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\textsuperscript{st} place for Denmark, Finland in the second place with Norway and Switzerland.
  • Iceland in the 20\textsuperscript{th} place, and Sweden in the 22\textsuperscript{nd} 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.

Source: Child welfare. OSF. THL
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

Parents

**Born in 1987**
N = 59,476
Women = 29,641
Men = 30,435

**Parents**

**Born in 1997**
N = 56,602
Women = 28,623
Men = 28,879

**Parents**

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

**Boys**
- 1987: 87%
- 1997: 97%

**Girls**
- 1987: 33%
- 1997: 97%

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

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

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

Age at the beginning of the first placement
- 0-6 (N = 975)
- 7-12 (N = 756)
- 13-17 (N = 1609)
- Not placed (N = 55,462)
Those being diagnosed in out-of-home care among the 1997 birth cohort

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 of 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

1. The rights of the child to comprehensive support
   - Modifying the individual services together with the child, his/her family, and professionals from the different fields.
   - Developing the practices through different professions and by integrating the knowhow.
   - Having a dialogue within the services (social work, school, institution, psychiatry, criminal sanction system).

2. The rights of the child to continuity, stability, and safe transitions
   - Developing the transitional phases and transitions: sharing information, knowledge, and good practices.
   - Entering into care at the right moment – developing multi-professional assessment.
   - How to prevent losing the positive progress when leaving care? Developing of the aftercare and second level education.
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!
Literature


https://helda.helsinki.fi/bitstream/handle/10138/152541/TTA76_Savolainen_Hinkkanen_Pekkarinen_2007.pdf?sequence=1


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