

# TECHNICAL ASSISTANCE FOR THE SUPPORT FOR CHILDREN'S RIGHTS IN TÜRKİYE

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# Study Visit Report Helsinki, Finland

11<sup>th</sup> – 16<sup>th</sup> December 2022









# **SUMMARY**

Title of the event	Study visit to Finland		
Attendance	10 representatives from MoFSS as the beneficiary of the project and Ozne Cocuk TAT representatives		
Delegation led by	Dr. Musa Sahin, General Director, DG Child Services		
Overall Objectives:	Enabling the staff of MoFSS DG Child Services to observe Finnish good practices in child protection and welfare and child care services and to establish a network with their counterparts and other stakeholders in Finland.		
Organizations visited	<ul> <li>Finnish Institute for Health and Welfare (THL)</li> <li>Ministry of Social Affairs and Health</li> <li>Ministry of Justice</li> <li>Walkers (NGO for youth- street work)</li> <li>Children's Home Hyvönen in Helsinki</li> <li>Mannerheim League of Child Welfare</li> <li>SOS Children's Village, Espoo</li> <li>Pesäpuu (NGO of clients of child welfare services)</li> <li>Ministry of the Interior</li> <li>Reception Centre and group home for unaccompanied minors</li> </ul>		
Main outcomes:	<ul> <li>Direct contacts were established with the visited organizations and potential future collaboration opportunities discussed.</li> <li>In-depth knowledge on Finnish child protection and welfare system obtained and subsequently the fields in which certain aspects of the Finnish system could be adapted to Turkish system explored.</li> <li>Participants had the opportunity to learn Finnish childcare standards.</li> <li>Cultural differences in the design and implementation of childcare and child protection and welfare observed.</li> <li>In-depth knowledge in the most recent Finnish child protection system reform (to be in force from 1st January 2023 onwards) gained.</li> <li>The significant role of civil society initiatives in child protection and welfare noticed and detailed information on how civil society – public sector cooperates gained.</li> <li>Information on how Finland provide services for children with minor disabilities collected and the ways in which this information could be used for the purposes of the project clarified.</li> </ul>		









#### 1. INTRODUCTION

The Finnish welfare system and social and healthcare services are often considered models for other countries. Finnish Institute for Health and Welfare (THL), one of the partner organisations of the WEglobal consortium was the leading institution in organising this study visit. THL is a national expert agency and plays a central role in collecting, analysing and producing information concerning Finnish policies, systems and structures and the health and well-being of the population.

This study visit was organised in the scope of Activity 2.3 - "Undertaking a desk review of best standards, practices and tools for child care services. The focus of this activity is the standards, practices and tools for improving child care services under four pillars: (i) setting minimum standards for service delivery; (ii) developing alternative models of care; (iii) development of service quality assessment tools for child care services; (iv) definition of risk scale of service modalities in child care. This study visit is expected to contribute to this activity via observing the Finnish practices and directly learning from Finnish counterparts.

Accordingly, Ozne Cocuk project completed the study visit to Finland between 12th and 16th December

The visited organisations included THL, children's homes and civil society organisations as well as the Turkish Embassy to Helsinki. We also have had the opportunity to meet representatives from various different ministries and public institutions in THL premises.

A delegation of 10 staff of the MoFSS, led by Dr. Musa Sahin, General Director of DG Child Services (DGCS); Mr. Mustafa Bilir, Deputy General Director of DGCS; Mr. Bayram Ince, Head of Department of Research Development and Project; Ms. Goksen Altinok, Head of Department of Care Services; Ms. Betul Ozduzen Teker, Head of Department of Quality and Service Planning; Mr. Mehmet Akif Arslan, Family and Social Services (FSS) Expert; Mr. Emre Ertekin, FSS Expert; Ms. Nafiye Korkut, FSS Expert; Ms. Gulbahar Bayrak, FSS Expert and Mr. Onur Sahin, Branch Manager. MoFSS experts were accompanied by WEglobal and Ozne Cocuk project staff, namely, Mr. Ibrahim Demircan, Consultant; Mr. Onur Kayalar, NKE Capacity Building and Training; and Ms. Akya Akarsu, Translator / Interpreter.

In each visit, the meeting format encompassed the introduction of the delegation, presentation of the DGCS and expectations with regard to the content of the meetings as well as the introduction of the host organization and the officials with their respective presentations, followed by questions and answer sessions.

This report lays out the details of this study visit; introducing the objectives, organizations visited, and topics discussed, and provides main conclusions and follow-up actions for cooperation possibilities as well as possible contributions to the stakeholders within the context of the Ozne Cocuk project activities











#### 2. PURPOSE OF THE STUDY VISIT

- Understanding the Finnish legislation, regulations, directives, protocols, professional standards on the child welfare and protection system
- To exchange information on the promising practices on prevention, family support, gatekeeping activities, placement decisions on children in case of separation from the family, family reunification, long term care and adoption
- Learning about the recent policy reforms on de-institutionalisation and its impact on the system and the practices
- Learning about studies, research, surveys to support policy decisions and measuring the outcomes of the implemented policies
- Learning about the qualification criteria, pre- and in-service training provided to
  professionals working at all levels and type of agencies providing care to the families and
  children
- Exchanging ideas about the role of the different stakeholders and sectors, including health, education, social welfare, justice etc.
- Exchanging ideas about the specific programs and needs of children with special needs and in exceptionally vulnerable situations
- In these contexts, we will conduct institutional visits on the following topics:
  - Details of the implementation of the legislation, policies and practices on child welfare and child protection system, with special attention paid on the reforms,
  - Meeting with professionals working in different type of services provided to families and children in the communities,
  - Initiatives, experiencing in promoting early support, prevention and gatekeeping to avoid the placement of children out of their families,
  - Meeting professionals working at different type of agencies, NGOs, providing direct care to children in open care, kinship care, foster care and residential settings
  - Discussing initiatives on de-institutionalisation, family strengthening and parenting programs.
  - Discussing the preparation of children for family reunification, placement changes, adoption
  - Meeting NGOs conducting prevention programs for children and young people
  - Discussing the role of co-ordination, co-operation and information sharing between the different stakeholders, the methodologies, and forms of working together,









- o Learning about the documentation system, data gathering, outcome measurement, follow up,
- o Discussing the participation of children and their families in the process and the complaint mechanisms available, and
- o Learning about programs for children with special needs, including children with disabilities, mental health issues, in migration and asylum-seeking situations, children in conflict with the law.

# 3. VISITED INSTITUTIONS, ORGANISATIONS AND THE MEETINGS

# Day 1

All of the meetings on the first day of study visit were held in THL's premises. Following the welcome session led by Ms. Minna Sinkkonen, who also worked as a non-key expert responsible for organising this study visit, a total of 5 meetings were held throughout the day. Meeting topics as well as the representatives of the institutions that made presentations were as follows:

Staff Name & Surname	Institution	Position	Meeting / presentation topic
Päivi Lindberg	THL	Chief Expert in child and youth issues	Children & young people in Finland
Laura Yliruka	THL	Development manager	National strategy for strengthening the quality, participation and child rights in child protection
Jaana Tervo	THL	Senior specialist	Reform of Child welfare legislation
Pia Eriksson	THL	Senior researcher	Foster care in Finland
Aarne Kinnunen	Ministry of Justice	Executive secretary	Operating model for young people acting out by means of criminal activities

Below is a summary of main highlights of the presentations made and main discussion points.

# a. Päivi Lindberg, Chief Expert in child and youth issues: National Child Strategy

On the global level, wellbeing of Finnish children is high. Majority of children and families in Finland are happy and satisfied with services according to the most recent studies.

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- Due to the pandemic, however, the satisfaction of the public with life in general slightly decreased. Especially anxiety and depression of girls have increased. Also wellbeing of children who are under vulnerable conditions has also decreased.
- About 1 million of the Finnish population is under age 181. Also according to the Youth law, individuals aged below 18 are categorised as children. However, there is a slight variation between age groups (e.g. mental health services people between 13 and 25 are defined as young).
- Satisfaction of girls is remarkably lower compared to boys. Finnish authorities cannot be 100% sure about the reasons but the common understanding is that social media has a negative effect on children, especially on girls as they may feel more pressure on their appearances etc.
- Finland will be going through a reform in health and social services. At the time of this study visit, social and rescue services were under the responsibility of 309 municipalities in Finland. From the beginning of 2023, however, these responsibilities will be centralised; they will be moved to 22 wellbeing services counties.
- There is no control element in Finland in the management and evaluation of the system; the system in Finland is based on mutual trust.
- Child Strategy in a nutshell:
  - $\circ$  The strategy was prepared with the participation of all political parties in the parliament.
  - The strategy is based UN.
  - The vision of the Strategy is "genuinely child-and family-friendly Finland that respects the rights of the child". It is a holistic strategy that notices the different elements needed in promoting the rights and wellbeing of all children.
  - Strategy is on strategic level and they also have a separate implementation plan. The Implementation plan for the Strategy sets out the objectives and measures, and the resources available for these, either for the duration of a government term or for a shorter period of time. There are 30 concrete measures to improve the wellbeing, services, participation and influence of children. These measures complement the

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<sup>&</sup>lt;sup>1</sup> Population in Finland was 5,548,241 as of the end of 2021.













extensive work already under way and strengthen the structures and knowledge base for long-term and systematic child and family policies

Next year there will be elections and a new government, so there will be a new implementation plan. However, it will be wise to carry on with some of the measures for sustainability purposes. For example, THL had 5 different measures that are about to be finalised, such as handbook of child welfare for children and young people<sup>2</sup>.

#### Conclusions:

- Finland has had a decentralised system to date, however, they're now going through a centralisation process.
- The Finnish system is based on mutual trust and there is no need for a specified control mechanism.
- The revised system was prepared by the parliament, with the participation of all political parties rather than just the government.
- Therefore cultural differences and ways of doing things shape the ways in which policies are planned and implemented. So there is no right or wrong.

# b. Laura Yliruka, Development Manager: National strategy for strengthening the quality, participation and child rights in child protection

- The population of Finland as of the end of 2021 is 5,548,241 and child population (age under 18) is around 1 million.
- Wellbeing of children in Finland is generally high according to the most recent studies.
   However, satisfaction with life has slightly decreased in 2021 mainly because of the pandemic.
   Loneliness and anxiety has increased: about one third of girls in their teens and eight per cent of boys at all education levels reported that they had moderate to severe anxiety in 2021
- In Finland, public health and social services include the following:
  - o Primary healthcare
  - Specialised healthcare
  - o Hospital services
  - o Dental care
  - Mental health and substance abuse services
  - Maternity and child health clinics

<sup>&</sup>lt;sup>2</sup> The handbook is adapted for the use of children and youth. But now the challenge is how to have this handbook used, because it is unlikely for children and young people to visit THL website.













- Social work for adults
- Child welfare
- o Services for people with disabilities
- Housing services for older people
- o Home care
- o Rehabilitation
- The child strategy's vision in Finland is "a genuinely child and family friendly Finland that respects the rights of a child". Children's rights is at the centre of this strategy.
- Finland initiated this child strategy despite the fact that child welfare is relatively high in the country; there are still many challenges when it comes to realising children's rights.

#### Conclusions:

- Child strategy is based on a systemic model where there is systemic practice, systemic teams and systemic weekly team meetings. The model focuses on assessing the problem rather than focusing on individual difficulties. The model puts the family at the centre; difficulties can only be solved within the family context.
- Social work teams are trained to implement the principles of the
- Finland is one of the leading countries in registering data, which enables Finland to make evidence based upgrades to existing strategies.

### c. Jaana Tervo, Senior Specialist: Reform of child welfare legislation

- Child welfare legislation reform in Finland has recently started.
- Finnish child welfare act means "child protection act" because it is about children who need specific protection. Currently, the 2008 law is in place.
- In Finland, any individual below the age of 18 is categorised as child and young people are between 18 and 24.
- The system in Finland is divided. There are four different types of services:
  - o Taking into care, placement, foster care and after care
  - o Child welfare services
  - Social services
  - o All other services (health, education, etc.)
- The reform in child welfare system has been conducted through various means, including conducting academic studies and research, analysing statistics (mainly by THL) and on site observations. Based on these, child is put at the very centre of the reform process and "listening to" the child's needs and "hearing" the child has prioritised. Therefore, involving children in the decision making process regarding their rights, welfare and protection has been the main goal in the reform process.









- For example, listening to the children, even when they are younger than 12 will be in the new law. In the past, there were cases when a child was taken under custody, the custodian would not even have met the child. This will change with the reform process; for custody, the decision will have to be taken by the court in case the child opposes and/or custodian opposes.
- Even disabled children will be heard with the new system via conducting appropriate communication with their guardians.
- One of the main purposes of the reform will therefore be to listen to the children, conduct the listening process informally and make them feel that they are heard.
- Other changes to the existing law are as follows:
  - o Every child must have a named social worker.
  - The autonomy of municipalities will be limited because this autonomy may lead to insufficient allocation of resources. In some places there are over 50 kids and in some others 20-30. This will change; now the counties will be responsible (22 of them) and this will enable the state to make more interventions (in line with the centralisation of the child welfare and protection system).
  - Early prevention will be prioritised.
  - The institutions will be regulated in order to avoid them disregard fundamental rights of the child while bringing them up.
  - o The social worker will be the main actor in supervising the rights of the child.
- The need for reform, therefore, derived from three main sources:
  - o The above mentioned observation process and studies conducted,
  - $\circ\quad$  The existing child protection system does not guarantee adequate rights for the child, and
  - $\circ\,\,$  There has been 32 amendments over the past 10 years and they are not coherent anymore.
- The reform is being undertaken in two stages, and Finland is currently under stage 1. Stage 1 is the preparatory stage where a vision and a culture of working together is created, new professionals are recruited and continuous scientific analysis is conducted. All of these elements are addressed above. This stage is expected to be completed in February 2023.
- Stage 2 will start in April / May 2023 (after the elections in Feb 23). It will comprises of law drafting. At this stage, a follow-up system will also be put in place to ensure appropriate monitoring and evaluation.

# Conclusions:

- Finland's child welfare and protection reform process is participatory. Most importantly, the reform process includes "listening to" the children, i.e. involving them in the reform process.
- The reform process is based on systematic research, both quantitative and qualitative methodologies have been used to understand the bottlenecks. The reform decisions are









therefore based on solid grounds, and although the results of the reform process remain to be seen, the existing reform methodology can be claimed to be a good practice.

# d. Pia Eriksson, Senior Specialist: Out-of-home care in Finland

- The presentation of Ms. Eriksson was mainly on child welfare in Finland. The main points are summarized below.
- Child welfare must provide parents, custodians and other persons responsible for childcare and upbringing with support in child care and upbringing by arranging the necessary services and support measures. In accordance with the law, child may be placed away from home or other measures taken to arrange care for and custody of the child.
- Steps in child welfare services are as follows:
  - Contacts and notifications
  - o Assessment of the need for services
  - o Clients in open care (in-home)
  - Out of home placement
  - o In care
  - o After care
- As per open care (in-home)
  - Family or institutional care may be arranged as support in for a child together with a
    parent, custodian or other person responsible for the child's care and upbringing need for support is assessed or in the form of rehabilitative care.
  - Placement as support in open care may also be arranged on a short-term basis for the child alone.
  - A child under three years may be placed as support in open care with his or her parent serving a prison sentence or in detention imprisonment in the prison's family ward, when in the child's best interests to do so.
- In cases of emergency, child is placed in family care or institutional care. This placement does not require parents' or child's consent. Emergency placement can be done for 30 days or more.
- Children must be taken into care and substitute care must be provided for them if:
  - their health or development is seriously endangered by lack of care or other circumstances in which they are being brought up; or
  - they seriously endanger their health or development by abuse of intoxicants, by committing an illegal act other than a minor offence or by any other comparable behaviour.











- o Social workers use their discretion in taking children to substitute care.
- Out of home care can be arranged as can be arranged as family care, institutional care or in some other way required by the child's needs.
  - o Family care
    - Foster families
    - Foster homes up to 7 children
  - Institutional care
    - Wide variety of institutions (public or private)
  - Other
    - Supported housing for young people
- Family care is primary (almost all children up to 10-12 years old are under family care). Then when they are younger, they are moved to professional foster care. If these options are not possible, the child is moved to institutional care.
- In institutional care, municipalities are responsible for children, so they either place children in their own spaces or rent the space. There also are private institutions and five state-run reform schools where children are provided care and education (organised by THL).
- Disabled children are covered under another legislation. There are separate units for disabled children kept very separate in Finland. Disabled children are never placed out of home.
- In Finland:
  - A total of 17.727 children and young people aged under 18 were placed outside the home during 2021.
  - o 1.6% of children were placed outside the home during the year.
  - In 2021 there were fewer (-11%) new cases of children taken into care (1592) compared to a year earlier. The number of new cases decreased for the third consecutive year. The drop in new cases has occurred evenly in all age groups.
     Emergency placements also declined from the previous year. In 2021, 4.503 children were subject to an emergency placement of a child (-5%).
- Of children in care in Finland:
  - o 55% in family care (14% of which is kinship care),
  - 8% in professional family care,
  - 34% in institutional care,
  - Almost all under 6 years are placed in foster families and half of the 16-17 years are in institutional care.
- Numbers are rising for over 20 years and Finland is now worried about this, which is why a reform process is on-going.











- After care in Finland focuses on making sure children have housing and their economic situation is okay as well as helping them with their studies or with finding a job, etc.
- Currently, research is being conducted regarding children in out-of-home care in the following areas:
  - The wellbeing of children in care(continuous)
  - o The impact of COVID-19 on children in care
  - o Restrictive measures in the reform schools
  - o Inadequacies in and supervision of out-of-home care
  - o Maltreatment and abuse in out-of-home care
  - Privatization of out-of-home care

#### Conclusions:

- Family care / foster care in Finland is prioritised and institutional care is an option only in cases where the former is not possible.
- Disabled children and their care are governed under a different legislation; there is no integrated system.
- e. Aarne Kinnunen, Senior Ministerial Advisor, Ministry of Justice: Multi-disciplinary model for young people acting out by means of criminal activities and crime prevention in Finland
- During the last 20 years the level of youth criminality has been decreasing. However, during the last 2 years the level of violent crimes (registered by police) has been increasing among children under 18 years, and especially among children under 15 years.
- The street gang phenomena has been visible on the media, also in the work of the Government. There are 10 street/youth gangs in Finland with a total of 200 members and they are involved in drug related and violent crimes.
- One of the main policies in preventing youth crime that is in place is the Anchor Model and services for first-timers (by police and social worker/youth worker/nurse) as an early intervention. Youngsters with risk of marginalising are dealt via a multi-disciplinary services.
- There are 9 different programmes under the multi-disciplinary model for young people with criminal behaviour and four pilot projects in different cities. The multi-disciplinary model gives support to young people:

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- o who have been suspects of several and more serious crimes;
- whose situation is identified (by the local authorities or NGOs) as the young people are at a risky position in substance use or possess other risk of social exclusion.













- The model is used to support young people and their family towards crime-free and substance-free life and its main aim is to increase motivation. Increasing motivation is the key concept of this programme.
- The priority of the model is to avoid imprisonment or taking into foster care; hence the model is preventive.
- In the multi-disciplinary model, the police, social workers, criminal sanctions workers, youth workers, psychiatric nurses, teachers with expertise of special needs all work together. Youngsters are also supported by "trained support person" with experience of standing by their side.
- As regards legislation, there is no separate juvenile justice system nor juvenile courts in Finland. The general criminal justice system applies to children who have reached the age of criminal liability, i.e.15 years. Children under 15 are subject only to compensation of damages. As a rule, the general procedural laws are applied to children too.
- The age of criminal responsibility in Finland is 15. Offenders below the age of 18 years may be sentenced to imprisonment only if there are very important and relevant reasons for this. The aim is to keep juveniles out of prison as much as possible, and to use other sanctions since imprisonment rarely is beneficial for their development.
- In prisons, there are new separate units for child prisoners in some prisons (no access by adult prisoners). There are staff with special training and knowledge of the needs of children.
   There also is sufficient support for various needs to provide guidance for child prisoners, also to complete at least their elementary school.
- In an ideal situation; after completing the sentence, juveniles are directed to multidisciplinary model in the pilot areas to prevent reoffending.

# Conclusions:

- The Finnish model in dealing with crime conducted by young people is based on prevention.
- The multi-disciplinary model that's in place in Finland promotes collaboration and coordination by different institutions including but not limited to the police, schools, social workers and health institutions.













### Day 2

Three were three different visits / meetings on day 2. The day started with a visit to Walkers Café, which is an NGO for youth on the streets. Then, a children's home in Helsinki was visited, where there was an opportunity to observe premises. The last visit of the day was to Mannerheim League of Child Welfare (MLL), which is another NGO. Meeting topics as well as the representatives of the institutions that made presentations were as follows:

Staff Name & Surname	Institution	Position	Meeting / presentation topic
Christian Wentzel	Walkers Cafe	Director	Services and working methods of Walkers
Roope Tommila	Children's Home Hyvönen	Director	Presentation of the Children's home
Eevamaija Paljakka Liisa Ylikojola	Mannerheim League of Child Welfare (MLL)	Advocacy Expert Specialist	Presentation of the services provided for children and families by MLL

Below is a summary of main highlights of the presentations made and main discussion points from day 2.

# a. Christian Wentzel, Director, Walkers Café: Services and working methods of Walkers

- Walkers is part of "Aseman Lapset Children of the Station", which was found in Helsinki in 1990, with the aim of supporting children / young people who were on the streets, out of education or with criminal behaviour. The NGO started in Helsinki locally, but then its services have become nationwide.
- Main target age group of Aseman Lapset is 13 to 17 and its purpose is to provide safe contacts between adults and young people.
- Its budget in 2022 was 3.1M EUR and as of the end of year there were 47 members of staff. All staff are volunteers.











- Walkers café is open Monday to Friday, out of school hours. There were 35.000 visits in 2019.
   Anyone is welcome in Walkers regardless of social or ethnic background, or problematic current state (e.g. drunk youngsters). There is no criteria to enter Walkers; anyone is welcome at any given state.
- Walkers in Helsinki is in city centre and there are 11 cafes in all around Finland.
- In Walkers, there is always a 100% positive attitude for visitors; there is never a judgement on the past and present of the visiting youngsters.
- The café functions as a normal café. There is an established customer relations system and here young people have a chance to talk / share in a chilled café environment (as long as they want to). Children / young people also have an opportunity to meet new people or meet their old friends in the café. They can play cardboard games, chess, cards, etc. if they want to.
- Visitors also have the opportunity to visit the café and do their homework, and get support from the staff if needed.
- The prices are very low to make it affordable for young people; and "smiling is free".
- The staff in Walkers are mainly professionals working in the field of supporting children and youth and they are all volunteers.
- The main reason why Walkers has been successful is because there is "zero expectation" from them and they are allowed to "be" themselves.
- The annual budget of the café is 300.000 EUR and the overhead expenditures is around 60.000 EUR including rent and the rest is salaries. The main sources of funding are the Helsinki Municipality, associations and private sector. Also the drinks and food such as coffee, soft drinks, bakery, etc. are provided for the café by suppliers for free to support.
- There are around 20 different Walkers models including Walkers Bus / Taxi; this way reaching out to wider groups / regions is also made possible.

# Conclusions:

- Walkers is a completely non-governmental initiative, although it receives some funds from the central / local government. It was established in response to real local needs and then it's practices spread all around Finland.
- The main principles as well as the services provided in the café is based on respect, zero judgement, zero expectation and "listening to" / "hearing" the children and young people, which is very much in line with the Finnish culture.
- There were similar practices initiated by the government in Turkey a couple of decades ago but then they were closed.











# b. Roope Tommila, Director, Children's Home Hyvönen: Presentation of the Children's

- The history of Hyvönen children's home dates back to 1925. The place was found by Gustav-Maria Hyvönen, a couple who never had children. So it is a civil society initiative.
- For the first 50 years, the centre operated in Helsinki city centre. Then they moved to a modern building, which is under renovation at the moment. So the site our delegation visited was a temporary site.
- At the time of our visit, there were 7 children on two of units and 6 in other two, which totals up to 26 children. There was two other units (with 6 children each) that were 5km away from the site we visited. So in total, Hyvönen children's home is responsible for 38 children in total.
- A child is hosted in Hyvönen children's home for around 1.5 years on average.
- A total of 43 personnel are dedicated for these children. When there are 6 children in a unit, there are 5 dedicated instructors and an administrative staff in each unit. Ideally and roughly there is one adult per child.
- Children in Hyvönen children's home are aged between 12 and 17; boys and girls live in same buildings. Most of the children are teenagers, so when they leave, they move to their own apartments (not to their parents').
- Having boys and girls stay in the same premises is advantageous. Everyone behaves better because of the presence of opposite sex. It is also very unlikely for romantic relationships to appear, as children grow up like brothers and sisters. Each child has their own room too (and some of the rooms are even ensuite) - so when children need privacy, they could have some.
- Children are also from different backgrounds (including ethnicity). All children are treated equally.
- In case children are meant to return to their parents, the social worker decides whether it is safe to return or not (in line with the child's care plan). And in case the child wants to return to children's home for whatever reason after 6 months, they can return.
- Most children see / meet their families over the weekends. If the home is safe, they can go for a period of 2 weeks over summer. These vacations, however, are planned very carefully and they are subject to close monitoring.
- Hyvönen children's home instructors / managers prepare a "care plan" with as much inclusion as possible by stakeholders as well as families. They also prepare a "client plan" for the children (and this is mainly prepared by the social worker).
- The intention is to organize meetings with families at least twice a year, revise the care plan with the families and make adjustments if needed.







Commented [OK1]: Cross check with MoFSS notes.





- The culture of "trust", which is embedded in Finnish culture, is also visible here. Children have lots of free time, and this way they get to know each other.
- How do they ensure safety in the children's home?
  - o They have security plans that they update each year.
  - There is a security guard who is available upon call (as there are security buttons in all units in case there is an alarming situation).
  - They also have computer systems for safety matters: every year they evaluate the
    risks in their buildings, and if there is something that needs to be taken care of, they
    deal with it via the software.
  - o All in all, it is a safe environment both for the kids and for the adults.
  - There are no cameras in the buildings.
- Every children receive the same plan. In other words, there are not separate or customized plans for children with disabilities.
- In terms of monitoring and evaluation, they use a web-based tracking system. This computer system enables daily reporting. Data and information of each individual (child) is also recorded in the system, so any staff (adult) could assess where the child has been before, what their background is, etc.
- The system is provided by EPIC a company from USA. It is relatively new; they have been using this for over a year now. Healthcare and social workers also use the same system but not police or others.

#### Conclusions:

- The Finnish culture of trust is very visible in the ways in which the children's home operates. Children have autonomy in many decisions they may wish to make, they have lots of free time, there are hardly security cameras, or boys and girls live in same premises.
- The ways in which a child's care plan is prepared are participatory and inclusive. The families are also included in the preparation of the care plan and there is an ongoing consultation process during child's care in children's home. In case revisions are needed, care plans are adjusted in close communication with the families and all other relevant stakeholders.
- The main goal is to make sure that the children remain connected to their own natural habitat (e.g. in terms of the school they go to).
- They have a web-based monitoring and evaluation system in place.
- There is no customised system children with (minor) disabilities. All children receive the same type / quality of services.











# Eevamaija Paljakka (Advocacy Expert) & Liisa Ylikojola (Specialist), Mannerheim League of Child Welfare (MLL): Presentation of the services provided for children and families by MLL

- MLL is and NGO that promotes wellbeing of children and their families.
- MLL has 75000 members (public), and it consists of 541 local associations and 10 district organisations.
- MLL values are as follows:
  - o Respect for children and childhood
  - o Joint responsibility
  - Humanity
  - o Equality
- MLL was found in 1920, when 1 million of Finnish population was children (which was 1/3 of the entire population at the time) and most of them under poor conditions.
- During their presentation, the speakers stated MLL's accomplishments as follows:
  - o MLL is a national network of maternity and child welfare clinics
  - o Children's hospital
  - o Before and after school activities
  - o Peer student programme
- Main areas of work of MLL are as follows:
  - Organising voluntary work for and together with children, young people and their families
  - o Promoting the wellbeing of children and supporting parents
  - o Advocating for the rights of children and influencing policy making
- Most of MLL's work is based on volunteerism because under every local administration there
  is a local association where people of all ages can volunteer. There are 26.000 volunteers
  actively working in / for MLL.
- Main role of volunteers vary from running cafes, to leading peer groups and organizing social activities such as run clubs and music and sports related events.
- Types of volunteers:
  - o Elderly as communal grandparents (elderly population is too high in Finland);
  - o Youth as peer students to help other students;
  - o Parents as family mentors;
  - Children as volunteer friend for other children;
  - Working in national helpline for children and/or parents.
  - o District organisations













- In 2021, the volunteers organized:
  - 428 family cafes (functioning as meeting places for parents and children for them to share experiences and find support),
  - o 190 peer groups (e.g. preventing bullying, helping with classes / homework, etc.),
  - o 680 hobby clubs,
  - o 1350 events for families.
- MLL's operations are based on the principle of cooperation. MLL headquarters cooperate with ministries and other public and private agencies at central and regional/local level.
- One of the main functions of MLL is also advocacy; MLL provides expert opinion and analysis for the government, participate in working groups and/or focus group studies organized by the government, and establish direct links with the members of parliament with the ultimate aim of improving children's and their families' wellbeing.
- MLL is the biggest child protection agency in Finland.

#### Conclusions:

- MLL is a good example of how NGOs could be involved in advocacy campaigning. Although the Finnish socio-political culture allows for in depth NGO involvement in policy making and hence NGO advocacy, MLL's experiences can add value to our project in the implementation of activity 1.3.
- Finnish culture / family bonds are more different than Turkish culture. It can be stated that family bonds are stronger in Turkish culture compared to Finland. On that note, it can be stated that MLL has been filling a gap by having the elderly, parents as well as children act as volunteers / peers and support the society.











### Day 3

On day-3, all of the presentations were made in THL premises. Following the presentation of the main child protection and welfare models of Finland, namely "anchor model" and "barnahus model", the fields of activity of the SOS children's village that's based in the city of Espoo were presented by a senior specialist from the children's village. Although we have requested to visit the children's village on site, this was kindly rejected for the purposes of privacy of children. Hence, an interactive session lead by the senior specialist from SOS children's village was conducted.

Upon the finalisation of presentations in THL, part of our delegation paid a visit to the Turkish Embassy to meet Ambassador Deniz Çakar.

Staff Name & Surname	Institution	Position	Meeting / presentation topic
Emilia Hämäläinen	Ministry of Interior	Senior specialist	Anchor-model: early intervention in juvenile delinquency
Taina Laajasalo	THL	Chief expert	Presentation of Barnahus model
Elina Stenvall	SOS Children's Village, Espoo	Senior specialist	Services for children and families at SOS Children's Village

Below is a summary of main highlights of the presentations made and main discussion points from day-3.

# Emilia Hämäläinen, Senior Specialist, Ministry of Interior: Anchor model & early intervention in juvenile delinquency

- Anchor model is an early intervention mechanism targeting children / young people under 18 who are socially excluded with potentially criminal behaviour and/or with drug addiction history.
- Similar to other models / operation of other mechanisms, Anchor model is based on interinstitutional cooperation; in its implementation, social workers, police, youth specialists and health professionals work together as a team. The team members meet on a weekly basis. Every professional member of this team work in his/her field of expertise; for example the police would be in charge of the crime behind the youngster and the social worker would be











responsible for the needs for services assessment while the health worker would make sure the child / youngster would be referred to relevant health care as needed.

- Also, in meeting with children once they're identified, all team members meet them and get involved in all phases of the process.
- Anchor Team provides on-going information to child protection unit of the ministry.
- There are a total of 47 anchor teams in Finland and a total of around 400 professionals work in this field.
- It is estimated that data around 12.000 children were collected since the beginning of 2022 but this does not reflect all team's work; the work carried out by anchor model since 2002 is much higher in volume.
- The process:
  - o In many cases, children come just once, because it's such an early stage.
  - o It's essentially important to work with police.
  - In any case, when a child comes to anchor work, they would be reported to child
    protection unit. Social workers might not do anything about that because of the
    anchor work, but at least they would know if something happened again. Anchor
    team do not have to do a follow-up, the families know they can call them back again.
  - There is no defined timeframe for the start and end of a process with regard to early intervention.
- Main purposes of anchor model are as follows:
  - o Prevention of radical and/or criminal behaviour;
  - o Ensuring children's wellbeing
  - o Enabling an environment where assessment on a case by case basis can be made;
  - Preventing social exclusion;
  - o Referring children, young people and their families to relevant services;
  - o Conducting risk assessment
- Benefits of anchor model are as follows:
  - o Rapid and effective intervention;
  - o Multi-disciplinary expertise;
  - Regional focus;
  - o Prioritisation of family.
- Crime prevention programmes:
  - o The main purpose of these programmes is to provide young people with hope. In Finland, most of these programmes are implemented in a multi-disciplinary way.
  - o To date, a total of 360 children have been involved in these programmes.









 Based on the results of impact assessment studies, Finnish authorities concluded that these programmes have positive impacts and hence decided to disseminate these via EU funded programmes.

#### Conclusions:

- Anchor model is a good reflection of Finnish culture; its multi-disciplinary, based on mutual trust, collaboration and information sharing and inclusive. The relative success and smooth implementation of this model derives hugely from the characteristics of Finnish culture.
- The scope of crime in question should also be assessed; it was not clear whether most severe potential crimes were also tackled with Anchor Model or not.

## Taina Laajasalo, THL, Chief Expert: Barnahus model

- Barnahus model is composed of five units and deals with the most severe cases. If the child is under the age of 7, has mental difficulties, has been subject high conflict divorce of parents, sexual abuse within family, then the police would refer the child to Barnahus model.
- The main target of the Barnahus Model is again to meet the best interest of the child.
- The barnahus units are located in university hospitals.
- Social workers, public prosecutors, police and psychiatrists work in each unit.
- Interrogation of children take place in the "mirrored room" where the entire process is video recorded and where the police and solicitor watch interrogation live in the bathroom next to the "mirrored room".
- Questioning of children is done by Barnahus teams in cases where there is suspicion on sexual harassment. In most other cases, interrogation is conducted by police.
- Between 20% to 50% of the cases brought int barnahus model are reported as severe cases.
- Barnahus units work in close collaboration with regional child protection units.
- In Finland, since 2015, it is compulsory to report on any case that involves violence.
- Barnahus has a Europe-wide network.
- The police are trained intensively on the ways in which vulnerable children should be questioned in order to be able to handle any severe situation. So the police questions the child first, and other questioning by other professionals could take place depending on this questioning.

#### Conclusion:

 We could explore opportunities to be involved in Barnahus model; this is to be assessed internally. In case a positive decision is made to get involved in the Barnahus model, the









project team / THL could help assess the needs for becoming a member of the network in the remaining life-cycle of the project.

In Turkey, in cases of sexual harassment, interrogation of children is done once with the presence of different professionals (e.g. police, health worker, social worker, etc.); while in Finland, first questioning is done by police only. This is because police that are involved in the Barnahus model are subject to intensive training on interrogation techniques. This training curricula is based on decades of good practices, and if needed, Finnish authorities can share the curricula with MoFSS.

# Elina Stenvall, Senior Specialist, SOS Children's Village, Espoo: Services for children and families at SOS Children's Village

- SOS children villages have been operating in Finland since 1960s. Their strategy is to create a network around children and their families with a view on child protection and early intervention so that foster care or other services would not be necessary.
- Currently, there are children's villages in six different locations in Finland, providing services for young people and their families.
- Currently, there are six children's villages, 1 youth centre and 13 social centres in Finland. These centres provide three different types of services: open care, foster care and preventive work.
- Open care:
  - o Open care focuses on supporting families so parents remain as their child's guardians. The aim is always to primarily help families by less invasive means that are called support measures in open care.
  - o With these services children can stay with their guardians at home and we promote services there for families.
  - Municipalities buy services from children's villages; i.e. children's villages are service providers to municipalities.
  - Services include, but are not limited to, (i) support families ("normal" families that support families in need of a social network or wherever help is needed); (ii) family counselling (families helping other families in parenting skills, etc.) and (iii) family rehabilitation (helping families with serious family interaction dilemmas, or families in which interaction problems are combined with mental health / abuse problems).













o Among these three services, family rehabilitation is the most intense work. It targets more serious problems (e.g. mental health related, drug addiction, etc.). For example, if there is a case of substance use among parents, social worker and other relevant staff and other family members explain how substance use affects the bringing up of the children in the long run. In this entire process, all families carry on with their daily lives. It is not a one-off consultation; the rehabilitation of the family is a process where all members of family receive rehab of different sorts.

#### - Foster care:

- Foster care is considered only when solutions offered in open care are not efficient or effective
- Placing a child in a foster family is always primary form of foster care. In some situations, however, child can still need care in an institution, especially if child's functional ability in daily life is notably limited, or if the child has serious mental health problems, drug/alcohol abusing or violent behaviour
- Foster care is mainly provided by foster families, who are supported by SOS children's village or children's homes in Turku and Espoo.

# - Preventive work:

- o This targets all children, not just children in our locations.
- Preventive work is provided mainly on digital platforms; mainly includes homework support; the main goal is to encourage children to continue their education by providing them support with their homework and hence increasing their self-esteem.
- o It also includes peer support via chat as well as mentoring (via mentor-app).

#### Conclusion:

There are very strict standards for children's homes and strong monitoring mechanisms implemented by municipalities. Social workers and Municipalities' social workers are in continuous touch. And also municipalities supervise and conduct monitoring visits. This system requires strong monitoring and evaluation, which seems to be in place.

Following the meetings in THL premises, seven members of our delegation visited Ambassador Deniz Çakar. During this meeting, the delegation led by DG Dr. Musa Sahin explain the purpose of our visit, the objectives of our project and how these efforts will play an important role in improving rights of the child and child protection and care in Turkey. Ambassador Cakir also provided a brief socio-political and economic outlook of Finland and the activities of Turkish Embassy to Helsinki.











#### Day 4:

On day-4, the Reception Centre and group home for unaccompanied minors was visited on site. Our delegation had the opportunity to observe centre facilities and learn about the services of the centre directly from the centre coordinator.

Staff Name & Surname	Institution	Position	Meeting / presentation topic
Marko Uuttu & Annika Pirinen	Reception Centre and group home for unaccompanied	Coordinator  Social Worker	Presentation of the reception centre
	minors		

Below is a summary of main highlights of the presentations made and main discussion points from

# Marko Uuttu (Centre Coordinator) & Annika Pirinen (Social Worker), Reception Centre and group home for unaccompanied minors: Presentation of the reception centre and its work

- The centre hosts children who are under 18 and who does not have a legal guardian.
- In Finland, any asylum seeker child under 18 who does not have a guardian is assigned with a representative by law. The representative takes care of all relevant needs of the child, from managing a child's administrative asylum process with the Finnish Migration Office to assessing the needs of the child and helping him/her with his accommodation, health, studies, as well as possibility for him/her to reunited with his family.
- This centre focuses on children who do not have guardians. The centre and group home operates under the Ministry of Interior, Migration Office. The centre, therefore, is independent from the child protection system in Finland.
- Children in this centre are aged between 13 and 17 usually and in rare occasions, younger children are also admitted to the centre. After turning 18, children are referred to centres that provide support four young adults.
- On average, around 80 foreign children are admitted to the centre every year. The capacity of the centre has been increased since the beginning of the war between Russia and Ukraine; currently, there are over 20 Ukrainian children.
- There are a total of 8 group homes that host children without guardians in Finland.
- When they first arrive in the centre / group home, foreign children are provided with basic physical needs (such as clothing, nutrition, health, etc.) first. Once this is done, professionals focus on children's personal stories. The centre operates on the principle that every child has











a different story and there can be zero discrimination based on the child's ethnicity or nationality.

- Children are then placed in schools where they learn Finnish language and continue their studies. A particular focus is made on Finnish legislation, the concepts of equality and equity, as well as children's rights in their studies.
- The centre is assigned with full-time staff on a 24/7 basis. There is a social worker, nurse, mentor and professionals who are specialised in child and youth studies. In case needed, the centre is supported by psychologists and therapists.
- In cases where there are obstacles in communicating, translation / interpretation services are provided.
- Children under 16 are provided with 27.86 EUR and above 16 with 50.15 EUR monthly allowance.
- The court cases continue while children are hosted in the centre. Once the child is granted with
  official residence permit, he/she is moved to other children's centres. The first period between
  placement in the centre and finalisation of residence permit lasts for around 6 to 9 months.
- Children under 18 are assigned with representatives (in the form of somehow guardians) and all relevant legislative and administrative processes are managed by this adult on behalf of the child. Representatives are paid for this service. Nevertheless, representatives are not responsible for meeting all needs of the child.

# Conclusions:

 The centre is designed particularly for most vulnerable children, mainly asylum seekers. As in other cases, regardless of ethnicity, the wellbeing of the child is priorities by all means.

#### Day 5:

On day-5, the delegation had an internal assessment meeting, where each and every presentation was addressed in detail, ideas on how the knowledge gained in this study visit can contribute to improving the child protection system in Turkey and equally how, in fact, the Turkish child protection system is already advanced in many ways. The ways in which future collaboration with Finnish counterparts were also discussed with specific reference to how our project could benefit from this study visit. The main discussion points are addressed in the next section.









#### 4. MAIN CONCLUSIONS & FINAL REMARKS

The following conclusions and remarks will be subject to review internally in MoFSS, upon return from the study visit, and the ways in which the knowledge gained in this visit can help the ministry improve the Turkish child protection and care system will be explored.

- The central government is more involved in policy making, rather than implementation. Until 2023, the child protection system in Finland has been implemented by local administrations, NGOs and private sector almost entirely. However, from January 1st, 2023 onwards, the system will be subject to reform and it will be more centralised. Our delegation has had the opportunity to learn the reasons why for this centralisation process and similarities to Turkish system in this change process has been observed.
- Working with families, regardless of the type of protection provided (either in foster care or institutional or any other type of care), is at the forefront. It is a priority in the Finnish child protection system that children should be kept in their own habitat as much as possible; they should go to schools in their own neighbourhood, they should be in touch with their families on a regular basis. In this regard, communication with families is sustained by social workers and other professionals; almost any decision related to the future of the child is mate collaboratively with birth parents (if and where possible). In this regard, the ways in which families could further be integrated in the Turkish system could be explored. The existing system in Turkey can be made more family oriented.
- Finnish centres for children are more advanced, mainly because of population; in venues where, for example, 6 children are hosted in Finland, in their Turkish counterparts, at least 12 children would be hosted in similar sized venues.
- The centres the delegation visited are called children's home site; the Turkish counterpart of children's centres in Turkey are mostly flats in apartments.
- A future online meeting with the social services department of a major municipality would benefit MoFSS to further learn about the services provided at local level.
- The number of unaccompanied minors in Finland is around 80. In Turkey, this number is around 4000. This, for example, is a good indicator why direct comparisons between the Finnish and Turkish systems cannot be made.
- The peer support system which has been addressed both by MLL and by children's village can be adapted to the Turkish system. The ways in which this could be done will be discussed with other MoFSS staff upon return.
- The system for peering between the refugee families and Finnish families can be further explored, and upon the results of this assessment, a similar system could be integrated to the Turkish system.















- The Finnish system is purely based on trust (e.g. there are no security cameras in children's centres, no security guards, etc.). This is somewhat missing in the Turkish system for obvious reasons
- In the Turkish system, police is not at the forefront, while in Finnish system, police is used as a preventive force in child protection system. In this regard, it must be noted that police is trained extensively in the Finish system to be able to undertake the responsibilities of dealing with children in the most appropriate way. The involvement of police in both Finnish and Turkish systems could be analysed by non-key experts in the near future within the scope of the project.
- Follow-up on children's participation in the education system is very strict in Finland. Drop out is not an option!
- The Finnish monitoring and evaluation system is established on solid grounds and on-going revisions are made based on the results of M&E. Moreover, data regarding children from day-1 of entry in the system onwards are recorded and accessible by different agencies (e.g. police, health professionals, education, etc.) where needed.
- There is a huge level of civil society ownership and participation in the child protection and welfare in Finland. For cultural and historical reasons, the involvement of NGOs in the system in Turkey cannot be as deep as the system in Finland. However, there still are areas where civil society involvement can be encouraged in Turkey, which remains to be discussed upon return with colleagues in the Ministry in line with the Ministry's most updated civil society strategy.
- There is a great deal of work carried out by NGOs in terms of advocacy campaigning. This can be linked with Activity 1.3 of our project and future collaboration with Finnish counterparts can be explored.





