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Committee of the Rights of the Child United Nations Centre for the Human Rights Palais des Nations CH-1211 Geneva 10 Switzerland

Comments on Finland's first report to the UN Committee on the Rights of the Child

Dear Sirs.

We have been informed that the first periodic report by Finland to the Committee on the Rights of the Child is on the agenda of the pre-sessional working group in October 1995.

The Central Union for Child Welfare in Finland has analysed the report which to large extent gives a good description of the legislative, administrative and other measures for the implemention of children's rights in Finland. We would, however, like to submit some comments and supplementary information on some areas where children's rights are not sufficiently secured in Finland. Our comments are based on surveys produced by the Central Union as well as on information supplied by its member organisations working directly with children.

The Central Union for Child Welfare was founded in 1937. It is an independent, non-governmental umbrella organization in the field of child welfare. It furthers co-operation between the child welfare NGOs and local authorities in Finland and develops their relations with the State. The Central Union has as its members 83 child welfare organisations and 30 municipalities.

If the Committee wish to have a representative from the Central Union at the pre-sessional meeting, we would respond positively to such an invitation. Yours sincerely,

## **CENTRAL UNION FOR CHILD WELFARE IN FINLAND**

Mauri Upanne Executive Director

The first Finnish report does, in the opinion of the Central Union for Child Welfare in Finland, an the whole give a true, expert and versatile picture of the implementation of the UN Convention on the Rights of the Child and the conditions in which Finnish children live.

The Central Union would, however, like to draw the Committee's attention to the following points which have, in the Central Union's view, received insufficient attention or coverage.

In the opinion of the Central Union for Child Welfare, the Finnish report does not sufficiently deal with and evaluate the impact of the economic recession and economy measures an the position of children and families with children. Finland has been suffering from a deep economic recession ever since the Convention came into force. The impact of the recession has, according to various investigations, been particularly marked in the lives of families with children. The diffrences within this population gr oup have also been more pronounced than among other groups of society.

According to investigations, one Finnish child in four is suffering from unemployment. The support from society to children and families with children has been reduced and ices either totally discontinued or greatly curtailed; meanwhile, the changes in the living conditions of children have gathered momentum. Families with children are a heterogeneous sector of the poulation. The lives of some families have been affected only little, if at all, by the changes. The welfare organisations are, however, concerned about the families with children and young people living in vulnerable conditions who are in danger of exclusion should the present trend continue. So far Finland's universal social security system with basic services for all has succeeded in preventing exclusion.

In the 1990s the Finnish local authorities have acquired much greater autonomy than before. The public administration does not anymore include an independent unit dealing with child welfare issues. This has been accompanied by a reduction in government control and direct subsidies. The result has been differentiation of the local authorities' service level and, consequently, inequality over the country as a whole. The Central Union for Child Welfare has been particularly concerned at the potential of the small municipalities in a weak economic position to satisfy the demand for child welfare in their area. For example, talking several children (such as siblings) into care at the same time may devour a considerable proportion of the social welfare budget in a municipality such as this. The Central Union has in fact proposed that a national equalisation fund for child welfare be set up to safeguard the availability of services of children and families in need of child welfare in the small municipalities.

The trend towards non-institutional social welfare and health care has also become particularly marked in Finland in the 1990s. This otherwise favourable trend does, however, imply a considerable contradiction as regards child welfare, in that the cuts have been heaviest in precisely these preventive and and non-institutional services and support measures.

According to an investigation published by the Central Union for Child Welfare in 1994, the savings measures implemented by the local authorities have raised problems in child welfare work. With the rising unemployment, work with social welfare clients in need of income support has drained resources away from municipal child welfare work. The threshold for taking children into care has also become higher due to the need to save. In other words, taking into care is postponed for longer and longer, and meanwhile the authorities have tried to make do with non-

institutional support measures in dealing with children in need of corrective welfare. Where taking into care has been unavoidable, the choice of placement is determined not always by the needs of the child but by the cost. A delay in taking the child in care is longer. According to the child welfare personnel working for the local authorities and organisations, the situation has come to a head: children's problems have become so acute that corrective child welfare measures are imperative.

Another major problem is that no one has power to intervene if the social welfare board decides not to take a child into care even though the social welfare authorities believe this would be in the child's interests. The Supreme Court has even issued a ruling on this. Economic realities can thus overrule the interests of the child in the decision making by the local authorities.

Many local authorities have in the 1990s adopted the generalistic principle in social work and have in the process lost workers specialising exclusively in child welfare. (Under this principle each worker is responsible for the entire field of social welfare in his or her area and not just for a certain type of client.) In adopting this principle the local authorities have not, however, for reasons of economy, taken sufficient trouble to maintain and develop their child welfare by means of training, for example. The absence of training is also evident in non-institutional care, where there are not at the moment sufficient methods for preventing serious child welfare measures aimed at small children. In order to make preventive child welfare more effective, training should be directed at, for example, day nurseries, schools and health care.

Training is also needed giving children the opportunity to be heard. Giving the child a hearing and respecting his opinions is a fundamental principle of the Finnish child welfare Act and of the Convention on the Rights of the Child, but in many cases the voice of the child is either not heard or is only ostensibly heard. Especially small children are often overlooked when disagreements about child custody and right of access are cleared up. One of the reasons for this in the production of services and the making of decisions on a child is that the professional personnel are not equipped to listen to the child and to make genuine allowance for his views.

Child welfare extrafamilial services are provided in Finland by the state, the local authorities, organisations and other non-profit-making institutions. There has in past few years been a considerable increase in the production of commercial child welfare services. Most of these services are of a very high quality, but expert knowledge of child welfare and the good care of the child are not always the primary criteria. The child welfare organisation are therefore concerned at the situation. They are also worried by the number of children to be cared for in proportion to the carers. A bill on a permit procedure, the supervision and control of social welfare and health services is, however, being prepared and will, it is hoped, improve and standardise the quality of services and the status of the client.

The Finnish report does mention the work of the NGOs in the child welfare sector, but this work is not given sufficient prominence. NGOs occupy a significant role in the Finnish society. The Finnish child welfare organisations are to a notable extent responsible for the experiment and development work in the field and for the production of services. Many of the services nowadays maintained by society were originally developed and run by organisations. These organisations are regularly responsible of many of the child welfare services supplementing those provided by society. Their services are of a high professional standard but are non-profit-making. The organisations are, furthermore, financially independent of the state and of charity. The social welfare and health organisations are mostly financed out of funds from the Finnish Slot Machine Association (RAY) founded by them in 1937 as fund-raising organisation.

The Finnish child welfare organisations are worried that various target groups are not aware of the contents of the UN Convention on the Rights of the Child. Despite the work they have done, the Convention has not stimulated widespread debate in Finnish society and its principles have not been integrated as part of society's decision making or the work of the authorities. Children are still overlooked in making decisions and the views on children of various authorities sometimes differ considerably.

Finnish policy on children and families is uncoordinated and disjointed. This has been particularly obvious during the recession. In order to rectify the situation, the Finnish organisations have, among other things, proposed the setting up of a government child advocate system and/or a children's affairs commission. The commission should include

representatives of various authorities and NGOs.

Finland is at present introducing major reforms in its criminal legislation. The child welfare organisations have repeatedly demanded that the possession of child pornography, at present permitted, be made a criminal offence.

There has from time to time also been debate on raising the criminal liability age and claims systems. The lower age limit to criminal responsibility is in Finland 15 years. This age limit does not, however, apply to the liability for damages imposed on a minor even if he is not sentenced to prison on grounds of his age. The report does not deal with the present damages claims, which may be financially so sizeable that a child ordered to pay them cannot subsequently plan an independent life.

The situation of young people in Finland has radically deteriorated due to the economic recession. The most burning problem is youth unemployment, the rate of which is among the highest in Europe. Social concern has been expressed at the danger of exclusion which, according to investigations, threatens some of the young people not in training or employment. The organisations have launched projects aiming to help young people find employment and gain control over their lives, but these projects cannot reach all the young people in need of help.

According to a study carried out by the Central Union for Child Welfare, the social security of handicapped and chronically ill children varies from one local authority to another, and the differentiation has been further aggravated by the recession. There are also great gaps in the information on the benefits available to the child and his family.

The education, social welfare and health authorities should draw up a service and education plan for every handicapped or chronically ill child stating the child's overall need for care and the way this care is to be provided. In practice plans are made for only a small proportion of these children. There are also shortcomings in the integration and supervision of plans.

Cooperation between children's psychiatric out-patient care and hospital treatment is only in the initial stages. There is little cooperation, especially before and after child receives psychiatric hospital treatment. The early diagnosis of mental illnesses in children and work to prevent them call for the development of school health care and the children's clinics and an increase in expertise.

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