



Actions carried out and the results related to the WS2 (Capacity Building process) in Finland

Research manager Elina Pekkarinen (Dr.Soc.Sc) & researcher Noora Hästbacka (M.Soc.Sc)

Finnish Youth Research Network

Fact for Minors – meeting

Porto

16 – 18.1.2018



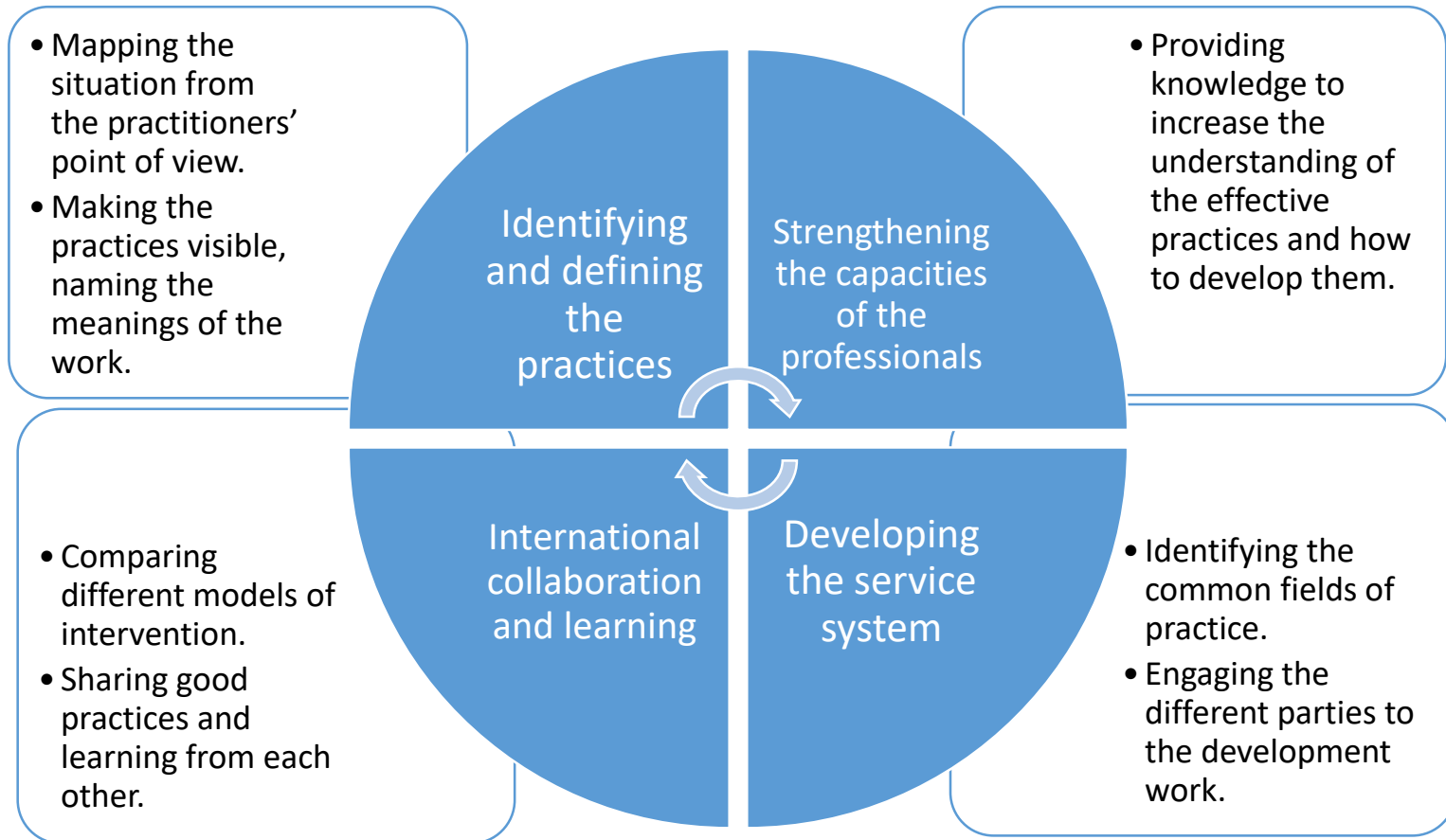


Proceeding of the project in Finland

- The research and development carried out in the project can be divided into the following areas.
 1. Identifying and defining practices
 2. Strengthening the capacities of professionals
 3. Developing the service system
 4. International co-operation and learning
- These areas can be understood as consecutive stages of the process, but at the same time as overlapping parts of the project



Proceeding of the project in Finland





Identifying and defining the practices

- Identifying Finnish practices by desk research: naming and describing effective intervention policies to meet the needs of children in a timely and effective manner, identifying existing practices and relevant features of the work.
- A thorough analysis of the specialized units in two reform school institutions – a private and a state own – highlighting the weaknesses and strengths as well as the development needs.
 - Studying the professionals' experiences of their work, ways of collaboration and opportunities for young people's rehabilitation and realization of rights.
- Based on these studies these care models and practices will be developed to better fit the purpose.



Strengthening the capacities of the professionals

- Raising awareness and launching a debate on the realization of the rights of children placed in care and that are in the margins of the society
 - Presentations in conferences, seminars, and meetings, inviting meetings and keeping in contact with different parties: practitioners in the field, national experts, decision makers, and researchers.
- Sharing information about development needs and good practices (first-stage results).
- Making the practices visible, increasing the understanding, transparency and appreciation of the work, and identifying critical points.
- Reminding of the position of these children and of the need for corrective measures in the middle of a major societal transformation process, i.e. the reform of the social and health services in Finland SOTE.



Developing the service system

- The critical points and development needs of the service system's structures and practices are highlighted. This development work is done with local partners, the national expert group and the international cooperation network.
- Strengthening the structures of the service system and strengthening multidisciplinary collaboration: engaging the various actors in developing services and identifying and recognizing a common area of practices.



International collaboration and learning

- Introducing Finnish care models from which other countries can learn.
- Learning from other countries' practices and models.



Results

- In the previous meeting held in Barcelona, we represented the immediate results found in the interviews.
- Since then, we have aimed at clarifying them and making national recommendations for development of multidisciplinary care in different institutions.



Good practices

- Taking care – not punishing – these children is a priority
- Small units and high ratio of staff allow individual lines of care and child-based support
- The starting point for rehabilitation is getting to know the child, understanding the development and directing the gaze from problems to abilities
- Integrating special expertise and support into the child's growth environment - intensive, comprehensive and long-lasting support for everyday life
 - A pair of personal key-workers, and corrective interaction with adults
 - Stability and a safe growth environment
- Shared willingness to develop multidisciplinary work and to solve the challenges posed by the service system to collaboration – developing and testing of different working practices
 - For example, a psychiatric nurse attending the department, joint meetings, a shared treatment model, where the key-worker attends the therapy and other meetings together with the child.

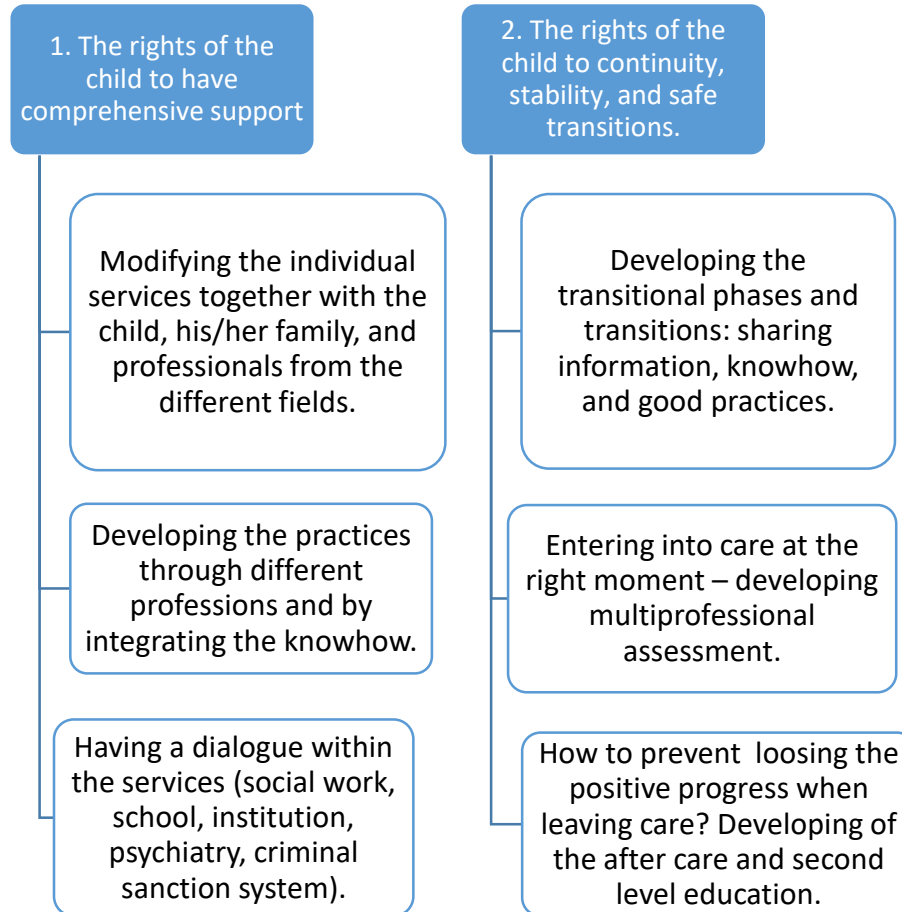


Main challenges

- Boundaries in between the different services: lack of a common forum for discussion, problems in transferring theoretical, general, and individual knowledge and information, lack of mutual trust and respect.
- Lack of skills in the system: moving of certain young people from one service to another, the lack of knowledge in the field (particularly norms and legislation, multidisciplinary practices)
- Lack of time: placement in the reform school is delayed, leaving care cuts the relationships and rehabilitation process, after-care deficiencies.
- Isolating young people from their community and society: are young people gaining their ability to live outside the unit? Second degree education, employment, health, and social relations cause challenges after leaving care.
- Learning from the young people's perspective: how do they experience interventions? Care or punishment?



Development needs in the care process





Optional ways of arranging support in the reform schools

Integrating the services to the units

- **Specialization and centralized services.**
- Increasing psychiatric knowhow in the unit particularly by providing medical care.
- Integrating psychiatric support in the every-day life of the units.
- Developing the treatment models inside the unit, utilizing the peer relations.
- **Secures the intensive support.**

Constructing networks outside the units

- **Collaboration and decentralizing the services**
- Having forums for discussions and keeping in touch.
- Sharing responsibilities between the institutions and the health services.
- Supporting the relations outside the institutions – hobbies and rehabilitative services.
- **Secures the continuity.**



Implementation and dissemination of the results

Presentations and discussions held

- Key note presentation in Finnish. Meeting of the National Multidisciplinary Expert Group for Research in Child Welfare, National Institute for Health and Welfare. Audience app. 20 people.
<https://www.thl.fi/fi/tutkimus-ja-asiantuntijatyo/hankeet-ja-ohjelmat/monitieteisen-lastensuojelututkimuksen-kansallinen-asiantuntijaryhma> Place: Helsinki. Time: 30.3.2017
- Key note presentation in Finnish. Seminar for Advisory Boards of the Central Union of Child Welfare on the collaboration of child welfare and psychiatry. Audience app. 50 people representing the members of the Central Union of Child Welfare.
<https://www.lskl.fi/english/> Place: Helsinki. Time: 16.5.2017
- Meeting with the Finnish Ombudsman for Children Tuomas Kurttila on the rights of the children placed in reform schools. Place: Helsinki. Time: 31.8.2017.



- Key note presentation in English. Symposium of the International Euromet -network. Audience app. 100 people representing an international youth care alliance from Belgium, Finland, France, Germany, Netherlands, Poland, Romania, Slovenia, Sweden, United Kingdom and Denmark. <http://www.euromet.in/> Place: Helsinki. Time: 20.9.2017.
- Lecture in Finnish for the students specialising in child protection. Audience app. 20 people. Diaconia University of Applied Sciences. <https://www.diak.fi/en/> Place: Helsinki. Time: 5.10.2017
- Presentation in Finnish for the managers and the Directory of the Finnish Reform Schools and Prisons' Family Unit, National Institute for Health and Welfare. Audience app. 12 people. <http://www.valtionkoulukodit.fi/> Place: Helsinki. Time: 18.10.2017.
- Presentation at the Finnish Conference for Youth Studies. Audience app. 25 people. <http://www.nuorisotutkimusseura.fi/seminaarit/nuorisotutkimuspaivat/nuorisotutkimuspaivat2017> Place: Oulu. Time: 2 - 3.11.2017.



- Attending a meeting invited by the Ministry of Justice to discuss the position of minor prisoners in Finnish prisons together with the Ministry of Justice, Ministry of Health and Social Affairs, Ministry of Internal Affairs, National Institute for Health and Welfare, Criminal Sanctions Agency, and Central Union for Child Welfare. Attending app. 14 people. Place: Helsinki. Time: 13.11.2017.
- Key note -presentation in Finnish. The 3rd Conference for the Multi-disciplinary knowledge in Child Welfare with a theme: What's on mind? The Common Interfaces of Child Welfare, Mental Health and Well Being. Audience app. 200 people. The presentation is recorded and open for access at https://www.youtube.com/watch?v=3TmQLBF_BYY&t=2847s Place: Helsinki. Time: 30.11.–1.12.2017.
- Key note -presentation in Finnish. Seminar on the interfaces of the reform schools and the service system. Organized by the Finnish Governments Key project - Program to address reform in child and family, Ministry of Social Affairs and Health. Audience app. 40 people. Place: Helsinki. Time: 16.1.2018.



- Forthcoming two local seminars for the professionals in the area (app. 40 people in each seminar)
 - In Mikkeli, Eastern Finland 13.2.2018
 - In Turku, Western Finland 21.3.2018
- The National Advisory Board has held two meetings: 10.4 and 16.11.2017.

Publications

Draft report of the results both in Finnish and in English

Pekkarinen, Elina (2017) Lapset, nuoret ja rangaistukset [Children, young people, and punishments]. Haaste-lehti [Magazine for criminal policy, published by the Ministry of Justice] 3/2017.

<http://www.haaste.om.fi/fi/index/lehtiarkisto/haaste32017/lapsetnuoretjarangaistukset.html>



What are the indicators for success in the future?

- Different service sectors (child protection, psychiatry, criminal sanction system) can communicate and understand each others' expertise.
- The knowledge and treatment skills in conduct disorders has been increased in all the professional areas (including psychiatry).
- The field of services for children and adolescents has a holistic system, both on a structural and individual level.
- In addition to individual level, collaboration works on the structural level.
- The services have sufficient resources on all levels (staff, time, estates, research etc.)
- Aftercare and continuity of the support are taken care of.



Finally

“Often these kids don’t even want to have any meetings. There is this continuing contradiction that the social worker states that ‘the young person has to attend therapy so that somebody would open his emotions’ [--] that ‘He has these traumas, and he has to talk about them’. Meanwhile the young person is not at all interested in talking about anything. Quite the contrary, the whole idea makes him terrified. We don’t have magic tricks with which we can open anybody’s emotions here in our office – or in general.” (Youth psychiatrist in the interview)

Should we ask these things from the young people themselves?

Thank You!



For more information

Researcher Noora Hästbacka

noora.hastbacka@youthresearch.fi / +358 44 4165395

Research manager (temp.) Elina Pekkarinen

Elina.pekkarinen@youthresearch.fi / +358 40 8468624

Finnish Youth Research Network

Asemapäällikönkatu 1

00520 Helsinki