

DESCRIPTION OF THE PRACTICE

1. Title of the practice

The Family Centre Model

2. Organisation responsible for the practice

Regional Council of Häme

3. Contact person(s)

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4. Summary of the practice

A national reform, LAPE, was launched for 2016-2018 to address fragmented services for children, families, and young people in Finland.

The objective is to transform services into an integrated system that will better respond to the needs of children and families and includes the development of local family centres. Basic services will be strengthened, and the focus will be shifted towards preventive work and early support and care services.

Within the region of Häme, implementation of the project is being done by bringing service professionals together. The services being integrated include social services, health services, education services and NGO providers such as churches.

New models of cross-sectoral cooperation are being implemented through common working practices, multidisciplinary service counselling and common discussion forums for management across sectors and municipalities.

In some municipalities, social and health services are also co-located under one roof, but this is not a necessary requirement for implementing the family centre model.

Most importantly, the family centre model creates networks for child and family services so that professionals respond together to the needs of each family, rather than making families seek out each service separately.

Practical aspects of the project in Häme include:

- 1 Training social, health and education professionals in a common working practice (Let's Talk About Children Evaluation - LTCE)
- 2 Creating forums for discussing the management and development of services across sectors and over municipality borders
- 3 Development of a new, regional service counselling model which enhances multi-disciplinary approaches and gives clients a case manager to oversee cross-sectoral cooperation in complex cases

- 4 Developing, educating and implementing digital tools to manage cross-sectoral cooperation (eg Kompassi –tool for assessing the big picture of the client’s situation)
- 5 Transforming working culture through joint working and planning. This involves a move away from a narrow, sector-based approach towards a focus on the big picture of each child’s life situation, needs, and resources

In the future, family centres are intended to be coordinated regionally, through collaborative management practices between the regional levels (providing social and health services in the future) and municipal levels (providing education).

The management of family centres includes coordinating the service networks, ensuring the range of services meet the needs of children, young people, and families and gives families equal access to quality services regardless of the municipality they live in.

Currently in 2019, family centres are based in municipalities, with a steering group overseeing regional coherence.

5. National/regional/local context of the practice

The national reform, LAPE, contains four main themes:

- **Family centre model**
Family centres will coordinate the public health, social and educational services intended for children and families into a network that also includes the services offered by NGOs and parishes and by voluntary stakeholders. Family centres shall also function as gateways to specialised services.
- **Development of services at specialised and the most demanding levels**
Access to needs-based specialised services will be enhanced, and jointly assessed by different professionals. The know-how of different groups of professionals will be coordinated into a coherent package.
- **A new operational culture to strengthen children’s rights and basis in information**
The rights and the best interests of the child shall be taken into account in all planning and decision-making.
- **Early childhood education, schools to better support the wellbeing of children and young persons**
Early childhood education, schools, educational institutions and learning communities shall strengthen the wellbeing, inclusion and community spirit of children and young persons.

The region of Häme is responsible for the framework of these municipal family centres which are implemented and managed in 11 municipalities in the Häme region.

6. Staff involved

In Häme there are five project staff involved and working groups where managers from NGOs, social, health, and education services meet.

7. Target group

Children, families, and young people.

8. Aims of the practice

Bring together different sectors to improve the access of children and families to the range of services which may be required to address multiple needs.

Also, to encourage a shift of resources towards preventative services.

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	
Others: _____					

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)	X	Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro level practice:* practice that involves individuals at local level
- *Meso level practice:* practice that involves organisations or communities
- *Macro level practice:* practice that involves large population groups

Meso: the practice involves the coordination of organisations to provide family services in one location.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Collaborative: municipalities and regions co-manage family centre services (involving social, health and education services)

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

Collaborative approach: The project has been instigated on a national level to promote more integrated support through local family centres.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the practice team
- *Consultative:* a consultative body of users was set up for an on-going dialogue and feedback
- *Involvement in care:* person-centred approaches to care/support

The service has been co-developed and evaluated by service users.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

The project receives national funding until the end of 2018. From 2019 it will be financed through national funding and shared funding from municipal and regional level.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and a quantitative approach
- *Single method:* qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records, and/or other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

There will be an external evaluation of the national project and continuous local evaluation after 2018.

17. Measurable effects of the practice and what it has achieved for...

Service users	
Formal care givers	
Informal carers	
Organisations	
Other	

18. **Anticipated or 'aspirational' effects of the practice and what it has achieved for...**

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	Lower thresholds for families to access preventative services and those that address multiple needs. Greater opportunities to identify and engage with families who may require support.
Formal care givers	Improved skills for addressing multiple needs, improved networks to draw on expertise in complex cases.
Informal carers	
Organisations	Improved knowledge of the big picture for child and family services, improved cost effectiveness, reduce costs for more expensive services (eg child protection)
Other	

19. **How the practice has changed the way the service is provided (lessons learned)**

20. **Sustainability of the practice**

Description of whether the practice is sustainable, considering the following criteria:

- *Potential for sustainability:* practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward
- *Established:* the project has been operational for several years

Family centres are part of a permanent future service system.

Sustaining the model is somewhat dependent on national decisions regarding the regional social and health care reform (parliament DL 15. March 2019).

In Häme there is wide consensus on the importance and effectiveness of the family centre model.

21. **Transferability of the practice**

Description of whether the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

The practice has been developed regionally in somewhat differing contexts in all 18 regions in Finland. National guidance has steered regional development, but essentially each region has been in charge in its own area. As such, the practice has in a way been transferred.