

Report of the focus groups – Preliminary results from Finland

Topic	
General information on the focus groups in Finland	
Number of interview groups	four (4)
Date	First in the 12 th of March 2020, the second on 11 th of August and third and fourth on the 12 th of August in 2020.
Duration	4 x 1,5 hours = 4, 0 hours
Location	In North, Middle and South Finland. First interview was conducted by being present personally, three last ones through Teams –connection.
Interviewers	Marjatta Kekkonen, Finnish Institute for Health and Welfare Ulla Lindqvist, Central Union for Child Welfare (LSKL) Päivi Lindberg, Finnish Institute for Health and Welfare
Respondents (how many? professional background or background of the family? why those prof? why those parents?)	Number of participants: altogether 22 professionals and managers from following services: 5 from ECEC –services, 4 from maternity and child health care services, 4 from family work and counselling, 9 interviewees from NGOs, including parishes. Seven were positioned as managers.
Context of the country with regard to integrated working + what is the place of the services the respondents work in (for professionals) / use (for parents) - A short description	<p>All interviewees worked in health promotion or early support services or open activities targeted at 0-6 -years old children and their families. Interviewees' were employed by NGOs, parishes, municipalities and regional family centres or municipal federations of welfare and health services. Focus groups were formed by professionals and managers working in four regions and seven municipalities.</p> <p>Participants worked either in family centres and integrated child and family service networks. Family centres are low-threshold multi professional, regional service units and networks, in which universal maternity and child health care services, provisional social services for families as well as targeted welfare services and family support are interconnected and networked into integrated whole. Open meeting places are an integrated part of the family centres.</p>

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INTRODUCTION

The people interviewed for this report worked in regionally organised family centres or networked child and family services. There was regional variation in the degree of service integration. In some regions, the social welfare and health services of families with children were organised by a joint municipal authority, a wellbeing services county or some other regional organiser that was more extensive in scope than a municipality. In some areas, the services were organised by a single municipality. An organisation, a parish or a municipality's open early childhood education and care services were mainly responsible for producing open Meeting Place activities. These findings are preliminary and in many areas development of integrated work was under way.

I INTEGRATED WORK

Different services must be coordinated, i.e. integrated, so that they form an entity that serves a client best possible way. Integration refers to the system-level coordination, where all social welfare and health care services are under a single administrative structure. In Finland, 21 wellbeing services counties are being planned as such administrative structure, which will be responsible for the organisation, funding and management of all social welfare and health services in the future.

Client-level service integration refers to the functional coordination of services. The aim is to improve seamless cooperation between services from the perspective of the client's needs. Functional integration allows for a client plan to be drawn up in mutual understanding with the client. Functional integration improves the seamless functioning of different service sectors. From the perspective of children, young people and families with children, it is essential that social, health and educational services engage in close cooperation.

In this report, integration was discussed as functional cooperation and coordination of matters of client or client group. The perspective is open meeting place activities with a low threshold. In the following integrated work is described from three perspectives: Closer cooperation in matters related to an individual family, coordination as cooperation practices between services and coordination from the perspective of management of services.

1.1 COOPERATION IN MATTERS CONCERNING AN INDIVIDUAL FAMILY

Professionals described their cooperation in the case of helping an individual family from three perspectives: Cooperation to diversify the expertise of services, cooperation as tailored help and support for the specific family, and cooperation to prevent families falling between the cracks in the service network.

Diversification of expertise. The family worker at the Meeting Place strives to offer families versatile activities that combine the skills of different professionals. The open activities family workers had well-functioning cooperation relationships with the services located in the nearby area. The employees inform families about available services such as the maternity and child health clinics, family social work services, and home services. Diverse expertise was provided especially for families with babies.

Guidance for families. In guiding a specific family, the family worker in open meeting place contacts another service with the consent of the family. The employee works in cooperation with the family to assess which organisation or service could provide the needed help; the child health clinic, home-help service, general practitioner or specialised medical care. On the other hand, a social welfare service counsellor can advise a family and help them familiarise themselves with the functions of an open meeting place, i.e. family house or family café.

"But that's the idea; that we are involved in people's daily lives, and we provide support particularly to those people who do not yet receive any help. And I have to provide quite a lot of guidance about study places and jobs, and if people are having problems raising and parenting children, on where to get help, and there is a lot of guidance concerning everyday life." (Family worker, Meeting Place)

Work to prevent falling through the service network. Open meeting place workers will engage in even closer cooperation in a situation where there is reason to suspect that the family will not get

proper assistance, i.e. “they will fall between the service network’s cracks”. For families, whose needs cannot be met with a single existing service, the aim is to build operating models that meet the family’s various needs. Employees are committed to working in accordance with agreed upon cooperative principles.

“Maybe the benefit, or what I think the benefit is, is that the family doesn't fall in the cracks between the services just because they don't have the resources or knowledge on where to go. And we ask the question, like when we advise people to go to a family counselling clinic in a relationship issues or with parenting, or if a child has other problems for which reason they need more services, we make sure to ask ‘do you want to and can you be in touch with them or do you want me to contact them’ and then we take care of the matter, so it’s never left unfinished.” (Family worker, Meeting Place)

1.2 COOPERATION PRACTICES BETWEEN SERVICES

Cooperation practices between services included 1) information practices, 2) outreach working at the Meeting Place and 3) working in pairs.

In **providing information on services**, employees emphasised that the availability of services was promoted by jointly agreed upon information practices. The actors agree upon the ways to share information on the services. The services provided information on their own activities and each other’s activities.

“That we have a lot of services for families, and sometimes it feels that not even all professionals have been able to compile everything, they do not know about all the services, not to mention the families, just an informative approach, to tell them what all we provide.” (Service counsellor)

Outreaching services to the Meeting Place was brought up as an effective practice for cooperation. Homeworkers or family workers from family centres or professionals from ECEC - services were regularly visiting open meeting places, family nests and family clubs maintained by organisations and parishes. Employees of different NGO-also visited each other’s activities.

“I thought the same that cooperation was very important. Our family house activities include a lovely service counsellor from home-help services, who visits us regularly, that’s one thing that comes to mind. And there are other parties with whom we have this type of cooperation where they regularly visit clients and come to where families are and this is when the threshold for home-help services [lowers]... “ (Family counsellor, Meeting Place)

Working in pairs allowed professionals from the child health clinic or family work services to work in close contact with employees at open meeting place. Working in pairs was used as a work method for organising parents’ evenings, small presentations and guidance on how to care to a

baby and child. The employees could also visit the family's home in pairs, always with the family's consent. Working in pairs was often carried out in the form of cooperation between the child health clinic's public health nurse and a family worker or the employee at the Meeting Place and a family worker.

1.3 MANAGEMENT AND COORDINATION OF COOPERATION

Participating managers emphasised three aspects in the building of cooperation between the municipality and the wider joint municipal authority or wellbeing services counties. Supervisors and management must 1) create operating practices and cooperation structures that strengthen the family centre operating model, 2) familiarise themselves with the working and operating cultures of other organisations and 3) have a good knowledge about employees working with clients and the everyday life of families and employees alike.

Family Centre service network. The majority of those who were interviewed spoke of the family centre operating model as a regional service network in which the services are located in different units, separate from one another. They expressed a desire to see the establishment of a physical family centre service hub. In addition to the network-like structure, bringing services together in the same space was seen as increasing cooperation:

"But this family centre operating model, in cooperation with these professionals, with whom we're talking now as well, is what we do all the time and being spread out in different places is not an obstacle for this. But, it is possible that we could accomplish even more if we were together." (Public health nurse)

In order to build family centre activities, regular, regional **family centre network meetings** had been held in the region, which brought together a wide range of actors. It was considered a significant step forward when cooperation meetings were summoned on and this was seen as a structure to promote cooperation between the municipality, the joint municipal authority and third sector actors. In addition, **family centre teams** had been established in the regions. Reserving sufficient time, facilitating discussion sessions and enabling participation in joint preparation were some key factors for the success of cooperation management.

"Yes, and to take it further, (in our city) we have an empathetic approach where we work together, and early support entered into the city strategy. So in relation to children and young people [...] various sectors have together in a way, raised these aforementioned issues. Meaning, in a certain way, we'll work to facilitate cooperation and create structures and find the opportunities for discussion across service boundaries." (Supervisor)

Getting to know the operating cultures of partner organisations. Familiarising oneself with the operating cultures of partners (e.g. organisations and parishes) was emphasised in the

management and coordination of the family centre model. For example, the supervisor of the municipality's child and family services has to have a clear understanding of what tasks different professionals for example in NGOs can be responsible for.

Managers' knowledge about the reality of daily life. By getting together with employees and being knowledgeable about the daily lives of families, supervisors recognise what are the needs and benefits as well as the challenges of service coordination. Supervisory work creates the prerequisites for employees to collaborate. Supervisors themselves emphasised that in addition to remote management of networks, building a good cooperation requires an immediate leadership at a practice level.

"And in a certain way, it is more at the practical level, and the employee knows that they have working time reserved for that cooperation and that is desirable. And then we also try to create the financial resources needed for them so that the cooperation gets as good a start as possible." (Supervisor)

1.4 RISKS AND CHALLENGES RELATED TO INTEGRATED WORK

Non-established nature of networks. As an employee, it can be difficult to find networks operating in the area when the structures, names and partners of the networks are not established. The coordination of networks is still unfinished. An employee can attend a single meeting, find good partners, but the next meeting she meets different participants.

Employee turnover. The relationships between the organisation representatives are built on the idea of a certain employee in a certain service. It was mentioned that employees tend to change frequently, especially in social services, but also in organisations. This creates challenges for building a sustainable cooperation.

Placement of services. Movement from one service to another takes place smoothly between services located in residential and city centres. Services and connections in sparsely populated areas are a challenge. How and where do we need to be present to work together to help those families, who live in sparsely populated areas.

II ACCESSIBILITY

Equal access to services is often assessed on the basis of whether the services are reachable to the client in terms of physical, economic, social or knowledge obstacles. . As preconditioning factors are mentioned for example customer fees, access to information, the distance between the services and the client's place of residence, access to transport or the accessibility of the built

environment.. Accessibility is also promoted by the language in which services are provided, the possibility of using electronic service channels and digital services. Trust in professionals and confidence in the equal treatment of services play a crucial role. Accessibility also includes digital accessibility.

When professionals were asked about accessibility, they highlighted factors that lower participation of those families, who are yet not involved in the activities. Secondly, they talked about how to lower the threshold for parents already involved in the activities to discuss their own difficulties and worries and to seek help. Accessibility can thus be considered external and internal security and trust in participation in the activities and in equal treatment.

2.1 LOWERING THE THRESHOLD FOR PARTICIPATING IN ACTIVITIES

Location. Some of the open meeting places are located in residential and urban centres. This means that good and well-functioning transport connections are essential. However, for some families travelling from their own residential area to a city centre is impossible threshold. The threshold is lowered when the open space is located in families' own residential area, nearby, within walking distance from their home.

Mobile day care bus. If families and children do not have access to the city centre, a mobile service has been introduced in some areas. Open early childhood education and care is taken by bus to sparsely populated areas. The minibus offers a meeting place for parents and an open play and ECEC –space built on the bus for children.

Opening hours, schedules, calendar of activities. The internal schedules of families vary, as do the sleep-wake rhythms of children. Some families prefer morning focused activities, while others prefer to arrive in the afternoon. The needs of different families must be taken into account in the planning of opening hours and activities. That's why flexible timetables are needed in open meeting places. It is essential that each family can participate according their own schedule.

Meeting and reception Every visitor and family are welcomed at the meeting place. Genuine encounters are important. Employees also meet the child, for example by remembering his or her name and speak with the child. It is also the employee's task to create room for a new participator in an existing parents' group whose members are already familiar with one another.

"Yes, we also have these open activities, which are very much meeting place activities which people join in on when their schedule allows for it, and we make sure that we meet every family; that is after all the basic starting point at all meeting places." (Family worker , Meeting Place)

Diversity. The cultural sensitivity of employees and adjustment of activities to suit the needs of visitors are essential factors for lowering threshold for participation in open activities. Appreciation of multiculturalism and diversity and the mutual respect of visitors for one another were highlighted by professionals interviewed.

Digital services. Facebook, Instagram and Whatsapp groups are communication channels and interaction forums used by open meeting place visitors. Facebook groups contain information about the planned weekly programme, while Whatsapp serves as a platform for interaction between group members.

Volunteers. A large amount of volunteer take part in the activities of organisations and parishes. Volunteers implement activities, act as examples and help others. Volunteers can head peer groups or organise a childcare service. Volunteers get participants involved by sharing their personal experiences of the activities.

"Well, the parish has quite a lot of volunteers, so that might be something we could provide to the parish, and I could start volunteering, so we have people to head play groups and peer groups. This type of group for mothers to help them relax is run completely by volunteers. [...] Then we have Sunday school instructors, who run the lessons independently and [...] the group I head has volunteer grandmas who participate. So it might well be that people know to come to work as volunteers at the parish." (Instructor, parish)

2.2 LOWERING THE THRESHOLD FOR FAMILIES TO BRING UP SUBJECTS

For some families, participation in the activities is sufficient form of support for their parenting. However, some families don't dare to talk about issues, which they would like advice on. The interviewees described factors that help the family to bring up concerns and to seek and receive help for them at an early stage.

Trust in the employee at the meeting place. Meeting the same familiar employee at the meeting place helps the parent build trust in the employee. As trust grows, the parent's threshold for bringing up issues they are concerned about lowers.

Getting to know a visiting employee. In a situation where the family is hesitant to contact, for example, a family social worker, an open activities practitioner can act as an intermediating person by inviting the family social worker to visit the meeting place. By that way families can meet the social worker at the familiar place. Also parent can take an initiative and propose the first discussion be organised at the meeting place.

Customised operating models. A meeting place service can be created to assist families where the parents have divorced. In those cases the divorced, remote

parent can meet his or her child in a neutral place.

FAMILY INVOLVEMENT

Continuous interaction. The activities are planned and implemented in cooperation with families and visitors through means of continuous interaction and proactive planning. **Visitor surveys.** Visitor surveys are used as special tools for sorting out the wishes, expectations and participation of families. **Initiatives by parents.** Open activities allow visitors to plan the activities. Parents can indicate their willingness to head theme groups, such as children's music play groups or mother-baby groups. Parents can keep product presentations to other visitors. **Local associations.** Local parents' associations and organisations can act as stakeholders and organisers in open spaces. Associations may organise flea markets, sales events, first aid courses or similar events.

SUMMARY

The study examined functional integration of services, the accessibility of services and the involvement of families. Preliminary results are based on the group interviews of employees working in child and family services. One third of the employees worked at maternity and child health clinics, one third in family work and home-help services, and the other third in open meeting places at facilities run by organisations, parishes and municipal open ECEC –services and day-care centres.

In order to facilitate the functional coordination of services, obstacles for cooperation must be removed in family-specific, inter-service and managerial work. At open meeting places families are offered through cooperation a more diverse expertise related to a child's growth, development and parenting. Furthermore, employees working in pairs tailor services in line with the needs of families and prevent families from being left without support they are entitled to.

Functional integration was promoted by coordinating the information practices of different services, increasing the number of outreaching services and improving pair working practices. Service supervisors and management need to create operating practices that strengthen the family centres' network structures. Supervisors need to learn each other's work and operating cultures and to be knowledgeable about the realities of the everyday life of families and their employees alike. Cooperation practices strengthen the link between open, low-threshold meeting places and a broader service network for family centres and family services.

Open activities are based on their voluntary nature. The accessibility of services is promoted by measures that improve the interest, access and participation of families. The accessibility of families within the scope of the activities is promoted through measures that strengthen the

confidence of visitors in the benefits of the activities. The threshold for taking part in activities at an open meeting place can be lowered with careful consideration of the location and a versatile range of opening hours and events on the calendar. Attention should be given to how visitors are received and encountered. Information on the activities as well as positive experiences related to them can be disseminated through digital channels with the help of volunteers. Activities are accessible when visitors experience them as positive.

The involvement of families is manifested as active, initiative-taking participation in the planning, development and implementation of activities. Besides mapping participation through surveys and interviews, engagement in the continuous dialogue with families and visitors was seen as the most reliable method.