



Feasibility Study for a Child Guarantee

Country report – Finland

2019

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In 2015, the European Parliament called on the European Commission and the European Union Member States, "in view of the weakening of public services, to introduce a Child Guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty". Following the subsequent request by the Parliament to the Commission to implement a Preparatory Action to explore the potential scope of a Child Guarantee for vulnerable children, the Commission ordered a study to analyse the feasibility of such a scheme.

The feasibility study for a Child Guarantee is carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in close collaboration with Eurochild and Save the Children, and with the support of nine thematic experts, 28 national experts and an independent study editor.

For more information on the feasibility study for a Child Guarantee, see:
<https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

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1 Summary

In regard to social security in general, and family benefits in particular, Finland is among the big spenders. Spending on social security makes up 32 percent of the GDP, and 11.6 percent of all social spending and 3.7 percent of the GDP are targeted at families and children. These investments are mirrored in Finland's low levels of income poverty and social exclusion among families with children. Finland and the other Nordic countries belong to the cluster of nations with a very low share of deprived children. The same is true for the other target groups (TG) and all the policy areas. In sum, according to comparative EU statistics there are no major problems in Finland. Only a very small fraction of children in the target groups have problems in the policy areas in focus of the study. However, more nuanced analyses, and expert interviews in particular, paint a much darker picture of several policy areas.

Immigrant families do have more problems with regard to overburdened housing costs than other families. Whereas physical healthcare does not seem to be a problem, there are problems with regard to access to mental healthcare. This is a serious problem for all the other TGs as well.

Finland has focused on providing social and educational services to support the welfare of the disabled children and their families. Disabled children have the right to go to the school that is closest to their home. Services should be free of charge, and municipality of residence is responsible for organising these services. Too much depends on the municipality where the child happens to live. If the necessary services are not available at all, or if they are insufficient, children with disabilities can easily fall behind in their education. Children living in institutions include a number of different groups in Finland: disabled, children taken into custody care, other children placed outside of their homes and refugee children. The biggest group of children living in institutions comprises of those children that are placed outside their homes (about 9,000 children). With regard to disabled children, there is a tendency away from institutional care. By now, less than 200 children with developmental disabilities are residing in institutional care facilities. Another group of children living in institutions are refugees who are placed in reception centres (young refugees in reception homes and teenage refugees in group homes) while their asylum application is being processed.

Recommendations:

- Finland should improve access to health care in general and mental health care in particular.
- Processing asylum applications must be much faster.
- More effective measures should be taken to ensure that all children receive enough support for studying at school, and secure the accessibility of basic education and upper secondary and higher education after basic education in spite of disabilities or other personal characteristics.
- Finland should introduce budget tracking from the perspective of children's rights and welfare, with a view to monitoring the budget allocations for children.
- Resources for supporting children with specific needs should be fortified in the educational system.
- Support for children leaving institutions or foster care should be fortified.
- The coordination of social, health and educational services must be improved.

2 Overall situation

This part focuses on describing the relative sizes of the vulnerable groups in Finland. The broad picture shows that in comparison to most other Member States, the sizes of the vulnerable target groups (TG) in Finland are much smaller, and problems in the relevant policy areas seem to be more or less marginal. However, more nuanced analyses and, not least, expert interviews paint a much darker picture of several policy areas (PA). All data presented are based on the EU-SILC data, provided centrally in the Feasibility Study for a Child Guarantee [FSCG] Inception Report, 2018. When other data are used, the sources are clearly indicated in the references.

2.1 Overall situation of child poverty or social exclusion

In regard to social security in general, and family benefits in particular, Finland is among the big spenders. Spending on social security makes up 32 percent of the GDP, and 11.6 percent of all social spending and 3.7 percent of the GDP are targeted at families and children. The EU-28 averages are 28.2, 8.4 and 2.4 percent, respectively (ESSPROS data). These investments are mirrored in Finland's low levels of income poverty and social exclusion among families with children. Indeed, Finland and the other Nordic countries belong to the cluster of nations with a very low share of deprived children (see the FSCG Inception Report, 2018).

Finland has the second lowest (after Denmark) income poverty rate and the second lowest (after Sweden) material deprivation rate. The overall share of children at risk of poverty or social exclusion was 14.9 percent in 2015 (Eurostat, 2019), which is the second lowest (after Sweden) among the EU-28. According to these numbers, the Finnish situation seems to be rather good. Statistics Finland uses the same definitions as Eurostat.

Furthermore, there are no major problems in Finland with regard to the five PAs. Only a very small fraction of low-income children are suffering from problems in nutrition. Both early education institutions and schools provide free meals for children. No wonder then that there are only very few children suffering from inadequate nutrition. Only 0.6 percent of poor children have an inadequate level of protein intake and 1.4 percent of poor families report that they cannot afford to buy fruits and vegetables.

No problems with regard to education

Education in Finland is free, from the very beginning to the university level. Thus, income should not be a barrier to use the various educational services. Indeed, the share of households that find it greatly or moderately difficult to cover the overall costs of formal education was the smallest in Europe. In addition, when looking at social mobility opportunities, Pöyliö and Kallio (2017: 218) found that disadvantaged children benefit largely from the universal education system. However, income and family background still matter when making decisions with regard to the children's education. PISA assesses to what extent differences in education outcomes are associated with the social status of parents, as well as the performance gap between privileged and disadvantaged students. It also evaluates the share of children who come from disadvantaged backgrounds but nevertheless perform well. The share of these 'resilient students' has diminished since the first PISA studies were conducted, and the importance of social background has increased. The knowledge gap is the biggest among boys. (PISA, 2015).

Some problems with regard to the availability, affordability and accessibility of health and dental care

In principle, Finnish health and dental care is universal and services are free of charge for all children. However, there seem to be some problems with regard to the accessibility and affordability of these services. In 4.4 percent of low-income families, there was at least one

child who did not receive a necessary medical treatment. With regard to dental care, the share was much higher (5.8%). Despite the universal nature of healthcare, there may be long cues and long waiting times to get medical treatments for non-acute sicknesses.

A decent level of housing but problems with regard to availability and affordability

Poor families with children have a decent housing standard. Only 0.6 percent of low income families suffer from severe housing deprivation, 3.1 percent live in overcrowded conditions and 1.1 percent of children suffer from an inadequately warm home. The only problem that appears to be more significant is the cost of housing: as many as 27.8% of low income families with children suffer from housing cost overburden. Thus, there are some problems with regard to the availability, affordability and accessibility of low-cost apartments.

A universal ECEC system with low take up rates: problems with regard to affordability, accessibility and adaptability

The PA where there seem to be most problems in Finland is the ECEC area. On average, only 33 percent of children in the age bracket of 0 to 3 years old are in institutional day care. In the age bracket of 4 to 6 year olds, the enrolment rate is 86 percent. The main reason for these low figures is a Finnish peculiarity: a home care allowance, i.e., a cash payment to those families that care for their children under three years of age at home. In principle, each child has a subjective right to institutional public day care, but about 90 percent of families use the possibility provided by the home care allowance to stay home with their children a little longer. While the utilisation as such is not linked to socio-economic characteristics, the length of the time period does correlate with socioeconomic factors such as education, family status and income. Higher home care allowances delay the return to employment and mothers with higher educational attainments and young mothers at first birth return to employment earlier than other groups (Räsänen et al., 2019). The utilisation of long (longer than 26 months) home care allowance periods is 1.4 times more frequent among the lowest income quintile than among the second highest quintile (Haataja and Juutilainen, 2014: 45-48).

Though childcare is heavily subsidized in Finland, one fifth (22%) of families – most probably low income families – have some problems with affordability. 28 percent of families complain that no places are available, and 14 percent say that the opening hours are not suitable for them. Unfortunately, there are no data showing to what extent these problems of availability and adaptability are specific problems for poor families and lone parents, as will be discussed later on.

2.2 Overall situation of children living in precarious family situations

This section focuses on children living in precarious situations. Most data pertain to children in single parent households. Single parent households are at a much higher risk of income poverty, have greater difficulties reconciling family and working life and face greater challenges with their time management. There is a strong overlap between 'poor families' and 'precarious' family situations. Furthermore, single parenthood and having a disabled child are strongly correlated in Finland (Hiilamo & Ahola, 2016). Where the national data permit it, this section also discusses problems associated with families suffering from domestic violence and alcoholism. Teenage motherhood or 'children left behind' are negligible problems in Finland.

There are a variety of services available for families with problems. Before describing how children in precarious family situations receive help, it is first necessary to discuss the process of child welfare measures.

The process of a child welfare case starts with a child welfare notification and an evaluation of what measures are necessary. The notification is submitted to the social welfare authorities of the municipality. If the situation is urgent, it must be evaluated immediately after the submission of the notification. Otherwise, the time frame for the assessment is seven days. The client gets a personal social worker who together with the family prepares a client plan that prescribes what the local authorities must do and what services they must

provide. The 'mildest' measure is open (community) care (avohoito), including e.g., therapy, support people, family work, peer group activities and recreational activities. In more urgent cases, an emergency placement outside of the child's home (kodin ulkopuolelle sijoitus) may be necessary. In the most urgent and severe cases, the child is taken into custody (huostaanotto). This means that the child is either temporarily or permanently taken away from the parent(s). Whenever the child is placed outside of their home, the placement can be in a foster family, in a foster home or in an institution (lastenkoti, children's home). (Ministry of Social Affairs and Health, 2019) Upon reaching maturity and aging out of the child welfare measures, the clients are eligible for the so-called aftercare (jälkihoito). This aftercare provides a personal social instructor and offers support in such matters as arranging accommodation and study counselling.

Children in single parent households at risk of poverty, but no problems with regard to education and nutrition

The risk of low income is much higher among single parents (22%) than among families with two parents (7%; Statistics Finland, 2018). Therefore, much of what has been said above with regard to child poverty and social exclusion is especially valid for children living in single parent households. Theoretically, access to education should not be a problem for children living in precarious family situations. Free education is available for every child and there should not be any major obstacles for children to partake in the education system. However, there are studies showing that children with precarious family backgrounds have a lower enrolment rate in secondary education than other children. According to the statistics, there are no major problems with regard to nutrition: 0.5 percent of children in single parent households have problems obtaining fruits and vegetables, and no child lacks proteins.

Problems in the other PAs

While there are no major problems with regard to education and nutrition, there are some problems in the other policy areas. The utilization of childcare services is lower among single parents. Single mothers also make use of the home care allowance longer than mothers with a spouse. Whereas 21 percent of single mothers receive the allowance for more than two years, this applies to only ten percent of mothers with spouses (Haataja and Juutilainen, 2014). There are complaints about the affordability, availability, accessibility and adaptability of day-care facilities. For a single parent, it is more difficult to be flexible with their time and to find a day care place that is accommodating to, e.g., shift work or other atypical forms of employment. Single parents also have greater problems paying for day care fees than dual parent families (interview: Single Parents' Association). Cuts to family and day care services have made it more difficult for single parents to be employed. Before the great depression in the early 1990s, the employment rate for single parents was higher than for parent couples (89% vs. 82%). By 2017, the situation had reversed and the unemployment rate among single parents was almost double the rate of two-parents households (15.4% vs. 8.6%; Statistics Finland, 2018). Thus, the rise of unemployment, low-income households and single parenthood go hand in hand in Finland, creating a vicious cycle that may have long-term ramifications for children. There are studies indicating that participation in ECEC – preparing children for school in general, and among disadvantaged families in particular – is an efficient means for counteracting these problems (Sipilä and Österbacka, 2013). As indicated above, despite the universal nature of the services and income transfers, the problems with regard to access to proper services persist.

With regard to access to healthcare and housing deprivation, there are some differences when comparing children in single parent households to all Finnish children. Whereas 5.5 percent of children in single-parent families have unmet medical needs, the corresponding share for all Finnish children is 3.4 percent. The numbers for dental care are 7.5 and 3.0 percent, respectively. 2.0 percent of children in single parent households (vs. 0.6%) suffer from severe housing deprivation, 12.7 percent (vs. 3.1 %) suffer from overcrowding and 4.6 percent have problems with adequate heating (vs. 2.2.%). The biggest housing

problems seem to be linked to affordability: as many as 25.8 percent of single parent households (vs. 5.7%) have problems with excessive housing costs.

Domestic violence

There are at least three other groups of children that live in precarious family situations: children whose parents suffer from mental health problems, children in families with alcoholism and other abuse problems and children in families with domestic violence. There is a substantial overlap between these types of precarious family situations. It has been estimated that there are 60,000-70,000 children living with parent(s) who have alcohol problems. These numbers correspond to 6 percent of all underage children (Lapsen maailma, 2017). Parents' alcoholism may lead to malnutrition, inadequate housing, monetary problems, and neglecting the needs of the child. Severe alcoholism and other behavioural problems lead to child protection measures and the possibility of placing the child in foster care in families or into institutions.

According to the Federation of Mothers' and Children's Homes and Shelters [ETKL] (interview), in half of the cases the reason for seeking shelter against violence was related to alcohol or drugs. In 2018, there were 3,347 victims of domestic violence being housed at the ETKL. Half of them had a child with them. 90 percent of the children were 12 years of age or younger. 80 percent of help seekers were Finnish speaking. One obvious problem in the Finnish system is that children who are victims of domestic violence cannot seek shelter on their own but must be accompanied by a parent.

The UN CRC (2011) looked into the problems of children living in families with substance abuse problems and advised social workers and other professionals to pay more attention to these children.

2.3 Overall situation of children residing in institutions

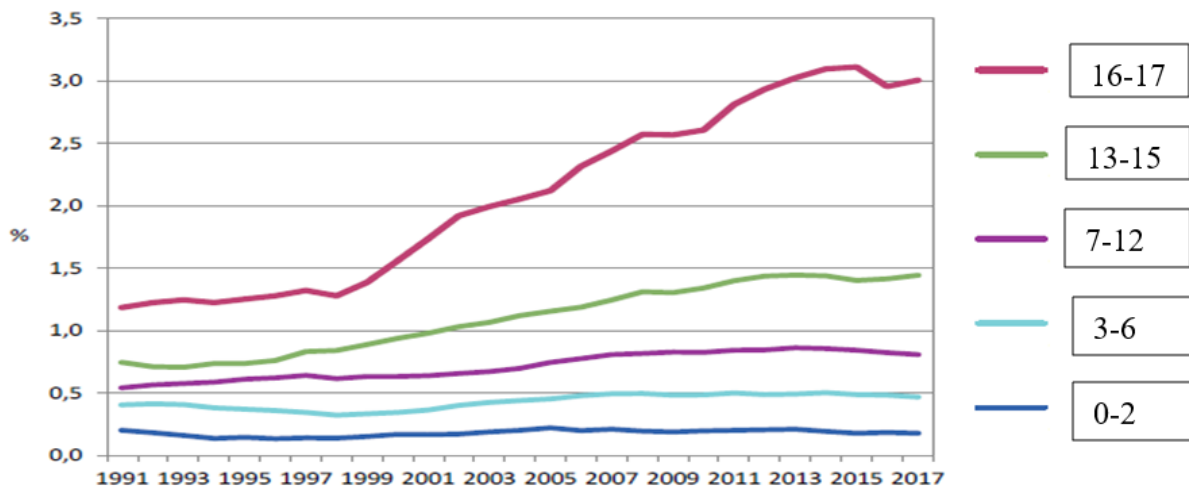
Child custody [huostaanotto] is a child protection measure where the social welfare authority takes care of the child when conditions for properly raising the child at home are not being met. These custody measures can be sought voluntarily or enforced involuntarily, i.e., against the will of the parents. The purpose of child custody is to secure the child's best interests. It is a last resort measure that is used only when other measures have proven to be inadequate. A fundamental condition for enforcing child custody is either a serious risk to the health and development of the child due to problems in the family or the child's own destructive behaviour. The most common causes of custody are parents' mental problems (in 33% of cases), alcoholism or substance abuse (in 22% of cases) or domestic violence (in 14% of cases; Heino & al., 2016: 69).

As a rule, a child taken into custody will either be placed in family care or in a child welfare institution. The choice of location is based on the needs of the child. In some cases, the whole family can also be placed to live with the child in the facility offered by the welfare authorities.

The share of children placed outside of their home has doubled since the beginning of the 1990s. In 1990, the share of children placed outside of their home was 0.7 percent of all children under 18 years of age. In 2017, the share was 1.4 percent for girls and 1.5 percent for boys. (Findicator, 2018). These shares add up to 17,956 children (Table 1). As can be seen in Figure 1, the main explanation for the increase in placements has been an increase in the teenage age groups. The older the child, the more likely it is that they will be placed in an institution or professional family care. Open care measures were provided to 57,784 persons in the age bracket of 0 to 20 years old. This number corresponds to 7.1 percent of that age group. Open care [avohoito] (see section 2.2. above) is intended for situations where the health or development of the children is in jeopardy or they are endangering their own health or development. The purpose of these measures is to support the children's positive development, and to strengthen the educational capacity of the parents, the guardians and the parents of the parent responsible for the children's care and

upbringing. Out of the 57,784 children that are receiving open care measures, about 7,000 are clients in after-care (jälkihoito).

Figure 1. The share of children placed outside their home according to their age group (% of the total population in the same age group), Finland 2017.



(Source: THL, 2018a: 5)

With regards to the placement of children, the most frequently used form of care is foster care in families. When a child is placed outside of their home, the child welfare workers should first study whether there are opportunities for the child to live with relatives or with other people close to the child. In Table 1, 'Family foster care' includes both foster families and relatives or other kin. 'Professional family care' pertains to home-like units that are licensed as family homes. Professional family homes provide care services that are in between family care and institutional care. In professional family care, the personnel is required to be more educated and specialised than in family care. There must be at least two nurses, at least one of whom has the appropriate training and sufficient experience with childcare and education. Therefore, children with special needs can also be placed in professional family care units. The maximum number of children in each unit is seven, and each child should have an own room (of at least 12 square meters). Furthermore, there should be a common room big enough for all the residents to have meals, socialise and spend free time together. 'Residential care/institutions' refer to a variety of different units: special boarding schools and residential institutions for people with intellectual disabilities, institutions for substance abusers, children's homes, homes for children with special needs and reception centres for refugee children. (THL, 2018a) In Finland, the aim is to make all child welfare institutions as home-like as possible. A children's home [lastenkoti] may have one or more residential units. The maximum number of children in one unit is seven. If there are more than one unit in the same institutional building, the maximum number of children is 24 in the whole institution (Lastensuojelulaki §59).

42 percent of children placed outside of their home and 57 percent of children in custody care are in foster care¹. Residential care (institutions) is the second biggest type of placement (37% and 26%, respectively), followed by child welfare by professional family

¹ 'Children placed outside their home' (kodin ulkopuolelle sijoitetut) refers to those children whose parents are still their custodians. 'Custody care' (huostaanotto), in turn, pertains to situations where the parents have lost their right to be the child's custodian. Usually, huostaanotto is voluntary and it is enacted with consent from the parents, the child and the child welfare workers. In the most severe cases, it may also be involuntary, i.e., against the will of the parents. In such cases, the decision is made by the Administrative Court. Children older than 12 must be heard in the process of establishing huostaanotto and in all other child welfare measures.

care (12% and 13%). Children placed outside of their home make up the biggest group of children living in institutions.

Table 1. Children taken into custody and children placed outside of their home according to the type of placement.

Type of placement	Children placed outside home		Children in custody care	
	N	%	N	%
Family foster care	7,527	41.5	5,041	56.5
Professional family care	2,017	11.5	1,156	13.0
Residential/institutional care	6,777	36.5	2,327	26.0
Total	17,956	100.0	8,922	100.0

(Source: THL², 2018b)

The distribution of placements is different for children of different ages. According to Kouluterveyskysely [School Health Survey, 2017] – a nation-wide survey carried out every two years – 81 percent of younger children (in school years 4 and 5) live in foster families and 19 percent in institutions. Meanwhile, institutional placements are more common (43%) among teenage children (school years 8 and 9). 34 percent of them live in foster families and 23 percent are placed in professional family care facilities. (Ikonen & al., 2017).

Many problems with regard to health and wellbeing

This TG also benefits from subsidized housing services and from universal and free education, including school meals and school healthcare. However, children placed outside their homes face several problems in school, as indicated in Table 2, which is based on results from Kouluterveyskysely 2017 (Ikonen & al., 2017).

Table 2. Incidence of different welfare problems (%) among school children in Finland 2017.

Problem area	School class 4-5		School class 8-9	
	Children placed outside home	All Children	Children placed outside home	All children
Mother's educational attainment: high	nd	nd	19	41
Income level at home: low	nd	nd	51	32
Unemployed parent	nd	nd	61	31
Immigrant	16	11	14	5
Cognitive limitations	nd	nd	30	11
Learning difficulties	9	3	53	36
Long-term sickness	nd	nd	37	22
Loneliness	7	3	23	9
Threat of violence	25	11	40	14

(Source: Ikonen & al., 2017)

² THL, terveyden ja hyvinvoinnin laitos [the National Institute for Health and Welfare] is an independent, expert agency working under the Ministry of Social Affairs and Health. THL studies and monitors well-being and health of the population in Finland. THL produces official statistics on health and welfare. (THL 2019a).

In the family backgrounds of placed children, we find higher rates of unemployment, low income, lower educational attainments and immigrant parents. Educational achievements are also lower among placed children, they have more physical impairments and they have met the threat of violence more often than other children.

The problems are more pronounced among children who have been taken into custody: 66 percent of them have problems achieving the required knowledge and skill levels. Among teenagers, the share is even higher (88%). (Heino, 2016: 73). No wonder then that the share of children placed outside of their home more often than other children do not continue on to secondary education.

The results above show that there may be problems with regard to the adaptability of the education system. Interviews (Save the Children) indicate that systems adapted for special needs may be problematic, too. Special education may be provided in the institution in which the child is placed, but the level of education received may not be at the same level as in 'normal' schools. Thus, the child is left behind in terms of knowledge and academic skills.

The vulnerable were hit hardest by austerity measures

Municipal budgets have been in deficit since the global economic crisis of 2008. Hence, the municipalities have tried to cut down all spending that is not obligatory and absolutely legally binding. And as a result, many municipalities have abandoned their previous emphasis on early intervention in matters of child protection (home help, various preventive services, etc.). Instead, they now only take care of the obligatory 'heavy' measures, i.e., child welfare actions and placing children outside of their homes, either in foster homes, childcare institutions or boarding schools. These municipal actions partially explain the trends displayed in Figure 1 above.

In their study, which was commissioned by the Ministry of Finance, Sipilä and Österbacka (2013) summarize the development in the 2000s: "In Finland, efforts have been made through various programmes and legislation to strengthen preventive measures in order to reduce care orders and institutional placements. Yet the opposite has happened: the most serious measures are still increasing."

In its observations concerning the Convention on the Rights of Children, the United Nations (2011) recommended that the government of Finland "provide municipalities with sufficient resources allocated specifically for ensuring the implementation of rights of children, taking into account resources available to each municipality". However, the budgets of most municipalities are strained and the UN recommendation has not been fulfilled. Furthermore, the vulnerable children in the TGs were hit hardest by saving measures affecting the education and child welfare budgets.

2.4 Overall situation of children of recent migrants and refugees

The share of immigrants has been low in Finland. In 2017, 4.5 percent of the Finnish population were immigrants (Statistics Finland, 2018b). The main groups of immigrants are from Estonia and Russia. In 2015, 32,477 refugees, mostly from Iraq, sought asylum in Finland. Since that peak year, the numbers have dropped to 4,548 in 2018. Both in 2015 and 2018, one fourth of the refugees were below the age of 18 (7,652 and 1,131, respectively). Of these, 3,014 in 2015 and 109 in 2018 were unaccompanied minors, mostly boys from Afghanistan, Syria, Iraq and Somalia. (Migri, 2019)

Asylum seekers in the Finnish system

While the asylum application is being processed, the applicant lives in a reception centre. There are special home-like reception centres (group homes [ryhmäkoti] for children younger than 16 years of age and support homes [tukiasunto] for those in the age bracket of 16 to 17 years old) for unaccompanied children seeking asylum in Finland. Group homes and support homes are smaller in size than adult and family centres and have more staff

per client. Their work emphasizes care and education. There are also possibilities to place the children in families.

Municipalities or third sector organisations (e.g., The Red Cross) are responsible for running the centres, and they get subsidises from the central government. Reception centres must provide healthcare for underage refugees on the same terms as for other residents in the municipality. Thus, refugee children have universal access to healthcare. In principle, the municipality has the responsibility to organise the education for refugee children, but many municipalities have not arranged for proper access to schools, and in some cases education services are organised by the reception centres and group homes themselves. The aim of this education, in addition to teaching the Finnish language, is to fortify the child's mother tongue, to avoid promoting an ideology of monolingualism and monoculturalism. As with the other TGs, in areas where the municipality of residence is responsible for providing the services, and these services vary substantially in terms of both quantity and quality.

Universal healthcare but severe problems with regard to access to mental healthcare

There are no specific data available on ECEC enrolment of refugee children or their academic skills. However, information pertaining to all immigrant children in Finland provides us with some indirect evidence. The Finnish home care allowance is problematic for ECEC enrolment of all children in general, and for the enrolment of immigrant children in particular. In many cases, the immigrant mother will stay at home with her children. And as these children are not properly included in ECEC, their linguistic skills are inadequate when they start school. This, in turn, affects their overall school performance. And thus, for example, in mathematics, the children of immigrants are almost two years behind the children of Finnish parents.

While there are problems with regard to the children's academic performance, there are far fewer problems with regard to the other PAs. Immigrant families do have more problems with regard to overburdened housing costs than other families (13.3% vs. 5.7%). However, neither access to adequate nutrition nor severe housing deprivation (0.6% for all children and 0.9% for immigrant children) are significant issues for immigrant children. Similarly, access to health and dental care is not a major problem. 4.6 percent of children with migrant background and 3.4 percent of other children have unmet medical needs. The shares for dental care are 0.1 and 3.0 percent, respectively.

Whereas physical healthcare does not seem to be a problem, there are problems with regard to access to mental healthcare. This is a serious problem for all the other TGs as well, and the issue was raised in a number of interviews with relevant organisations (e.g., Save the Children, ETKL, Central Union for Child Welfare). Too often, preventive mental health care services are not available. This lack in preventive measures leads to more placements outside of the home, and in the case of teens to placements in institutional care. Furthermore, traumatised refugee children require more intensive mental health care services (Palmu, 2018). The same goes for aftercare (jälkihoito) for children who are aging out of their child welfare measures.

2.5 Overall situation of children with disabilities

Finland is among the countries that have signed the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol (A/RES/61/106). Thus, Finland is committed to following the UN definition of disability, which states that "disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others... Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others". The UN definition is not perfect, and the Finnish practices are not more comprehensive. The situation varies from person to person. There are several

conditions that the child must fulfil in order to qualify for a disability allowance paid by the Social Insurance Institution (Kela). Kela (2019) asks whether the child:

- has a diagnosed disability or illness;
- regularly visits a medical doctor;
- needs more assistance or supervision in their daily living than other children of the same age;
- has special arrangements or particular assistance in their day care centre or at school, such as a personal assistant or special-needs education;
- is undergoing some form of rehabilitation treatment, such as physical therapy, psychotherapy, speech therapy or occupational therapy.

Children who meet three or more of these conditions are entitled to a disability allowance. However, this list is only indicative, and the entitlement to the allowance is determined from case to case (Kela 2019a).

Finland is also committed to the European Commission's European Disability Strategy 2010-2020 and to the eight action areas specified in it. In principle, the Finnish situation is comparatively good. The universal and targeted services are being provided. However, there are problems that are related to the accessibility, availability and adaptability of these services. Furthermore, there are substantial differences between the municipalities with regard to these services. The following questions can help to assess whether the child may be entitled to disability allowance for persons under 16 years.

Disability is a considerable problem in Finland

According to the Statistical Yearbook of the Social Insurance Institution of Finland (Kela, 2018: 119), in 2017 there were 34,931 children below the age of 16 years getting disability benefits from Kela. (Children living in institutions are included in these numbers.) That is about 4 percent of the 0 to 15 year old children. According to the Inception Report (2018), Finnish children report functional limitations more often than children in most other Member States: as many as 8.1 percent say that their functional ability is limited, and 1.7 percent claim that they suffer from severe limitations. Nevertheless, the share of children with a good or very good health status in Finland is high.

In 2016, there were 191 disabled children living in institutions (Kehitysvammaliitto, 2017). The priority is always to keep the children living at home, and in fact most of children with disabilities are living at home.

As in the case of the other TGs, there are no major problems with regard to nutrition. Children with disabilities suffer somewhat more than average from inadequately warm housing (3.5% among children with disabilities compared with 2.2% among all children) and from high housing costs (8.3% vs. 5.7%). Similarly, in this TG there also are some problems with regard to accessing necessary medical (9.7% vs. 3.4%) and dental care (6.7% vs. 3.0%).

Following the principles of the 'Nordic' welfare model, Finland has focused on providing social and educational services to support the welfare of the disabled children and their families. According to the legislation on basic education (Act 628/1998), disabled children have the right to go to the school that is closest to their home. Furthermore, they have the right to receive any special education, support, equipment and transportation necessary for completing their personal curriculum. All services should be free of charge, and municipality of residence is responsible for organising these services.

Universal services with 311 variations

There are 311 municipalities, whereof some are rich and populous while others are small and poor. No wonder then that there is a great variation in the municipal services. Too much depends on the municipality where the child happens to live. Due to economic constraints and political priorities, municipalities have tried to close down care institutions that follow the ideas of progressive disability policy. However, the closure of institutions has

not been counteracted by improvements or expansions in alternative services (Miettinen and Teittinen, 2013).

If the necessary services are not available at all, or if they are insufficient, children with disabilities can easily fall behind in their education; they may be transferred away from their neighbourhood schools, and in the worst case this can lead to them dropping out of school at a very young age and thus becoming socially and economically excluded. The UN CRC (2011) recommendation for Finland was that more effective measures should be taken to “ensure that all children receive enough support for studying at school, and secure the accessibility of basic education and upper secondary and higher education after basic education in spite of disabilities or other personal characteristics”.

The large differences between the municipalities is one problem. Another problem that was emphasised by the Organisation for Disabled Children and Youngsters (VALMLAS, 2019) and most of the interviews (Child Ombudsman, Save the Children, ETKL, Central Union for Child Welfare and YVPL) was the uncoordinated nature of the services. There are lots of services available, but they are not integrated in the best possible way. Specifically, different levels of organisation (e.g., primary childcare, pre-school and school) and different sectors (child clinics, healthcare, education and social services) do not function in a coordinated way. The parents themselves must fight to get access to the rights for their children. Disabled children are frequently raised by a single parent. The divorce rate among families with a disabled child is significantly higher (30%) than among other families with children (Hiilamo and Ahola, 2016). To be ‘a full time coach’ for the disabled child is very demanding for a family with two parents; it is many times harder for a single parent (see also section 2.2.).

3 Description and assessment of the main policies and programmes in place and recommendations for improvements

Section 3 describes and assesses the main policies in place and makes some recommendations for improving access to necessary services with regard to the different PAs. Furthermore, this section gives a summary of the main strengths and weaknesses of the policies in relation to the TGs. Finland's national priorities are also discussed. Section 3.7 focuses on specific problems of children residing in institutions. Section 3.8 assesses the extent to which Finland has managed to create an integrated, comprehensive and strategic approach to meeting the needs of children, as well as the involvement of children and key stakeholders in this process. And finally, section 3.9 gives a brief overview of Finland's spending with regard to the PAs. In principle, the main policies apply similarly to all children, including children in the TGs. For children with special needs, targeted measures are available.

Provisions on the rights of children are laid down in the Constitution of Finland. Furthermore, the European Convention on Human Rights and the UN Convention on the Rights of the Child are also binding for Finland. These conventions oblige the states to give priority to the best interests of the child in all actions taken by the authorities. The local authorities in each Finnish municipality are responsible for organising child welfare services. They may provide services themselves or purchase them from external service providers. If the local authorities purchase the services from private providers, they are responsible for the supervision of the quality of the services.

3.1 Description and assessment of main policies in place and recommendations for improvements to ensure adequate nutrition

In Finland, as in all countries, there are differences in the eating habits between the different socio-economic groups. There is a strong social gradient linked to food and

healthy and unhealthy eating (THL, 2019b). As indicated in previous chapters, malnutrition is not a major problem among any of the TGs.

Social assistance (income support) paid by Kela consists of two parts: 'basic amount' and 'other basic expenses'. The basic amount is a fixed sum of money meant to cover costs of daily living, such as food, clothing, personal hygiene, public transportation, minor medical expenses, newspapers, TV, telephone and internet. 'Other basic expenses' comprise items such as housing (e.g., rent, maintenance charge, upkeep costs for a single-family home, household electricity and home insurance), higher medical costs, eyeglasses, day-care costs and in the case of an immigrant costs of obtaining a necessary identity, residence or travel document (Kela, 2019b). Children with disabilities have their specific income transfer programs provided by Kela (2019a). In institutions, they have access to adequate nutrition. In families, the content of the diet depends on the family where they are living in.

Needless to say, there are cases where the child's access to adequate nutrition is jeopardized. Mostly, these cases occur in precarious family situations where parents do not have the skills or capacity to take care of needs of the child. Another problem is the low level of the basic security benefits. It is lower than the average citizen's assessment of the minimum level of sufficient basic security benefits (THL, 2019c). Children in families living on basic benefits may be exposed to malnutrition.

However, there are some counterbalancing institutional arrangements. One important factor in combatting malnutrition among all children are the free meals served in early childhood care facilities, pre-primary education and schools up to the university level. Free and universal school meals for primary school pupils were introduced as early as 1948. In 1972-1977, it was extended to colleges and vocational schools. At present, about 830 000 pupils and students are entitled to free school lunches. And since 1979, the state has subsidized student meals to encourage healthy eating habits.

In order to bridge the gap between the socio-economic classes and between general population and the vulnerable groups that are the focus of this report, childcare clinics should perhaps make a greater effort to providing counselling and giving advice to the vulnerable groups on matters regarding their eating habits and nutrition.

3.2 Description and assessment of the main policies in place and recommendations for improvements to ensure access to free education

Finland has been prized for its excellent results in the PISA student skill surveys. However, cuts in the education system are having repercussions on all levels of education. The excellent results in the PISA studies that Finland achieved are declining. The overall scores are dropping, and the number of top performers is decreasing while the number of low performers is increasing. Girls are still doing well, but there are problems with boys in general and boys in Eastern and Northern Finland in particular. Furthermore, the share of NEETs in Finland is high. In the age bracket of 15 to 29, about 13 percent of youngsters are neither employed nor in training or receiving education. This is close to the OECD average (14 percent), and considerably higher than in the neighbouring Scandinavian countries (OECD, 2017).

The cuts to the education budgets have contributed to this negative development. There are more and more pupils per teacher and there are fewer tutors for children in need of special help and support. However, the roots of this development go deeper than just the budgetary cuts. Indeed, a full recovery requires not only more investment in education, but – after a thorough analysis of the problem – specific policy measures need to be taken to turn the education system around and put it back on track.

Universal goals but problems in the margins

The goal to include all children in education was reflected in the very name of Finland's basic education, 'the people's school', indicating the universal right of every citizen to receive a basic education. The first law was adopted as early as 1866, and in 1921 the Act

on Compulsory Education made participation in basic education obligatory for every child, beginning at the age of 7 years. In the beginning of the 1970s, the 'basic school' with 9 grades was implemented in the whole country. After these 9 years in the basic school, children could either continue at a vocational school or go to college. The structure of the education system reflects these principles. There are no dead-ends in the system. There are always possibilities to progress to higher levels of education. The main objective of the Finnish education policy is to offer all citizens equal opportunities to receive education (Finnish National Agency for Education, 2019).

With regard to refugee children, their primary education is organized in group homes [ryhmäkoti] for children younger than 16 years of age (see section 2.4). Children living in institutions either participate in normal school activities outside the institutions or, if they are residing in boarding schools, the institution itself takes care of their education. Boarding schools are child welfare institutions that provide education and care for those children who have been placed outside of their homes and who cannot be educated and cared for within the other forms of childcare. Health and mental care services are available in the boarding schools. They operate under the supervision of the National Institution for Health and Welfare (THL). There are nine boarding schools.

Disabled children participate as much as possible in integrated education in the school system. As laid out in section 2.5, the municipalities are responsible for organising all the necessary assistance for disabled children to participate in integrated education. This 'assistance' includes transportation, equipment and tutoring in the class rooms. The idea is good, but there are problems in the practical realisation of this goal. Whether in ECEC or basic schools, there are not enough resources to adapt the education to the specific needs of the disabled children.

There are no tuition fees at any level of education and study grants are available for post basic school studies. Whereas in basic education books and other necessary material, school meals and transportation are provided free of charge, pupils in upper secondary education pay for their books and transportation. In some cases, social assistance is available to cover the costs. The costs of books and other school material may prevent children in the TGs inspected here to move on to secondary education. One solution to his problem would be to make the study material at the secondary level free of charge, as has been proposed by some political parties in their election program for the 2019 parliamentary elections.

In interviews with relevant organisations (Child Ombudsman, Save the Children, ETKL, Central Union for Child Welfare, Pesäpuu and YVPL), the experts pointed out the need for support and tutoring in education among children living in institutions or in other forms of alternative care housing. In particular, guidance and support are crucial when continuing one's studies after the basic education. This guidance is not always available, and therefore children placed outside of their homes are more likely to not continue with secondary education – a decision that can have significant negative consequences for the rest of their lives (Pekkarinen, 2019).

Furthermore, it appears that in private childcare institutions there is not enough interest (or time) to try to give proper counselling and guidance to support the children in their education choices. This was mentioned in several expert interviews.

3.3 Description and assessment of the main policies in place and recommendations for improvements to ensure access to free healthcare

For children in Finland, free health care begins before birth. The first encounters a baby has with the healthcare system take place in maternity and child clinics. Maternity clinics screen the pregnant mother and follow the development of the fetus. There is a special Finnish social innovation – a maternity package (or baby box), which provides a positive incentive for the mother to participate in the medical screenings at maternity clinics. Furthermore, another condition for receiving the baby box is regular participation in activities provided by

the maternity clinics. The baby box contains children's clothes and other necessary items, such as bedding, cloth nappies, gauze towels and child-care products.

Whereas maternity clinics are for the pregnant mother, child clinics assess the physical, mental and social condition of children below school age, provide vaccinations and support parents in providing secure, child-focused rearing, whilst also helping them to take care of their relationships. The clinics promote a healthy growing environment for the children and a healthy family lifestyle. They also act as a centre for various multi-professional collaborations with other professionals who specialise in working with young families. During the first year after the birth, a nurse sees the child every month and an examination by a medical doctor takes place when the child is 4-6 weeks, 4 months and 8 months old. Thereafter, a nurse sees the child every year. At the age of 4, the child again goes through an extensive examination by a medical doctor. All of this is a part of the universal service and is free of charge. Thus, all children in our TGs are entitled to these benefits.

With regard to children with refugee status, health inspections and necessary vaccinations should be administered within two weeks of their entry into Finland. Refugee children are entitled to any necessary care in the same way as any other children.

Every child attending school or higher education is entitled to school and student healthcare. This school and student healthcare takes over when the child starts going to school at the age of 7. Each municipality is responsible for organizing healthcare for its school kids. Health controls are carried out each year, with more extensive medical examinations being carried out in the 1st, 5th, and 8th grades.

Dental care is free for everyone. Municipalities are required to organise dental care inspections three times prior to the school age: when the child is 1 to 2, 3 to 4 and 5 to 6 years old. Regular dental inspections are also carried out during the child's time in school. (THL, 2018b).

In effect, then, the structures for free healthcare are in place. However, the problem is that there are long waiting lists for non-acute care. These problems are mirrored in data provided in the FSCG Inception Report (2018) tables 4.4 and 4.6. 3.0 percent of all children have not received necessary dental care. This share is much higher among children living with single parents and income poor children (7.5% and 7.8%, respectively). Among immigrant children, the share of unmet dental needs is the lowest (0.1%). The share of unmet medical needs is the highest among children with disabilities (9.7%). In the other TGs, the share hovers around 5 percent. The share is 3.4 percent for all children living in Finland. With regards to children with disabilities, the disability allowance provided by Kela is intended to cover the extra costs caused by the disability, but it is often not enough to cover all the extra costs.

In sum, Finland has a good record of healthcare, resulting from its system of child clinics, school examinations and dental care. This tradition must be revitalized and the funds necessary to keep these activities running must be guaranteed.

3.4 Description and assessment of the main policies in place and recommendations for improvements to ensure decent housing

According to the Constitution of Finland, it is the duty of the public authorities to promote everyone's right to a home and to support the individuals' own initiatives to organize their housing. The Ministry of the Environment, which is responsible for Finland's housing policy, stipulates that the purpose of the housing policy is to guarantee sufficient housing construction, direct the planning process and promote an affordable cost of living. Legislation and government subsidies are used to increase the supply of affordable housing in growth centres and to balance the supply and demand. Separate programmes have been designed to solve the housing problems of special groups with challenging needs.

The main conclusion is that the Finnish housing policy is working very well. There are no major problems related to decent housing. Housing deprivation in Finland is a rather marginal phenomenon. Most problems with housing are linked to the housing costs. Almost

30 percent of single parent households and income poor families complain about too high housing costs. Among the other TGs, including children with disabilities, the shares are lower. If the general housing allowance system is not able to compensate for the extra housing costs caused by a disabled child in the family, social assistance can cover the extra costs.

Heavily subsidized housing

Owner-occupation is the most important form of housing in Finland. One third of the housing stock is owner-occupied and the rest consists of rental flats that are evenly distributed between public/socially rented and private for profit rented flats.

Housing subsidies available to cover the excessive costs of housing for both individual residents and households. These housing subsidies are one of the biggest single expenditure items in the state budget. In 2017, the size of the state budget amounted to €56 billion, of which €2.0 billion were used for housing subsidies. About 16 percent of the population receives a housing allowance and 42 percent of the recipients are below 25 years of age. On average, these allowances cover about 50 percent of the recipient's housing costs.

Given the strained state budget, it is difficult to imagine that the government will improve the housing benefits. Instead, there is an effort to try to accelerate the construction of cheaper rental apartments, which would help also the TGs.

With regard to the TGs, there is a need for supported housing, i.e., housing where youngsters – be they disabled, placed outside of their homes or immigrants – can live independently while also being supported in their efforts to move towards a more independent form of living. Here, they should have access to social work services and, in the case of mental problems, to proper mental health services.

3.5 Description and assessment of the main policies in place and recommendations for improvements to ensure access to free early childhood education and care (ECEC)

Enrolment rates in ECEC are low in Finland. The main reason for this is the Finnish cash-for-care peculiarity called home care allowance [kotihoidontuki]. This home care allowance was a compromise between the left-wing and centre-to-right parties. While implementing the Child Day Care Act in 1972, the center and conservative parties insisted on a cash-for-care system and stressed the right to choose between 'institutional' care and home care. The politically powerful adage was: parents themselves know better than the bureaucrats what is best for their children. Meanwhile, the left pursued the development of a municipal day care system by referring to the equalizing effects on children coming from poor and rich backgrounds. Furthermore, the cash-for-care system was criticized for keeping mothers locked up in their traditional homemaker role. As a compromise, the 1982 Child Care Act established a dual system consisting of both municipal day care and a home care allowance. The Finnish early day care system has preserved these dual characteristics up to now.

Universal service with low take-up rates

All children below school-age have a subjective right to early childhood education and care (ECEC), if their parents decide to make use of it. The municipalities are responsible for arranging the ECEC services. Families can also choose to go to publicly subsidised private ECEC facilities. However, only about 35 percent of children in the age group of 0 to 3 years participate in ECEC activities. The reason is the cash-for-care option described above. The impact of this home care allowance is also visible in the age group of 3 to 6 years. Many families that are making use of the home care allowance for their younger child keep the older one (ones) at home as well. As discussed in section 2.1, the utilization of the home care allowance is socio-economically biased. Low-income families use it longer than high-

income earners. The home care allowance may also be a 'trap' for immigrant women to stay at home with their children, preventing the children from achieving proper linguistic skills prior to starting school.

The home care allowance is very popular among parents, as it is seen as a means to enhance their freedom of choice. Therefore, it is not realistic to abolish it. What is more realistic is to shorten the duration of the benefit period from three to two years. Simultaneously, the government should consider lowering the day care fees for low-income groups. In the interviews, concerns about the accessibility and adaptability of opening hours were mentioned. In particular, single parents are having problems adapting their working time to the rather rigid opening hours of day care centres (YVPL).

Pre-primary education, 'pre-school,' is a legislated duty of the municipalities, and it is free of charge. Until 2015, the participation was voluntary, but virtually all children (96%) in the age group of 6 years participated in it anyway. Since the beginning of 2015, the pre-primary education has been compulsory for all children at the age of 6 years. The Finnish school starts at the age of 7 years, which is late compared to many other EU member states. The 2015 reform completed one of the central aims of basic education: all children, regardless of their background, have the same possibility to receive a pre-primary education that fulfils the nationally set standards. Hence, the reform tries to combat the transmission of disadvantages between generations.

Most children with disabilities are in an inclusive ECEC setting, i.e., they are in the same groups as all the other children. But as mentioned above, the differences between the municipalities with regard to primary education may be substantial. Some municipalities offer disabled children opportunities to make their own choices in their school path. However, it is more common that disabled children cannot participate in integrated education when they progress to the basic school. Instead, they are sent to special classes or schools. (Kehitysvammaliitto, 2019)

3.6 Summary of the main weaknesses and priorities for future actions as highlighted in Sections 3.1-3.5

In principle, the Finnish social policy and education system perform more or less satisfactorily in all the policy areas and with regard to all the target groups. However, the general picture is perhaps too rosy. Access to free healthcare is guaranteed, but there are long waiting lists. The major problem is a lack of proper mental healthcare services. While this is a big problem for native-born children, it is even more serious for refugee children with traumatic experiences. One important priority in near future must be to improve the mental healthcare services.

Education is free for every child in the country. However, austerity measures aimed at balancing the public budget have resulted in fewer resources and larger study groups, making it more difficult for children with special needs to get the support and advice they require to succeed in their basic education. This tendency creates problems for children with disabilities, for children with an immigrant background and for all other groups of children with special needs.

The main problem in the Finnish service system developed for children with special needs, be they immigrants, disabled, or income poor, coming from precarious family backgrounds or living in institutions, is the scattered and uncoordinated nature of the system. Different actors do not act in a coordinated manner. Social work has its own domain, the health sector is not connected with it, and the school system has its own sphere. It is not always clear which sector is responsible for taking care of certain needs.

There are problems with regard to involving parents and children themselves in the decision processes. For instance, the public services are struggling to increase the participation of the TGs or their families in the planning of their care. There are linguistic deficiencies, not only with immigrants but with native-born people as well. The language used by experts is institutional and specific to their field, whereas the parents will tend to

look at the situation from the child's perspective. It is often difficult to reach a common understanding, even if all the participants speak Finnish. Needless to say, such problems become many times more difficult in encounters between the social bureaucracy and immigrants who have neither an idea of how the Finnish system works nor a common language with the bureaucrats. In such cases, the child frequently has to act as an interpreter between her parents and the social/health workers.

With regard to children with disabilities, the Finnish national legislation does well to take the international recommendations into consideration. The Finnish constitution provides comprehensive protections against all forms of discrimination. However, beyond the constitution, additional legislation mostly acknowledges discrimination in the work place only with regard to ethnic origin. Hence, it does not properly cover problems associated with disabled children and other children with special needs (interview: LSKL, Child Ombudsman).

In many cases mental health services are not available or they are insufficient to meet needs of traumatised refugee children (Palmu, 2018). The same criticism goes for aftercare (jälkihoito) for refugee children and all the other children aging out from child welfare measures

A growing challenge, and possibly a source of future problems, are the services provided by for-profit enterprises owned by multinational investors. Their primary goals may not be in the best interests of children. For example, the Federation for Child Welfare emphasizes that when it comes to child-related services, the perspective of children's rights should be adopted and particular attention should be paid to the quality of the services. This would require taking into account the number of staff and their skills, as well as actively supervising the services. When choosing social and healthcare service providers for children and families, the price must not be the most important criterion (interview: LSKL; Child Ombudsman).

Table 3a: Summary of the main weaknesses in existing policies/provisions and key priorities for improving these policies/provisions as highlighted in Sections 3.1-3.5

		Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs
Adequate nutrition	Main barriers & weaknesses	<ol style="list-style-type: none"> 1. Parents with problems may neglect the needs of the child 2. No other major problems 3. 	<ol style="list-style-type: none"> 1. Parents may neglect the needs of the child 2. No other major problems 3. 	<ol style="list-style-type: none"> 1. no major problems 2. 3.
	Priorities for action	<ol style="list-style-type: none"> 1. Better counselling and advice 2. 3. 	<ol style="list-style-type: none"> 1. Better counselling, advice and education 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
Free education	Main barriers & weaknesses	<ol style="list-style-type: none"> 1. Costs for books and other equipment needed in school 2. Due to saving measures school classes are too big (too many pupils per a teacher) 3. no other major problems 	<ol style="list-style-type: none"> 1. Municipalities do not always provide all the educational services that they should 2. Due to saving measures, school classes are too big (too many pupils per a teacher) and the special needs of immigrant children can not be adequately met 3. Too many immigrant children have problems learning sufficient skills 	<ol style="list-style-type: none"> 1. Special needs of disabled children are not properly taken into consideration 2. Rights guaranteed by the legislation are not always followed 3. Coordination between educational, social and health services is not good

	Priorities for action	<ol style="list-style-type: none"> 1. Free books for post-primary education 2. More resources in schools 3. 	<ol style="list-style-type: none"> 1. More resources in basic education to meet the needs of immigrant children 2. Tutoring and counselling immigrant children to continue their studies beyond basic school. 3. Free books for post-primary education 	<ol style="list-style-type: none"> 1. In the integrated class room there should be a tutor to help the disabled child 2. Municipalities must meet their obligations with regard to providing access to education services 3. Improve the coordination between service providers, parents and children
Free healthcare	Main barriers & weaknesses	<ol style="list-style-type: none"> 1. Long waiting lists for non-acute health and dental care 2. Lack of adequate mental health services 3. Coordination problems between different services 	<ol style="list-style-type: none"> 1. Long waiting lists for non-acute health and dental care 2. Lack of adequate mental health services 3. Coordination problems between different services 	<ol style="list-style-type: none"> 1. Long waiting lists for non-acute health and dental care 2. Lack of adequate mental health services 3. Coordination problems between different services
	Priorities for action	<ol style="list-style-type: none"> 1. Improve access to health and dental care 2. Increase availability of mental health services 3. Improve coordination between different services 	<ol style="list-style-type: none"> 1. Improve access to health and dental care 2. increase availability of mental health services 3. Improve coordination between different services 	<ol style="list-style-type: none"> 1. Improve access to health and dental care 2. increase availability of mental health services 3. Improve coordination between different services
Decent Housing	Main barriers & weaknesses	<ol style="list-style-type: none"> 1. High housing costs for income-poor families 2. 3. 	<ol style="list-style-type: none"> 1. High housing costs 2. Access to rental flats 	<ol style="list-style-type: none"> 1. High housing costs 2. Access to rental flats adapted to disabled people

	Priorities for action	<ol style="list-style-type: none"> 1. Accelerate the construction of apartments in bigger towns, especially rental flats for low-income families 2. 3. 	<ol style="list-style-type: none"> 1. Accelerate the construction of apartments in bigger towns, especially rental flats for low income families 2. 3. 	<ol style="list-style-type: none"> 1. Accelerate the construction of apartments in bigger towns, especially rental flats for low income families 2. 3.
Free ECEC	Main barriers & weaknesses	<ol style="list-style-type: none"> 1. Home care allowance is a 'trap,' keeping children from participating in ECEC 2. 3. 	<ol style="list-style-type: none"> 1. Home care allowance is a 'trap,' keeping children from participating in ECEC 2. 3. 	<ol style="list-style-type: none"> 1. Home care allowance is a 'trap,' keeping children from participating in ECEC 2. Day care places for children with disabilities ('demanding care') are not always available 3. Private providers tend to practice 'cream skinning'
	Priorities for action	<ol style="list-style-type: none"> 1. Shorten the duration of home care allowance from 3 years to 2 years 2. Lower fees / free ECEC 3. 	<ol style="list-style-type: none"> 1. Shorten the duration of home care allowance from 3 years to 2 years 2. Lower fees / free ECEC 3. 	<ol style="list-style-type: none"> 1. Shorten the duration of home care allowance from 3 years to 2 years 2. Lower fees / free ECEC 3. Prevent 'cream skinning'

3.7 Description and assessment of the main policies in place and recommendations for improvements to the situation of children residing in institutions

Policies in place to help the home care of disabled children

There are many benefits in cash and in kind to facilitate the home care of disabled children instead of placing them in institutions. For a very young child, a home care allowance can be used to take care of the disabled child at home (and to combine work and care). Parents who work part-time because of their responsibilities in taking care of a disabled child may receive a flexible care allowance. The level of family income does not affect this allowance. The Social Insurance Institution (Kela) pays a special care allowance if the parent has to stay at home to take care of a seriously ill or disabled child under 16 years of age. This special care allowance is generally paid for up to 60 workdays per child in a calendar year. However, if the attending physician deems it necessary, it can be prolonged up to 90 days. Furthermore, municipalities pay an informal care support, which is a combination of in kind and in cash benefits. This informal care benefit also includes access to municipal services (such as washing, medical care, food deliveries etc.) to make the care at home possible. Informal carers are remunerated, accrue their pensions, are insured and, most of all, get days off. A carer doing demanding care work gets three days off per month. Since 2011, families may hire another family member or a friend to be the substitute carer. This ensures that the substitute is familiar with the care receiver and his or her care from the start. The amount of the support provided is linked to the intensity of the care needed. The support is counted as taxable income.

There are also other cash benefits which may facilitate the hiring of help or assist with combining work and care. Disability and care allowances are provided to cover the extra expenses caused by a disability. They are paid to the disabled people themselves; naturally, in the case of a child, the allowance goes to the parents.

One can also receive a tax deduction for the care expenses of one's or one's spouse's children, parents or grandparents. This tax credit for domestic help or household expenses (kotitalousvähennys) reduces the taxes directly. This deduction helps families to purchase services to help them combine their work and LTC.

With regard to the other benefits in kind, municipalities must provide a personal service plan for the disabled, which serves to coordinate the care provided by the family with that provided by public services. They also provide, for example, assistive devices – free of charge – and home renovations, which are free for severely disabled people (Act 380/1987). A disabled person may also be entitled to a personal assistant free of charge for e.g., 30 hours a month. (Kallioma-Puha and Kangas, 2016).

Children in institutions

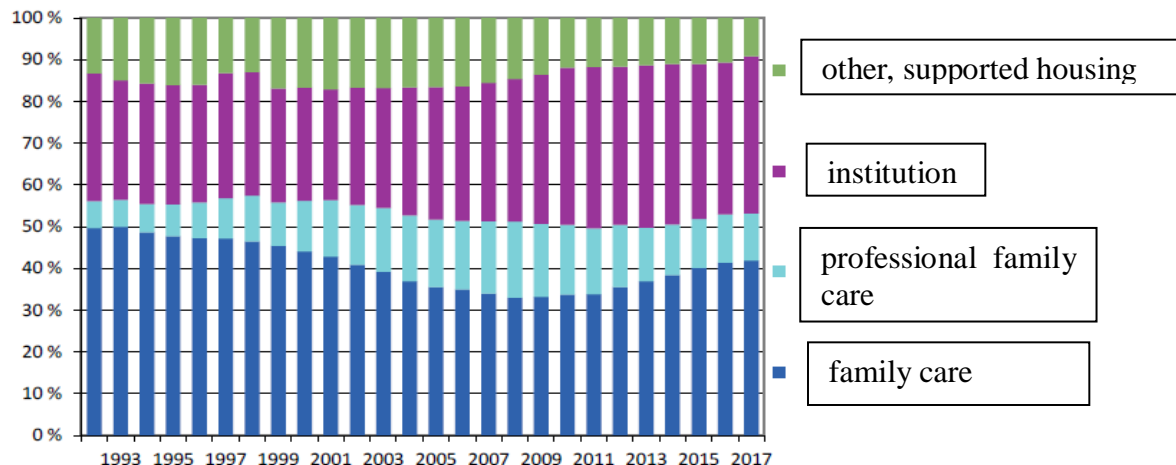
Children living in institutions include a number of different groups: disabled, children taken into custody care, other children placed outside of their homes and refugees. With regard to disabled children, there is a tendency away from institutional care (Kehitysvammaliitto, 2017). At this point in time, less than 200 children with developmental disabilities are residing in institutional care facilities.

Another group of children living in institutions are refugees who are placed in reception centres (young refugees in reception homes and teenage refugees in group homes) while their asylum application is being processed. The number of these children varies from year to year, depending on the number of refugees entering into the country. There are efforts to move away from the centralized reception centre model towards a decentralized model, where asylum seekers are placed in apartments rather than in these institutions, enabling them to take part in the rest of society.

The main group of children residing in institutions are children placed outside of their homes (section 2.3). The relative share of these different placements is shown in Figure 2.

Though Finland has committed to decreasing the number of placements in residential care / institutions, this share has continued to increase since the 2000s.

Figure 2. Relative shares of different care forms (%) among children placed outside of their homes, Finland 1992-2017.



THL (2018:9)

The reason for this development is a significant increase in the placement of teenage children (see Figure 1). The older the child, the more difficult it is to find a foster home for it. Furthermore, teenagers themselves oftentimes prefer residential care over being placed in a family. It is also important to point out that these ‘institutions’ in Finland are rather small, and that they try to mimic living at home. (interview: LSKL).

Table 3b: Summary of the main weaknesses in existing policies/provisions and key priorities for improving these policies/provisions (children residing in institutions)

Children residing in institutions	
Main weaknesses in existing policies & provisions	<ol style="list-style-type: none"> 1. Coordination between different sectors and within a sector is insufficient and does not offer seamless services 2. Lack of proper mental health services 2. Insufficient preventive measures
Priorities for action	<ol style="list-style-type: none"> 1. Social-, healthcare and the education sector must improve their coordination to provide a seamless and integrated service chain 2. Increase mental healthcare services 3. Increase and improve early intervention measures and make them more effective

If we look at the entire child welfare sector, there is a strong emphasis on open care (avohoito), i.e., community based interventions aimed at helping children and their families to cope with their problems. While there are about 9,000 children in residential care,

17,000 children live in other forms of placement ('children placed outside home'), and the vast majority (55,884 children) receive open care based treatments, often with their parents. In fact, the solution to reducing the number of placements in institutions would be to significantly increase the home-based services and to offer support that is tailored individually to the needs of each family.

At present, the fragmented nature of the services, the lack of coordination and the discrepancies between the services and the customers' needs, in particular, are reducing the quality of life of families with children with disabilities who require a lot of services. Another major weakness is that there is no proper support infrastructure for youngsters leaving the institutions. This concerns youngsters leaving welfare institutions (*jälkihoito* 'after care') and refugee youngsters leaving group home facilities. (Berschewsky, 2017). The problem was mentioned in most of interviews, too.

As Table 1 showed, the increase in placements outside homes is biased towards teenagers. The most frequent causes of 17-year-olds being placed outside of their homes are substance abuse, aggressive behaviour, mental health problems and chaos in their everyday routines (waking up on time, going to school, managing their monetary budgets, etc.). These youngsters frequently come from families with mental health or substance abuse problems and occasionally violence against the child (Pietilä, 2017). The increase in placements is an indication that there are not enough open care-based early intervention measures available.

Structure of the supervision of quality

The National Supervisory Authority for Welfare and Health (Valvira) is the national agency for supervision of social welfare in Finland. It has six regional agencies, which each supervise social care institutions in their region. Valvira handles nation-wide issues and matters of principle, such as interpreting new legislation, harmonising the policies and the decision-making and supervising the regional administrative bodies to ensure that they are following similar procedures. Valvira also prepares national supervisory programs on welfare to be used, for example, when addressing elderly welfare, child welfare and substance abuse care issues. (Valvira, 2019). To carry out the supervision and guidance of social welfare, Valvira permanently employs external social welfare experts. Valvira is a member of the European Social Network (ESN). Together with its members, the ESN is determined to provide high quality public social services.

The primary forms of control are guidance, counselling and monitoring, which often negates the need for the supervisory authority to intervene by means of imposing obligations. Methods are being developed to shift the focus of control towards more pre-control and self-monitoring by the service providers. Violations of the regulations can result in penalty payments. If the security of the customers is jeopardized, the operation of the whole institution or unit can be prohibited immediately. (THL, 2017)

Legislation in the field of social welfare emphasises Valvira's risk analysis and critical control points plan (*omavalvontasuunnitelma*). However, this sort of plan does not seem to work satisfactorily with regard to the cases described above (TGs). The idea of these plans is to move the supervision to the grass-roots level, for example, to the clients and employees, who now also have the duty to inform the authorities if there are problems and if the problems are not fixed. However, neither the vulnerable clients nor their families necessarily have the ability to carry out such supervision themselves, and the employees might not dare to. (Kangas and Kalliomaa-Puha, 2018). This is a common problem concerning all the TGs. In February 2019, there was a public outcry about the unacceptable level of care in private for-profit (multinational) long-term care institutions. Similar accusations have been made against the private child-care and child welfare institutions (e.g., Uusi Suomi, 2019).

Quality: problems with regard to child welfare institutions and boarding schools

One heated topic in the public debates between politicians has been the quality of various child welfare institutions' care for children taken into custody care and of boarding schools (mainly institutions for the care and education of young offenders). The discussion started when the parliamentary ombudsman recounted the gloomy results of inspections of child welfare institutions (children's homes and boarding schools). The ombudsman found quite severe illegal misconduct, especially in the form of restrictions to substitute care. It was also found that the supervising authorities had rarely spoken with the children themselves. Instead, they had communicated with representatives of other child welfare professions and with other adults. The minister responsible for the issue promised to change the Child Welfare Act in order to ensure that the children – not just adults, employees and managers – must also be heard when child welfare institutions are being inspected. However, this is already clearly prescribed in the present legislation. The problem seems to be that these rules have not been followed. A lack of resources is one explanation: the social workers, whose duty it is to see that children taken into care are treated well, have had too many cases and too many children to handle. (Kallioma-Puha and Kangas, 2016).

Finland and the Convention on the Rights of the Child

In principle, Finland follows all the UN Conventions on the Rights of Children. Finland signed the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol on Individual Complaints in March 2007. Thus, in many respects the Finnish policies with regard to the TGs are compliant with all the UN conventions. However, as the chapters above indicate, improvements are needed in many policy areas.

In its Convention on the Rights of the Child Report on Finland, the United Nations (2011) indicates a number of problems in the Finnish child welfare policies. For instance, Finland needs a comprehensive and jointly agreed national child and family policy strategy for developing and monitoring the wellbeing of children and families with children. Finland also needs to ensure a stronger coordination between the different agents. "More efforts are needed to ensure that the general principle of the best interests of the child is understood, appropriately integrated and implemented in all legal provisions as well as in judicial and administrative decisions, and in projects, programmes and services that have direct and indirect impact on children" (UN, 2011: Recommendation 21).

The UN 2011 protocol also emphasised the right of children to be heard on issues concerning them. The new Child Welfare Act, with its amendments, has answered this complaint (see section 3.8).

While the UN Protocol welcomes the progress made by the Child Welfare Act, there are still concerns about the number of children placed in institutions (see section 3.7). Furthermore, there are concerns that children in institutions are not always being integrated into mainstream education facilities, and that they do not always receive the necessary mental health services. The Protocol also points out the lack of support for biological families while their children are in alternative care, with the purpose of reunifying these children with their biological families.

The Protocol addresses the dispersed nature of the Finnish child welfare provisions and calls upon Finland to undertake measures to better coordinate its policies on child welfare between all the relevant bodies and institutions at all levels, in order to provide a comprehensive, coherent and consistent chain of services that unifies national, regional and municipal levels (see section 3.8).

The concluding observations of the UNCRC from 2013 urged Finland to increase the number of social workers, to provide adequate funding and support for foster parents and to improve the aftercare services for young people ageing out of the care system. These

protective and supportive measures have not been adequately fulfilled. All interviewees mentioned the lack of proper policy measures to support youngsters that are aging out of the childcare system. Meanwhile, municipalities that are failing to deliver sufficient services refer to their weak financial situation.

3.8 Assessment of integrated, comprehensive and strategic approach

The new Early Child Care Act (508/2015), adopted in 2015, specifies the targets for early childhood development. It is a partial legislative response to the problems mentioned in the UN 2011 report on Finland. The Act stipulates that all children must be guaranteed equal conditions for healthcare and education options for lifelong learning. They must also be given equal opportunities to participate in various pedagogical activities based on games, sports, artistic and cultural activities to encourage a positive learning experience. Furthermore, all children should have equal access to early childhood education, and they should be sensitised to notions of gender equality and taught the capacity to understand and respect the linguistic, cultural and religious differences of children with different cultural backgrounds.

An important task for the childcare and education systems is to identify needs for individual support and to provide the appropriate support in cross-sectoral cooperation between different actors, i.e., between childcare and educational staff, the family and the children themselves. Another important goal of the Act is to ensure a child-friendly approach and interaction between the children, their parents and the early childhood educational staff. Furthermore, the Act obliges the educational staff and other authorities working with children to ensure that the child has the opportunity to participate in decisions and influence matters concerning him/herself. In this respect, the Finnish legislation on (early) education is very much in line with the EU Recommendations as well as the UN Conventions.

The Finnish Child Welfare Act (*lastensuojelulaki*, 417/2007) stipulates that when assessing the needs of families with regard to child welfare, the best interests of the child must always be the focus. When making child welfare decisions, the child's wishes and views must be ascertained, and they must be taken into account in a way that is appropriate for the child's age and level of development. Furthermore, the way in which the child's views have been ascertained and the principal substance of these views must be entered in the client documents concerning the child. Children twelve years of age or older must be given the opportunity to express their views in any child welfare case concerning them. Officially, this applies to children over 12 years of age, but children of all ages have the right to be heard.

The Ministry of Social Affairs and Health is responsible for the welfare of children. But in particular, when it comes to the development of social and health services and the distribution of benefits in cash (income security) for families with children, there are other actors that have their own competences. In Finland, municipalities are autonomous actors with the right to collect taxes and provide services for their residents. Therefore, the coordination between the two administrative levels (the 311 local governments and the central government) is oftentimes limited. In addition, there is an abundance of programs and policies dedicated to the welfare of the TGs. However, they are not properly coordinated and are often based on ad hoc –projects financed by the EU or some national foundation.

A major problem, as described above, is the fact that the municipal budgets have been running at a deficit for 11 years in a row. Thus, the municipalities lack sufficient resources to provide all the benefits and services that the TGs require. There are also vast differences between the municipalities in terms of their ability to provide these services.

A step forward would be to introduce budget tracking from the perspective of children's rights and welfare, with a view to monitoring the budget allocations for children. In fact, this was attempted in 2017, but it is not yet ready. The idea is the same as when evaluating the government's budget proposals from the perspective of gender equality. At

this point in time, it is hard to find out how much the state and municipalities are spending on children in general and the TGs in particular (see section 3.9).

3.9 The costs of five rights

It is difficult to give any exact numbers for the amounts spent on children in general and children in the TGs in particular. And it is even more difficult to evaluate these expenses simultaneously for the five policy areas and for the four target groups. In the state budget, spending on children is spread out across numerous subdivisions in the budget (health care, housing, family, disability, education, etc.), and hence it is not yet possible to carry out a child-based evaluation of the state budget. For the moment, we must satisfy ourselves with a more general and scattered inspection. Social spending in Finland makes up 32 percent of the GDP. The main division of this spending is given in Table 4.

With regard to spending on families, it is possible to give a more precise account. The total spending is €6.6 billion. Of these, 45 percent are spent on cash benefits (mainly on parental benefits 39% and child benefits 46%) and the rest 55 percent are spent on benefits in kind.

The lion's share (63%) of benefits in kind go to child day-care services. Costs for child welfare services are close to one billion euros, which corresponds to 14 percent of all spending on families and to 26 percent of spending on family services. Institutional and family care of children placed outside of their homes costs €0.7 billion (18.7% of all spending on family services).

Table 4. Distribution of social spending across the main categories, Finland 2016.

Category	% of GDP	% of total social spending	In cash, %	In kind, %
Sickness & health	7.2	22.4	16.4	83.6
Disability	3.1	9.8	59.9	40.1
Families	3.1	9.6	45.1	54.9
Housing	0.8	2.4	0.0	100

(Source: THL, 2018c)

'Disability' spending includes spending on all disabled persons who are entitled to help. However, some data is also available specifically for spending on disabled children: disability allowances for disabled people younger than 16 years of age add up to €82 million (1.2% of all disability spending).

'Housing' spending also includes all categories of clients. Out of the total spending of €1.9 billion, 24% goes to families with children. Since the housing allowance is income tested, we can suppose that most of this money is going to families with very low income (income poor). 16 percent of them are single parent households and 8 percent have two parents with children. (Kela, 2018)

There are no comprehensive data available on the total spending on immigration and refugees. A rough estimate is €0.5 - €0.7 billion. These costs specifically consist of the spending by the state and municipalities on refugees and on other forms of immigration. The state pays subsidies to the municipalities according to the number of refugees they take. In 2017, these subsidies were €175,000 if the municipality took 200 refugees; €100,000 for 150 refugees and €20,000 for 20 refugees. Furthermore, the municipalities received €4,010 in subsidies to organise education for refugee children under 6 years of age, €6,576 for children in the age bracket of 7 to 12 years and €10,518 for children aged 13 to 15. These sums are for one child and for one year. (Ministry of Finance, 2017).

4 Use of EU Funds

To begin with, it should be emphasized that when analysing the use of various EU Funds targeted at children in the TGs, it is difficult to trace funds earmarked for the TGs and the PAs alone. In fact, children in general, and children in the TGs in particular, have not been the main focus of the use of structural funds in Finland. The horizontal themes chosen do not specifically and directly highlight investments in the TG children, though some of the projects may have indirect effects on the welfare of the TG children. Only a few projects have been funded that do directly concern the TGs of this study.

4.1 Funds received and their utilisation

Funds from the European Social Fund (ESF, €518 Million from the EU) are mainly used to develop services to support employment across Finland (European Union, 2019). However, there are some projects that have indirect links to the TGs of this project. A majority of the funds are spent on matters such as company-oriented training and coaching, networks in the creation of services, and methods for developing new services. Projects under these umbrellas may have an impact upon children with special needs. But some themes also address the problems of our TGs more directly: the integration of immigrants and social inclusion. Nonetheless, the problem remains that it is more or less impossible to separate how much and what spending is targeted at children. The following examples of projects funded by the ESF are the most relevant ones for the TGs and PAs discussed above. (Ministry of Employment and the Economy, 2019). In the program period 2014-2021, there are only two of them. Healthy food and nutrition aims at improving eating habits among people and families exposed to poverty and social exclusion. And The immigrant as a project worker tries to identify the specific needs of immigrants and to see their specific points of view.

Resources from the European Regional Development Fund (ERDF) are divided into five programmes that support projects that develop businesses, create innovations and promote networking and knowledge in the five main regimes of Finland. The main goals are related to employment and enhancing the economic competitiveness of regional enterprises. There is some indirect relevance to the TGs. 18 percent of the funding is focused on reducing unemployment among young people and people in a weak labour market. Some 8 percent of the resources are earmarked for combatting poverty and social exclusion. However, it is impossible to separate how much of this spending is targeted at the TGs. (European Union, 2016).

The FEAD funds received add up to €26.5 Million in Finland. (European Commission, 2016). In Finland, this operational programme focuses exclusively on combating food poverty. The FEAD works to distribute food aid to the most deprived people throughout Finland. A national food aid study found that an estimated 20,000 to 25,000 people rely on food banks weekly. About one tenth of the applicants have children and another tenth have an immigrant background. Thus, FEAD funds may indirectly promote adequate nutrition among the most vulnerable groups in Finland.

The Asylum, Migration and Integration Fund (AMIF) and the Internal Security Fund (ISF): The ISF comprises an instrument for financial support for guarding external borders and processing visa applications, as well as an instrument for financial support for police cooperation, preventing and combating crime and crisis management. The purpose of these funds is to further develop the area of freedom, security and justice without borders. Finland will receive up to €113 Million in funding over the course of the program's period 2014-2020 (European Union, 2018). A couple of projects are being financed through these funds (EUSA-rahastot, 2018).

Turvattomat [Unsafe] is a project implemented by the Helsinki Deaconess Institute. The project supports people who have received a negative asylum decision and who have been left behind after the completion of their reception services. The target group is provided with psychosocial support, counselling, guidance as to the available services, day-care

centre activities and information services. The aim is to ensure that people living in Finland without the right of residence have the right to information and services. Tukena [Support] started in 2018 and will continue until 2020. The target group of this project is unaccompanied minors who have been granted residence permits and live in family group homes or in reception units. The overall objective of the project is to develop an operating model to provide additional support for the treatment of traumatized refugee children. In addition, participatory activities will be developed through rehabilitative peer group activities and cooperation between the municipalities. Furthermore, there is a project on family violence among immigrant families and a project on human trafficking. The former is linked to immigrant children in precarious situations and the latter addresses the trafficking and sexual abuse of children.

4.2 Effectiveness

EU funds have not been used much to develop policies target at the TGs. The only projects that directly target some specific group of children are those that aim to help unaccompanied asylum seeking children. The main problem in the effective use of the various EU funds is that the projects are more or less ad hoc. The EU funds play a more important role for third sector actors whose activities depend on funds received from the outside. In addition, the excessive bureaucracy has been mentioned as an obstacle to applying for EU funds. The ESF funds are rather substantial, but they are mostly used for other purposes, such as regional employment, improving the competitiveness of enterprises and skill enhancement. The ESF is underused for promoting welfare among the TGs. (interview: Child Ombudsman; LSKL).

4.3 Improvements

As mentioned in section 4.2, some of the EU funds are largely underused for developing policies aimed at the TGs. Some smaller third sector actors, who are in need of such funds, either do not know enough about the funds available or they lack skills to handle all the bureaucracy surrounding the application process. One possible solution would be establish a national centre of expertise to tutor and help the small third sector actors in their application process.

Table 5: Priorities for future use of EU Funds

	Children living in precarious family situations	Children of recent migrants and refugees	Children with disabilities and other special needs	Children residing in institutions
1. Adequate nutrition	not so relevant; screening, counselling and tutoring projects	not so relevant; screening, counselling and tutoring projects	not so relevant	not so relevant
2. Free education	pilot projects on tutoring and supporting children in transitions from one school level to another	pilot projects on tutoring and supporting children in transitions from one school level to another; pilot projects on language teaching and finding good ways to facilitate integration	pilot projects on tutoring and supporting children in transitions from one school level to another and finding good ways to facilitate integration and participation	pilot projects on tutoring and supporting children in transitions from one school level to another.
3. Free healthcare	not so relevant	not so relevant	not so relevant	not so relevant
4. Decent Housing	not relevant	not relevant	not relevant	not relevant
5. Free ECEC	screening, counselling and tutoring projects	pilot projects on informing, tutoring and supporting families	pilot projects to find good practices to adapt ECEC for children with special needs	not so relevant
6. Strategic weaknesses in the way EU Funds are currently used for supporting the 4 TGs	EU Funds are used for projects that are seldom implemented over longer periods of time. These projects thus have a certain ad hoc character.			

<p>7. Organisational priorities for improving the ways EU Funds are used for supporting the 4 TGs</p>	<p>Finland is not that much using EU funds in areas this study concentrates on. Finland has usually been a partner in projects administrated by other Member States. There has been a ad hoc character in the projects. More focus should be given to better plan why, how and to what purposes the funds should be used and how to implement the good practices found in the projects.</p>
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References

- Act (628/1998), Basic Education Act (with amendments 1136/2019, <https://www.finlex.fi/en/laki/kaannokset/1998/en19980628?search%5Btype%5D=pika&search%5Bkieli%5D%5B0%5D=en&search%5Bpika%5D=628> [retrieved 14 February 2019]
- Act (380/1987), Services for disabled persons.
- Act (417/2007), Child Welfare Act and Amendments 1292/2013.
- Act (580/2015), Child Care Act.
- Berschewsky, T. (2017), Jälkihuolto kotoutumisen tukena ja nuoren apuna [Aftercare to help the young to integrate], *Siirtolaisuus* 2017:1 s. 37-40.
- European Commission (2016), The use of FEAD funds: Finland. <https://ec.europa.eu/social/main.jsp?catId=1239&intPageId=3611&langId=en> [retrieved 19 February 2019]
- European Parliament (2014), Suomen maakohtainen raportti. Poliittikkayksikkö, Kansalaisvapaudet sekä oikeus- ja sisäasiat.
- European Union (2016), ERFD Operational Programme in Finland, http://www.rakennerahastot.fi/vanhat_sivut/rakennerahastot/en/02_european_structural_fund_programmes/01_erfd/index.html [retrieved 19 February 2019]
- European Union (2018), Home Affairs Fund. <https://eusa-rahastot.fi/en/frontpage>. [retrieved 19 February 2009]
- European Union (2019), ESF break down per country, <http://ec.europa.eu/esf/main.jsp?catId=443&langId=en> [retrieved 19 February 2019].
- EuroStat (2019), Population at risk of poverty or social exclusion by age group, https://ec.europa.eu/eurostat/statistics-explained/index.php/Children_at_risk_of_poverty_or_social_exclusion#Main_tables [retrieved 5 January 2019].
- EUSA-rahastot [Home Affairs Funds] (2018), Toimintaa ja tuloksia [Activities and results], <https://eusa-rahastot.fi/toimintaa-ja-tuloksia/toimintaa-ja-tuloksia/hankkeiden-esittelyja>. [retrieved 19 February 2019]
- Feasibility Study for a Child Guarantee: Inception Report, Brussels: European Commission (DGEMPL), 2018. Available at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en> [retrieved 5 January 2019]
- Findicator (2018) Child welfare, <https://findikaattori.fi/en/68> [retrieved 10 February 2019].
- Finnish National Agency for Education (2019), Educational system in Finland https://www.oph.fi/english/education_system. [retrieved 16 February 2019].
- Haataja, A. and Juutilainen, P. (2014), Kuinka pitkään lasten kotihoitoa [How long time home care?]. Helsinki: Kela Working Papers 58/2014. <https://helda.helsinki.fi/bitstream/handle/10138/45390/Tyopapereita58.pdf?sequence=1>
- Heino, T., Hyry, S., Ikäheimo, S., Kurone, M. and Rajala, R. (2016), Lasten kodin ulkopuolelle sijoittamisen syyt, taustat, palvelut ja kustannukset [Reasons, backgrounds, services and costs of placing children outside homes]. Helsinki: THL, raportti 3/2016.
- Hiilamo, H. and Ahola, E. (2016), Onko vammaisen lapsen syntymä eroriski? [Is a disabled child a risk to divorce?] in Haatajan, A., Airio, I., Saarikallio-Torp, M. and

- Valaste, M. (eds.), *Laulu 573 566 perheestä [a Song about 573 566 families]*. Helsinki: Kela, pp. 308-321.
- Huttunen, K., Pekkarinen, T., Uusitalo, R. and Virtanen, H. (2018), *Lost Boys: Access to Secondary Education and Crime*. Helsinki: State Economic Research Center, Working papers 115/2018.
- Kalliomaa-Puha, L. and Kangas, O. (2016), *ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives: Finland, ESPN-report*. Brussels: ESPN.
- Kangas, O. and Kalliomaa-Puha, L. (2018), *ESPN European Semester Report: Finland 2018–2019, ESPN-report*. Brussels: ESPN.
- Kela [Social Insurance Institution of Finland] (2018), *Statistical Yearbook 2017*. Helsinki: Kela.
- Kela [Social Insurance Institution of Finland] (2019a), <https://www.kela.fi/web/en/disability-allowance-for-children-eligibility> [retrieved 9 March 2019].
- Kela [Social Insurance Institution of Finland] (2019b), <https://www.kela.fi/web/en/social-assistance-types-of-expenses-for-which-you-can-get> [retrieved 9 March 2019].
- Kononen, R., Hietämäki, J., Laakso, R., Heino, T. and Halme, N. (2017), *Sijoitettujen lasten ja nuorten hyvinvointi: Kouluterveyskyselyn tuloksia. [Welfare among children placed outside their homes: results from the school health survey]*. Helsinki: THL, tutkimuksesta tiiviisti.
- Kehitysvammaliitto [Central Organization for Children with Disabilities] (2017), *Lapset pois laitoksista [Children away from institutions]*, <https://www.kehitysvammaliitto.fi/lapset-pois-laitoksista-perheille-riittavasti-apua-kotiin/> [retrieved 10 February 2019].
- Kehitysvammaliitto [Central Organization for Children with Disabilities] (2019), *Lapset ja nuoret [Children and youngsters]*, <https://www.kehitysvammaliitto.fi/kehitysvammaisuus/lapset-ja-nuoret/> [retrieved 16 February 2019].
- Lapsen maailma (2017), *Lapsuus viinan varjossa [Childhood in the shadow of alcohol]*, <https://lapsenmaailma.fi/teemat/terveys/lapsuus-viinan-varjossa/> [retrieved 6 February 2019].
- Lastensuojelulaki §59 [Child Protection Act §59].
- Miettinen, S and Teittinen, A. (2013), *Deinstitutionalisation of people with intellectual disabilities in Finland: a political perspective* *Scandinavian Journal of Disability Research*. <http://dx.doi.org/10.1080/15017419.2012.761153> [retrieved 15 February 2019].
- Migri [Finnish Migration Service] (2019), *Tilastot/hakemukset [Statistics/Applications]*, <http://tilastot.migri.fi/#applications> [retrieved 8 February 2019]
- Ministry of Employment and the Economy, (2019), *Rakennerahastot [Structural Funds]*, <https://www.rakennerahastot.fi/web/en/results-of-esf-projects-of-the-2014-2020-programming-period>. [retrieved 19 February 2019]
- Ministry of Finance (2017), *Turvapaikanhakijat: Mitä tiedämme kustannuksista? [Asylum seekers: what do we know about the costs?]* Helsinki: Ministry of Finance, Publications 41/2017.
- Ministry of Social Affairs and Health (2019), *Child Welfare*. <https://stm.fi/en/social-services/child-welfare> [retrieved 18 March 2019]
- OECD (2017), *Youth not in employment, education or training (NEET) (indicator)*. doi: 10.1787/72d1033a-en.

Palmu, V. (2018), Khoda negahadar, Hyvästi: yksintulleiden alaikäisten turvapaikanhakijoiden psyykinen hyvinvointi asumisyksikössä [Farwell: The Psychological Wellbeing of the Unaccompanied Asylum-seeking Children within the Housing Services]. University of Eastern Finland, Faculty of Social Sciences, Unpublished Master's thesis.

Pietilä, N. (2017), Hallitsemattomasti nuori: Miksi 17 vuotta täyttäneitä nuoria sijoitetaan kodin ulkopuolelle? [Uncontrollable youngster: Why youngsters older than 17 years of age are placed outside home?]. University of Helsinki, Faculty of Social Sciences, Licentiate Thesis in Social Work.

PISA (2015) PISA, Compare your Country, <https://www.compareyourcountry.org/pisa/country/FIN?lg=en> [retrieved 5 February 2019].

Pöyliö, H. and Kallio, J. (2017), 'The impact of education and family policies on integrational transmission of social status in Europe', in J. Erola and E. Kilpi-Jakonen (eds.) Social Inequality Across the Generations. Cheltenham: Edward Elgar, pp. 204-224.

Räsänen, T., Österbacka, E., Valaste, M. and Haataja A. (2019): Lastenhoidon tukien vaikutus äitien osallistumiseen työmarkkinoille [The impact of child care benefits on mothers' labour market participation]. Helsinki: Kela, Raportteja 14/2019.

Statistics Finland (2018a), Ikä ja pienituloisuus [Age and low income], http://www.tilastokeskus.fi/til/tjt/2016/01/tjt_2016_01_2018-03-02_kat_002_fi.html [retrieved 5 February 2019].

Statistics Finland (2018b), Ulkomaan kansalaiset [Foreign citizens], <https://www.tilastokeskus.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa/ulkomaan-kansalaiset.html> [retrieved 8 February 2019].

Sipilä, J. and Österbacka, E. (2013), Enemmän ongelmien ehkäisyä, vähemmän korjailua [More prevention of problems, less reparations]. Helsinki: Ministry of Finance, Publications 11/2013.

Thevenon, O., Manfredi, T., Govind, Y. and Kalyzner, I. (2018), Child poverty in the OECD. Paris: OECD.

THL, Terveyden ja hyvinvoinnin laitos [National Institution for Health and Welfare] (2017), Lastensuojelun käsikirja [The Handbook for Child Welfare]. <https://thl.fi/fi/web/lastensuojelun-kasikirja/tyoprosessi/lastensuojelun-valvonta>. [assessed 19 February 2019]

THL, Terveyden ja hyvinvoinnin laitos [National Institution for Health and Welfare] (2018a), Child Welfare, Quality Description. <https://thl.fi/en/web/thlfi-en/statistics/information-on-statistics/quality-descriptions/child-welfare> [retrieved 10 March 2019]

THL, Terveyden ja hyvinvoinnin laitos [National Institution for Health and Welfare] (2018b), Lastensuojelu, Tilastoraportti 17/2018 [Child welfare, Statistical Report]. Helsinki: THL.

THL, Terveyden ja hyvinvoinnin laitos [National Institution for Health and Welfare] (2018c) Suun terveys [Dental care] https://thl.fi/fi/web/lapset-nuoret-ja-perheet/peruspalvelut/aitiys_ja_lastenneuvola/suun_terveystarkastukset. [assessed 26 February 2019]

THL, Terveyden ja hyvinvoinnin laitos [National Institution for Health and Welfare] (2018d), Sosiaaliturvan menot ja rahoitus 2016 [Social spending and financing 2016], Tilastoraportti [Statistical Report]. Helsinki: THL.

THL, Terveyden ja hyvinvoinnin laitos [National Institution for Health and Welfare] (2019a), What is THL, <https://thl.fi/en/web/thlfi-en/about-us/what-is-thl-> [retrieved 9 March 2019]

THL [National Institution for Health and Welfare] (2019b), Terveyserot: Ravitsemus [Health inequalities: Nutrition]. <https://thl.fi/fi/web/hyvinvointi-ja-terveyserot/eriarvoisuus/elintavat/ravitsemus> [retrieved 16 February 2019].

THL [National Institution for Health and Welfare] (2019c), Perusturvan riittävyyden arviointiraportti 2015–2019 [Report on the sufficiency of basic security]. Helsinki: THL, Research Reports 6/2019.

United Nations (2011), Convention on the Rights of the Child, CRC/C/FIN/CO/4.

Uusi Suomi (newspaper) 10. February 2019. Uusi Esperi care tapaus on järkyttävä [A new Esperi-care case is horrifying] <https://www.uusisuomi.fi/kotimaa/271652-uusi-esperi-care-tapaus-jarkyttaa-tama-huutolaismarkkina-lopetettava>.

Valvira, the National Supervisory Authority for Welfare and Health (2019), Social welfare, https://www.valvira.fi/web/en/social_welfare. [retrieved 18 February 2019]

VAMLAS, Vammaisten lasten ja nuorten tukisäätiö [the Organisation for Disabled Children and Youngsters] (2019), Kommentti sosiaaliturva uudistamiseen lasten ja lapsiperheiden näkökulmasta [a Comment on reforming social security: a viewpoint of children and families with children]. Helsinki: VAMLAS (mimeo).

YLE [the Finnish TV] (2019), Useita yksityisiä päiväkoteja toiminut ilman asianmukaista rakennuslupaa Helsingissä [Many private child-care units have been working without proper building permissions] <https://yle.fi/uutiset/3-10618813> [retrieved 10 March 2019]

ANNEX: Interviews

Lastensuojelun keskusliitto (LSKL) [Central Union for Child Welfare]: face-to-face interview 7 January 2019;

Child Ombudsman: face-to-face interview 9 January 2019;

Pesäpuu [Pesäpuu is a national non-profit child welfare organization that works to improve the situation of children who are clients of child welfare services]: face-to-face group interview 9 January 2019;

Save the Children: face-to-face group interview 11 January 2019;

SOSTE, Finnish Federation for Social Affairs and Health [SOSTE is an umbrella organization of 200 social affairs and health NGO members]: face-to-face interview 23 January 2019;

Ministerial expert preparing child policy strategy for Finland: face-to-face interview 13 February 2019;

Ensi- ja turvakotien liitto (ETKL) [The Federation of Mother and Child Homes and Shelters is a nationwide child welfare organization that helps children and families in difficult and insecure situations and prevents domestic violence]: face-to-face interview 15 February 2019;

Yhden Vanhemman Perheiden Liitto (YVPL) [Single Parents' Association]: face-to-face interview 15 February 2019.

