**Children’s rights and alternative care**

Introduction:

This written submission is based on the views of young people with lived experiences of alternative care. The group of eight young people aged 18–25 work together as experts by experience as a part of project run by Finnish child welfare NGO Pesäpuu. The project and group are run by two employees of Pesäpuu whom both also have lived experiences of alternative care and are under 30-years old. The group meets approximately twice a month and the young people who are part of it have rich backgrounds in alternative care, usually multiple placements, but also two young people with experiences of being foster family’s biological child.

In Finland there are no clear structures in government or municipalities, which are responsible of alternative care, of this kind of participatory work in the field of alternative care so that work is mainly in the hands of NGOs and different temporary projects.

In the group meetings we have had discussions on the four main principals of the UN convention on the rights of the child. With the discussion on the principals, we aimed to understand better how the UN convention on the rights of child had actualised in the lives of the group’s members in alternative care. We also wanted to gain deeper understanding of the things that need to be changed, which faults in the system young people most want to change and what are the things that already works. The discussion was not held this submission as the goal, but the group felt like this would be a good way to impart the knowledge they have and use the material we had already gathered through the discussions.

The group felt like the questions about high-quality care were the most suitable ones to pick for this submission because the rights of the child should be at the centre of high-quality care. After the questions which we wanted to answer were chosen we held one more conversation about them. All the young people in the group had the chance to comment the final version of this submission.

**How would you define high-quality care?**

The question of how one would define high-quality care is a big one and it includes many different things. In the group’s opinion at the heart of high-quality care are participation, inclusion, involvement, safety, individuality, interaction, well being and equality. Safety means roof over head and food on the table. It also includes own personal space, and that adults respect that, own possessions and boundaries based on mutual discussions and understanding. Rules and regulations should be considered individually based on the age and maturity of the child. A safe alternative care is homelike and communal place were young people and adults do things together.

Children in alternative care should have interaction and community in which they can grow up. The group sees that every child in care should have the possibilities to spend free time together with other children and safe, trustworthy adults. Do different things together and make shared memories for the future. In the children’s lives in alternative care should be social worker, other safe and trustworthy adults, like the counsellors in residential settings, foster parents and after care workers.

Large part of high-quality care are adults (i.e. social workers, foster parents, residential care home employees) who are available, reliable, trustworthy and humane. At this moment, the major problem in Finnish child welfare and alternative care is that the adults, especially professionals, change very often and the resources are scarce, which means professionals does not have time to create a meaningful and lasting connections with the children. Our group sees that our alternative care system needs professionals who are committed and have the needed faculties to care and support children, young people and their families the best way possible.

The young people in our group are worried about the challenges the professionals face and strain the work has on them. High-quality care needs professionals, and other adults like foster parents, whose work communities promote wellbeing in work and workplace. In addition to reliable professionals high-quality care supports the child’s other meaningful relationships during and after care. For example, the possibility to place siblings into same placement, supporting and enabling the child’s communication with the people they say are important for them are key factors of high-quality care. The alternative care system should do a better job fostering connections with the people that children themselves feel like are important to them. Instead, for example, of having the children choosing sides between the placement’s adults and their birthparents. The connections between a child, the professionals and other people that are important for the child are crucial for the quality of care. The young people in our group hope that professionals would understand the connections and interconnections in the child’s life better and would take those account in their work. There are too many experiences in our group where professionals have overlooked important people in the young people’s lives because they weren’t asked, who they consider important in their lives. There are experiences of professionals neglecting the siblings left living at home, relatives other than parents and children who had become important in the previous placements.

Another key component for high-quality care is child’s participation and involvement in their own life. This means that children need to be heard in the matters regarding their own lives. There need to be structures and better ways for all children to have possibility to voice their opinions. Children in alternative care should have experience that their opinions matter and have an impact. Both in the child welfare process and everyday life. Participation and involvement can be achieved in different ways. Adults need to be present and listen how the children are doing. It’s the professional’s job to make sure that children can participate and be part of their own lives. Our group of young people feel like one good way to participate and make a difference is by participating in the group and working as an expert by experience and that it should be possible for all the children and young people everywhere. Not just limited projects but in the structures of the system. They also want to point out that this kind of participation doesn’t take away the need to make sure that the children can participate in their everyday life.

In high-quality care children and young people get help and support the difficulties they face. Children and young people need safe place to deal with the things that they have lived through, because no one is in care for no reason. In high-quality care children have the possibility to grow in their own pace and supported by adults. It is of paramount of importance that children receive whatever help they need during care. For the objectives of high-quality care and after care to be meat, young people need help and support to practice the skills and other things that are needed for life after care.

Our group of young people are worried about the inequality of care in Finland. In the year 2020 there were over 19 000 children living in alternative care, but the quality of care may depend on the municipality in charge of arranging care, the providers who provide alternative care, the professionals working there etc. High-quality care is equally high-quality for all and it can’t be random who receives what services or get this or that help. The group also sees that the children in care placements should be treated equally and no matter the situation everyone should be considered equal.

High-quality care is not all about highly trained professionals and smooth official processes. In high-quality care there are also things like healthy attachments, warmth, closeness, care, intimacy, understanding, respect, freedom to express emotions and familiar love. Children in alternative care should have the possibility to love and to be loved. There are many ways to show love. Love cannot be forced, and no carer should ever push children to show them love, if they do not want to do that. Love can be strange or hard to receive. In alternative care there might arise the feelings of love or other times it is more important to concentrate and strengthen the relationships in which love already exists.

Finally, there are some other things that make up of high-quality care, but the group didn’t explore them further at this moment. Associated with high-quality care are things like rules and regulations, and the supervision of these, openness of the processes, enough resources, privacy, interfering in the maltreatment in alternative care and offering help pretty much at every turn. There are a lot of different people in the alternative care in Finland who need more help: children and young people, their birthparents, siblings and other close family members like grandparents, foster families and the professionals in the field of alternative care. Children, young people and their families should receive help when they actually need it, the help should suit their own needs and the help should continue until there would be no longer need for it, instead of placing a child in alternative care and never offering any mental health problems, which were the cause of the placement. Our group hope that the professionals in the field of alternative care and other fields connected to it would have better resources to make the care high quality and to take account all of the things brought up in this submission (and all the things we couldn’t fit into this).

**How would a policy maker know if high-quality alternative care was being met?**

The first thing regarding policy makers and how would they know if high-quality care was being met was to find out what children, young people and their families think of care. Policy makes should get information about the quality of care straight from the children, young people and their families. For the children, young people and their families to voice their opinions and to assess if the care is high or low quality, they would need to know the makings of high-quality care as well as their rights and do those rights actualise in their lives. Children and young people should know their rights and they should have ways to express themselves if those rights are wronged.

One way to know if the quality of care is high or low is to supervise the alternative care placements. In Finland the biggest role in the supervision is on the child’s social worker, so it’s important for them to meet with the children to understand the quality of care the children are receiving. It’s also important for the children to know who their social worker is and that they trust them so they can inform them, if there are problems with the quality of their care.

For policy makers to understand the quality of care there should be robust and high-quality research practices as well as broad inquiries about the quality of care. Unfortunately, currently there are neither of those things. The group feels that the decision makers are not interested in the quality of care, even though alternative care makes up over 80 % of the total costs of the child welfare system in Finland. Another problem is that there are no structures in place to share the information about quality of care with decision makers. The group feels strongly that children, young people and families and their wellbeing should be more prominent part of decision making. At this moment there are only handful of decision makers interested in the lives of children and young people in alternative care.

During our discussion, the group also pointed out that the decision makers would see the results of high-quality of care in other ways too. The high-quality of care would show up on statistics in different ways: more young people would graduate from upper secondary school and participate in higher education. Currently only less than 10 % of the young people leaving care are in higher education by the age of 25, compared to over 45 % of those living with their parent / parents. High-quality of care would mean less need for children’s social services and alternative care in the future. High-quality of care would mean that children in need of help would get it when they need it which would mean less expensive and intrusive services later.

**What are characteristics or practices that should be avoided or eliminated in order to ensure high-quality care is provided?**

The group considered this question especially from the viewpoint of the UN convention on the rights of the child. Everyone in our group has faced plenty of situations in alternative care which are not consistent with the UN convention on the rights of the child.

First and foremost, one of the biggest problems is the fact that children in alternative care do not know their rights. Most of them does not know about the UN convention on the rights of the child and all the national legislation which relates to alternative care. In our group only two out ten young people (current professionals who have lived in care included) had ever heard of the UN convention on the rights of the child before we started to speak about in our group meetings. Of those two both had heard about them in school, not in alternative care settings or proceedings. The problem is prevalent in the whole Finnish community, but the group feels that at least those children, who have been taken in the state’s custody, should know about their rights.

Everyone in the group had the same experiences about not being heard and their own views given due weight regarding matters affecting their lives. Someone might have asked what they thought of something, but it was unclear if it had been considered as part of the processes in alternative care. There were also a lot of experiences of adults and professionals clearly not caring what the young people had tried to say. The group had experiences of having to fight to be heard, not being heard because couldn’t deliver the message in a manner that the professionals would take to account and only being heard after turning 12 years. Finland has some issues in which only 12 years old and older have more rights than those children younger than that. Some professionals and adults think that only 12 years and older should be heard in other matters as well.

There are experiences of times, when the young people had no way to express their views directly to social workers but had first tell them the adults in alternative care settings who then passed then on. Or did not pass them on. The biological children of foster families are continuously overlooked and forgotten in the formal proceedings even though they share their live with the children living with them. In the groups opinion all the children should be heard and the right to express their views should be taken more seriously. The professionals should make more of an effort to make it possible for all the children to be heard.

Another problem in alternative care is the fact that the best interest of the child is not at the centre of the decision-making process regarding their lives. Social workers might change 2-5 times a year and they are making decision without ever seeing the child. Even in the cases the social worker stays the same for a longer period most of the time they have time to meet with the children once or twice a year, usually with other people around. Placements are not necessarily being done by the fact that they are in the best interest of the child, but which place has a spot open. Which means most of the young people aging out of care, and in our group, have on average three to five different placements. The young people in our group want to point out that the basis on high-quality of care means high-quality relationships with the adults caring for them and being responsible of their situations. Everyone of the transformations of a placement, moving back to home or aging out of care should be made in a way that fosters connection between the child and those that care for them.

Our group also sees that all the decision being made considering the child should be clearly explained to said child. The reasoning and arguments why something are in the best interest of the child should be communicated in a way that is possible for the child to understand considering their age and maturity. These reasoning should also be part of the documents that consider the child and the child’s own views, and opinions should also be part of the documents. It’s necessary for the child to form healthy attachment and relationship based on trust with the adults that are in their lives. That means that the decision made about the child’s life can’t be based wholly on documents only, even though their views and opinions were recorded in those.

Children in alternative care face discrimination in the alternative settings based on for example ethnicity, disability, sexual orientation, or their parents. The professionals and other adults in alternative care need more information and education regarding these topics. Outside of the alternative care settings, like in schools, children and young people face more bullying and discrimination than their peers. The adults at schools do not have enough information about alternative care and the needs of the children living in care. Sometimes even the teacher participates in the bullying making the children in alternative even worse about themselves, than most of them already do, because they are stigmatized and marginalised by the society as whole. In the future our group hopes that the society would understand and emphasised more what the children have gone through before even entering care. No one wants pity though. In addition, we wish that it would be ok in the future to say that you have grown up in care instead of being ashamed of the fact.

**Lastly**

Hopefully, you take this submission in consideration even though it is slightly over 2 500 words.

I also want to apologize in advance for the quality of the English used on this submission. I’d had hoped to have more time to translate the original finnish submission but due to some other work I had to rush this, even with the extended deadline. I hope you are in contact with me with any and all questions if you need some clarification.

Please feel free to contact me if you have any further needs or hopes for our group’s (and or other similar groups in Finland) participation regarding the Day of General Discussion. We are more than happy to contribute to this any way we can.

On behalf of the young people who participated in this submission,

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