



Where to make friends outside the children's home?

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The purpose of this development thesis was to create a leaflet for the children's home to help the children make friends outside the home. The leaflet was designed to provide contact information for the working life partner and additional information regarding nearby places to take the children living in the children's home. No names of the children or places were disclosed to ensure the anonymity of the children living there. Two versions of this thesis were made, one for the evaluating teachers and another version for the public in which the descriptive writing about the visits was edited and only shortly explained to avoid any chance of recognizing the children or the location of the places.

During employment at the children's home, it was noticed that the employees did not have a clear understanding of where the children could go after school to make friends and mingle with their peers. The idea behind this thesis is to promote the right for children living in the children's home to have friends and feel part of this society. It is challenging for children living in children's homes to establish friendships outside of the home.

This thesis covers child welfare, neurodevelopmental disorders, behavior disorders, substitute care, and social relationships. In the thesis, background research was conducted in-depth, and sources were critically analyzed. In implementing the thesis parts, the information provided in the theoretical framework was combined with knowledge gained from visits with the children.

A clear and informative leaflet was designed to be used by employees at the children's home daily. It was intended to provide young children in the children's home with opportunities to make friends outside the home. This was done by visiting different places nearby with the children. Social interaction is essential for children's mental and physical development. It helps them develop empathy and problem-solving skills and build relationships with others. Additionally, it can help to reduce the feeling of loneliness and isolation that comes with living in a children's home.

Considering the feedback received from the working life partner, the leaflet was successful. They thought the leaflet would be useful for employees as it would make it easier to think of places for children to spend time. The working life partner suggested making one for the children as well, and it will be done as soon as possible.

Keywords: Leaflet, Neurodevelopment disorder, children's home, loneliness, social relationships

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1 Introduction

This thesis is to serve as a guide to help children who live in the special children's home to find places to make friends outside of the home. The demand for the guide and the idea arose from my own and other employees' concerns about the well-being and loneliness of the children living in the children's home.

The goal is to find places for the 3- to 12-year-old children in the children's home to go and make friends with children outside the home. The idea behind this thesis is to promote the right for children living in the children's home to have friends and feel part of this society. It is challenging for the children living in the children's home to make friends outside the home. Most of the children living there go to hospital, schools, etc., where they don't get to mingle with children of their own age. This is because the classes are mixed and have only very few pupils or they are very unwell and are unable to interact at all.

This thesis aims to help the children in the children's home meet able children their own age. Now the children in the home haven't got friends outside of the children's home and some of them feel that the employees working there are their friends. This causes conflict and a lack of respect for the employees.

As of now, children have a chance to meet other children through their hobbies. However, this is not an ideal place to meet people. You are often tied up doing the directed activity and are not able to communicate freely with your peers. The children without hobbies miss out on this small possibility of meeting children outside of the children's home.

A child needs an environment from which they can thrive and from which they can create the framework to structure the rest of their lives. Shelter and warmth are two of the most significant aspects of a home. Having a home where a child can feel at peace is vital for the development of a child. It is imperative that they have a safe place where they can sleep peacefully, where they are not afraid, and where they are well taken care of (Niemelä 2000, 26).

Many people fear that if a child is left alone, they will suffer all the problems associated with being alone for the rest of their lives. No, that is not the case. When they have someone who cares for them so much that they seek help for them, they have the most effective starting point and opportunities to overcome loneliness and make friends.

2 Background of the thesis

In this thesis, the background chapter is divided into three parts. Among these steps are explaining the concept of a developmental thesis, since it is the type of thesis chosen, and describing the aim and purpose in more detail.

In addition, a description of the working life partner is included. During my employment there, I came up with the topic and idea of implementation. As part of the thesis, a leaflet has been created for the working life partner.

2.1 Development thesis

A development thesis is an alternative to the research type thesis of an applied science university. The development thesis aim is to instruct, guide, organize and rationalize practical activities that can be performed in the workplace. Depending on the field, this can include, for example, instructions or guidance aimed for the workplace, such as an orientation guide, an environmental program, or instructions regarding safety. Additionally, it can include organizing an event, such as a trade show stand, conference, international conference, or exhibition, depending on the field of study. Implementation methods vary based on the target group, including books, folders, booklets, guides, portfolios, websites or exhibitions, or events. University of applied science development theses should combine practical implementation and reporting through research communication (Vilkka & Airaksinen 2003, 9).

Saastamoinen et al. (2018) states that if you are looking for a way to create something useful for your work life, a developmental thesis is a good choice (Härkönen 2020).

This developmental thesis will be written using information that was collected from a literature review, visits to different locations as well as discussions with other employees at the children's home. Additionally, the most important information will be gathered from the children participating in the visits.

In accordance with the information gathered, a leaflet will be created. The leaflet will be distributed to all employees at the children's home and will provide information about the topic. The leaflet will also include a list of resources available to employees for further information. The leaflet will be reviewed by employees before it is distributed.

2.2 Purpose of the thesis

The aim of the thesis is to produce a leaflet for the children's home. This leaflet is designed to provide contact information for employees and additional information on nearby places to take the children. This is because they need other peers' company. This is because social

interaction is important for children's growth, both mentally and physically. It helps them to develop empathy and problem-solving skills and build relationships with others. Additionally, it can help to reduce the feeling of loneliness and isolation that can come with living in a children's home.

During my employment at the children's home, I noticed a lack of information among the employees regarding places for the children to go to after school to make friends and mingle with their peers. I wanted to make a clear and informative leaflet for employees to use in everyday life at the children's home.

2.3 Working life partner

My working life partner is a special needs children's home. The home is for children with neurodevelopmental and behavioral disorders who cannot be placed in family care. The children range in age from 3 to 12. Life in the home is structured and each day a schedule is made with the child. Having a routine or schedule is essential for the well-being and emotional health of children with neurodevelopmental disorders. Understanding routines can be challenging. Unlike the neurotypical brain, the neurodiverse brain processes consistent activities differently. Their schedule allows them to predict behavior based on past experiences (BM Behavioral Center, 2023).

It is the responsibility of the children's home to promote intimacy, affection, and continuity, which are the basic elements of a child's development. To achieve this, the children's home creates opportunities for children to build meaningful relationships and foster a sense of belonging.

Children can visit their relatives and friends at the children's home as agreed, and they can use their own phones or the children's home's phone to reach them. This is beneficial to children as it allows them to maintain the connections they have with their family and friends, which is important for their emotional well-being. It can also help them to feel less isolated, as they will be able to communicate with their loved ones more easily.

I will get feedback from the employees working there and from the supervisor of the place. I will also receive feedback from the children. Getting feedback will happen by asking and I will be gathering opinions and suggestions the whole time I am doing the thesis. By receiving feedback, you become more aware of yourself. You can gain a clear understanding of your performance and figure out how to reach your goals using it. To improve our performance and advance professionally, we all need as much support as we can get (Assist-o 2023).

3 Child welfare

In this chapter I will briefly explain the purpose of the Child Welfare Act 417/2017 and define substitute care. Also, I will look at some figures about substitute care. The chapter will include discussions about the different types of substitute care, the factors that influence the choice of substitute care, and the impact of substitute care on the lives of children.

3.1 Child Welfare Act 417/2017

A primary objective of the Child Welfare Act 417/2017 is to protect the rights of children to a safe and nurturing environment, balanced and versatile development, and special protection against abuse and neglect. As defined in the law, child protection consists of actions which promote the well-being of children and young people to prevent them from requiring child protection in the first place, and preventative child protection offers help and support at a very early stage, thereby preventing problems from arising or worsening. The implementation of preventive work at maternity clinics, day care centers, and schools is important (Finnish Institute for Health and Welfare 2023).

Children's well-being is primarily the responsibility of their parents and other guardians, they must ensure the child's balanced development and well-being (Act on Child Custody and Right of Access 361/1983). Child and family services must support parents and guardians in their educational tasks. They must offer the family the necessary support early on, and refer, if necessary, the child and family to child protection. Child Protection must support parents, guardians, and other persons responsible for the child's care and upbringing in the upbringing and care of the child by organizing the necessary services and support measures (Child welfare act 417/2017).

3.2 Substitute care

Whenever a child is taken into care, the municipal body responsible for social services must provide them with substitute care as soon as possible. When there is a serious risk to their health or development due to a lack of care or other conditions in which they are living, the child should be placed into substitute care. Furthermore, if the child is seriously endangering their health or development by abusing intoxicants, committing an illegal act other than a minor offence or by engaging in any other similar behavior that could seriously endanger their health or development (Child welfare Act 417/2017).

The Ministry of Social Affairs and Health (2020) suggests that substitute care can be categorized into two types: institutional care and family care. As of 2012, commissioned and professional family care has been prioritized over institutional care under the Children's Protection Act 316/2011 (Act amending Section 50 of that Act). When it comes to long-term

substitute placements, the role of family care is emphasized. Over half of the children in care had been placed in families by the end of 2019, and of those children, one in seven (765) of them had been placed with family members and friends of the family. The share of institutional care (40.5 percent in 2019) is emphasized when looking at all the placements. Forsell ym. (2020,8) says child welfare placements can last from a few days up to years and can even last throughout a child's childhood (Lastensuojelun vaativan sijaishuollon... 2020).

Substitute care in a special needs children's home is meant to provide family-oriented care when the child needs long-term placement and the possibility of returning home is unlikely. The purpose is to determine how to provide adequate parenting for children in this situation. For children and young people, the term "attachment" means that they are allowed to get connected with a new life situation as well as maintain a connection with the people of their choice (Niemelä 2000, 15).

The institutional care services are graded into basic, demanding, and special services based on the needs of the children. It is critical to note that, in practice, the various levels of services differ in terms of how they are dimensioned, how many personnel are involved, how much content specialization is involved, and how much the service costs. The state's school homes are an example of this. Here demanding institutional care is provided inwards with approximately four beds, with personnel resources exceeding those of basic institutions, and with an intensive working model (Lastensuojelun vaativan sijaishuollon... 2020).

Pekkarinen (2017) explains how the content of special substitute care is not defined in the legislation. In practice, special-level institutional care refers to a substitute care service to which more children and young people in need of support are referred than to other institutional care (Lastensuojelun vaativan sijaishuollon... 2020).

Substitute care has increased despite efforts to provide preventative child protection services. Additionally, it is recognized that children, youth, and families do not receive the level of services they require at any given moment. Children and young people have difficulty accessing mental health services. This leads both to social marginalization and to a chain of disadvantages that is passed down from generation to generation (Eduskunta 2021).

According to the Parliament of Finland (2021), during the past few years, Child Protection has seen a decrease in the number of children and young people receiving open care. As a result, some of those who formerly received open care through Child Protection now receive services as support under the Social Welfare Act 710/1982. There were a total of 48,802 children and young people in child protection's open care in 2020. This represents 4 percent of the population between the ages of 0 and 20. There has been a decrease of 4 percent since 2019. The total number of newly registered open care customers was 30 percent (14,169) in 2020.

The number of children and young people placed into substitute care increased by approximately 7,900 between 1996 and 2020. In 2020, a total of 19,086 children and young people were placed into substitute care. Of these, 11,386 were taken into care and 4,662 were placed immediately. A child may be included in both the number of urgently placed children and the number of children in care during the same year. This is because the child could have been placed urgently first and then taken into care. In 2020, 53 percent of the placements (10,147) were males and 47 percent (8,955) were females. Since the 1990s, the share of boys placed into substitute care has remained higher than the corresponding share of girls (Eduskunta 2021).

In 2020, a total of 4,662 children were urgently placed, which is an increase of 3 percent (133 children) over the previous year. Almost half (42%) of the children who were urgently placed in 2019 were placed in care in 2019 or 2020. The child's custody is rarely dissolved (Eduskunta 2021).

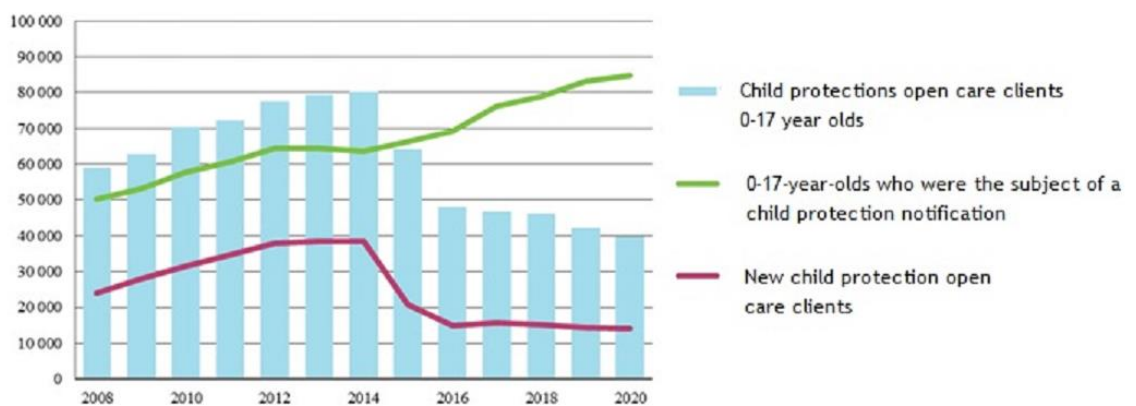


Figure 1: Child protections open care clients, new child protection open care clients and 0-17-year-olds who were the subject of a child protection notification, 2008-2020 (Eduskunta 2021)

According to Kääriälä et al. (2019), very little is known about the effectiveness of substitute care as a whole and there are still many questions to be answered. As an example, fewer than half of children who are placed outside the home complete their secondary education. As an adult, if you do not have a degree, it will be significantly more difficult for you to live independently. Young people who have been placed in child welfare institutions as teenagers and who have become independent from these institutions have a lower likelihood of moving on to college or university than their peers (38 percent less likely compared with similar-aged peers). They instead have a higher rate of early adulthood (14 percent higher for women in particular) and long-term chains of financial support and unemployment (21 percent) (Eduskunta 2021).

4 Neurodevelopmental disorders, behavior disorders and substitute care

In this chapter I will be describing the most frequently occurring neurodevelopmental disorders and behavior disorders presented in the children's home. Also, looking at how common it is for children placed into substitute care to have these disorders. I will discuss the most common types of neurodevelopmental disorders, such as autism spectrum disorder, ADHD, and Tourette syndrome. I will also provide an overview of the impact these disorders have on the children in substitute care and their families.

Developmental disorders related to brain functioning and affect children's behavior and function are known as neurodevelopmental disorders. Social interaction, linguistic and non-linguistic communication, regulation of emotions and behavior, as well as directing one's own activities are all affected by developmental difficulties. It is common for symptoms to vary between children, and even the same child can have different symptoms at different stages of development. The symptoms of neurodevelopmental disorders can also include sleep problems, learning difficulties, problems with language development, difficulties with motor skills, mood swings, anxiety, and sensory sensitivity. There are a variety of neurodevelopmental disorders, such as ADHD, autism spectrum disorder, and tics (HUS 2023).

A behavioral disorder occurs when a child exhibits disruptive behavior for at least six months and causes problems in school, at home, and in social settings. Most people display some of these behaviors at some point, but behavior disorders are more severe. A variety of behavioral disorders exist, including Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) (MentalHealth.gov 2022).

Over half of children placed in substitute care are diagnosed with a psychiatric or neurodevelopmental disorder during childhood, according to recent research. The study, conducted by the Finnish Institute for Health and Welfare (THL) and the University of Turku, found that depression and anxiety disorders, neurodevelopmental disorders, and oppositional defiant disorder/conduct disorder (ODD/CD) were the most diagnosed disorders among children placed in substitute care by the Finnish child welfare authorities (Yle 2021).

Gyllenberg et al. 2021 describe how looking at the data from the Finnish Birth Cohort study a total of 11,821 individuals (20.7%) used specialist outpatient or inpatient services for psychiatric or neurodevelopmental disorders before the age of 18 (Figure 2).

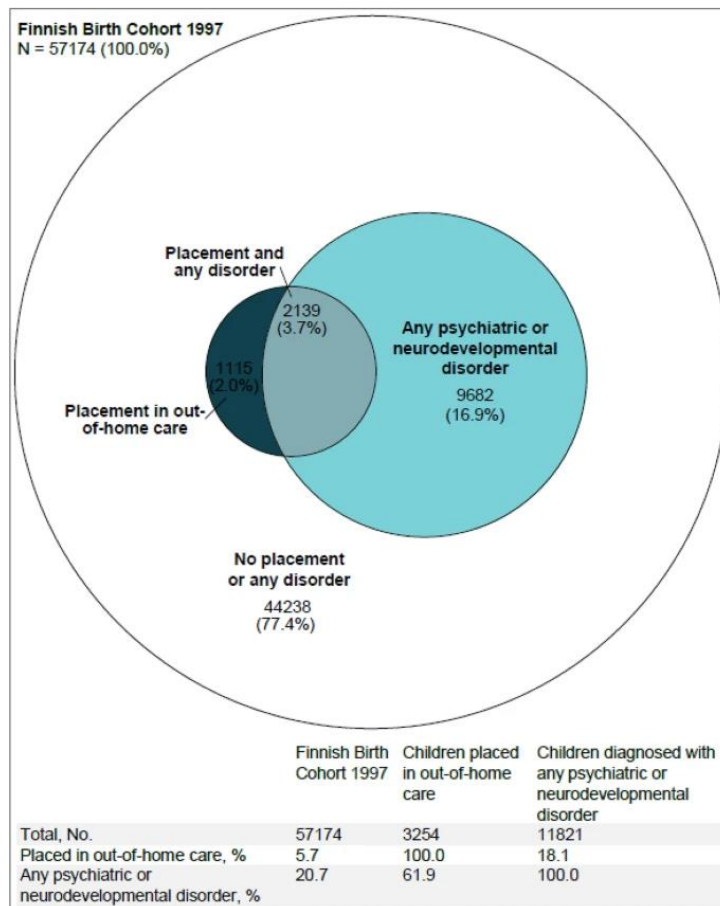


Figure 2: The Euler diagram shows individuals with psychiatric or neurodevelopmental disorders placed in substitute care in the Finnish Birth Cohort 1997 (Gyllenberg et al. 2021).

Of these children, 2139 (18.1%) were placed in substitute care, compared with 1115 (2.5%) of 45,353 individuals without a diagnosis. Of those with substitute care experience, 61.9% had a diagnosis, compared to 18.0% of those who had never been to substitute care. Limiting the analysis only to patient data suggests that there are still disproportionately more children in substitute care than in outpatient clinics (Figures 2 and 3). Gender-based analysis shows that psychiatric service use for any psychiatric or neurodevelopmental disorder affects both genders equally (Figures 3 and 4).

Compared with children who had never experienced substitute care, those who had experienced substitute care were much more likely to require specialized services for each of these disorders (see Figure 3).

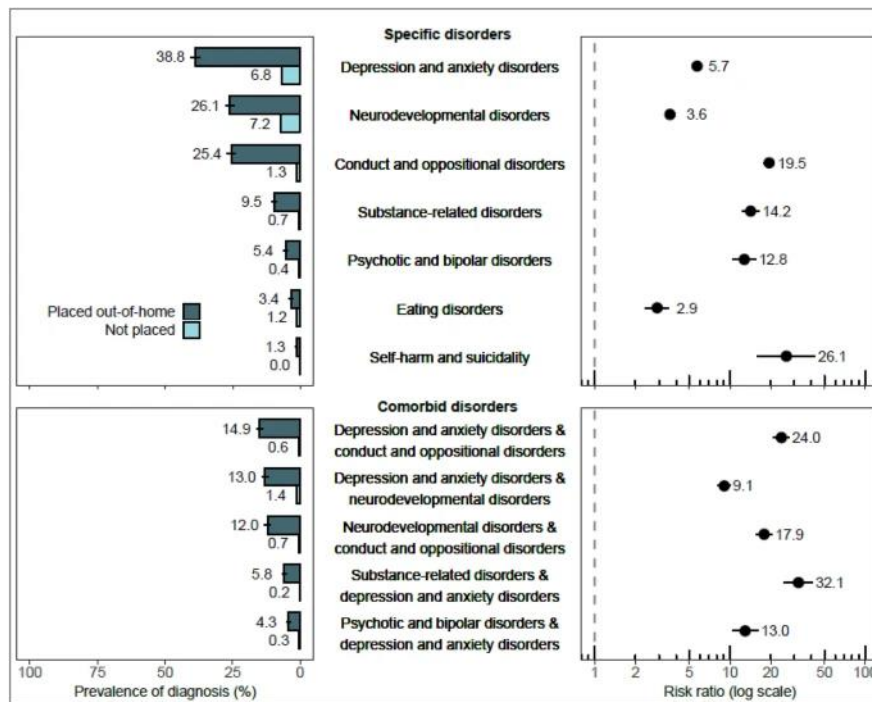


Figure 3: A comparison between children in substitute care and children who have never been in substitute care regarding specific psychiatric and neurodevelopmental disorders diagnoses and comorbid diagnoses (Gyllenberg et al. 2021).

Among children in substitute care, depression, and anxiety disorders were most common (38.8% compared with 6.8%), followed by neurodevelopmental disorders (26.1% compared with 7.2%) and ODD/CD (25.4% compared with 1.3%) (Figure 3). There was also a high prevalence of combined diagnoses between these three most common diagnostic classes among children exposed to substitute care, with cumulative probabilities ranging from 12.0 to 14.9% (Figure 3). Suicide, self-harm, and ODD/CD risk ratios were most prevalent among substitute care children (Figure 3). Most comorbidities also had high or very high-risk ratios (Gyllenberg et al. 2021).

There was a high probability that those with certain disorders would have experienced substitute care. Over half of the individuals suffering from self-harm and suicidality (61.2%) and ODD/CD (54.1%) were placed in substitute care (Fig. 3). Additionally, 46.2 percent of children with substance-related disorders and 43.5% with psychotic and bipolar disorders received substitute care. Those with comorbid diagnoses were more likely to be placed. In addition, 95.8% of those with ODD/CD and a comorbid self-harm and suicidality diagnosis had been in substitute care (Gyllenberg et al. 2021).

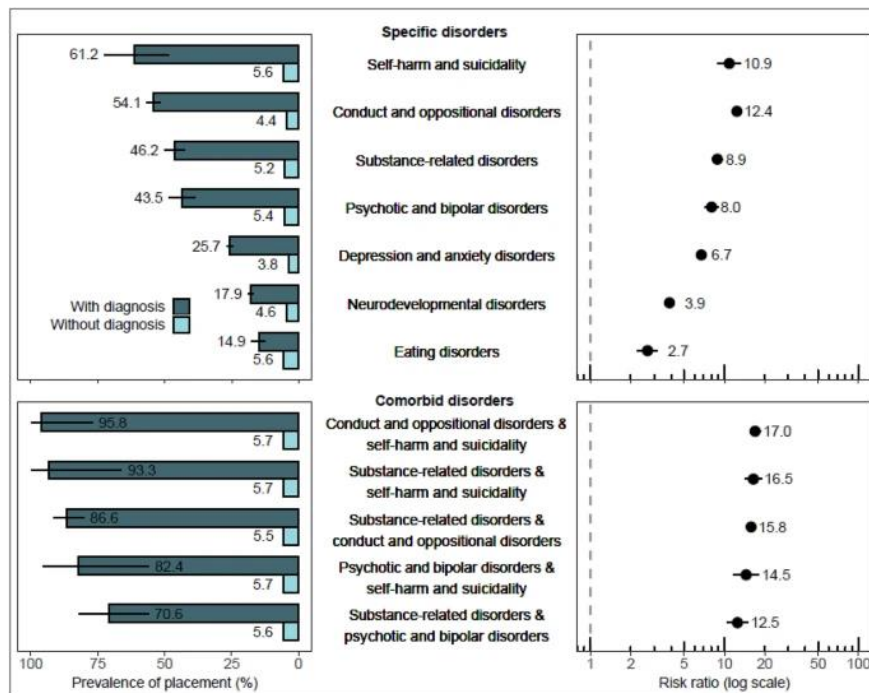


Figure 4: Comparing placements in substitute care among children with specific psychiatric or neurodevelopmental disorders with those without such diagnoses, highlighting five diagnostic classes that have the highest placement rates (Gyllenberg et al. 2021).

According to Steele J & Buchi K (2008) children who have experienced substitute care are overrepresented in psychiatric services for several reasons. There are several reasons why children in substitute care are more likely to develop psychiatric disorders than children not in substitute care. These include maltreatment, trauma, and genetic vulnerability. Goemans A, van Geel M, & Vedder P (2015) explain how the meta-analysis suggests that being in substitute care has no effect on these children's internalizing, externalizing, or total behavioral problems, suggesting that elevated psychiatric needs persist even when these children are placed in substitute care. There is also evidence that being in substitute care makes it easier to obtain psychiatric services. Improved identification of needs or referrals by social services may contribute to this. Psychiatric care may also increase the likelihood of entering substitute care, however. In addition to maltreated and disadvantaged children, substitute care targets children who may face criminality or substance abuse due to their behavior. A psychiatric referral will then be directly related to some disorders, such as ODD/CD and substance abuse disorders (Gyllenberg et al. 2021).

The research found that stable and suitable care settings for children with neurodevelopmental disorders were also of concern. Due to the challenging behaviors associated with ADHD, some children in substitute care were placed in multiple placements before being placed in institutional care. There were some parents who voluntarily placed their children in care because they believed it was their child's safest option. Another research has shown the same

thing. A study has shown that children with ADHD and ASD are overrepresented in substitute care. (Heady, Hutchings, John & Watkins 2022).

4.1.1 ADHD

ADHD is an attention deficit and hyperactivity disorder in which It is difficult for individuals to concentrate, regulate activities, and control impulses over the long term. ADHD occurs in 5-7% of school-aged children and 3-4% of adults (Puustjärvi 2017-2019 cited in Oksanen & Sollasvaara 2017-2019, 8).

The central core symptoms of ADHD can be identified in three ways, depending on whether a person has inattention, hyperactivity, or impulsive symptoms. Different people display ADHD symptoms in different ways and to varying degrees depending on their age and personality. Consequently, ADHD challenges vary in extent and intensity from person to person (ADHD tutuksi 2023).

Oksanen & Sollasvaara (2017-2019, 9) refer to Puustjärvi (2017-2019) on how people who suffer from attention deficit disorder (ADD) have difficulty concentrating and paying attention to details, but they are not very hyperactive or impulsive. In the hyperactivity-impulsive form, on the other hand, hyperactivity and impulsivity are present without significant concentration problems. A combined form of ADHD occurs when difficulties occur in all areas of the central symptoms. In figure 2 you can see more of the symptoms and how they are divided.

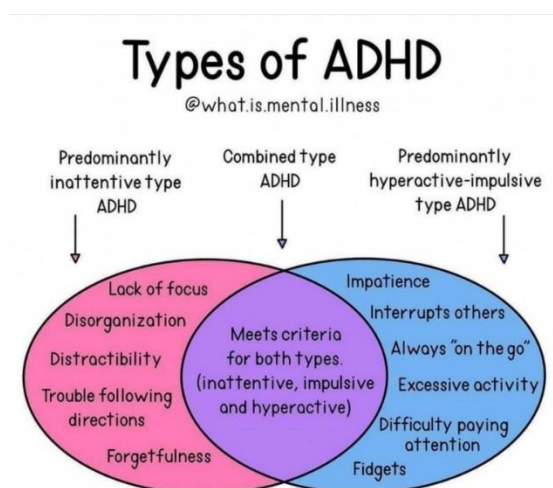


Figure 5: Types of ADHD (Taylor 2023).

Käypä hoito-suositus (2017) and Berggren & Hämäläinen (2018) describe the development of ADHD symptoms is influenced by genetic, biological, and psychosocial factors, as well as their mutual multidirectional interactions. ADHD appears to be a neurodevelopmental disorder in which the systems responsible for concentration and alertness do not function as well as they should. Treatment of ADHD involves guiding the child, practicing the necessary skills, and using medication. Especially critical is that adults close to the child know how to support the child (Oksanen & Sollasvaara 2017-2019, 9). For instance, adults can help the child by structuring the environment, breaking down tasks into smaller parts, and providing positive reinforcement.

4.1.2 Autism spectrum

The term "autism spectrum" refers to autism's multiplicity, individuality, and variation in its ability to function. It has been said that if you have met one person on the autism spectrum, then you have only met one person on the autism spectrum. For instance, some people on the autism spectrum may have difficulty communicating verbally, while others may be able to engage in extensive conversations. In autism, the brain develops in a different way. Autism manifests itself in a person's way of sensing and experiencing the world around them, as well as communicating and interacting with others (Autismiliitto 2023).

According to Fombonne (2018) and Idring et al. (2015) autism spectrum disorders are characterized by certain functional limitations in social communication and adjusting behavior to the environment's expectations. These functional limitations are caused by difficulties in the processing of sensory information, which can affect the way individuals interact with their environment and understand social cues. Autism is more common among boys than girls although girls are underdiagnosed (Oksanen & Sollasvaara 2017-2019, 10).

Autistic traits can be found in varying degrees in different people. Aside from functional limitations and challenges, autism is also often viewed as a factor that shapes personality. In addition to special challenges, a person may also possess special strengths (Oksanen & Sollasvaara 2017-2019, 10). For instance, individuals with autism may demonstrate superior memory, attention to detail, and problem-solving skills which can be beneficial in certain fields such as science, engineering, or computer programming.

Those on the autism spectrum are more likely to have epilepsy, ADHD symptoms, tic symptoms or extended learning difficulties than the average person. Disorders and problems associated with mood are also common (American Psychiatric Association (2013) cited in Oksanen & Sollasvaara 2017-2019, 10).

4.1.3 Tourette syndrome

Tourette syndrome is a neurodevelopment disorder. People with Tourette syndrome experience "tics". Tics are repeated movements, twitches, or sounds. It is impossible for people with tics to stop their bodies from performing these actions. As an example, a person might blink endlessly. It may also be a grunting sound made unintentionally. To make matters worse, people with tics often find that their symptoms worsen during times of stress or excitement, making it difficult to control the tics when they are most in need of doing so. A tic is like a hiccup. Despite not wanting to hiccup, your body does it anyway. The act of stopping a certain tic can be difficult, but people are sometimes able to change their behavior for a while (CDC 2022).

Savikuja (2017-2019) explains how Tourette's syndrome is characterized by motor tics that usually appear before school age. In most cases, motor tic symptoms begin between the ages of 5 and 6. However, sometimes they occur as early as 4 years of age and very rarely in their teens. Motor tics often increase in severity during the preteen and teenage years, so early detection and intervention are key to managing the disorder (Oksanen & Sollasvaara 2017-2019, 11).

4.1.4 Oppositional Defiant Disorder (ODD)

According to Matthys & Lochman (2017, 23) the symptoms of oppositional defiant disorder include a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least six months. Symptoms of these disorders are present when involved with at least one individual who is not a sibling. There should be a persistent and frequent presence of the symptoms, which should exceed the norm for the individual's age, gender, and culture. Younger children should engage in this behavior on most days, whereas older children should engage in it at least once a week. It is however specified that vindictive behaviours must occur at least twice in the past six months to qualify as a symptom of vindictiveness.

It is not necessary for symptoms to be present in more than one setting (e.g., at home, at school, or in the community). It must be noted, however, that if symptoms are confined to a single setting (for example, only at home), the disorder is deemed mild. An individual may be classified as moderate if some symptoms can be observed in two or more settings (for example, at home and at school), and as severe if the symptoms can be observed in three or more settings (Matthys & Lochman 2017, 23).

A person with ODD is typically diagnosed when they are in early elementary school, and they stop being diagnosed around the time they reach adolescence. Kids with ADHD and ODD often have a high overlap in their diagnoses. It has been estimated that 30 to 50 percent of kids with ADHD also have ODD, depending on the study (Ehmke 2023).

4.1.5 Conduct Disorder

An individual with conduct disorder violates the rights of others and major societal norms or rules in a repetitive and persistent pattern of behavior. They show at least three symptoms in the past 12 months and at least one in the past 6 months. The symptoms are categorized into four groups. There is aggression toward people and animals, property destruction, cheating or stealing, and serious violations of rules (Matthys & Lochman 2017, 24).

Approximately two to three percent of the population suffers from conduct disorder (CD), which can be diagnosed at any age and is more prevalent among boys (Miller 2021).

5 Social relationships

Research shows that social relationships are an important protective factor in substitute care for children. It can provide them with support and stability and help them to develop a sense of belonging and purpose. This can help facilitate their transition into adulthood.

This chapter will demonstrate the importance of friendship. In addition to that, I wrote about children's loneliness and its effect on their well-being. Emphasizing how significant friendship is to their quality of life. I also mentioned the importance of teaching children how to make friends and maintain relationships, to help them become more socially adept.

5.1 Well-being

Young people's mental health is significantly influenced by their social relationships. Therefore, providing youth with the opportunity to develop healthy social relationships is essential for their long-term well-being. Everyone needs another person close by, from the moment they are born to the moment they die. Friendships and feelings of acceptance and belonging are the most common sources of happiness (Erkko & Hannukkala 2018, 95).

Social relationships play a major role in a person's well-being and happiness, according to research. However, not every human relationship makes us happy and fulfilled. Relationship quality determines whether we flourish or wither. The Grant study from 1939 describes how, in Harvard University's long-term study of human life, well-being and happiness, which will soon last more than 90 years, human relationships and quality have emerged as the single most significant factors influencing human well-being, health and happiness. It is more harmful to a person's health to have poor-quality relationships than to be overweight or smoke (Avola & Pentikäinen 2019, 209).

Aaltovesi ja Kekkonen explains how well-being can be categorized into three different types based on how it is perceived. Among these categories, one can find health well-being, material well-being, and perceived well-being.

In addition to these three categories of well-being, one can also think of well-being as either one's own individual well-being or the well-being of the community. There are four major factors that affect individual well-being: self-realization and success in one's goals, social capital, and social relationships. In terms of a community's wellbeing, the following factors are thought to have a significant impact: living conditions and living environment, employment and enjoyment at work, and livelihood. Having a sense of well-being in both the individual and the community is one of the most basic needs in life (Terveyden ja hyvinvoinnin laitos 2023).

Having a sense of well-being and balance is defined as being mentally healthy. The most effective way to maintain your mental health and balance is to eat healthy, exercise and sleep enough, do meaningful work, spend time with family and friends, and engage in hobbies. Health and well-being include mental health. This is like a three-legged stool: if one leg is missing, the stool won't be stable and can even topple over. In the same way, if one of the components of physical, mental and social health is missing, it's difficult to achieve balance and well-being (Erkko & Hannukkala 2018, 29).

Erkko & Hannukkala (2018, 31) describe how a person's mental health is strengthened or weakened by protective and risk factors and affects the person's well-being. As a result of protective factors, our health is maintained, our functional capacity is strengthened, and we can cope with adversity and crisis as well. Mental health is protected by a variety of factors. There is a lower risk of getting sick when there are more protective factors. Everyone can strengthen protective factors in their life and at the same time increase their own resources.

In contrast, risk factors endanger the continuity of life, weaken the ability to function, and threaten the continuation of life. Well-being is weakened by risk factors, which increases the possibility of illness. As more risk factors are present at the same time, their impact is stronger. Therefore, it is important to reduce risk factors as much as possible to improve well-being and reduce the likelihood of illness.

Many factors affect a child's well-being, such as the surrounding community and social frameworks.

An article in *Kasvatus & Aika* was published that examined factors that affect children's everyday well-being and was based on the knowledge of children, focusing on what factors are crucial to children's daily lives and how these affect their well-being. There are many factors that contribute to children's well-being - building security, being heard and

understood, knowing, and making decisions, as well as active participation - which form an interactive circle in which their substantive dimensions can either strengthen or weaken the wellbeing of children if they remain unfulfilled (Kallinen et al. 2021, 17).

According to Kallinen et al. (2021, 12) children have a view of their own well-being and the security it brings. Everyday serenity, a sense of calm, routines, and familiarity with the environment is critical for children's well-being. From the point of view of children's safety, children appear to be sensitive to the surrounding environment and its possibilities for activities that promote well-being. The opportunity to participate in community activities is emphasized as a key factor in promoting well-being and functions.

As Avola & Pentikäinen (2019, 56) put it, a better world cannot be made through knowledge, teaching, or even wisdom. Through our actions, the world and we humans change. Visible change can only be achieved by making the right choices and acting accordingly. It applies both to strengthening well-being and to more concrete issues, such as building a house or maintaining proper health. For our goals to be achieved, we need to act. Hence, well-being is also something we must make conscious choices for in order to attain the things we truly desire in life, such as happiness, well-being, healthy relationships, or inner peace. It takes honest work and factors for dreams and goals to become a reality.

Emotions and relationships are an important part of well-being and mental health. Everyone needs relationships and closeness in their lives. It is good to encourage young people to talk about their thoughts and express their own feelings, even if it seems difficult to share their own thoughts. A young person may need support from an adult in their relationships with friends, such as forming friendships, settling a dispute with a friend, or solving family problems (Erkko & Hannukkala 2018, 34).

Relationships nurture and strengthen us fundamentally. At best, we experience a strong connection, a positive resonance, which transforms in our body into a biological micro-moment of love, which is a physical and biological experience of love. We need to connect with other people for our bodies to function properly. Without this connection, we wither and fade away. Our physical and emotional well-being depends on our ability to form meaningful connections with others; without such connections, we cannot thrive (Fredrickson 2011 cited in Avola & Pentikäinen 2019, 209).

There is still a limited amount of literature relating to the effects of neurodevelopmental disorders on health and social well-being in the general population. To improve the future health and well-being of children with neurodevelopmental disorders, early identification and intervention are essential (Heady 2022).

5.2 Friendship and Loneliness

According to the school health survey children experienced more loneliness in 2021 than earlier studies in 2019. About 10% of boys and 22% of girls expressed loneliness (Helakorpi & Kivimäki 2021). The Corona crisis increased the loneliness of children. Exceptional circumstances caused by the Corona crisis have significantly limited encounters between people. Particularly vulnerable people have been affected by it. Children who are placed in substitute care, for instance, fall into this category. This has exacerbated their loneliness, which increases their risk of exclusion and mental health problems. Because of the increased risk of Corona infection, children placed in substitute care were not able to visit home for holidays as they did before, and their hobbies were suspended (Hietamäki, Hyväri & Nelimarkka 2021).

Substitute care can break up friendships and cause an increase in loneliness. Gyphen et al. (2017) describes how children in substitute care are often forced to move to new cities or neighborhoods, thereby changing their social environment, schools, and friendships. Stability is not enhanced by these changes; rather, they undermine it (Duqua, Gairal-Casado, Ramis-Salas & Valls 2022). Having classmates can increase academic motivation, which explains why academic stability encourages friendships and, therefore, more studying (Kindermann, 2016 cited in Duqua et al. 2022).

According to Roesch-Marsh & Emond (2021) and Snow & Mann-Feder (2013) scientific literature has demonstrated that quality friendships are crucial for children in substitute care, so professionals working with children in substitute care should encourage positive friendships and ensure that those friendships last because they foster a sense of belonging. It is important to address this issue. Anthonysamy & Zimmer-Gembeck (2007) & Martín et al., (2008) highlight that substitute care children are more likely to face rejection at school than their peers (Duqua et al. 2022).

The quality of friendships, not just the quantity, is a key protective factor for children in substitute care enabling them to cope with unfortunate circumstances. (Dishion et al. 1996 & Kupersmidt et al. 1995 cited in Duqua et al. 2022)

A person experiencing loneliness is experiencing anxiety since there are too few relationships in their lives on a quantitative and qualitative level. Thus, loneliness is the debilitating feeling of not having anyone to talk to, or anyone you believe who understands your thoughts, intentions, feelings, and desires. A feeling of loneliness can also be expressed as the feeling of being out of place, unworthy, and feeling like one does not belong to a group when you are standing in the school yard among other classmates. Or the fact that you smile nervously at a dinner table full of relatives and can't think of a single thing you want to talk about. It's impossible to react to anything that has been said in the conversation. There is a sense of

dread and a desire to escape. There is a part of you that would rather be alone than be a part of some sort of group to which you don't feel you belong, regardless of the apparent definitions (Junttila 2015).

Robert Weiss (1973) believes that people have a basic need to be close to another person and create a social network formed by their friends and peers. We experience loneliness when our social needs aren't met (Junttila 2015, 15). Junttila states in general, people compare the number of existing and desired social relationships and set a standard level of qualitatively and quantitatively satisfying relationships based on the comparison. When friendships fall below that, a person experiences dissatisfaction, failure, and loneliness. It is necessary to acquire and maintain at least a few qualitatively and quantitatively satisfying human relationships according to your own standard level of satisfaction to experience satisfaction. Qualitative here means that to qualify as a friend, the other person must be at least roughly the kind of person that the person would want as a friend. You can't really have a close and meaningful friend if you don't meet the requirements. Quantitative, of course, means the number of friends. It is true that one true friend replaces at least ten more distant acquaintances qualitatively. However, quantity is often a very critical factor in social networks and groups of friends (Junttila 2015, 15).

The most common concerns of children are related to interpersonal relationships, according to several studies. Often, they are about friends or loneliness. The need to belong and the need to be alone vary. Leaving a young person outside the group involuntarily can lead to loneliness and feelings of rejection if loneliness is not a choice. There are many reasons why people feel lonely. When parents separate or move, friendships can end. It is not always possible for the child to influence these things himself, which causes them to feel helpless. It is possible for a child to experience unjustified guilt if they believe they have influenced the situation (Erkko & Hannukkala 2018, 126).

During last year's Red Cross campaign, the organization asked young people who felt lonely what their own reasons were for feeling lonely. 520 young people responded to the online survey. Young people experienced challenges related to how they felt the environment treated them: they didn't feel accepted in the group or didn't trust their peers. However, most answers were related to perceived challenges with social skills. Young people also emphasized the feeling of inadequacy and the pressure to fit in. Insecurity among young people contributes to this pressure, but social media also plays a role. On social media, the most interesting and articulate people get followers. The types of behaviors that are deemed desirable and successful are largely determined by the "Likes" they get there (Alaranta et al. 2023).

Peer groups are significant to almost every young person. The young person compares themselves, their characteristics, and thoughts with others, and through the comparison and the feedback received from others, the young person builds an image of himself. As a member of a group, an individual feels more connected and can experience closeness and companionship. There is also a lot of fun and friendship in the group. Various groups offer young people the chance to practice different interaction skills. These include, for example, taking one's own place, being assertive, working together, resolving conflicts, and making compromises (Erkko & Hannukkala 2018, 97).

According to Erkko & Hannukkala (2018, 127), the lack of friends and being left out of the group are vulnerable experiences for a child. Physical or neurological differences may cause a child to be rejected. The act of being repelled can also be caused by aggressiveness or withdrawal, which forms a negative, self-repeating circle.

Mikami et al (2020, 872) explain how friendship is a special bond that creates a unique connection between two individuals. This allows for shared experiences and understanding. Approximately 56% to 76% of elementary school-age children with ADHD don't have reciprocated friendships with their peers, compared with 10% to 32% of their peers without ADHD (see Gardner & Gerdes, 2015). There are also differences in the quality of friendships, or the provisions given to the parties involved. According to Normand et al. (2011), the friendships of children ages 7-13 with ADHD are more negatively oriented (e.g., conflict) than those of typically developing children (Mikami et al. 2020, 872).

While much has been learned about withdrawn children's peer group relationships (e.g., acceptance and rejection by peer groups; see Harrist, Zaia, Bates, Dodge, & Pettit, 1997), relatively little is known about their dyadic relationships with their agetates and their friendships with each other. It is important to understand the friendships of withdrawn children since they often have less contact with their peers and are less likely to have valuable peer experiences. Consequently, these children may be more likely to experience loneliness and lack of social support (Rubin, Coplan, & Bowker (2009) cited in Ladd, Kochenderfer-Ladd, Eggum, Kochel, and Erin McConnell 2011, 1).

Children who are excluded do not have the same chance to learn about themselves, to practice social skills, or to form bonds with other children. For a child to be protected from many problems, moderate popularity, acceptance, and involvement are necessary. Rejected children are more likely than others to be rejected by other groups of peers, to feel lonely, and to experience bullying. Being rejected is associated with an increased risk of dropping out of school and later behavioral problems, such as anxiety and depression and difficulty trusting other people (Erkko & Hannukkala 2018, 127).

5.3 Friendship skills

A child's close relationships can be affected in many ways by neurodevelopmental disorders. Feeling different from others can cause problems in friendships. A different way of acting and thinking can lead to misunderstandings. It is important to practice social skills on a regular basis, so that they become automatic. Practicing these skills can help a child build positive relationships with their peers and better understand social norms (Oksanen & Sollasvaara 2017-2019, 232).

Friendship skills mean social skills, the skills we need when interacting with other people. The development of friendship skills is based on self-knowledge and self-compassion, which increases trust and empathy towards oneself and others. In addition to getting to know new people and maintaining friendships, friendship and social skills are crucial in school, in a relationship, and at work (Alaranta, Junntila & Salmenrinne 2023). Cultivating friendship skills is like learning to ride a bike, as it takes practice and dedication but once you have the foundation you can ride confidently for a lifetime.

Good friendship skills start with interacting, learning names and getting to know each other (Avola & Pentikäinen 2019, 228).

Through friends, a child enters a world full of rules and cultures. Peer groups allow the child to practice the necessary skills with his or her peers. These skills range from communication and problem-solving to developing social norms and etiquette, all of which are essential for the child's future success. Shared moments and games teach children to listen to others, make compromises, and express their opinions. By engaging in the rules, cultures, and activities of their peers, a child develops interpersonal and communication skills that will benefit them for the rest of their life (Laaksonen 2022, 10).

Laaksonen (2022) describes that the ability to play with friends and work with others differs from child to child. Some children do well in a group situation, while others have more difficulties. Children can feel alone if they are excluded from group activities. Being alone sometimes is different from being lonely all the time. A child's development can be negatively affected if he or she is excluded from the peer group. Being left out can generate different emotions, such as boredom, sadness, or anger.

Social situations can be very challenging for a child with a neurodevelopmental disorder. They need plenty of breaks and an outline of their daily schedule. It may be difficult for the child to participate in social situations because of his or her unruly behavior. Stress and their own feelings can trigger rage in themselves. If the child begins to feel anxious or angry, you should prepare a calming routine and designate a suitable area for calming down ahead of time (Oksanen & Sollasvaara 2021, 238).

Punainen Risti (2023) demonstrates friendship skill as following:

Communication skills (listening, taking others' perspective, encouraging, thanking, giving, and receiving feedback). Communication skills are essential for successful relationships and interactions with others. These skills help us to build trust, understanding and respect with those around us, which in turn can help us to create stronger and more meaningful connections.

Ability to negotiate (accepting and respecting different viewpoints, expressing your opinions constructively) Negotiating is essential for understanding the needs and wants of those around us and for building relationships. By negotiating, we learn to accept and respect different points of view, as well as express our own opinions in a constructive manner.

Being able to listen, be present, face the other person, and understand their experience are empathy skills. Empathy skills are the ability to understand and share the feelings of another person. This can help to build relationships and foster understanding, as well as help to create a sense of empathy and understanding between individuals.

Skills for conflict resolution (forgiveness, constrictive interaction, and listening) These skills help people to recognize their own feelings and the feelings of others, and to think before they act. Additionally, it helps people to better understand why the other person is feeling a certain way, which leads to more appropriate responses.

The ability to assert yourself (expressing your own needs, saying no, expressing your opinions) This is important because it helps to create boundaries and a sense of autonomy. When we can assert ourselves, we are better equipped to handle difficult conversations, and we are more likely to be taken seriously. We also gain confidence in our ability to handle conflicts and express our feelings in a productive way.

Ability to ask for help and to support others (the ability to seek help and to support others as well) We also gain the confidence to face challenges, assert our needs and engage in meaningful dialogue with others, while being both open to receiving and offering help.

Being loyal to others (not sharing secrets with others; trusting them) Loyalty is important in any relationship, as it builds mutual trust and respect.

It is necessary for a young person to have human relationships and to experience success in interaction to learn different interaction skills. Through these experiences, young people can build new relationships and create new networks. In addition, everyone, including young people, should have the chance to make mistakes, fail, and try again (Erkko & Hannukkala 2018, 95).

5.4 Rehabilitative work

Eronen & Laakso (2016, 17) explain how rehabilitative work aims to reduce antisocial behavior in children, increase attachment to society, and improve social skills. The purpose of working is to improve a child's ability to cooperate and interact with others, to reduce breaking of the law and to promote school attendance. The child and their parents will be supported in substitute care by a multiprofessional team. A social worker is assigned to supervise the child's matters and decisions, and the child is assigned a self-counselor to handle day-to-day matters.

The goal of the Children's Protection Agency for children is to ensure that the child's everyday life is structured and consists of everyday chores and hobbies. Counselors are responsible for serving as role models for children at the institution. The child's development is monitored and reported to parents and the child's social worker, among others. The goal of every day is to teach children how to get rid of negative friendships and find a company that will positively impact their lives. Examining past friendships together with the child can also rekindle the child's former friendships. Additionally, the work is based on close collaboration with the birth family. In most cases, children want to move back home. Cooperation with the family in rehabilitative child protection also involves agreements made with the family for the child in negotiations regarding home periods, in which the child spends most of their time with their family (Eronen & Laakso 2016, 17).

6 Leaflet for the children's homes employees

The purpose of this section is to describe the steps involved in designing and implementing a leaflet for the employees.

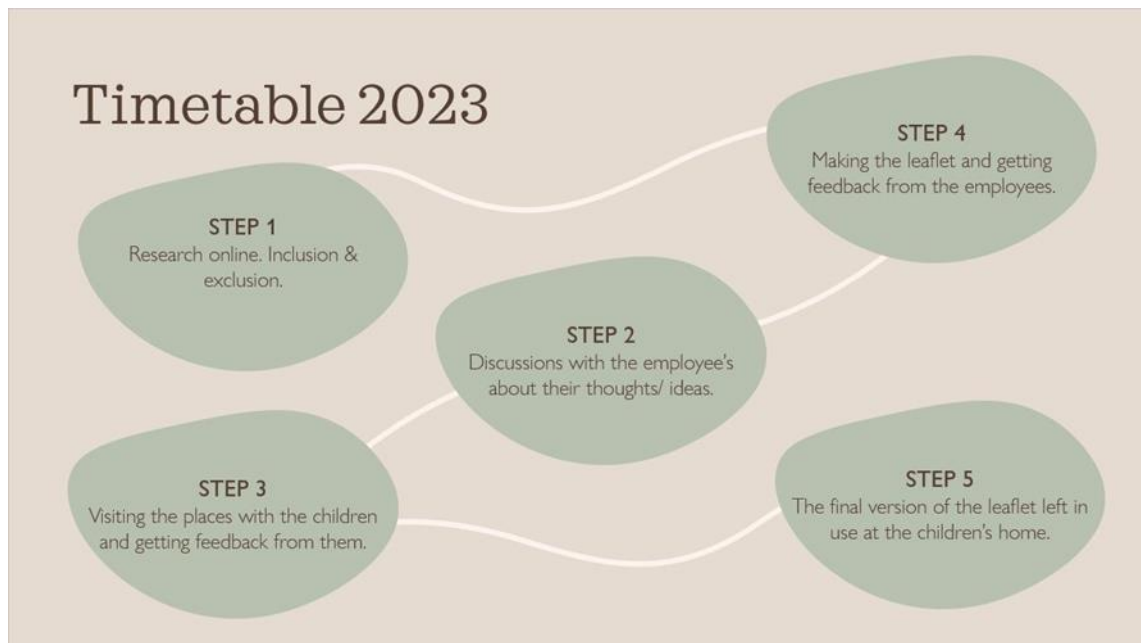


Figure 6: An outline of the stages in the leaflet development process.

When I first started thinking about my topic for the thesis I was only working once in a while in the children's home but to my luck as I started with my thesis, I was offered a two-month contract with them. This helped me to follow through with my plans of including the children and their opinions into the process of making the leaflet.

For me including the children into the process was very important. Inclusion means belonging. A broad understanding of inclusion considers how barriers to participation and learning can be reduced or removed between a person and their environment. There can be multiple obstacles, including the person's origin, social status, gender, socioeconomic situation, religion, disability, or language. An obstacle can also be the system itself if it does not take diversity sufficiently into account (Murto, Naukkarinen & Saloviita 2001, 18).

Before I could start implementing the leaflet, I had to do some light research and investigation. I wanted to visit and see the places with the children before implementing the leaflet to deepen my understanding of the places. After my investigation, I was able to gain a deeper appreciation of the places by visiting them with the children, which enabled me to create a more effective leaflet.

The basic idea for the leaflet was to create a leaflet for employees with contact information. In addition, the leaflet included additional information on nearby places to take or guide the children to visit when in need of company from other peers. For instance, the leaflet provided information about the local library, parks and other attractions that would be suitable for children.

The first place I searched for information was the internet. Using the Internet, people can share information and communicate from anywhere. Almost any purpose that requires information can be addressed on the Internet, and anyone can access it via one of its constituent networks. People can work collaboratively from multiple locations using social media, e-mail, chat rooms, newsgroups, and audio and video transmissions (Dennis & Kahn 2023).

In the figure below, I outlined the criteria I used to select the literature.

INCLUSION CRITERIA	EXCLUSION CRITERIA
Written in Finnish or English	Written in other languages
Academic articles	Non-academic articles
Full text available	Limited availability
Children under 12	Children over 12
Free places for children to go to	Free hobbies, paid places
Child welfare	Does not correspond to the topic of my thesis

Figure 7: Inclusion & exclusion criteria

To keep the leaflet simple and as exact for the purposes intended it will only have free places to go to. This will not include hobbies even if they are free. Hobbies can involve a wide range of activities and require different materials, making it difficult to list them all in a concise way. Additionally, hobby activities may require more extensive instructions than can fit into a leaflet.

I will now start out by listing the places we visited and how they worked for the children. Then I will discuss the leaflet in more detail.

6.1 Community center

The community center is an open meeting place where children can come and hang out. It is a great place to meet new people and make new friends. There are youth instructors present

at the community center, so children can meet with them and ask for advice or just chat. The facility offers children various entertainment options, including billiards, table tennis, arts and crafts, and gaming on either PS or PC. Children can spend their free time there in a safe environment. Drugs and alcohol are not allowed in the community center. Children's ideas and wishes are welcome at the community center. For instance, the instructors might organize a movie night where the children can watch a movie of their choice. Unfortunately, the community center is only open for elementary aged children once a week now and only for grades 3-6.

6.1.1 The community center review

Prior to the visit, I had provided the children with information about the community center. I spoke about what it is and where and when it is open. There were eager, happy reactions to the idea, and I couldn't care less about them.

As the community center was open for elementary school-aged children only on Fridays, we didn't have much time to visit. Taking into consideration that Friday or every other Friday is the day the children go to their biological parents or caregivers, and I don't work every Friday either.

In the community center the instructor introduced herself to the children and showed them around the community center. The place was big, and the children were amazed. The children played pool and tried different games there. As we were leaving, they informed the instructor that they would be there every day the next week. The instructor told them that it was only open on Fridays for elementary-aged children.

The children liked the community center a lot and continued to visit it every Friday. At first it was that the children wanted to be with the instructors and not the other children. I contacted the employees of the community center, and they understood the situation and had already started the process of getting the children to mingle with their peers.

You can see the benefits of meeting children their own age as they are much happier and able to spend time on their own and not in need of the employee's attention all the time.

The community center is a place I would recommend to all the children but as I mentioned earlier it is only open once a week and only for children in grades 3-6. It is open more often to older children. The instructor told me that they are working on it being open to all elementary aged children more often. I really hope it will be.

6.2 Parish's place

Parish's place is a friendly meeting place for people of all ages. Even if you are unfamiliar with the other people or activities of the church, this is an easy place to meet. There are activities for families and children, as well as for adults and young people. Throughout the year they organize a variety of groups and events.

The Parish's place is open to everyone every weekday from 9.30 to 20 (sometimes on weekends as well). There is one room that is available for children and youth (people under 20) during evening times Monday-Wednesday and every other Friday (14-19.45). Thursdays it is open from 14-17 and 17-18 for playing board games that everyone can take part in.

It's a great place for homework, snacks, games, and just fun. There is at least one worker on hand whenever it is open. They offer a variety of activities. In addition to board games, PS4 and Switch consoles, pool table, foosball, and many others. About 30 children visit it each evening and it is the busiest before six o'clock.

6.2.1 The Parish's place review

When taking the children to the Parish's place or any other, the writer must take into consideration how they want to be addressed when there. There's a stigma attached to being a Child Protection client. It's society's norm to raise children in biological families, so when someone who has been taken into care is taken into care, they get a stamp on their forehead: "I'm a child welfare client, I'm unhappy"(Ikonen 2020).

Children concluded that this place had too many people, no good games, and a small youth room. The only positive thing was that they got juice. I realized that at this place the youth instructors don't contact the children. They didn't come up to the children when we were there, not even when they were alone in the youth room. This is something they could improve on to make the children feel more welcome there.

6.3 Residents Park

A residents' park (Asukaspuisto) is an open meeting place for all residents of the area. The space provides opportunities for people to be together. The residents park serves as a meeting place for residents while supporting childhood development and parenting. Besides playing together and having fun, the park also offers manual skills, music, and exercise. Various events can also be included in the program. You can make wishes about the content of the activity and participate in its implementation. The activities at the residents' park are free and don't require registration, so you're welcome to play and meet other children and adults. There is something to do in the park every day.

The residents' park is open from 8:00 a.m. to 4:00 p.m., before and after school, on weekdays. In the park, school activities include both self-directed and planned activities that promote children's growth, development and learning in a variety of ways. The children get to participate in the planning, implementation, and evaluation of the activity. Guidelines Participation in the activity is voluntary.

2-5-year-old children in home care can participate in guided activities in a children's group. An early childhood education teacher and an early childhood caregiver work in the club. These clubs are free, but you must sign up for them.

The operation of resident parks is in the early childhood education plan. It is important that schoolchildren get to make meaningful friendships. They can play, play games/yard games, do crafts, draw, eat their own snacks and be with friends in a safe environment. The staff of the residents' park work openly and confidentially with the families of school children as needed. In the park, children are the responsibility of their parents/caregivers, but the staff have supervisory responsibility. The coming and going of school children to the park is an agreement between the child and the adult. They encourage and guide children in independent activities. The goal is to provide a comfortable, safe and respectful environment for all the children.

6.3.1 The Resident's Park review

The resident's park is familiar to me from when my children were small. I found it a pleasant place to spend time with friends for my children as well as to enjoy adult company myself. I remember from those days that when my children got older, about 3 years old, they had less peers to play with as they moved to nursery and stopped coming to the resident's park.

The clubs for children not in nursery I liked. In these groups you always knew that your children would have someone to play with or at least see peers their own age.

I didn't have time to take anyone from the children's home here. However, I spoke with other employees, and they addressed the same problem: no over 3-year-old children to play with. This is a place where the employees often take the new younger children before they get a place in the local nursery. As the under school aged children attend to nursery this place is more used for outside play as they have a very enjoyable play area outside.

School aged children spend a lot of time playing outside. They rarely step inside and if they do it is to use the toilet or have a drink. The children like this place and the staff are friendly and interested in the children.

6.4 Library

The library is located near the children's home. The library has a play area for younger children, where they can build with soft blocks, draw, colour or play board games. There are computers and gaming machines for older children (offline games and age limits are considered).

The library also has a VOX youth space, which is open to all ages on weekends from 11 a.m. to 2 p.m. and during school holidays, Mon-Sun from 11 a.m. to 2 p.m. There is a lounge area, PS5, Xbox One, ping-pong table and pool table. There are youth workers with whom you can talk or play. You can also present them with ideas for doing something new.

6.4.1 The library review

The library is an ideal place to visit with younger children. They like to build fortresses with soft blocks and look at picture books in them. I visited the library many times with the under-school-aged children, and it is a place to calm down. It could be that they are in an unpleasant mood, and everything seems to be going wrong in their mind. However, when they get to the library they change into this happy and cheerful person.

I didn't have a chance to visit the Vox youth space while writing this thesis. Nevertheless, my children say it is a fun place to visit. The youth workers there are very involved and play pool and other games with you. Recommendations from them.

6.5 Children's play area in the shopping center

The children's play area offers entertaining climbing frames, games, and activities for children under 10 years old.

6.5.1 Children's play area in the shopping center review

This is a place most of the children in the children's home love to visit. I have been there many times and apart from a few exceptions the children play nicely and enjoy being there. I felt that every time we visited the place the children would make new friends.

I wouldn't recommend this to a child sensitive to loud noises as it is a very loud place.

After visiting the different places with the children, I felt I was ready to proceed with making the leaflet.

6.6 Implementation of the leaflet

By this time, I had a clear picture of what content I wanted in the leaflet. At the beginning of my planning my ideas were all over the place and it made it difficult for me to picture the outcome. I was able to organize my ideas and focus on creating a design that would make the leaflet attractive and informative. With a clear plan in mind, I was able to start creating the leaflet.

It was important to me that the leaflet was visually appealing but also easy to read and simple. According to Bradley (2011) The concept of simplicity goes beyond removing the irrelevant. By understanding the essence or core of what we are designing, we ensure that everything enhances rather than disrupts that core. I wanted the information to be clear and the layout logical. Even though I wrote my thesis in English I made the leaflet in Finnish because this is the language used by my working life partner.

I chose Canva as the leaflet's platform. It is the only one I have used so it felt logical to use it. I chose an existing design but altered it, so it was unrecognizable. The layout of the leaflet was an accordion-like leaflet. Information that requires no particular order to be seen is best conveyed with an accordion-like leaflet (Cleary 2023). I wanted to make the leaflet with six pages. One page would be to introduce what the leaflet is about, and the five remaining pages would each include an introduction and contact information about nearby places for making friends.

The leaflet had brown outer edges and white boxes in the middle for the text. Cleary (2023) describes how white space will enhance your leaflet's readability and ensure professionalism. I liked the brownish colour around the edges. I felt it gave the leaflet a warm look. I added a logo to the top and some images for the text to be more engaging. I also added some bullet points for a better structure. For clarification, I was advised to use paragraphs by my tutoring teachers. By following these instructions, I was able to make the leaflet more readable.

7 Feedback & evaluation

Since I wrote my thesis for my working life partner, I took their viewpoints and feedback into account during the writing process. During my first discussion with them, I outlined my topic, as well as my plan of action. Upon receiving the thumbs up, we discussed the implementation, and I was given the go ahead. I was initially considering making a poster where each child had a poster about how to make friends and develop friendship skills. However, the idea was quickly rejected by employees. The employees felt that the posters would just be ripped and torn off the walls, and that the children would not be able to benefit from them.

Even though I was not planning to design anything for the children to use personally, I was very interested in having them participate in the leaflet making process. By taking them to the places where they were involved in the project and asking them for their feedback both during the visit and afterwards, it was very beneficial. Ultimately, I wanted to ensure that the children's voice was represented in the design process. I included their voices in the design process from the beginning of the project. I wanted to give them the opportunity to provide input and feedback on the design, so I took them on the visits and asked for their thoughts afterwards.

The good thing about the children living in the home is that they don't hesitate to tell you what they think about anything. It didn't take long for them to give me their impressions of the places we visited. The children helped me write the leaflet with better descriptions of the places. In the leaflet, I made sure to specify which type of child certain places are more suitable for. I also mentioned the activities you can do at each place.

I had discussions with the employees about the places and how they felt about them to get their perspective about them. They were very pleased when I took the children to the community center. It is a place where employees have always wanted to take the children but have never had the opportunity to do so. In the end, they explained that they just hadn't gotten around to going but they were glad I finally managed to get them to go.

The feedback and instructions I received from my teachers during the writing process were also extremely helpful. I found the help I received from them to be crucial, and they enabled me to move forward in the writing process when I was struggling.

When I had finished writing the leaflet, I placed it in an envelope in the office and left it there. To improve the quality of the leaflet, I asked employees to give me their feedback on its appearance and functionality. To ensure the highest level of accuracy, I asked employees to carefully review the text and make any suggested changes before it was finalized. For instance, I asked employees to check for any typos or grammatical errors, and make sure that the font size and colors were consistent throughout the leaflet. In addition, I encouraged employees to make suggestions for any additional content that could be included, to make the leaflet more informative and engaging for readers.

The outcome of the project pleased them, and I received positive feedback as a result. One of them gave it a 10+ and described how nice it looked and how easy it was to read the information. Another gave it 5/5 and called it wonderful. Also "This is so nice", "very clear and informative", "This is something we really needed" were among the feedback. In addition to these comments, there were other comments that included:

“The leaflet is very clear and presents a variety of places children can go to make friends. It's quite excellent that the activities offered and what kind of environment the place is like are described, e.g., restlessness and the importance of the instructors' role. Opening hours and addresses are also displayed. Saara actively asked the other instructors and the children about their experiences at different places. She also asked whether there was anything else available that she hadn't considered. As a result of visiting the destinations with children, Saara has a good understanding of the "spirit" of these places. The leaflet was aimed at instructors. Perhaps it would be worthwhile to make a similar leaflet also specifically for children.”

“The leaflet is extremely helpful and will certainly help when thinking about what to do with children in the area or where to safely guide them. You could also give the children their own leaflets to keep in their own room if they want to go somewhere. The cooperation took place very smoothly and without any problems. 😊 Good things are difficult to improve on...”

These last two comments made me think of developing ideas. As we discussed the question, the employees explained how it could be easily used by children as well. In this way, the children would be more aware of their social connections since they have the information themselves.

8 Conclusion

The topic for this thesis was chosen because I saw the need for it for my working life partner. During my thesis topic pondering I fell upon many incidences where the employees at the children's home were lost on where to get the children's social connections outside of the home. This thesis aims to help the children in the children's home meet able children of their own age. To do this, I researched the available resources in the community and got to know them with the children. I also evaluated the strategies of effectiveness.

I didn't initially choose this topic; it was a necessity imposed by my working life partner, who brought me to this decision. I was not requested to do this, and the implementation was all my own idea, but I was always open to their suggestions and opinions, but I never felt pressured to do this. In fact, they were overjoyed when I told them about the topic of my thesis. As a result, it was easier for me to proceed as I knew I was doing something useful and that it would be beneficial to the employees and children at the children's home as well. It was like the feeling of coming home after a long journey; I had been unsure of what to do and was hesitant to take any steps forward, but when I was welcomed with open arms and encouragement, I felt a sense of relief and knew I was in the right place to move forward.

The final product was a leaflet that was designed and printed. It was my intention to create a leaflet that would give a short description of each location, along with their contact information. As a result, children will be able to develop relationships with children outside of the home. To ensure that this goal was achieved, I took great care to make sure that the information in the leaflet was both accurate and relevant. It was of importance to me to consider the children's thoughts about the places we visited when I produced the leaflet. I described each place according to their opinions.

The days at the children's home are often busy and things can change in the blink of an eye. Using this leaflet, employees can direct children to the appropriate places based on the information in the leaflet. As a result of my knowledge and feedback, I believe this is a valuable resource for employees to have.

In my own opinion, I found this to be a rewarding experience. Since I enjoy interacting with children and doing things with them, taking the children to these places, and seeing their reactions was priceless. As a result, I was able to bond with them even more. During the visits I got closer to one child who had been a little distant beforehand. The interaction with this one child was especially meaningful for me, and it was a great reminder of how powerful even the simplest of interactions can be.

I found it helpful to know about the neurodevelopmental disorders the children have so I can adjust my actions in certain situations. For instance, by taking two children at a time I made it possible for the shyest child to participate. At times I felt afraid I was pushing the children too much to participate with other children. However, getting positive feedback from them I realized that without my encouragement they wouldn't have been able to join in at all. My strategy, if you may call it, was to first watch the other children on the sidelines with the children. Additionally, I found that by talking to the children and validating their feelings, I could gradually build trust and encourage them to join in. Then when I saw that they felt somewhat relaxed I would make an excuse to leave for a little bit. As I returned, I would take my place in the distance and observe. This seemed to work. I empowered them to trust that they are worthy to play and mingle as any other child their age.

When interacting with children with neurodevelopmental disorders I feel like it is best to always stay alert. I watched the children's body language and carefully listened to them. I did this to avoid any conflicts that easily arise among the children's home children. I also used positive reinforcement to encourage appropriate behavior. I made sure to give the children praise when they behaved appropriately and provided them with extra attention and care. At the same time, I redirected misbehavior in a calm and gentle manner.

During the thesis-writing process, I deepened my understanding of the importance of friendship and how its lack can have long-term consequences. Furthermore, I gained a

deeper appreciation of the power of relationships and the impact it has on an individual's wellbeing. I got to see the positive effect of meeting peers and being with them. After the visits the children were happy and less argumentative. They wanted to do nice things and be kind to the employees and they just radiated. This further strengthened my belief that relationships are essential for humans to thrive and be happy. Without meaningful relationships, we cannot lead a healthy and fulfilled life.

It has been a great experience for me to be able to write. At first, the thought of writing something of this magnitude took a toll on me, as I have never done anything to this extent before. To my surprise I got into the flow quick. I had an excellent opportunity to write this on my morning shifts when the children were away for a few hours. First, I was hesitant about accepting the 2-month contract with my working life partner as I thought it would slow my thesis process down, but it was the perfect solution.

If I was to develop the leaflets further, I would expand them or create separate leaflets for each of the children. This leaflet might include contact information for the children's friends as well as information about places and hobbies the children are interested in exploring. In the course of my work at the children's home, I became aware of the fact that many of the children rarely saw their old friends from before they came to live in the children's home. Moreover, I observed that there was little knowledge of who the friends of the children were. Also, considering the working life partners feedback, the current leaflet's introduction page could be modified and given to the children. They could see the opening times for the different places and could oversee their own goings more independently.

All in all, writing this thesis was a valuable learning experience for me personally and gave my working life partner something they needed and appreciated.

References

Printed

Avola, P. & Pentikäinen, V. 2019. Kukoistava kasvatus, positiivisen pedagogiikan ja laaja-alaisen hyvinvointiopetuksen käsikirja. BEEhappy kustannus

Erkko, A. & Hannukkala, M. 2018. Mielenterveys voimaksi. 5.painos. Lahti: Painotalo Plus Digital.

Laaksonen, V. 2022. Kaveritaidot varhaiskasvatuksessa. Jyväskylä: Ps-kustannus

Matthys, W. & Lochman, J. 2017. Oppositional defiant disorder and conduct disorder in childhood. Second edition. Chichester, West Sussex ; New York, NY : John Wiley & Sons.

Murto, P., Naukkarinen, A. & Saloviita, T. 2001. Inklusion haaste kouluille: Oikeus yhdessä oppimiseen. Jyväskylä: PS- kustannus

Oksanen, J. & Sollasvaara, R. 2017-2019. Esteille hyvästit! 2. painos. Helsinki: Into-kustannus.

Vilka, H. & Airaksinen, T. 2003. Toiminnallinen opinnäytetyö. 1.-2-painos. Jyväskylä. Tammi

Electronic

Act on Child Custody and Right of Access 361/1983. Accessed 27 January 2023.

<https://www.finlex.fi/en/laki/kaannokset/1983/en19830361.pdf>

ADHDTutuksi. 2023. Mikä on ADHD? Accessed 3 February 2023.

<https://adhdtutuksi.fi/mika-on-adhd/>

Alaranta, M., Junttila, N. & Salmenrinne, V. 2023. Kaveritaidot ovat harjoiteltavia taitoja. Opetushallitus. Accessed 3 January 2023.

<https://www.oph.fi/fi/koulutus-ja-tutkinnot/kaveritaidot-ovat-harjoiteltavia-taitoja>

APA dictionary of Psychology. 2023. Nonverbal communication (NVC). Accessed 14 March 2023.

<https://dictionary.apa.org/nonverbal-communication>

Assist-o. 2023. The importance of receiving feedback. Accessed 4 May 2023.

<https://assist-o.com/the-importance-of-receiving-feedback/>

Autismiliitto. 2023. Perustietoa autismista. Accessed 3 February 2023.

<https://autismiliitto.fi/autismi/perustietoa-autismista/>

Bm behavioral center. 2021. The Importance of Autism Routines for Children With ASD.

Accessed 3 February 2023.

<https://www.bmbehavioralcenter.com/autism-routine/>

Bradley, S. 2011. How To Achieve Simplicity In Design. Accessed 14 April 2023.

<https://vanseodesign.com/web-design/simplicity/>

CDC. 2022. What is Tourette Syndrome? Accessed 3 February 2023.

[https://www.cdc.gov/ncbddd/tourette/facts.html#:~:text=Tourette%20Syndrome%20\(TS\)%20is%20a,keep%20blinking%20over%20and%20over.](https://www.cdc.gov/ncbddd/tourette/facts.html#:~:text=Tourette%20Syndrome%20(TS)%20is%20a,keep%20blinking%20over%20and%20over.)

Child Welfare Act 417/2017. Accessed 27 January 2023.

https://www.finlex.fi/fi/laki/kaannokset/2007/en20070417_20131292.pdf

Cleary, S. 2023. How To Design The Perfect Leaflet. Accessed 14 April 2023.

<https://www.fastprint.co.uk/blog/how-to-design-the-perfect-leaflet.html>

Dennis, M.& Kahn, R. 2023. Internet. Computer network. Accessed 28 February 2023.

<https://www.britannica.com/technology/Internet/Foundation-of-the-Internet>

Duque, E., Gairal-Casado, R., Ramis-Salas, M. & Valls, R. 2022. Children & Society. ‘My friends are like my family’: The positive impact of high-quality friendships on former foster care youth. John Wiley & Sons. Accessed 28 February 2023.

<https://onlinelibrary.wiley.com/doi/10.1111/chso.12683>

Eduskunta. 2021. Hallituksen esitys HE 170/2021 vp. Accessed 27 January 2023.

[https://www.eduskunta.fi/FI/vaski/HallituksenEsitys/Sivut/HE_170+2021.aspx#:~:text=Vuonna%202020%20lastensuojelun%20avohuollon%20asiakkaina,\(14%20169\)%20vuonna%202020](https://www.eduskunta.fi/FI/vaski/HallituksenEsitys/Sivut/HE_170+2021.aspx#:~:text=Vuonna%202020%20lastensuojelun%20avohuollon%20asiakkaina,(14%20169)%20vuonna%202020)

Ehmke, R. 2023. What Is Oppositional Defiant Disorder? When disruptive behavior drives a wedge between parents and children. Child Mind Institute. Accessed 21 March 2023.

<https://childmind.org/article/what-is-odd-oppositional-defiant-disorder/>

Eronen, T. & Laakso, R. 2016. Lastensuojelun laitoshoidon kasvatukselliset ja kuntouttavat orientaatiot ja niiden vaikuttavuus. Tutkimuskatsaus kansainvälisiin tutkimuksiin

2010-2016. Accessed 22 March 2023. <https://core.ac.uk/download/pdf/78469886.pdf>

Gyllenberg, D., Heino, T., Keski-Säntti M., Kääriälä, A., Pekkarinen, P., Ristikari, T., Sourander, A. & Sund, R. 2021. The association between treated psychiatric and neurodevelopmental disorders and out-of-home care among Finnish children born in 1997. *European Child & Adolescent Psychiatry* volume 31, pages 1789-1798 (2022) Accessed 19 February 2023.

<https://link.springer.com/article/10.1007/s00787-021-01819-1#Fig2>

Heady, N., Hutchings, H., John, A. & Watkins, A. 2022. Prevalence of neurodevelopmental disorders and their impact on the health and social well-being among looked after children (LAC): a systematic review protocol. *Systematic Reviews* volume 11, Article number: 49. (2022). Accessed 20 February 2023.

<https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-022-01923-6>

Heady, N., Hutchings, H., John, A. & Watkins, A. 2022. The challenges that social care services face in relation to looked after children with neurodevelopmental disorders: A unique insight from a social worker perspective. *Adoption & Fostering* 46(2):184-204. Accessed 21 February 2023.

https://www.researchgate.net/publication/361882669_The_challenges_that_social_care_services_face_in_relation_to_looked_after_children_with_neurodevelopmental_disorders_A_unique_insight_from_a_social_worker_perspective

Helakorpi, S & Kivimäki, H. 2021. Lasten ja nuorten hyvinvointi - Kouluterveyskysely 2021: Iso osa lapsista ja nuorista on tyytyväisiä elämäänsä - yksinäisyyden tunne on yleistynyt. Tilastoraportti: 30/2021. Accessed 27 February 2023.

<https://urn.fi/URN:NBN:fi-fe2021091446139>

Hietämäki, J., Hyväri, E. & Nelimarkka, S. 2021. Koronakriisi lisäsi lasten yksinäisyyttä. Blogikirjoitus. THL. Accessed 27 February 2023.

<https://blogi.thl.fi/koronakriisi-lisasi-lasten-yksinaisyytta/>

HUS. 2023 Neuropsykiatriset häiriöt lapsilla. Accessed 3 February 2023.

<https://www.hus.fi/potilaalle/hoidot-ja-tutkimukset/neuropsykiatriset-hairiot-lapsilla>

Härkönen, S. 2020. Accessible services? The most essential social and health care services and their accessibility for the clients of Shelter Mona. Accessible services? The most essential social and health care services and their accessibility for the clients of Shelter Mona. Bachelor's Thesis. Laurea University of Applied Sciences. Accessed 3 February 2023.

https://www.theseus.fi/bitstream/handle/10024/338729/Harkonen_Satu.pdf?sequence=2&isAllowed=y

Ikonen, J. 2020. Loppu leimaamiselle - lastensuojelun asiakkaana olevat nuoret haluavat eroon ennakkoluuloista. SOSblogi ammattilaisille. Accessed 28 February 2023.

<https://www.sos-lapsikyla.fi/blog/2020/03/23/loppu-leimaamiselle-lastensuojelun-asiakkaana-olevat-nuoret-haluavat-eroon-ennakkoluuloista/>

Kallinen, K., Nikupeteri, A., Laitinen, M., Lantela, L., Turunen, T., Nurmi, H., Leinonen, H. 2021. Lasten arjen hyvinvoinnin tekijät. Kasvatus & Aika 15 (2) 2021, 4-21. Accessed 30 January 2023.

<https://doi.org/10.33350/ka.80332>

Ladd, G., Kochenderfer-Ladd, B., Eggum, N., Kochel, K. & McConnell, E. 2011. Characterizing and Comparing the Friendships of Anxious-Solitary and Unsociable Preadolescents. Child Dev. 2011; 82(5): 1434-1453. Accessed 8 February 2023.

<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC3466166&blobtype=pdf>

Lastensuojelun vaativan sijaishuollon uudistamistyöryhmän loppuraportti 2020. Sosiaali- ja terveystieteiden ministeriön raportteja ja muistioita 2020:28. Accessed 27 January 2023.

https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162414/STM_2020_28_rap.pdf?sequence=1&isAllowed=y

MentalHealth.gov. 2022. Behavioral Disorders in Children. Accessed 21 March 2023.

<https://www.mentalhealth.gov/what-to-look-for/behavioral-disorders#:~:text=in%20social%20situations.,Behavioral%20disorders%20involve%20a%20pattern%20of%20disruptive%20behaviors%20in%20children,behavior%20disorders%20are%20more%20serious.>

Mikami, A., Normand, S., Hudec, K., Guet, J., Na, J., Smit, S., Khalis, A. & Maisonneuve, M. 2020. Treatment of Friendship Problems in Children with Attention-Deficit/Hyperactivity Disorder: Initial Results from a Randomized Clinical Trial. Journal of consulting and clinical psychology 2020, Vol.88 (10), p.871-885. Accessed 8 February 2023.

<https://web-s-ebsohost-com.nelli.laurea.fi/ehost/pdfviewer/pdfviewer?vid=0&sid=4665d3bd-9957-49e9-8f77-7c7fe4ffea68%40redis>

Miller, G. 2021. What Is Conduct Disorder? And what does it mean when kids with CD have callous-unemotional traits? Child Mind Institute. Accessed 21 March 2023.

<https://childmind.org/article/what-is-conduct-disorder/>

Punainen risti. 2023. My friendship skills. Accessed 8 February 2023.

<https://www.sproppimateriaalit.fi/web/site-262518/state-jurdembgircytr/page-262834>

Taylor, A. 2023. About ADHD. Accessed 3 February 2023.

<https://inspirecommunityoutreach.ca/attention-deficit-hyperactivity-disorder/>

Terveyden ja hyvinvoinnin laitos. 2023. Lastensuojelun käsikirja. Mitä on lastensuojelu?
Accessed 27 January 2023.

<https://thl.fi/fi/web/lastensuojelun-kasikirja/tyoprosessi/mita-on-lastensuojelu>

Yle. 2021. Report: Half of children in out-of-home care have psychiatric or
neurodevelopmental disorders. Accessed 19 February 2023.

<https://yle.fi/a/3-11991952>


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Appendix 1: First side of the leaflet



MISTÄ YSTÄVIÄ?

Tämä esite on tehty XXX työntekijöille auttamaan heitä tukemaan lastenkodin lasten sosiaalisia suhteita.

XXX lapset ovat olleet mukana tutustumassa palkkoihin ja auttamassa tämän luomissa.


Miettkö työpäivän aikana lasten sosiaalisia suhteita? Pohditko saavatko lapset tarpeeksi ikäistään seuraa, ja mistä he saisivat seuraa?

Tässä esitteessä esittelen viisi palkkaa, jotka sopivat lastenkodin lapsille.

- Monitoimitalo
- Seurakunnan nuorisotila
- Asukaspuisto
- Kirjasto
- Ostoskeskuksen leikki-paikka



“En tarvitse mitään niin paljon kuin hunajaa...” sanoi Puh katsoessaan Ristoa ja Nasua “...paitsi ystäviä...” (A.A.Milne 1926).




MONITOIMITALO


Monitoimitalo sijaitsee lähellä XXX ostoskeskusta, ja sinne on lastenkodista n. 10 minuutin kävelymatka.

Se on tarkoitettu 3-6 luokkalaistilalle ja on avoinna joka perjantai.

Siellä voi pelata pingistä, biljardia, pelejä, tietokonepelejä (ikärajat on huomioitu), askarrella tai vain hengailia. Paikalla on aina ohjaaja.

Paikka sopii hyvin ujoimmille lapsille, sillä ohjaajat ottavat hyvin mukaan toimintaan.





“Mä tuun tänne joka viikko”
“Miks tää ei oo auki joka päivä?”
(lasten suusta)

Pe 14.00-16.15
OsoiteXXX
Puh.numeroXXX
S.postiXXX

SEURAKUNNAN NUORISOTALO.

XXX 

Nuorisotila sijaitsee XXX ostoskeskuksen kolmannessa kerroksessa.

Siellä on mahdollisuus eväiden syömiseen, kahvittelemiseen, lautapellen pelailuun ja biljardin. Tilassa on myös PS4, jolla voi pelata ikärajallisia offline pelejä.

Paikka on melulsa ja avoimessa tilassa on kälkenkälkä, joten tila voi olla aroille lapsille luotaantyydyttävä paikka.

Nuortenhuone on auki ma-ke sekä joka toinen perjantai klo 14-18.45. Lisäksi tila on auki torstaisin klo 14-17 jonka jälkeen siellä kokoontuu avoin 3-6-luokkalaisten lautapeli-kerho klo 17-18.

OsoiteXXX
Puh.numeroXXX
S.postiXXX

Appendix 2: Second side of the leaflet


ASUKASPUISTO

Asukaspuisto sijaitsee n. 5 minuutin kävelymatkan päästä lastenkodista.


Aamupäivisin alle kouluikäiset voivat käydä siellä vapaasti leikkimässä ja joka päivä on myös jotain ohjattua toimintaa.

Puistossa on aamupäivällä enimmäkseen alle 4-vuotiaita lapsia eikä vanhemmille lapsille välttämättä löydy leikkiseuraa.

Puisto sopii pienemmille lapsille aamupäivisin. Iltapäivällä puistossa on ohjaajia ja koululaiset voivat mennä sinne velttämään alkaa.



Ma-Pe 8-16
OsoiteXXX
Puh.numeroXXX
S.postiXXX



KIRJASTO

Kirjasto sijaitsee XXX kolmannessa kerroksessa.

Kirjastossa on pienemmille lapsille leikkialue, jossa voi rakennella pehmopeleillä, piirtää, värittää tai pelata lautapelejä. Isommille lapsille on tietokoneita ja pelikoneita (offline peit ja ikärajat huomioitu).

Kirjastossa on myös VOX nuortentila, joka on avoinna kaikenikäisille viikonloppuna klo 11-14 ja koulujen loma-aikoina ma-su klo 11-14. Sieltä löytyy oleskelutilaa, PS5, XboxOne, pingispöytä sekä biljardipöytä. Paikalla on nuorisotyöntekijöitä, joiden kanssa voi keskustella tai pelata. Heille voi esittää myös ideoita uudelle tekemiselle.

Ma-Pe 8-20. La-Su 10-18
OsoiteXXX
Puh.numeroXXX
S.posti


XXX LEIKKIPAikka

Leikkipaikka sijaitsee XXX ostoskeskuksessa Ravintolamaallman vieressä.

Leikkipaikassa on iso kilpelytelne ilukumäellä, iso kosketusnäyttöpeili ja aktiviteetteja. Paikka on tarkoitettu alle 10-vuotiaille lapsille, mutta ikäraja ei ole tiukka ja siellä viihtyvät vanhemmatkin lapset.

Leikkipaikassa lapset riehuvat ja huutavat kovaa. **Ei sovi äänhekkille lapsille.**

Satelsena päivänä sinne on hyvän mennä purkamaan vähän energiaa.



Ma-Su 9-21
OsoiteXXX
Puh.numeroXXX
S.postiXXX