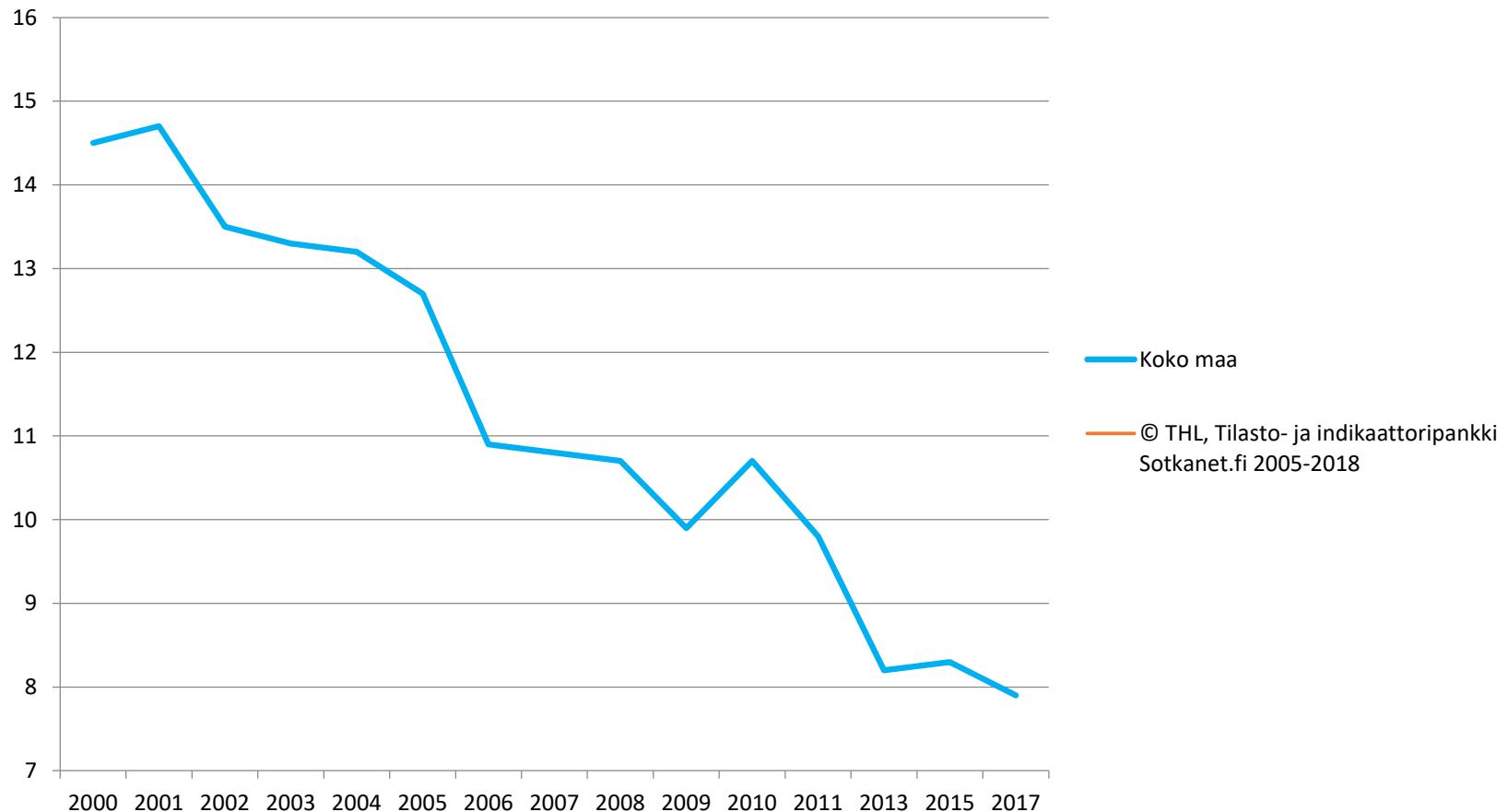


# Equality among children and young people in Finland

- In the end of 2017, there were 5,5 million people living in Finland, of which 1,1 million (20 %) were 0 to 18 years of age.
- According to a recent Report by Unicef (Innocenti Report Card 13) Finland is among the most equal of 41 EU & OECD countries for children.
  - Income, schooling, health and satisfaction in life.
  - 1<sup>st</sup> place for Denmark, Finland in the second place with Norway and Switzerland.
  - Iceland in the 20<sup>th</sup> place, and Sweden in the 22<sup>nd</sup> place.
- Several factors indicate that young Finns are doing better than before.

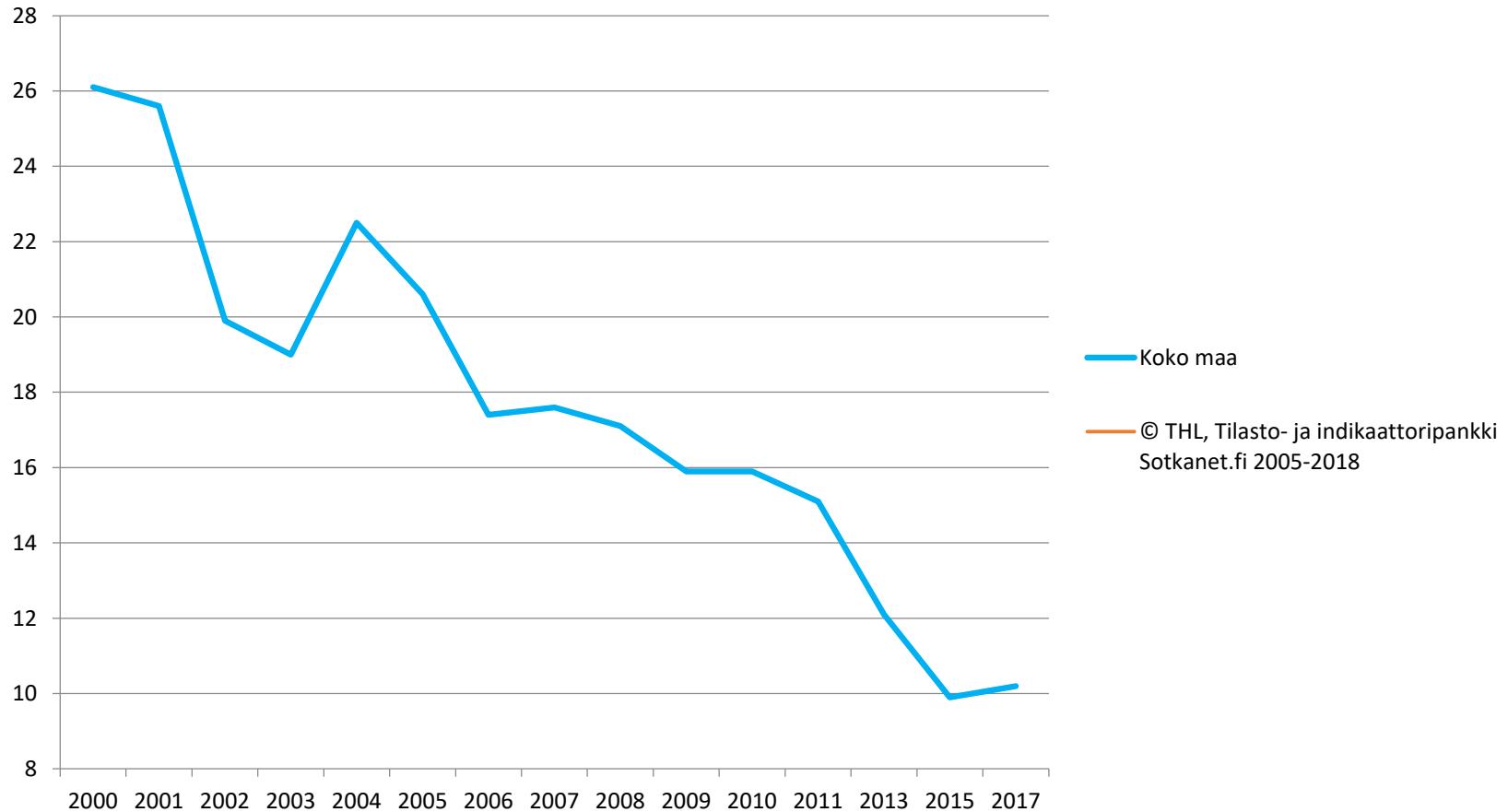


# % of 14-15 year olds that have problems discussing with their parents (Source: School Health Survey)





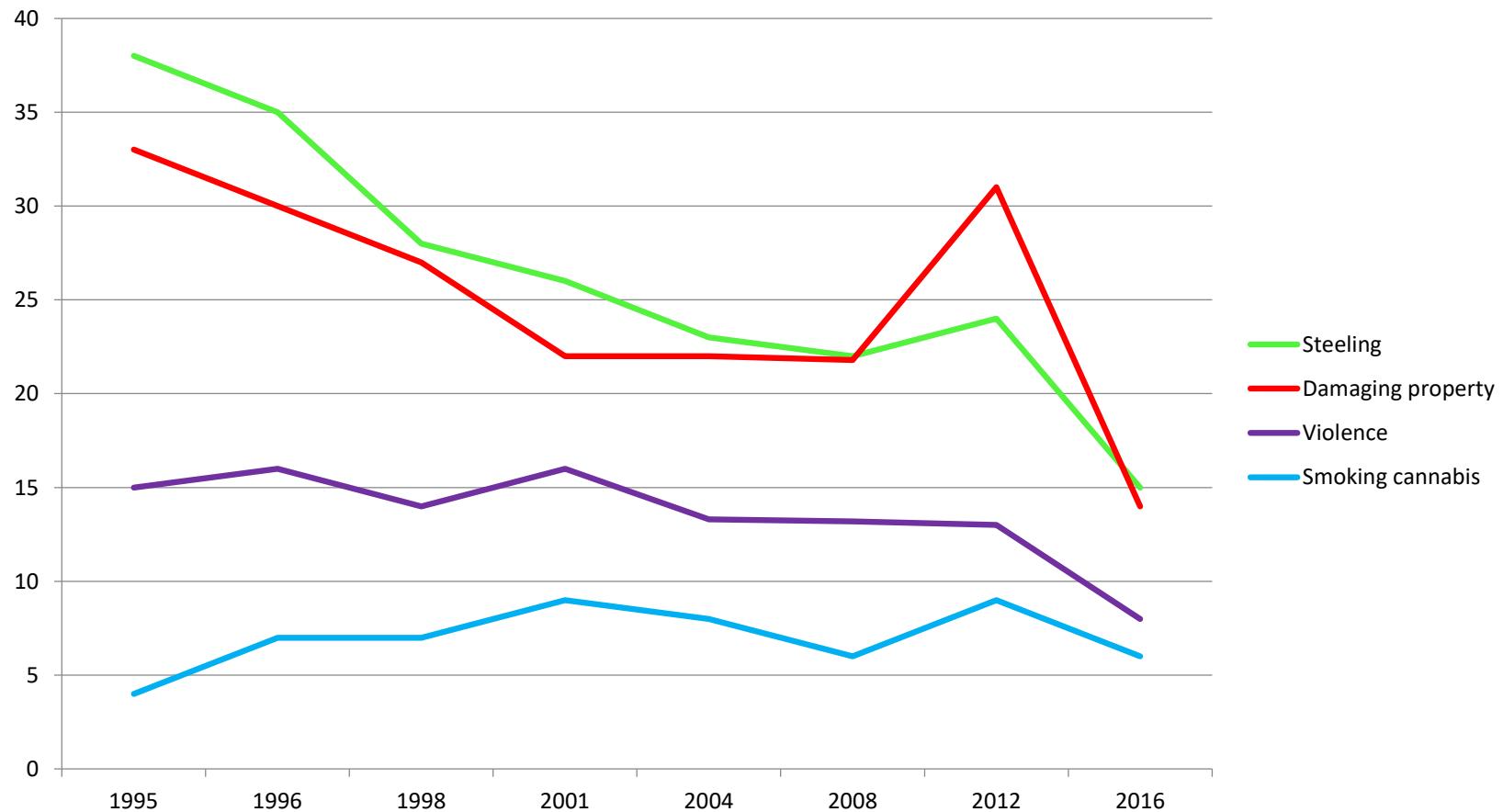
# % of 14 to 15-year olds being drunk at least once a month (Source: School Health Survey)





# Self-reported crime by 15 – 16 year olds in Finland

(Source: Institute of criminology and legal policy)



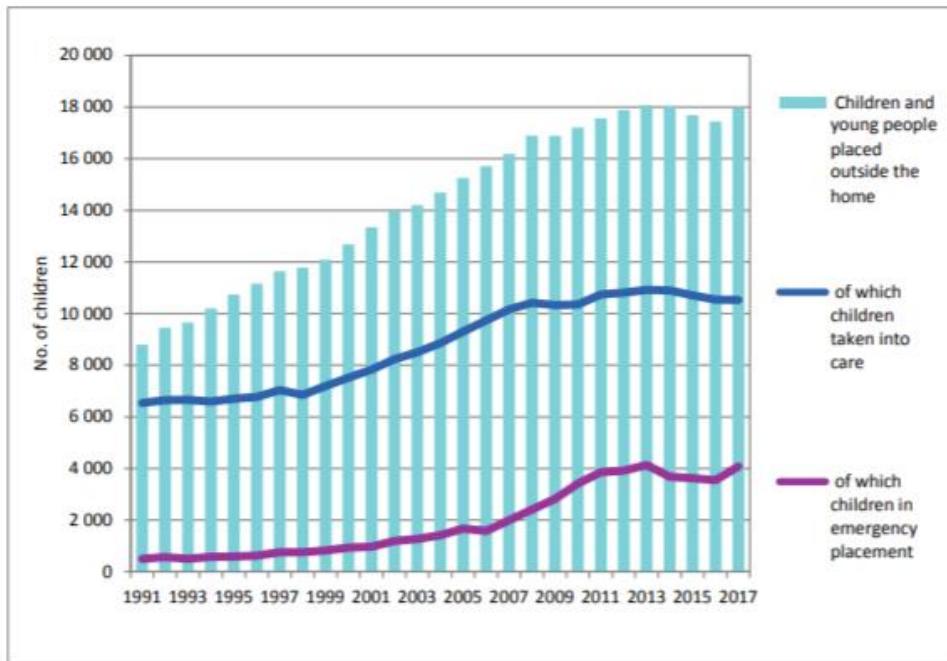


# Child welfare in Finland

- In Finland, likewise in other Nordic countries, child welfare system is responsible for all the children aged below 18 that are in need of protection.
- Currently, the preventative services in other sections fail to deal with the youth → pressure to the child welfare services.
- For the past decades, the amount of 13 to 17 year olds in child welfare has increased significantly.
- Child welfare services lack practices that are offered in-home (e.g. open care services) and are directed to youth.
  - Same social workers work with both children and young people.
  - Family work, day care, support families and other in-home support do not apply to youth.
  - Multi-professional work with social work, school, youth psychiatry, police and youth work is project-based, under resourced, and random.
- Partly because of lack of adequate services, partly because of the severity of the cases, young people are often placed in out-of-home care.



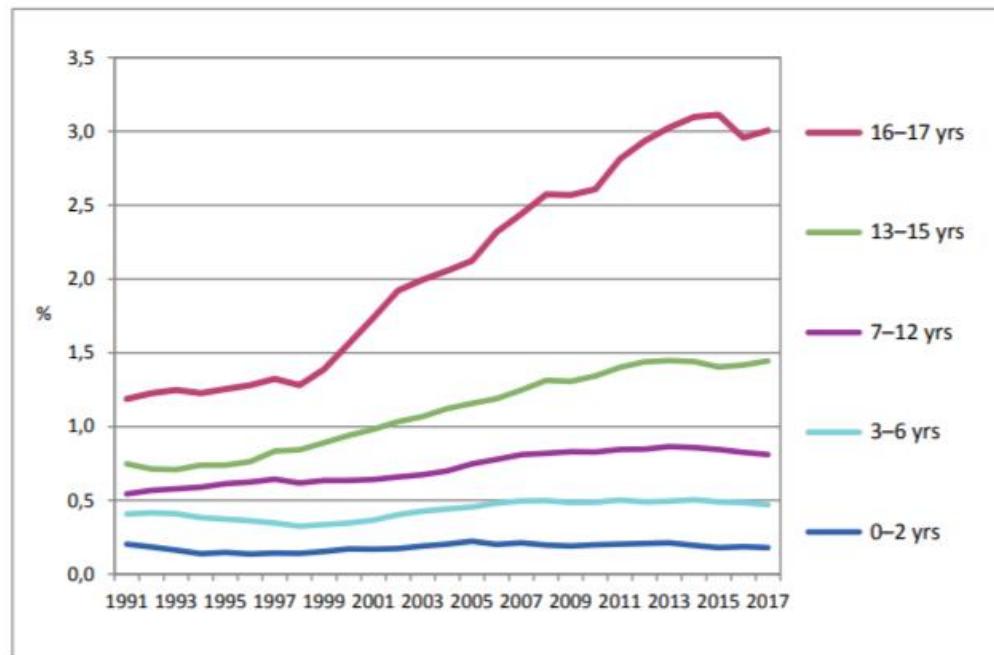
# The total of children and young people placed outside the home including the numbers of children taken into care and children in emergency placement , 1991–2017\*



\* The same child may be included both under children in emergency placement and children taken into care.



# Children placed in out-of-home care during the year as a percentage of the population of the same age in 1991–2017 (age at 31.12)



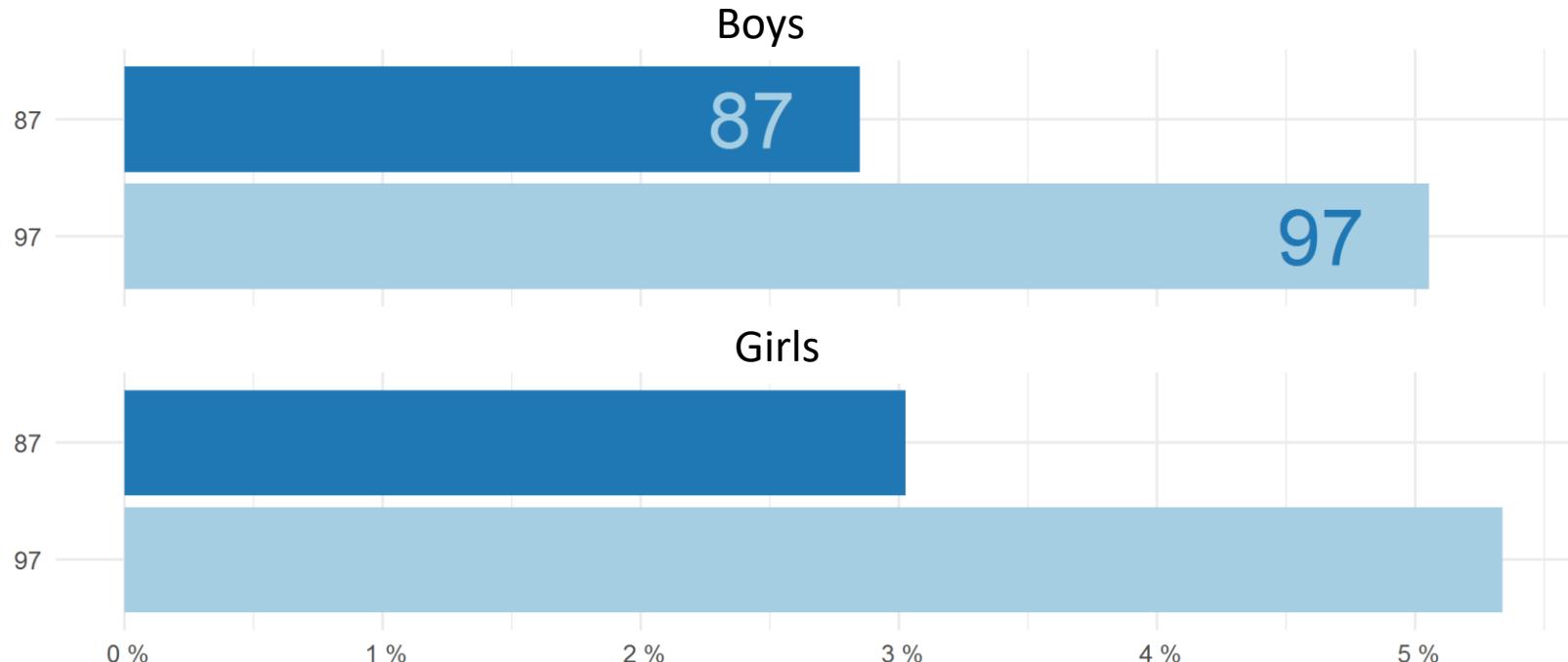


# The 1987 & 1997 National Finnish BIRTH COHORTS





**Percentage of cohort members in out-of-home care before age of 18\***



\*data is scraped before 1991 and 2001 for 87- and 97-cohort respectively to make the data comparable

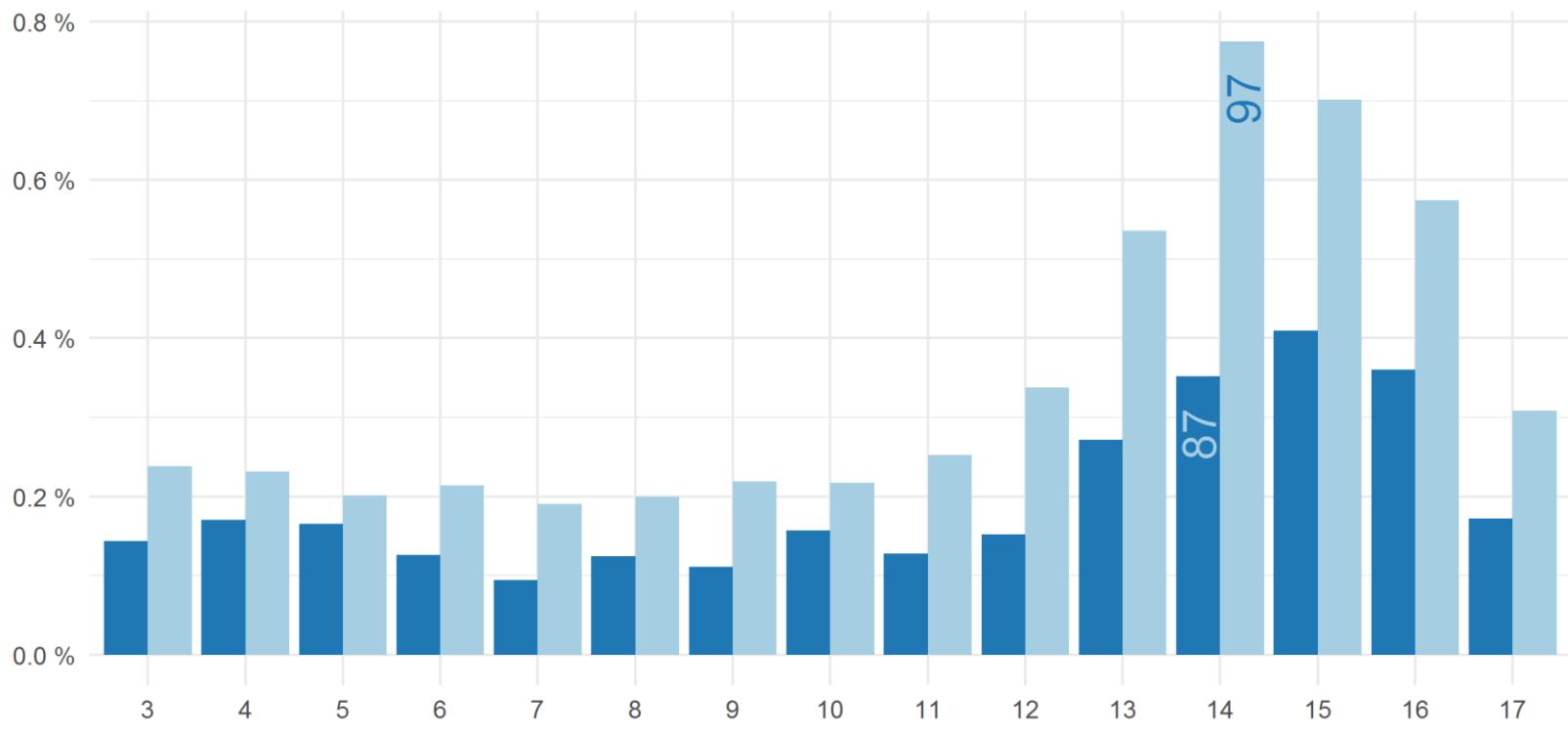
Source: Finnish Birth Cohort 1987 & 1997



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### Distribution of the first out-of-home care by age



Source: Finnish Birth Cohort 1987 & 1997



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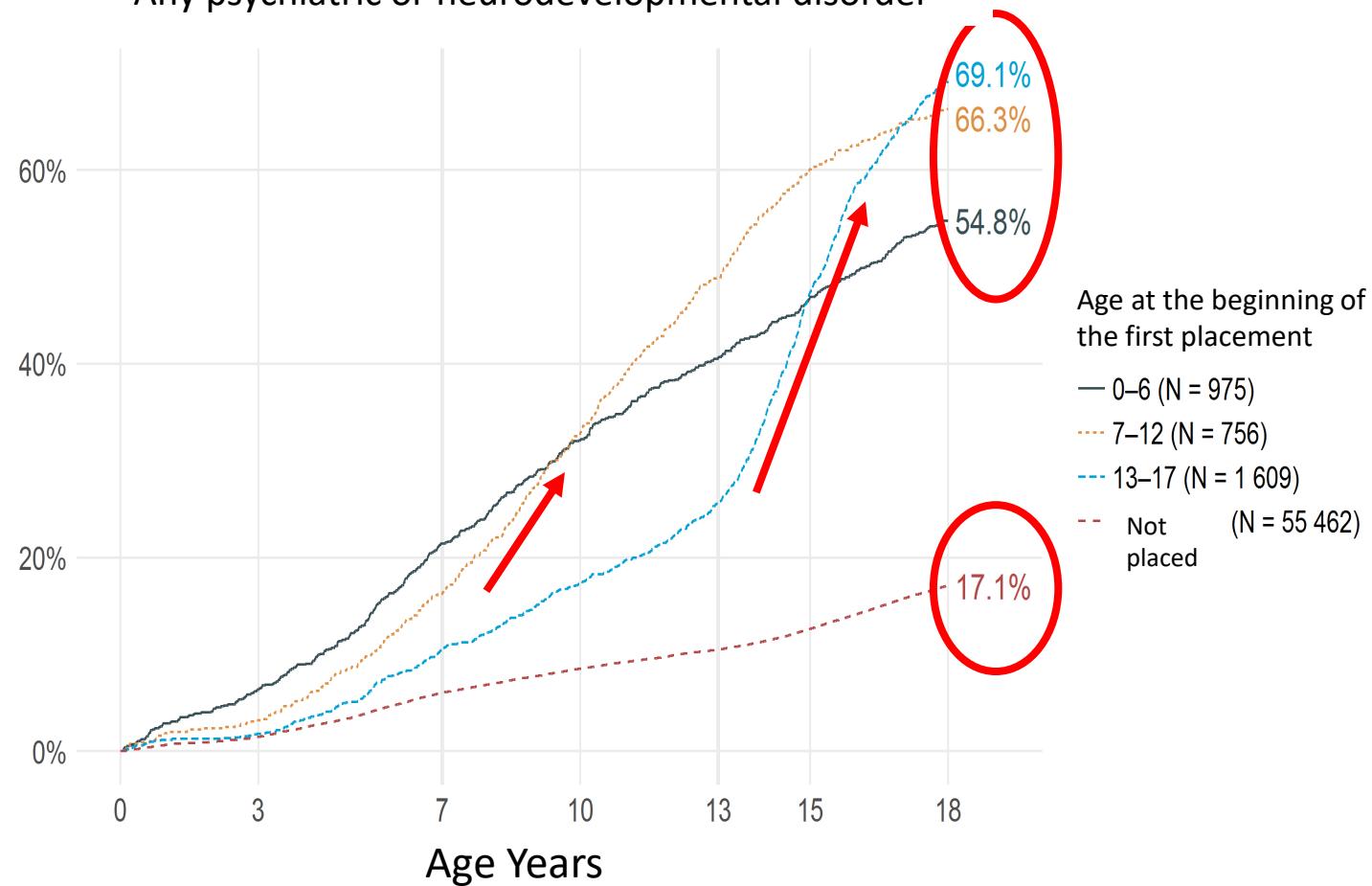
# What is going on?

- There is an evident youth issue in the Finnish child welfare system.
- There are different explanations for the development.
  - Cut backs in other social & health services.
  - Adult's alcohol consumption and mental health issues.
  - Changes in family life.
  - Changes in working life.
  - Growing demands for education.
  - Tightening of social control.
  - Increase in psychiatric diagnosis.
- In order to test the last hypothesis, we wanted to see:
  - How many of those placed in out-of-home care, were diagnosed with psychiatric or neurodevelopmental disorder compared to their peers?
  - What was the comorbidity of these factors?
  - Were placements and diagnosis timely interlinked?

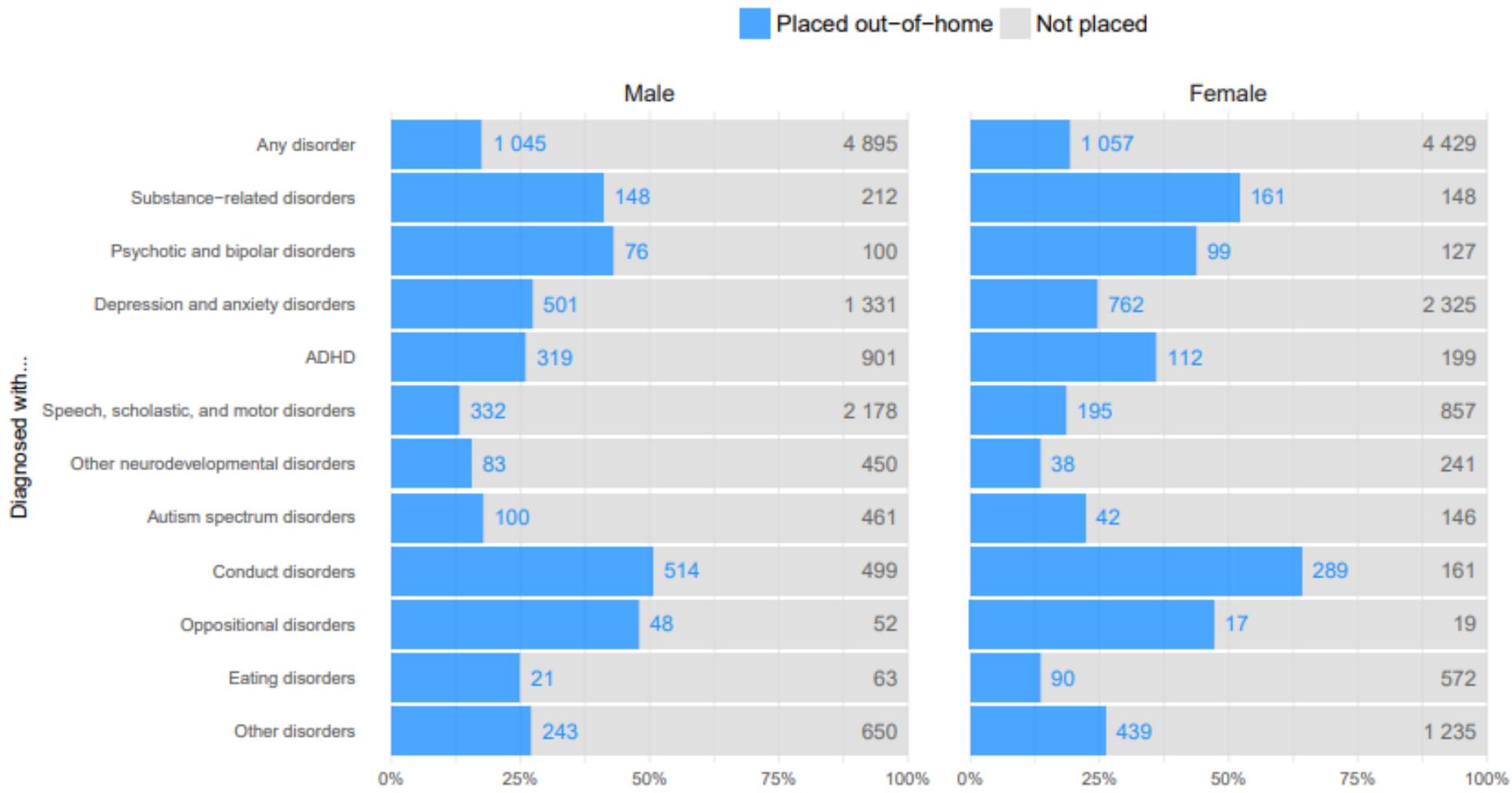
# Diagnosis of psychiatric and neurodevelopmental disorders among the children placed in out-of-home care and others among the birth cohort 1997

The proportion of the children being diagnosed

Any psychiatric or neurodevelopmental disorder



# Those being diagnosed in out-of-home care among the 1997 birth cohort



Source: Finnish Birth Cohort 1987 & 1997

## In other words

- 63 % of the children being placed in out-of-home care had a psychiatric or neurodevelopmental diagnosis.
  - Among others, this figure was 17 %.
- 10 % of these children placed in out-of-home care had four (4) or more diagnosis
  - Among others, this figure was 0,5 %.
- Over 50 % of children with conduct disorder or substance related disorder, over 40 % of those with psychotic or bipolar disorder, and 25 % of those with ADHD or anxiety/depression disorders, had been in care.
- Placement and diagnosis were timely interlinked in many of the disorders.
- It is fair to say that the Finnish child welfare system is dealing with a massive input from the psychiatric services – and vice versa.
- It is also fair to say that the young people that are in child welfare require care that can deal with their multiple problems.

# What is "care" with young people?

- Young people are often placed in residential, not family, care.
- Finnish residential units in child protection are quite small and based on openness.
  - Opportunities for schooling, family support, therapy and leisure activities.
- However, recent investigations cast shadows on the reputation of institutional care.
- Register based studies indicate that children and young people that are placed in out-of-home care fair worse than their peers in several dimensions of well-being.
  - School performance
  - Work trajectories
  - Mental health
  - Criminal behavior
  - Mortality
- Recent investigations and research projects have produced many suggestions for improving the quality of care for children and young people.

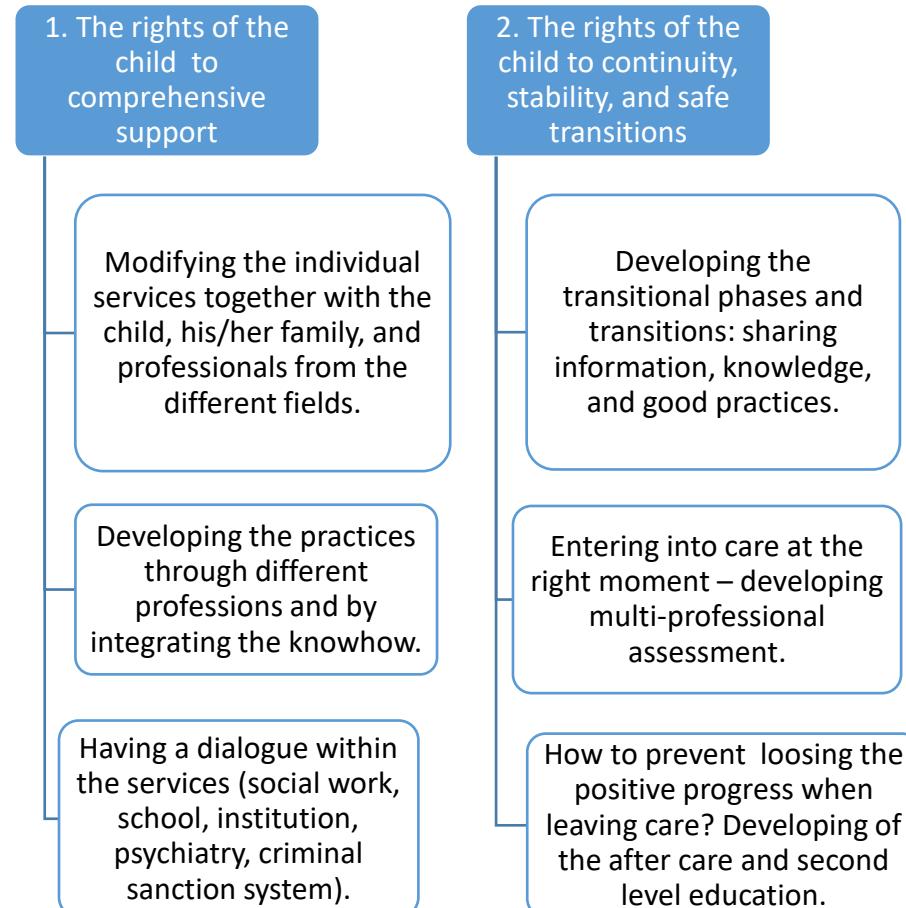
# Suggested improvements by national investigations

- More resources for monitoring of the child welfare and especially out-of-home care, including annual evaluations and regular auditions.
- National guidelines for good quality.
- National council for evaluation of child welfare.
- National research centre for children, young people and families.

# Suggested improvements by the managers

- The position and profile of different institutions will be clarified, and the placements of children will be based on their needs – not on competition or the resources of the municipalities.
- The guidelines, including the legislation, will be clarified and enable good care.
- Collaboration between different agents, institutions, and professions in the field will be enabled.
- Resources of the social workers will be improved so that they will have time to concentrate on their client's both before, during, and after the placements.
- Institutions will be given their legitimacy in participating in the care process of the child.

# Suggested improvements by the care-takers



# Suggested improvements by the young people

- On the structural level.
  - More resources to the preventative and in-home measures.
  - More resources on monitoring in child welfare.
  - More openness and transparency in child welfare.
  - Better facilities for the institutional care.
- On the individual level.
  - Humane, empathic, and motivated workers in child welfare.
- On the relational level.
  - Having an opportunity to create trusting relations to people that help to heal the experiences of insecurity, neglect, and disappointments.
  - Meeting the children from eye to eye, and explaining them, why things have gone wrong, and why certain steps are being taken.
  - Listening to children, not only during the child welfare processes, but afterwards as well.

## Concluding comments

- Despite Finland doing so well in international comparisons, equality of children and young people is not inclusive.
- Child welfare does not succeed in compensating the inequality of those children in out-of-home care (Sallnäs, Wiklund & Lagerlöf 2010).
- Major steps in improving the situation of these children must be taken.
- Failing to do so is not protecting, but participating in the chains of neglect.

*"...systematic and continuous failures of care have profound impact on a person's character and how they relate to others. (--) When whole groups fail to care, cultures of hate, retribution and vengeance can be created that reproduce the traumatic conditions of their own making.*

*The experience of being cared for is essential in developing the capacity to care." (Hollway 2006)*

*Thank you!*



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