IAS- INCREASING ACCESSIBILITY OF INTEGRATED ECEC SERVICES TO SUPPORT ALL FAMILIES WITH YOUNG CHILDREN

FOCUS GROUPS- REPORT NORWAY

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1 FOCUS GROUPS

Focus group with managers	
Date	17th of September 2020
Duration	1 hour 36 minutes
Location	Tromsø
Interviewers	Ingunn Skjesol and Mariann Bellika Hansen
Respondents	4 managers
Focus group with professionals	
Date	20th of January 2021
Duration	1 hour 19 minutes
Location	Teams
Interviewers	Ingunn Skjesol
Respondents	5 professionals

The participants in both focus groups work in family centres in the northern part of Norway. The managers in these centres are invited to a network meeting twice a year in Tromsø by RBKU at The Artic University of Norway. Together with the announcement of the autumn meeting the participants in the network were invited to participate in a focus group following the meeting. Due to Covid regulations some of the managers could not attend the meeting and therefore there were fewer participants in the first focus group than the second. Because of regulations around travelling we decided to hold the second focus group online. The participants for this focus group were also recruited through the network. Both focus groups were audio recorded and transcribed verbatim.

The study received research approval from NSD, the Norwegian centre for research data (NSD 759749).

2 TOPICS AND QUESTIONS

The following topics and questions guided the conversations with the managers and professionals in the two focus groups.

Managers

Integrated work

- What is the added value of integrated working from your perspective?
- What is done to promote integrated work?
- How is integrated working presented in the public policies on ECEC?
- What is the role of NGO's in integrated working around children and families?

Accessibility

- What is important to address regarding accessibility in ECEC?

Involving families

- What could be the added value of involving families in developing ECEC services?

Professionals

Integrated work

- Can you give examples of integrated working in your practice?
- What is the added value of integrated working from your perspective?
- What is essential for integrated practices to develop?
- What are the main challenges regarding integrated working in your practice?

Accessibility

- How do you work to increase accessibility in the services you work in?
- Can you give examples of thresholds that create challenges for accessing the services?

Involving families

- Are the families involved in developing the services and activities, if so how is this done?

3 PRELIMINARY FINDINGS

The findings are grouped in three main themes; integrated working, accessibility and involving families.

3.1 INTEGRATED WORKING

Integrated working was seen as something that added value to the services, however there were persistent challenges around prioritising work across sectors and professions. The added value of integrated working from the managers and professionals were seen as:

- Creating a higher degree of accessibility to services

> *The psychiatric nurse in the team is very accessible. The threshold is so low that I can be in a consultation with a family and something comes up, and I can go look for her right away. She is often available to join the consultation and if necessary set up a date for a new meeting shortly after. It works really well. (P3)*[1]

- Higher quality service provision

> *A woman I had been talking to over time started telling me things about how her ex was treating her. What she told me were signs of psychological abuse. This is not my area of expertise so I asked for permission to call the "krisesenter". I have had several of their staff as attendants on one of the courses I lead, so I knew them and had their number readily accessible. I asked if I should send her to them, or if they wanted to support me in following up the woman. They said they could come to our centre and meet her there. I called Wednesday, and Friday we had a meeting with the woman. It was so quick, and I was so thankful for that. The expectation is that those kinds of things take weeks. (P5)*

- Family centred services

> *You can ask the family if it is ok to invite other professionals to the next meeting. Then everything is on the table, and the family has control over what is being said. (…) Talking with, not about. (M4)*

What promoted integrated working from the perspective of the managers and professionals:

- Motivation for collaboration

[1] The label on the quotes specifies informant (M for managers and P for professionals).

I think it is about flexibility. To get things done in interdisciplinary work we need flexibility and that people wish to collaborate. (P2)

- Anchored in management

  Collaboration across services is dependent on what the services think they have time for, what they prioritize. And then it stops and you have to restart it again. It is a bit like a continuous process. You are dependent on the managers, not just division managers, but the level above: they need to say that this is something we are supposed to do.(P2)

- Formal commitment

  It makes a difference if it is decided that a service is supposed to participate. When a service is committed to participating in delivering two parent-training courses a year it makes it easy for me. I don't have to convince them that it is important. I can just call and ask who is doing it, this spring. It makes the collective activities an important part of their work, or else it becomes something it is difficult to find time for. (M1)

- To know people and about services

  I was a bit uncertain if the thing I was concerned about was not severe enough for them to act on. But since I knew her, I felt I could call and ask her. It made it easier for me. (P3)

- Foundation

  To be curious what the other one could contribute and find out what we have in common. It can contribute to a sense of we. It is about finding a common foundation, to have a common set of values.(P4)

- Creativity

  You might have to restart it all again; go back to the original vision. It's a continuous process. We need the managers at a higher level, not just the division managers, to say that this is something we should keep doing. (M3)

The main challenges to integrated working from both the perspective of both managers and professionals were.

- Prioritisation

> *Integrated working is so easy to downgrade when things become hectic. You don't go to that meeting or you feel you do not have time to meet up and talk. Then you are on the wrong track. It should not be an option to opt-out. (M2)*

> *We have noticed that our collaborators have not been able to come to us as much as they usually do, due to long waiting lists after the (Covid related) lockdown. (P1)*

- Lack of flexibility

> *We were supposed to make a formal agreement on how to collaborate with the NGO's in the municipality. It became very complicated. The municipality is all about regulations, insurance, police certificates and so on. (M4)*

Take away lessons on integrated working

- Integrated working improves the quality of the services
- Organisational policies make integrated working easier to prioritise
- Collaboration with local NGO's is limited

3.2 ACCESSIBILITY

Two main categories emerged from the focus groups around what was important when it came to addressing accessibility, information and location.

Information

- Newsletters

> *We send out newsletters to all the headmasters at local schools about the services at the family centre. We emphasise the information we think they are interested in, like parent training courses. We also send the health care centre an overview of our activities on a monthly basis.(P1)*

- Posters

  To have posters in the open kindergarten is important, then they can see that we have Baby song groups, and maybe they will want to join. It is important as an addition to the professionals knowing about what kind of initiatives are planned. (P2)

- Social media

  We have a really good communication advisor. We have learned that (det enkle er ofte det beste) When we had a course for the staff we asked if he could join the last session. Then he got to talk to the staff and see what they were doing. A quick picture and a short text, not much work, but it was a good way of promoting the family centre and what we can offer. (M3)

- Timing, when people get information and if they were able to process it.

  When we ask the public health nurses they say they inform every parent about us. I sometimes wonder if that is true. I guess sometimes it is, but the parents say they heard about us from people they know that have been here before. I think it is a little of both, it's something about when they are ready to receive the information. (M1)

- Lack of knowledge about what is offered in other services

  Some (professionals) know really well what we do and others hardly know anything. We have had situations where we have had mothers coming to us saying they did ask their public health nurse if there were any parent training programs in our municipality, and were told there were none. Later when they come to us at the family centre and discover that we have several it seems as if we do not collaborate at all. (P2)

Location

- Central

  Location is very important, and that there is parking. There were big discussions on where the family centre should be. Some wanted it a couple of kilometres out of town, but we are really pleased we are in the centre of town. It makes us accessible for more people. (P3)

- Visibility

  The first thing is to make sure people know about the centre. That the services are known in the local community it is located in. We saw that just now, when a mom came in who said she had been passing several times but did not find the courage to go in because she was not quite sure what kind of place it was. She came in the first day we got the new signs up.(P3)

- Proximity to other services

> *If the family centre is supposed to be their one door in, we are supposed to help them find the right type of support for their needs. This is much easier if the other services that we collaborate with are within walking distance. Then we can follow them. (M3)*

- Limited opening hours for specific target groups

> *They were travelling long distances, and we were only open at one specific time. Between 1:00 and 3:30 on Mondays, and if they had a physiotherapy session then they did not attend. (M1)*

The main challenges to providing accessible services was seen as linked to getting the information about the services to the people who needed it and a lack of resources.

- *Information*

> *Well, we live in a world where a lot is happening at the same time, soon you have to do headstands and be an acrobat to be noticed. (M2)*

> *We cannot distribute name lists of new parents anymore. The midwifes used to set up groups and the parents got a list so that they could contact each other after a first meeting. (…) We lose some of them. Those that are not first in line, the ones who do not have a big network; the ones who really need to meet others in the same situation as themselves. (M3)*

- *Capacity*

> *It's full every day now. We have waiting lists. Yesterday someone came that really needed to come in. I went outside and talked to them for a little while, but I could not let them in due to the Covid restrictions. It was difficult to turn them away when they finally found the courage to come. To meet the families with a 'no', that is the opposite of what we should be. We are not as accessible as we should be. (P4)*

Take away lessons

- The main challenge is to reach all the families with the appropriate information.
- They are aware there are groups of families they do not reach, that they think would benefit from the services they offer.
- Limited opening hours create a threshold for participation.

3.3 INVOLVING FAMILIES

The managers and professionals had examples of both informal and formal forms of parental involvement in service development/provision.

Informal

- Interaction with families in service provision

> *We establish a connection when we meet the families for the first time, if we are on home visits or they have a new baby. We use time building a relationship, you get a dialog and we use that opportunity to let them say something about what they want from us. (P5)*

> *The users of the centre asked for a group for families with children with special needs. So we started one. One year later the need was not there anymore, so we do not have it now. But it would be easy to start up again. (P4)*

- Interest in the local community

> *We are on the floor with the parents in the Open Kindergarden. We talk to them and listen to what they are interested in, what they wonder about, and from these conversations, initiatives like the Theme Café arise. (…) We want to hear the parents' voice. (M1)*

Formal

- Written feedback

> *We have a book where the parents can write things about how they experience the services in the centre. It is really nice to be able to read the parents comments. They can write things there that they might not want to say directly to us. (P1)*

- Evaluation of interventions

> *We involve the families through the conversations on the floor, but also with parents in counselling and parent training courses. We always ask for feedback at the end of a course.(P5)*

- User surveys

> *We have had user surveys. It's easy to get a high response rate because we have them on the computer in the same room where the children play. We tell them it only takes 10 minutes to answer, and then we offer to look after their child in the meantime. (M1)*

- User representative panels

  We have a collaboration with the local youth panel, and one of the things we have become more aware of is the importance of including children and youth in meetings that are about them. (P3)

- Contact with politicians.

  We have had politicians visiting the open kindergarten. They got to talk directly to the parents and got their perspectives on what they need. (P1)

The main challenge in involving the families in developing services was seen as low level of engagement and that too much of the feedback from the parents was informal.

- Low level of engagement

  I think we involve them too little, probably, yes for sure. We do not involve the parents enough in the development of new things. However, I must say they do get the question sometimes, but they never contribute with anything. It might be the way we ask of course, or it might sometimes be, that like us, they like to be served. (M2)

- Too informal

  I miss having written feedback, we need something that is more formal. We need to know a bit more about the regulars, those who keep coming. Because we need to keep developing, and then it is vital that we get feedback on what is relevant here and now. (M1)

Take away lessons

- Family involvement is primarily informal, and only involves existing service users. The exception is panels with young people.
- Involvement influences the content of the services, but not the development of new programs, initiatives or organisational structures.

4 SUMMARY

Both professionals and managers perceived integrated working as a way to enhance service quality. Integrated working promoted a focus on what was important for families and resulted in more family centred services. There was a lot of collaboration across services and between different professionals, but this was often dependent on individual's motivation for collaboration. To have a professional network was seen as vital; people that were known and that shared a common understanding of family support work. This made taking the initiative to collaborate easier. Even though integrated services were seen as improving quality and making services better adapted to the needs of families and more accessible for service users there were challenges around prioritising of this type of work. Anchoring integrated working in management was perceived to be important in order to enable long-term planning and to develop collaboration over time. The formal commitment to collaboration at a system level could promote integrated working.

All participants were concerned with accessibility. To reach out with information about the services that were available was seen as challenging, both when it came to reaching out to relevant collaborators and to families. Location was also a significant concern. Being located in the centre of a local community was important to facilitate people attending, but also as a way of being visible and a distinctive part of the town or village. This can be seen as a broader aim for the centres to be embedded in the local community as a part of the universal services and family life rather than somewhere you visited if you had problems. Limited resources were seen as one of the factors that influenced accessibility as it set boundaries like opening hours and the opportunity to make tailored initiatives for groups with specific needs. The national Covid-19 restrictions had constrained their capacity significantly and created new thresholds as they now required families to sign up for all activities in advance instead of just dropping in as they were used to. This meant that the families that struggled the most no longer visited the centres.

Both professionals and managers saw involving families in developing the services in the family centres as important, but that the level of involvement was limited. Mainly informal mechanisms were used to obtain information on how the families perceived services based on interaction with the families during different activities. Those who used services were involved in evaluating programs and initiatives and there were examples of new initiatives being provided based on through requests from the users of the family centres. However, there was little involvement in developing family support services at a system level and there were no accounts of efforts to involve families that did not use any of the low threshold services to find why they did not participate and if there were something they felt was lacking.