Nordic children
Development of Nordic family centres

Nordic Centre for Welfare and Social Issues

The inspiration booklet

Results of the 'Early intervention for families' project

norden

Nordens Välfärdscenter

Children in the Nordic region—Development of Nordic family centres

Publisher:
Nordic Centre for Welfare and Social Issues
www.nordicwelfare.org

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Legally responsible publisher: Ewa Persson Göransson

Illustrations: Helena Halvarsson

Graphic design: www.aasebie.no

Printing: Ineko

ISBN: 978-87-7919-075-7

No. of copies: 800

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The report can be ordered as a printed copy or downloaded at:
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under the 'Publications' tab.

In digital format, the booklet is also available in Danish, Finnish, Norwegian, Icelandic and English.

Miljömärkt trycksak, 341 142

Nordic children

You are holding in your hand part 2 of the report on the 'Early intervention for families' project.

The project is a part of the Nordic Council of Ministers' efforts in 2011 and 2012 in the area entitled "Early preventive interventions for families at risk of social marginalisation". As a consequence of this prioritisation, the Nordic Centre for Welfare and Social Issues was commissioned to carry out this project. The aim is to disseminate research results and knowledge about good examples, and create Nordic networks.

The project has four focus areas: *Relevant research concerning risk and protective factors*, *Promising example of early interventions in the Nordic countries*, *Expert group simplified access to services* and *Let the voices of children be heard*!

Part 2 of the report, which you in fact are reading now, presents simplified access to services.

Contents

Introduction

Universal support for families with children has long been a distinguishing characteristic of the Nordic welfare model. In contrast to many other countries around the world, the birth rate in the Nordic countries has been relatively high and stable over time. Children with families receive financial support, child care and labour law support in order to have the possibility to combine family life with an active working life. The Nordic welfare model has also attracted substantial interest outside Europe in countries that have problems with low birth rates. The Nordic countries have stood out as an example where economic growth has been compatible with the establishment of families.

Family centres and similar endeavours can be viewed as an extension of the universal support to families in the Nordic countries. The number of family centres is currently growing across all the Nordic countries. Integrated offerings for families with children are an area with priority and an excellent arena for preventive work. One possibility is to catch children early who need support without bringing in the exercise of public authority by the society. It is a fantastic development that has attracted the interest of the entire world!

We wish to inspire and promote good examples of activities that are succeeding in reaching out to families and offering support; family centres that document and follow up on their activities; parental support programmes that are being offered and adapted to families from different cultures; family centres that catch families after divorces and are available then as support during a difficult time in life.

At the same time, we wish to point out the challenges related to the continued development of family centres. The National Board of Health and Welfare in Sweden ascertained in 2008 that the knowledge about family centres was limited. Will it be better for the families with children? Are vulnerable children receiving attention and what are they being offered for support? In order to both problematise as well as promote good examples, we have performed a pilot study of family centres in the Nordic countries. One of the results of the study is that documentation and follow-ups on the activities that are conducted at family centres are nearly completely non-existent. Many good innovative ideas are going to waste because they are not being systematically collected and it becomes difficult to conduct research on what is being done.

How passionate enthusiasts are to be formalised is one of the questions that we wish to have an answer to after having studied Nordic family centres. Is it sufficient for family centres to develop their documentation on their own, or is a national and regional strategy required for the work that is being done in the different countries? The decision-makers at the national level can have substantial expectations of the work with families at family centres. At the municipality level, there may additionally be expectations of lessening the burden on their own social services. The family centres can catch things, but what do they then have to offer? The point of departure of this booklet is that an effort is needed both on and around the family centre in order for families to receive the assistance they need. We will be presenting eight proposals on how good family centres can be better by meeting the needs of the families!

EIGHT DEVELOPMENT PROPOSALS FOR FAMILY CENTRES IN THE NORDIC COUNTRIES:

1. **Offer all families with children universal activities under the same roof**
2. **ADJUST THE EFFORTS AS PER WELL-DEFINED TARGET GROUPS**
3. **Offer an evidence-based parental support programme**
4. **Formalise the passionate enthusiasts—document and follow up**
5. **Define the working relationship with special services**
6. **Base the activities on a common knowledge base**
7. **Produce a plan for further development and implementation of the efforts**
8. **Be proactive in the choice of working partners**

DEVELOPMENT OF FAMILY CENTRES IN THE NORDIC COUNTRIES

A typical feature of all the action programmes in the 2000s in the Nordic countries is a desire to see work that has been divided up into sectors replaced by multi-profession work transverse to such sectors One usually talks of moving away from hierarchical thinking and emphasising partnerships instead. The work between the sectors and different players must reach the families early in their local environments and enable early detection and the possibility for early efforts.

In most of the Nordic countries, family centres are a result of relevant national prioritisations that derive from partnerships between different sectors and players. In Denmark, a formal *Children's Policy Reform* was recently carried out with an emphasis on increased proximity and quality of the services offered. In Finland, the second part of the National Development Programme for Social and Health Services was recently initiated, *the Kaste Reform,* which has the purpose of connecting basic and specialised services closer to each other. Family centres are being promoted as a good example of cross-sectoral work and are an area being given priority in the Finnish government's agenda. In Norway, the *Coordination Reform* was initiated with the same objective. In Sweden, the family centres have sprung up from the grass roots level rather than as a national prioritisation. The first family centres were created in the 1970s. The first model, *the Gothenburg Model,* presupposed universality and the objective was to reach all parents. During the course of the years, the model has been modified in different ways. The emphasis on cross-sectoral work has also come to be increasingly highlighted here. Even the civil society, which includes every single person in the society, is being emphasised when parents and volunteer forces come together in the partnerships that are built.

It is extremely difficult to make a precise estimate of the number of family centres in the Nordic countries, however the numbers that are available today show that Sweden has 180 family centres, Norway 150 (family houses) and in Finland there are an estimated 30-50 municipalities with family centres. On Iceland, there are no family centres, whereas in Greenland there are at present 12 family houses. In Denmark, the first family centres (family houses) have recently been established as an experimental project. The vast majority of family centres have been established in recent years, during the 2000s, in part due to coordination of services being given increasing emphasis in Nordic welfare policy. Despite this trend, we currently know only very little about what the coordination of these preventive services has in practice resulted in. Nevertheless, it is obvious that great expectations have been associated with these types of cross-sectoral organisations.

At present, there is extremely limited knowledge of the specific results that the family centres are producing with respect to preventive work with families. Studies of effects or collective Nordic studies are completely lacking today. One possible cause of this is that family centres are responsible for a variegated offering of activities where documentation and follow-ups on what was done is unusual. This makes the possibilities for evaluating the activities difficult.

This area of knowledge is however not completely vacuous. The Nordic cooperation has resulted in a number of conferences and the report entitled "Family Centres on the Nordic Countries—a Meeting Place for Children and Families" (2011), which was issued during the Finnish chairmanship of the Nordic Council of Ministers. The project report that you are now reading was inspired by it and has as its purpose the inspiration of new research and development concerning the activities of family centres. In addition to the Nordic overviews that have been performed, there are some qualitative studies in the area. A number of these studies emphasise that families are satisfied with the activities. The reason why the users are satisfied is seen as being a consequence of the universal efforts that encompass, for example, open preschools. The threshold for undertaking a visit to a family centre is experienced as being low and the activities contribute to creating a common meeting place. There is research that shows that family centres contribute to increased well-being among families. At the same time, some studies have questioned whether family centres reach those who need them the most. One can question whether the satisfied users in previous studies are representative of families in general. Are families that are at risk of marginalisation being reached, and if they are, are they receiving early support that is making a difference?

A pilot study has been performed as part of this project. One central issue has been the extent to which the establishment of family centres contributes to also offering assistance of a low threshold nature to vulnerable families. The study encompasses nine Nordic municipalities with family centres, of which six participated all parts of the study: a survey, a vignette and in-depth interviews. The municipalities have been chosen primarily for the expert groups that were associated with the subproject. The criteria for selection was that they represented locations facing substantial challenges in the family area (for example high unemployment, a large number of children being looked after). Expert groups were also selected from municipalities that had worked out innovative ways to meet the challenges they were facing in the region where they worked. Against the background of the pilot study, we will present eight development proposals for family centres.

Read more about the pilot study here: www.nordicwelfare.org/tidigainsatser

1. Offer all families with children universal activities under the same roof

BACKGROUND

Family centres consist of one integrated offering of preventive services to families with children. The overall effort has, among other things, been compared in a recent evaluation of family centres in Västra Götaland to a bridge between families and society. It is an activity with a great potential for early support. On the part of the families, it is well-documented that family centres contribute to a reinforcing a sense of fellowship. This has been shown in a number of national studies and user surveys. "Just the fact that one comes here enables one to manage everyday things in a better way" reads a statement from one of the families at a family centre included in the study.

Universal basic activities are strongly highlighted in Nordic family centres. In Sweden, where family centres have existed since the 1970s, they speak of four basic activities or four legs, which comprise the foundation of a family centre. The four legs comprise maternity healthcare, children's healthcare, open preschools and social services. In Norway, the family centres are based upon a coordination model that involves priority being given to coordination between all the basic activities. According to a recent report entitled "Family House/Family

Read more at:
www.nordicwelfare.org/
tidigainsatser

Centre—a National Survey of Norwegian Municipalities", which was commissioned by the Regional centre for Children and Adolescents, RKBU Nord, family-oriented activities that are coordinating activities are steadily increasing.

The other Nordic countries have also introduced family centres that have been inspired by the four legs. The Finnish government's agenda continues to give priority to family centres as an arena for collaboration. According to a new report entitled "Family Centres in Finland. A Report on Services, Collaboration and Leadership" the next step in Finland is to clarify and render tangible the objectives of the activities. In Denmark, the first family centres have recently been started with an emphasis on young, vulnerable mothers under 25 years of age who need support in the parental role and with education/work. The Danish model differentiates itself somewhat from the others by being aimed at a special group rather than being a universal effort. In Greenland, an effort is also being made involving family centres, which have recently been evaluated. The conditions in Greenland are challenging for family centres, which in many cases lack trained personnel but at the same time often have families with a great need for support.

Family Centre (Familjecentral)—name used in Sweden
Family Centre (Perhekeskus)—name used in Finland
Family House (Familiens hus)—name used in Denmark and Norway

PROBLEMS AND CHALLENGES

The study that was performed under the auspices of the project indicated that the potential of the family centres were not being fully exploited. The activities were seldom built upon all four legs despite an integrated effort being able to contribute to effective preventive work. An established working relationship was often lacking between the different lines of work that were addressing the same target groups locally. Despite relevant structural reforms in the Nordic countries (for example the National Development Programme for Social and Health Services, *Kaste,* in Finland and *The Coordination Reform* in Norway) where collaboration in the area of social and health services was emphasised, it appears there continues to be a risk of the activities being carried out in isolation. One challenge for the future thus is to convert the work within the structures to preventive activities in practice. Another challenge is to expand the preventive work on the part of the social services. The social services have always

Read more
about the Kaste Reform:
www.stm.fi/sv

Read more about
The coordination reform:
www.helsedirektoratet.
no/samhandlingsreformen

had a preventive profile, but have often been associated with the exercise of authority. Family centres offer a new arena where social services can operate in a preventive manner.

DEVELOPMENT PROPOSAL

We recommend that family centres gather these activities together under the same roof and encompass at least four universal preventive efforts. The activities will be constructed such that they stand on four legs and consist of maternity health care, children's health care, open preschools and preventive social services.

EXAMPLE FROM FINLAND—THE FAMILY HOUSE NAMED "THE ANCHOR" WITH ALL PREVENTIVE ACTIVITIES UNDER ONE ROOF

"The Anchor" family house in Pargas began its activities in 2009. What is unique about "the Anchor" is that all the municipality's preventive services that are intended for families are collected together under one roof. Personnel from the health service, day care/preschool, schools and preventive social services work there. Even speech therapists, school welfare officers and family advisers are all found under the same roof. Parents can meet with the family adviser with or without their children, for example when the relationship between parents is in crisis or a parent is worried about how the child is doing.

Each line of work inside the house has its own goals and conducts development work. In addition, the personnel are tasked with other activities and participate in the development work of the family house. Since "The Anchor" houses many different professions, the choice has been made to proceed based upon ICDP/Guidelines for Interaction, which function as a common approach. "The Anchor" also has a unique role as a resource centre in the region where it operates. In this manner, the family centre's focus on families with children is extended beyond the walls of "The Anchor".

IF THERE IS NO FAMILY CENTRE—THE TRAVELLING SPECIAL EDUCATIONALIST

The collaboration between basic services probably cannot always possibly be gathered together under one roof. It is important that the basic activities that do exist are used as an arena for reaching families. Cooperation between sectors can for example function with the assistance of a shared service.
In Finland, they have the Travelling Special Educationalist Programme (ASP) as a complement to activities under the

Read more:
www.nordicwelfare.org/
tidigainsatser

same roof. The travelling special educationalist is a preschool teacher with supplementary education in special pedagogy. The occupational category exists today in most municipalities in Finland. Their task is to identify and survey children who need extra support, instruct personnel and to produce plans for measures to be taken. The special educationalists are particularly attentive to speech and language development, general preconditions for learning, social and emotional maturity. The travelling special educationalist can be defined as the first link in the special pedagogy support chain that exists in the Finnish schools.

In the municipality of Heinola, which was included in the study, the ASP model has facilitated exchanges of experience between the children's health service and the school. The efforts have at the same time involved strong support for the personnel at preschools and the open preschool.

2. Adapting the efforts to well-defined target groups

BACKGROUND

Through their universal efforts, the family centres are also reaching families that need more support. The broad efforts aimed at all families, which simultaneously have the purpose of reaching the most vulnerable groups, are a manifestation of the so-called *preventive paradox.* The preventive paradox is based on the thought that efforts that are aimed at everyone are also useful for those who need indicated efforts. This is also known from other fields of welfare, for example, we know from alcohol policies that reduced availability of alcohol effectively counteracts even heavier alcohol abuse. When reaching out to families with substantial needs, it is important to have something to offer these families.

- *Universal efforts* are generally preventive and are aimed at families with children
- *Selective efforts* are aimed at children who find themselves in the risk zone.
- *Indicated efforts* are aimed at families with children who are especially vulnerable or who have already developed functional problems

Read more at:
www.socialstyrelsen.se

PROBLEMS AND CHALLENGES

It emerged from the pilot project that family centres are often lacking a strategy for working with families who have special needs. Causes that were identified included a lack of resources, a lack of adapted efforts and the lack of a network comprising referral mechanisms for families. The results accord with a survey from 2008 performed by the National Board of Health and Welfare in Sweden. The survey showed that the family centres that were included in the study primarily were offering activities that were aimed at well-functioning middle-class families and that target group-adapted efforts for families with special needs were missing. In a later Swedish assessment of family centres in Västra Götaland, it emerged that the family centres certainly were responsive to the population base in the region, but that the activities could be overloaded due to a large catchment area.

It clearly will be a challenge for the family centres to adapt their activities in the future in accordance with the needs that exist among families locally. The efforts at the family centres that were visited during the project were not always adapted for families with substantial needs. A coordinator for a family centre expressed it as follows:

"I am always completely burned out when I have had these groups. It is so intense. Something is always happening. One needs to procure help with crises, be prepared to ring everywhere", stated one of the individuals responsible after having attempted to start a group for young mothers with psychological problems.

DEVELOPMENT PROPOSAL

We propose that all family centres formulate a strategy for how one offers assistance to families with psychosocial problems or other special needs. The strategy should contain well-defined efforts that are adapted to the needs of the target group. In a newly published guide entitled "About implementation" by the National Board of Health and Welfare in Sweden (2012) it was emphasised that *taking stock of the needs* should always precede selection of the efforts. The act of taking stock in brief involves the family centre looking over the methods and efforts that are in use. Do the efforts correspond to the existing needs of the families in the region and do the efforts make a difference to the target group concerned? Does the family centre have the resources that are required, is it an advantage if the efforts can be offered locally? If in contrast the family centre is lacking the possibility to offer special and individual efforts, a clear distribution of responsibilities between the family centre and other endeavours concerning who does what is required when offerings of efforts are concerned.

Read more about the evaluations of the effects of support groups at www.nordicwelfare.org/tidigainsatser

It has become more common to offer group activities to children at family centres. This can involve children with abusive parents, children who have witnessed violence or children who have parents who have divorced and have a conflict-filled relationship. There are few evaluations of the effects of these types of groups. Qualitative research shows that such efforts may give positive results in terms of the child's psychological health, but more knowledge is needed in the area. A research and development unit in Uppsala in Sweden has produced some support for how an endeavour can evaluate group-based interventions.

EXAMPLE: PIS IN NORWAY—DISCUSSION GROUPS FOR CHILDREN OF DIVORCED PARENTS IN SCHOOLS

Read more: www.pis.no/pis/

In the Nordic countries, many children live with separated parents. The Municipality of Bærum in Norway has prepared a *plan for the implementation of discussion groups for children of divorced parents in schools,* PIS. The PIS programme has also been adapted for children below school age. The project was started based upon the experiences of the schools, children's health service and preschools that a tool was lacking to give children support when families separate. The material that was prepared during the project is found today in the majority of schools and preschools in Norway.

In an evaluation of PIS groups for younger schoolchildren it emerged that PIS was successfully contributing to strengthening and creating networks for these children. School-age children who have undergone the intervention seek assistance to a higher degree and report more contacts to share experiences with in comparison with children who have not been recipients of the same efforts. Assessments of preschool groups have still not been carried out.

Read more at: www.barngruppstudien.se

The Municipality of Huddinge in Sweden is also offering *groups for children who have divorced parents*. This takes place within the framework for group activities, Fridlyst, as part of the outpatient care offered by the social services. Fridlyst conducts preventive work, partially through individual interviews with children, but primarily through children's support groups. The background to the activities of Fridlyst in Huddinge are that children often get trapped between parents who have problems cooperating after a separation. The purpose of Fridlyst's children's support groups is to increase the child's sense of context and to create a place where the child is allowed to vent their feelings concerning, for example, alternating between living places, relations with their parents and the feelings about having a "new" family. The tangible purpose is for the child to receive assistance in being able to handle their living situation in a better manner and to thereby feel better. The activity has not been evaluated, however Huddinge is participating in a Swedish evaluation of the children's groups, *www.barngruppstudien.se,* which is being carried out by the Research Centre for Psycho-Social Health—Forum.

EXAMPLE: COPE FOR PARENTS WITH A DIFFERENT ETHNIC BACKGROUND IN SWEDEN

Other groups that may need target group-adapted activities are families with a different ethnic background than the majority population. Flen is a small municipality in Sweden that absorbs many refugee families, most of them from Somalia. The municipality has been working for a number of years with the parental support programme COPE—the Community Parent Education Program. It has been extremely important to get the Somali families to participate. In order to reach these parents, people in Flen have worked actively on adapting the programme to the Somali group. Small but decisive impediments arose in the implementation of the programme, which led to the following changes:

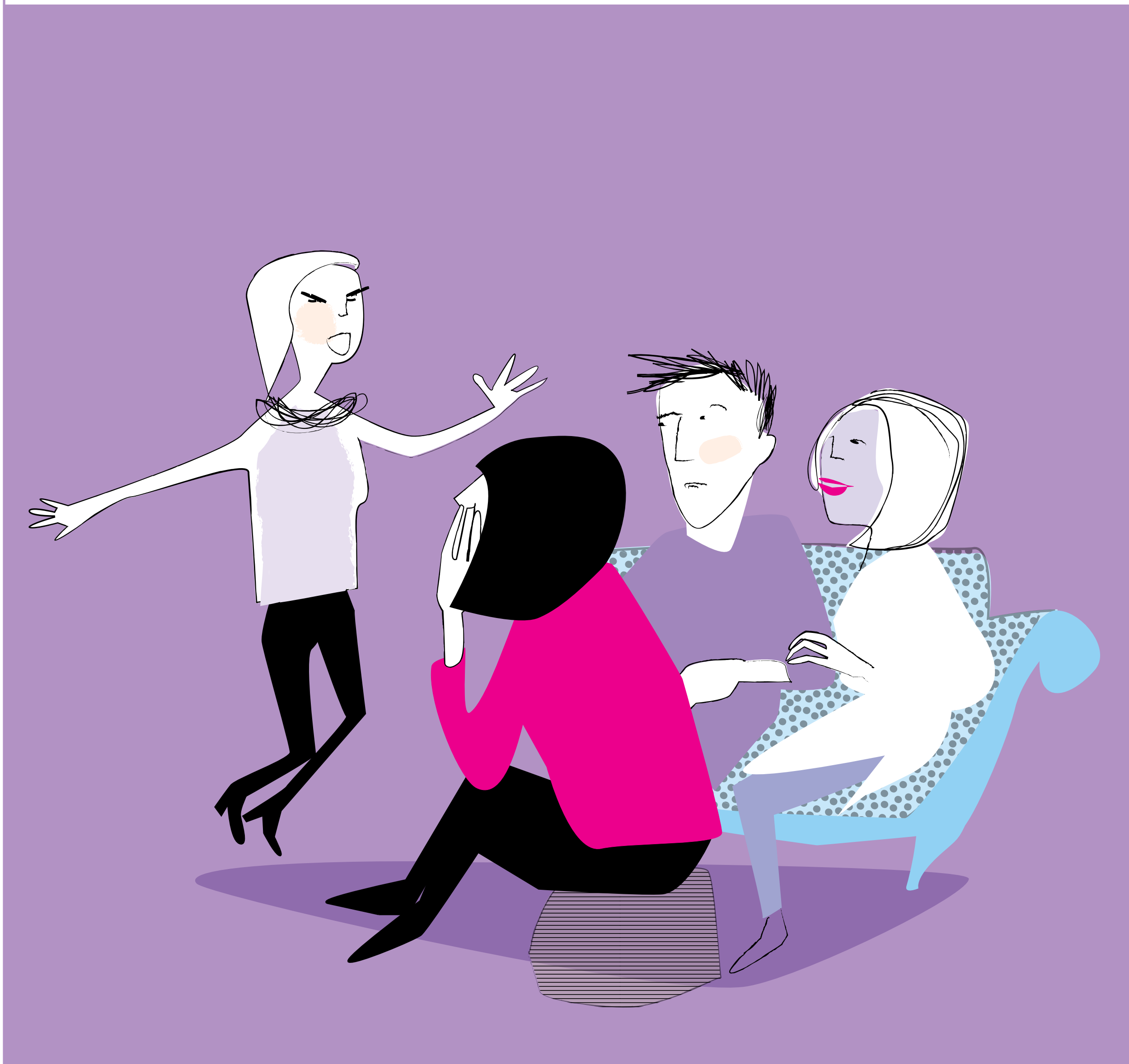
1. The municipality hired a person with a Somali background who was trained in COPE
2. Films were made showing Somali parents and children. In COPE, prerecorded scenes are used that are then discussed in the groups.
3. A booklet was published in Somali that describes what COPE is.

After these changes, there were more and more Somali families who wanted to participate in COPE. Courses with the participation of Somali families have been arranged since 2011. The number of participants has continually grown from 15 to approx. 30 persons per group. One key to this success has been the close collaboration on the formulation and content that took place between the Somali families and the municipality. Both men and women participate in the groups.

COPE, the Community Parent Education Program, is a parental education programme produced by Professor Charles Cunningham from Canada.
COPE's objectives are to:

- give parents a tool for understanding and responding to their children
- strengthen the parenthood of the adults who are around the child
- improve the interplay between the family
- create a network between adults

3. Offer an evidence-based parental support programme



BACKGROUND

Families are offered support in many different ways in the Nordic countries. All families with children are encompassed by social and health insurance and all children in the Nordic countries can go to school and preschool. These and similar structures provide a foundation of security. At the same time, there is a need to renew and improve the forms of support that are offered today to families so that they are adapted to the changed conditions of life that prevail today in society. In this regard, programmes that reinforce parental competence can comprise an important complement to the existing basic services.

PROBLEMS AND CHALLENGES

From the interviews that were done at the family centre activities in the pilot study, it emerged that daily life for families today requires a different type of support than previously. The individuals interviewed indicated that life is often more individualistic today, which involves many parents feeling that they are struggling on, alone in their daily lives.

Without extra support, some parents will have difficulty managing their roles as parents. Often, the support is concentrated on a certain age group and then support is lacking for the families when the child grows. One challenge to be faced in the future thus is to offer flexible parental support that can provide different intensive efforts depending upon the needs of the family. Many of those interviewed emphasised that families can have very different types of problems. In addition, the need for parental support can vary based upon divorces or other life crises. An employee of a family centre expressed this in a study as follows: "The fact that we have been there over time has certainly made a difference. Sometimes once the crisis has abated, we are not needed to the same extent. Having a trustful relationship with the family centre helps". Supplementing the existing basic services for families with evidence-based parental support programmes can comprise one element of a more continuous parental support agenda.

DEVELOPMENT PROPOSAL

We propose that family centres offer evidence-based parental support programmes on three levels: universal support in parenthood for everyone, selective programmes that address groups of persons with particular sets of problems and indicated programmes that address high-risk families. An evidence-based parental support programme is a way of offering a periodic and continuing basis for parental support.

Today, there are manual-based parental support programmes with good effects for parents as well as children. The programme primarily builds on the same fundamental principles. For municipalities that will be offering parental support programmes, it is important to delineate and choose the programmes to implement and which able to provide support to families at different levels. In this project we have chosen to use *Nordic Parental Support (Föräldrastöd Norden)* as a model for the implementation of parental support programmes (see the inspiration booklet: *Nordic children—Early intervention for children and families*).

Parental support in the Nordic region is a simplified version of the Norwegian TIBIR. The point of departure is that the model contains an offering of preventive interventions, on different levels: universal, selective and indicated.

Read more:
www.vanersborg.se

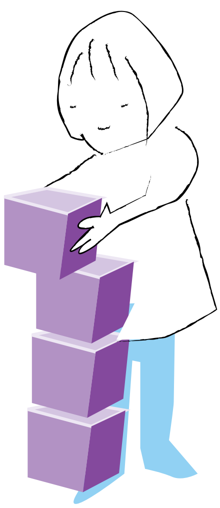
EXAMPLE FROM SWEDEN OF A MUNICIPALITY FOR A PARENTAL SUPPORT PROGRAMME FOR ALL AGES

The Municipality of Vänersborg has developed a complete line of efforts. They offer parental support from "pregnancy to the teenage years" in accordance with an preventive programme with different levels:

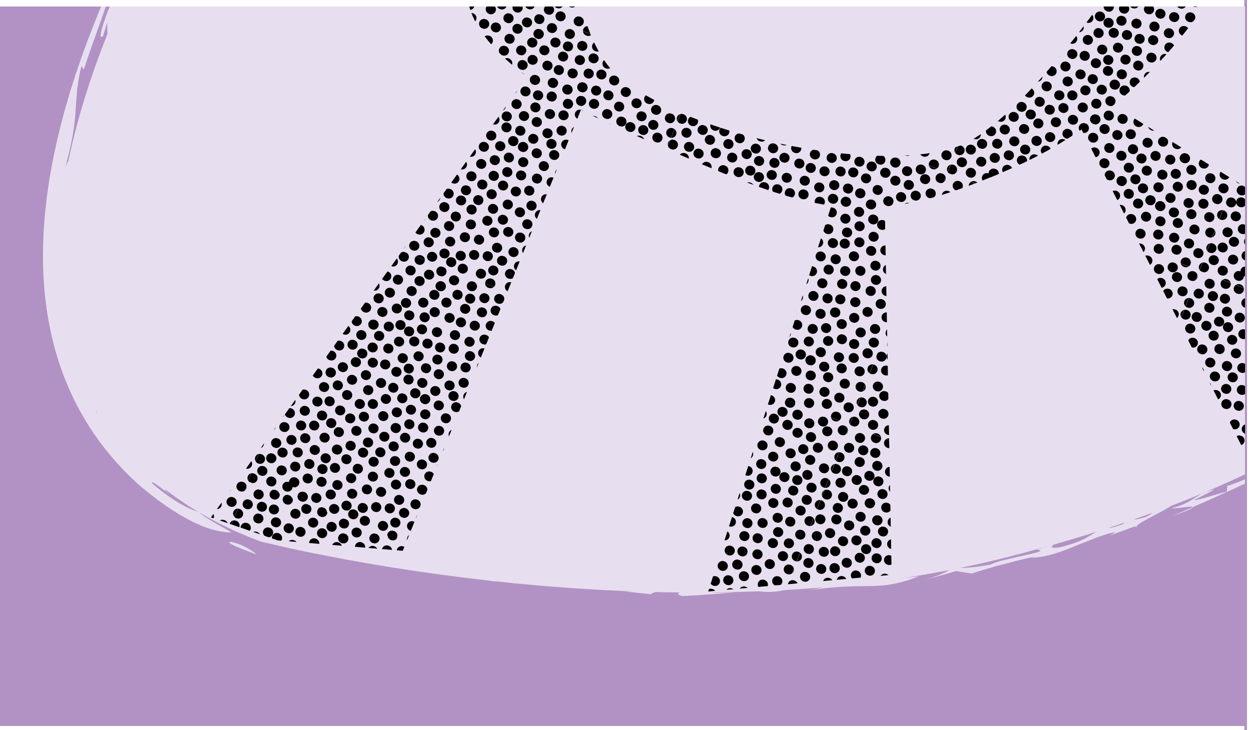
- **A new chapter in life:** families with children aged 0-2 years. Parental support is offered via the family centre Sirius, midwife reception, children's health centre and the family preschool, which is available for families with children aged 0-6 with a need for more support.

- **A wonderful and trying period:** for families with children aged 3 to 12 years. Parental support is offered via PREP, which stands for "Prevention and Relationship Enhancement Programme", which is a keep-fit activity for the relationship between couples, as well as via the parental support programme KOMET for more talk and less noise.

- **A time for emancipation:** for families with children aged 13-18. Parental support is offered via Teenage KOMET as well as parental information in the schools.



4. Formalise the passionate enthusiasts – document and follow up



BACKGROUND

It is usual for there to be one or two individuals who are the driving forces in family centres or family centre-like endeavours, so-called passionate enthusiasts who are ardent about their duties. Without their commitment to their work, many innovative concepts and methods that are used today would have never seen the light of day. Much of what is being done "remains behind closed doors" and hence risks being forgotten. It is extremely difficult to maintain quality and develop efforts if the work is not documented and followed up on.

In this project, we have used the concept of "formalised passionate enthusiasts". By using this concept, we wish to emphasise that innovative, local talent is valuable, but in order to enable follow-ups and expand the efforts, the work of these passionate enthusiasts must be documented. The first step can be to prepare a manual for the work that is being done.

PROBLEMS AND CHALLENGES

The problem today is that many efforts are being offered, but the quality of what is being done often varies. In addition, there are risks involving knowledge about good interventions being collected and concentrated in the person of a single individual, rather than as an entity in itself. This effect can be compared to a "memory stick" or a USB memory. If all knowledge is stored on this memory stick, nothing will be left of it in the event it becomes ruined or is lost. It can happen that a passionate enthusiast retires, moves or switches jobs. Research and development for endeavours that are not documented is also difficult to carry out.

Instruments are currently being prepared for documentation and follow-ups around the Nordic countries, however they are all different. The National Board of Health and Welfare in Sweden has tested a form that can be used as support for local follow-ups. Local follow-ups are done on the individual level, i.e. information is compiled about each individual participant and then synthesised at the group level. Systematic and structured follow-ups give a good basis for reflection on how things are going for the individual after the efforts have been completed. The results can also be used for adopting an approach to efforts at the group level. At the same time, development of a manual is taking place in the County of Jönköping that can be used specifically for following up on the work at family centres. The manual contains a self-evaluation form for family centres. The intent is to use it to initiate follow-ups and in order to assess changes to the activities. The manual is based upon needs that emerged during an assessment (2008) of 16 family centres in Västra Götaland.

See the form at www.nordicwelfare.org/tidigainsatser

DEVELOPMENT PROPOSAL

In this guide, we propose that a common Nordic documentation system for the work at family centres be developed in the long run. More systematic documentation involves the efforts as well as how they are carried out being described by the endeavours. Efforts that are described in a reliable manner make it possible to prepare, develop and study the effects of the efforts. Uniform documentation also makes it possible to compare the efforts. For the family centres themselves, more detailed documentation can assist these endeavours in clarifying the usefulness of the work that they are doing in relation to families, decision-makers and financing sources.

EXAMPLE: RESULTS-BASED MANAGEMENT FROM MØDREHJÆLPEN IN DENMARK

An innovative example of documentation and follow-ups that build on a results-based management system (RBS) is found with Mødrehjælpen in Denmark. In the framework for the project entitled "Underway", which is a subproject under the auspices of Mødrehjælpen's endeavours, RBS has been used in their activities with pregnant, vulnerable women. In the project, changes are measured on the basis of four selected indicators: "motherhood", "network", "competency to act" and "education". The trends in these four indicators are followed up on continuously on three levels (see appendix 1). The results elucidate how the woman's life situation has been changed. One can then distinguish the extent to which the immediate effects have been retained, as well as following the trend over time.

The purpose of RBS is to create a model that documents the effects of the efforts and facilitates the dissemination of knowledge on all levels of the organisation. All parts of the programme are manual-based. The organisation could equally well be a municipality. The fundamental thought is that data that is collected from group or individual activities can be used to:

1. Define strategic goals, developing the efforts
2. Enable continuous and long-term planning
3. Support the development of professional competencies

Interview

INTERVIEW WITH ULLA KROGAGER FROM MØDREHJÆLPEN IN DENMARK

Mødrehjælpen is a private humanitarian organisation with its origins dating back to the beginning of the 1900s. The organisation has a long tradition of cooperating with the public sector. The fundamental work they perform is to provide advice and support to pregnant women and children with families who are experiencing difficulties.

The purpose of the project entitled *Underway* is to assist young, vulnerable mothers to get underway with an education or job. At the same time, there are possibilities to receive support in the parental role as well as to establish networks.

The typical participant in Mødrehjælpen's *Underway* project is a young, pregnant woman or mother, with poor self-confidence, who feels restless about her future. She probably has a background with many risk factors, for example a poor network, uncompleted schooling, harassment, divorce, abuse problems, violence in the family, perhaps homeless. She has received a tip about Mødrehjælpen from a midwife, doctor, the municipality or the school.

Mødrehjælpen supports the women in finding jobs or starting an education and in becoming good parents. The support rests on four efforts: Education or work, in the parental role, by reinforcing her network and in better utilising her own competency to act, i.e. her ability to assist herself.

The organisation is completely dependant upon its own network, which includes the municipality, employment office, midwives, educational institutions, mentors, psychiatrists, police and patient advising services.

"We survive from this network," says Ulla Krogager, the Head of Advising Services for Mødrehjælpen in Århus. At the same time, it is important for us to not have the air of authority, there are already others who have that. Our clients are not used to feeling trustful towards adults. We set up a good relationship with them so that they feel they can trust that we are here in order to support them.

The organisation's work is project-based and the financing in essence is always dependant upon one being able to show good results. In order to be able to measure the results, Mødrehjælpen has developed an advanced tool for documentation that is based upon results-based management. This shows that this type of work can be documented in a constructive manner, which makes it a good example for other similar types of endeavours in the Nordic countries.

Mødrehjælpen's documentation system makes it possible to use the results to support the daily work. The documentation supports the learning process and the methodology development.

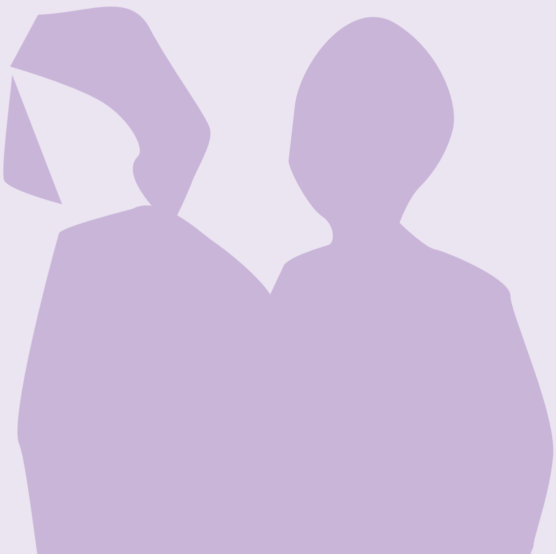
The efforts are based upon a theory of change and manuals that define the connection between the resources utilised, the activities and the effects. An indicator system, based upon the theory of change, specifies measurable goals. Within the framework of a digital follow-up system, data that reflects the basis for changes and trends is recorded and extracted.

At the client level, the individual employee is responsible for the data being gathered and then associated with the journal, the action plan and the previous results. For each individual client, a status form is created that is simple to interpret and provides a good picture of the trends.

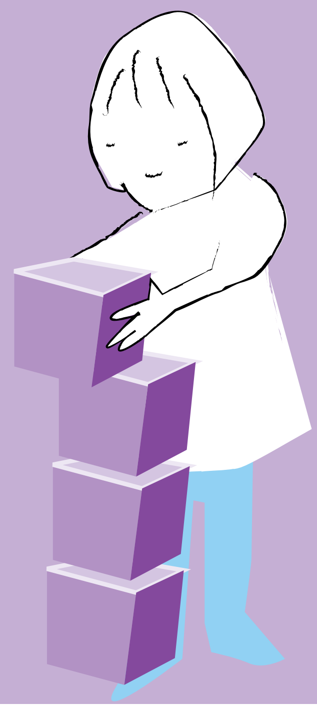
Data is collected on a monthly basis for the clients who have concluded a phase. Both good and poor trends are discussed by the team and new strategies are formulated as needed. The results can be used both to correct any possible problems in relation to the individual client as well as for identifying trends in the overall work.

Quarterly reports are formulated for the management level that can follow up on the results of the project. These results are the basis of Mødrehjælpen's discussions with the local authorities and, ultimately, of the organisation's credibility.

"It is because of our documentation and measurements that we have such good relations with the municipalities," says Ulla Krogager. "We can show good results, and it is completely decisive, i.e. well worth the time it takes to do the job."



5. Define the working relationship with special services



BACKGROUND

The support that a family centre or a similar endeavour is able to offer is always limited to the offerings and the expertise that are available at the specific entity. Sometimes it is not possible or even sensible to develop the suitable competency, but rather to have to refer the matter elsewhere instead. Such is the case when the needs of families are comprehensive, but it may also involve a limited need for support that requires medical/psychiatric care or therapy of some sort. In such cases the primary responsibility ought not to be shouldered by the family centre, but rather by another appropriate endeavour.

PROBLEMS AND CHALLENGES

The results of the project's pilot study showed that family centres often experience collaboration between universal basic services (maternity and children's health services, open preschools, preschools) as being well-functioning. In contrast, the collaboration with so-called special services (for example psychiatry and substance abuse treatment) is in many ways experienced as being hobbled and unclear. In particular, there are complaints that procedures are often lacking in the contacts with these services. The contacts are often unilateral in favour of the special service. The following example sheds some light on such collaboration:

Midwife: "I don't believe I have ever participated when a psychiatrist was making contact"

Family centre's coordinator: "Well no, once I participated in it... although that was like a known contact"

Midwife: "Yeah, we once had, for a certain time a psychiatrist at the care centre …"

Family centre's coordinator: "Yes, but he was just so overloaded that it ceased!"

Discussion in focus group, January 2012

There are a number of examples in the study where family centres are at times forced to shoulder burdens that are too heavy by themselves. At one of the locations that was studied, the position of the psychiatrist for children and adolescents was abolished simultaneously with the establishment of the family centre. The nearest psychiatric service for children was that found at a distance 5 miles away. Not only at the family centres, but also those involved with preschools and other preventive services stated that they had been in charge of families with children with problems that were too extensive in relation to the resources and knowledge they possessed.

DEVELOPMENT PROPOSAL

We wish to emphasise the importance of developing procedures for collaborating with special services (for example psychiatry or substance abuse treatment). The goal must be to establish a written agreement with well-delineated tasks for the parties. The agreement should place an emphasis on the significance of the collaboration in both directions, in other words from the special service towards the family centres and other basic services to the same extent for which an agreement exists, for example for how psychiatry should collaborate with the basic services in the municipality. The family centre can function as a central link between them.

Striving to have closer cooperation between the special services and the basic endeavours is in line with current Nordic political prioritisations. In Norway, this is also seen in the *Coordination Reform* that was recently carried out in the social and healthcare area. The collaboration between basic and special services is also a fundamental element in the National Development Programme for Social and Health Services, Kaste, in Finland. The professionals who are encompassed by the first part of the Kaste Reforms stated in a recently performed assessment that the collaboration between services that are intended for families with children has increased, but that continued in-depth collaboration would however require clearer leadership and management of the orientation of the development work.

EXAMPLE: HANGÖ IN FINLAND – COLLABORATION WITH PSYCHIATRY

A good example of the collaboration between special and basic services is found in the City of Hangö in Finland. The City of Hangö collaborate on mental health care, through a service that has been placed at the maternity and children's health services (the advising). The family centre has psychiatric nurses who participate in the parental schooling groups that are arranged for future parents. The psychiatric nurses meet with future parents both before the birth of the child and immediately afterwards. For the users, it currently is easy to make contact with a psychiatrist in Hangö if one needs more support that the parental schooling groups are able to offer. No referral is needed and the waiting time is short. More comprehensive examinations or care places require a referral.

6. Base the activities on a common knowledge base

BACKGROUND

At family centres, the professionals work based upon different types of knowledge. One challenge to be faced in the future is for family centres and their collaborating partners inside the municipalities to have a common knowledge base. The provision of *knowledge support* can be necessary when professionals are to jointly formulate support for families with problems that require differentiated efforts within the collaboration.

PROBLEMS/CHALLENGES

Working from the a common knowledge base can be difficult to carry out in practice. Today, a broad knowledge base exists for such efforts. There is also research showing that new knowledge can be introduced in an effective manner. In the pilot study, it emerged that the practitioners who were working with families with children are often lacking a common basis for their activities and the knowledge support that is required.

DEVELOPMENT PROPOSAL

In the project we propose that all family centres ought to strive to have activities that are based upon a common knowledge base. The knowledge base can build on research on children's risk and protection factors (see the inspiration booklet: *Nordic children—Early intervention for children and families*). One prerequisite for creating such a common base in that the personnel be trained in risk and protection research and on how it can be used in practice. It is also possible to identify a common programme to base the work on. Guidelines for interaction/ICDP is an example of a method that involves a common approach to parents and children. We will write more about the programme later in the report.

EXAMPLE: PINOCCHIO IN SWEDEN – WITH RISK AND PROTECTION AS A BASIS

Read more at:
www.skl.se/pinocchio

An example of how knowledge about risk and protection factors has been used in practice is the *Pinocchio Project*. The work was begun on the initiative of Swedish Association of Local Authorities and Regions and the Institute for Evidence-Based Social Work Practice (the IMS) in the year 2005. The ambition was to improve the preventive work involving children in the risk zone who were risking developing permanently norm-breaking behaviour. The purpose of the project included identifying so-called *change concepts* that would actually be usable in the daily work with norm-breaking behaviour by children. One of the municipalities that has implemented knowledge and risk protection factors such as knowledge support in their activities is the Municipality of Sjöbo in Sweden. The municipality utilises screening of risk and protection factors to see if any child needs extra support. Via collaboration, they formulate support for strengthening the protective factors and minimising the risk factors. The development work has facilitated contacts between the social services, preschools, schools and children's health service.

EXAMPLE: THE KVELLO MODEL IN NORWAY

The Kvello model that has been disseminated in Norway is a further tangible example where knowledge about risk and protection factors has been introduced in practice. The Kvello model has been created by Øyvind Kvello from the Norwegian University of Science and Technology, NTNU, in Norway. The Kvello model involves the total case knowledge of the health service and the preschools and enables screening of children aged 1-6 in the preschools. The results are analysed with the use of risk and protection factors. The Kvello model analysis takes place in collaboration with the children's health service and preschools, who jointly take an inventory of the child's protection and risk factors. The parents are subsequently involved. Personnel with primary responsibility for the follow-ups see to it that the family is offered the help they need at the latest eight weeks after communication has been initiated with the parents. The background to the Kvello model lies in research indicating that the views of adults on the problems that children have often differ to a noteworthy extent. The correlation in the views of a school-age child's problems can vary greatly between parents and professionals.

Read more:
www.ntnu.no

EXAMPLE: ICDP—A COMMON APPROACH IN FINLAND

Guidelines for Interaction/ICDP, International Child Development Programme, is a method that attempts to reinforce the interplay between parents and children. Guidelines for Interaction was specially developed for Nordic conditions and is based upon the international programme ICDP. The programme places substantial emphasis on developing the listening skills and sensitivity of the adults to the child's needs and thoughts. Guidelines for Interaction/ ICDP can function as a common point of departure for professionals in order to support the child and the family in a respectful manner. This example emerged in part from the meeting with the Pargas family centre "The Anchor" where ICDP was adopted as a common base for the preventive activities at the family centre.

You can
find the report here:
www.nordicwelfare.org/
tidigainsatser

A recent evaluation of ICDP in Norway "Evaluation of Programme for Parental Guidance Based upon International Child Development Programme" (2011) confirms that ICDP is appears to be functioning even from a research angle as knowledge support for both parents and professionals.
In addition to the professionals, four different parental groups were included in the study: one group pf parents from the majority population, a minority group, a prison group and a group with children who have special needs. The basis included 204 participants, whereas the comparison group had 79 participants. The results showed that the professionals who work, with the method experienced an increased commitment to their work. At the same time, all the parental groups had the experience that the environment at home was less unsettled and marred by conflicts after the programme.

Read more:
www.icdp.se

7. Produce a plan for further development and implementation of the efforts

BACKGROUND

No changes in the activities occur by themselves. Time is often required and such presumes systematic execution in order to implement new knowledge and create procedures. An important part of the implementation phase is the insight that a *change* is required to previous procedures. The implementation process thus comprises, together with the needs inventory and the introduction of new knowledge, an important phase in goal-oriented work with families. *Programme credibility,* which involves the programme that is implemented actually being used and complied with by everyone in the endeavour in the manner in which it was envisioned, is of great importance in this context. A new report from the National Board of Health and Welfare in Sweden entitled "On implementation" highlights programme credibility as one of the most central components in goal-oriented work with families. The reason that this is important is that evidence-based methods often involve so-called *core components* that comprise the essence of a method. If methods are implement-

The report is available in its entirety at www.nordicwelfare.org/tidigainsatser ed in individualistic ways and without these core components, the result can be completely erroneous or impaired according to the report. This is neither ethical for the families nor satisfactory based upon an economics-related perspective.

PROBLEMS AND CHALLENGES

The inventorying of activities that was performed within this project showed that some efforts that had commenced subsequently stopped after a period of time. One example is when three proposals for activities were examined that had developed special competence in working preventively within areas with large numbers of immigrants. One of these activities had stopped, despite having a good reputation. When questions were asked about the activity, the responses were: "Yes, that's right. We has that type of activity, but unfortunately the person who started it has stopped working here".

The implementation of new knowledge takes a long time and much of what is done must be retested and adjusted before it becomes routine. New material will probably need to be produced and new personnel will perhaps need to be recruited. This is important to take into consideration in order for activities that have been started to be able to survive and develop.

DEVELOPMENT PROPOSAL

When new working methods have been implemented, a long-term strategy is required in order to be successful. Research shows that it can take 3-5 years to implement a new method. We propose that all municipalities produce a plan for implementing and following up on new methods that include training, supervision and follow-ups. It is desirable that the entire work team be introduced to the implementation work from the beginning. National implementation support can be a factor in successfully implementing methods in the long run.

EXAMPLE OF NATIONAL IMPLEMENTATION OF KNOWLEDGE-BASED WORK

Goal-oriented and long-term work is supported by commitments on all levels: nationally, locally and at the practitioner level. In *Norway* the growth in family centres (family houses) is coincident with a strategy for national implementation. The point of departure for the national implementation lies in *The Coordination Reform* that went into effect on 1 January 2012. The reform has involved the previous task of the municipalities of coordinating services for children. At the same time, the municipalities have been offered more support so as to be able to gather and disseminate aggregated knowledge about effective and thoroughly tested ways of supporting families. The way in which the services have been decentralised has been followed up with a structure that enables on-going development of knowledge among the personnel.

In tangible terms, the provision of support for municipal activities for families has meant, among other things, the the Norwegian Directorate of Health has assigned the Regional Knowledge Centre for Children and Adolescents (RKBU) the task of supporting the municipalities in their work with families and children. Three basic criteria for the work have been prepared in order to guarantee continuous and uniform quality for the services that are being offered around the country. This involves all activities having to be:

1. **advantageous to health and preventive**
2. **knowledge-based**
3. **based upon user participation and strengthen the abilities of families to act on their own**

Regional centres, RKBU/RBUP, create, together with the national guidelines, preconditions for the knowledge that is introduced being used in the manner that was intended. They also create preconditions for the knowledge to be further developed and offered to everyone under uniform conditions in a country with relatively many small municipalities. At present, there are four regional centres that are working with gathering and disseminating knowledge in their respective regions. Due to the regional centres, evidence-based methods can be disseminated and efficiently developed as part of the work.

In addition, in *Denmark* the development of family centres (family houses) has occurred with backing at the national level. This has involved earmarked funds of DKK 50 million, a good EUR 4 million, for two model municipalities. The model for the work rests on experiences from the project entitled "Underway" in Århus (see point 4 in this booklet). In tangible terms, this has involved two family centres (family houses) being established as a research project, in the Municipality of Esbjerg and the Municipality of Høje-Tåstrup. The ides behind the model municipalities is to develop and assess the activities before any possible establishment of a number of family centres in the country. The initiative is based upon a notional prioritisation to emphasise young, vulnerable mothers at all levels.

INTERVIEW WITH MONICA MARTINUSSEN – NATIONAL SUPPORT IN NORWAY

Just like politicians in the rest of the Nordic countries, Norwegian politicians also wish to lower the threshold for families to seek societal support. Norway is thus making a national effort through four RKBU/RBUPs, regional knowledge centres for children and adolescents. The Norwegian Directorate of Health has assigned them the task of assisting the municipalities in creating the family houses or similar endeavours.

"The municipalities choose the model themselves, there is no economic incentive to select in specific the family house form, although it is been said that the municipalities must coordinate their services," says Professor Monica Martinussen, who is the head of research group for preventive mental health and the acting manager of RKBU-Nord. We approve of the family house model, but have no evidence to say that it is the best alternative. A study we have performed shows that the personnel approve of the model and cannot conceive of working in any other manner.

A typical first contact is when somebody at the municipality talks to RKBU-Nord and stated that the municipality has decided to coordinate its activities. In half of the cases the idea to establish a family house comes from a civil servant, but just as often it is a political decision.

"We send all the information that we have and refer to our Web page," says Monica Martinussen. Norway has over 400 municipalities and we cannot travel to all of them, but we do make reference to our annual regional experience conferences where everyone interested is invited to a talk shop for a day. The purpose is to create a network while the participants can take part at the same time in courses with occupationally related content. A well-functioning network has also been established for managers of the family houses.

After the first contacts and continued discussions, the municipality takes a final political decision concerning the establishment of a family house. The next very tangible step is when services are to be moved together into a house. RKBU supports and mediates contacts during the period when this is taking place.

"We would like to receive viewpoints on the content and desire to have evidence-based services on all levels, i.e. the universal as well as the selective and indicated," says Monica Martinussen. We also make referrals to the Web site Ungsinn.no.

One example of the manner in which RKBU-Nord works is the course about professional secrecy that was created in response to the problems that arise when interdisciplinary teams are created.

"We hired a lawyer who worked with the issues, made a brochure, arranged a seminar and course on how the law can be interpreted," states Monica Martinussen.

In the long run, she desires to participate in evaluating the form of the work, to see whether this type of organisation really contributes to improving the psychological health of children and families. Better and more objective indicators are required for this than exist today. Are the problems being detected at an earlier stage? More referrals are being made to the public services that protect children—but is this good? Does it mean that more problems are being detected at an early stage or that more are having problems and thus are being referred?

The Behaviour Centre has the responsibility for the implementation of PMTO and TIBIR, whereas RKBU-Nord has the responsibility for The Incredible Years.

"I hope that we will gradually be able to show in a more direct manner what ought to be available, since in my experience many people are seeking tangible proposals. For example, we will soon be testing a shorter preventive version of The Incredible Years that could be quite suitable for family houses.

The intent is also to create common training for all personnel at family houses."

"The content should involve the art of working together as well as offerings and methods for preventive psychological health," says Monica Martinussen. The personnel have different backgrounds and need a common basis of both values and knowledge.

RKBU

RKBU, the Regional Knowledge Centre for Children and Adolescents—Psychological Health and Children's Protection, has as its overall goal the improvement of the quality of the services that are offered to children and adolescents involving psychological health and children's protection. There are four RKBU/RBUPs in Norway. They work primarily with research and competency enhancement. RKBU-Nord had a coordinating function for supporting municipalities in establishing family houses and other similar endeavours. Currently, all the RKBU/RBUPs have now been tasked with this.

www.ungsinn.no

www.ungsinn.no is a Web site that presents health-promoting, preventive and psychosocial programmes in the area of mental health for children and adolescents. The presentations consist of a description of the programme and an assessment of their effectiveness.

EXAMPLE: THE MENTOR PROGRAMME IN DENMARK

Sometimes there are not sufficient resources and national implementation can be lacking. A recent evaluation of family centres in Greenland: *Evaluation of family centres 2010/2011—Summary and family centre guide,* shows that a lack of competency, difficulties in recruiting personnel, few employees and the lack of professional boundaries are typical problems when preventive work is to be implemented in thinly populated settlements. Even if a number of items (commitment, local knowledge) can be prominent in these areas, the difficulties of collecting and disseminating knowledge can be palpable.

Read more on the evaluation at www.nordicwelfare.org/ tidigainsatser

When resources and means for competency development are small or the efforts are scattered in thinly populated areas, an alternative training everyone can be to make use of a mentor programme. A mentor programme is based upon a professional training somebody who in turn disseminates their knowledge to families and other coworkers. In this way, resources are conserved while the aggregated knowledge can still be disseminated. The use of mentoring can thus be viewed as an alternative or complement for the implementation of knowledge nationally or regionally. Volunteers can contribute to the systematic implementation and further development of the work in resource-poor areas, however they must always then receive knowledge support for their work. It is an advantage if there is a national, regional and/or local strategy to base the activities on.

Mødrehjælpen in Denmark is an organisation that is conducting mentoring activities in Denmark. They train persons who are able to function as support for young mothers. The mentors also learn from each other and can disseminate their experiences to new mentors who are interested in working as support for young mothers. The mentor training that was initiated by Mødrehjælpen in the year 2002 is being maintained by the so-called Alexandra Dormitory.

Read more: www.frivillighed.dk.

8. Be proactive in the choice of working partners

BACKGROUND

For the professionals who are working with families with children, cooperation with other local actors has changed drastically over the past 20 years in the Nordic countries. From working with only a few local actors within a municipality, the networks that professionals work with today have many more actors than previously. The reasons for this include the appearance in many ways of a number of non-public actors who are offering welfare services within the municipalities. This has often increased the number of actors. The Swedish *Choice in Medical Care Reform* is an example, which has resulted in greater offerings of private services in the Swedish municipalities. The reform has been motivated by the citizenry being offered greater freedom of choice. For the municipalities, the reform has often meant that there are more actors and thus new requirements for collaboration. The collaboration with the new actors can enhance the content of the local offerings, however it can also be challenging for the municipalities to work with new endeavours that perhaps use different values and prioritisations as a basis for their activities.

PROBLEMS AND CHALLENGES

In the project, tangible challenges emerged for municipalities that worked in partnership with new actors. In one of the Swedish municipalities that participated in the project, a dispute arose between the municipality and the private care centre, who were supposed to be jointly operating the family centre in the municipality. The dispute concerned the continued operation of the family centre in the current property where the family centre was located. Whereas the municipality had always been prioritising the proximity to the users, the new actor thought that this was not a sufficient motivation and was promoting an economic argument that advocated moving the activities.

The example illustrates a fight between the economic and welfare arguments. According to research on family centres, which was presented in a thematic issue of Socialmedicinsk Tidskrift (2011), a market-based viewpoint accords poorly with the reigning ideology among employees of municipalities who work with families. The market-related viewpoint involves, as in the example above, that economic arguments govern, which is a foreign way of thinking in these endeavours. The professionals do not see, according to the study, families as consumers who are choosing welfare services regardless of where the service is to be found in the municipality, but rather services that should strive to meet the needs of the families.

DEVELOPMENT PROPOSAL

We propose that municipalities that build partnerships be proactive in their choice of partners. This means that municipalities, when they have the opportunity, will carefully look at the specific prioritisations that are a basis for the endeavours that they collaborate with and build up a strategy for partnerships. In many regions, this can be difficult if the services available today are to be maintained. It is also important in procurements that something other than a financial incentive is used as a basis for selecting those services that offer preventive or supportive services in a municipality.

THE MUNICIPALITY OF ESBJERG IN DENMARK – AN EXAMPLE OF A PROACTIVE PARTNERSHIP

In the Municipality of Esbjerg, which participated in the Danish establishment of family centres (family houses), the establishment of a new partnership is described as being a demanding, but giving process. The process involves new partnership structures having been created on a number of different levels. The fundamental partnership that has had the responsibility for the establishment of the endeavours has included the Danish National Board of Social Services, the Municipality of Esbjerg and the private humanitarian organisation Mødrehjælpen. At the local level the establishment of the partnership involved all relevant actors being involved. One of the most central actors is the employment office (job centre), which has a special significance to the target group that the activities are aimed at, i.e. young. vulnerable women who need support in their motherhood and their life situation, but also in remaining in the labour market or staying with their studies.

The background for the job centres being involved in the project is based upon the experiences from the *"Underway"* project that was also conducted together with Mødrehjælpen in the Municipality of Århus. A partial evaluation of the project shows that 26 percent of the participants in the "Underway" project remained enrolled in education or were working one year after their participation in the project. The percentage in the control group was 6 percent. The careful inventories and choice of collaborating partner has probably contributed to the result. In Esbjerg, there is a desire to continue to build on the successful experiences from the "Underway" project. The pilot project in the municipalities of Esbjerg and Høje-Astrup will be evaluated by the Rockwool Foundation. In conjunction with the evaluation, the effects of the efforts will be measured. In addition, the evaluation will include the partnership's possibilities and deficiencies in relation to the existing tasks, i.e. giving good support to families, in this case especially to young mothers.

Esbjerg comprises one of the model municipalities where a family house was established with extra funds from the Danish state fund for 2010. Innovatively, the local partnership has been developed after a careful inventory is made of the needs. In the inventory, which was performed before the establishment of the family house, among the things that emerged was that the percentage of young mothers with a weak education was at a very high level in the region. The efforts at the family house were this prepared in collaboration with the job centre, the private organisation Mødrehjælpen and the family department for purposes of supporting both parenthood and a connection with the labour force among young mothers in the municipality.

Read more about the municipality's role in the establishment of a family house in the Municipality of Esbjerg here: www.nordicwelfare.org/tidigainsatser

SUMMARY

Nordic family centres are unique arenas for early efforts. Via basic activities such as maternity care and children's health services, nearly 100% of all families are reached. However, the family centres are far from fully developed. Family centres will not just attract families, but will also contribute support and assistance. With documented methods and follow-ups on the families that need extra support, the activities can be expanded. It is important to make a local need inventory and to adapt the activities in accordance with the challenges that exist within the municipalities. Special efforts may be needed in order to reach groups that are at risk of marginalisation.

At the national level, more long.term strategies are needed. Efforts are being made in the Nordic countries, however there is little research as support for municipalities that are starting new endeavours. National follow-ups and development support can be one path to further developing and raising the status of family centres. Partnerships with the third sector can be a way of developing the activities according to, for example, the Danish model. Family centres contribute in all manners to developing the Nordic welfare model. However, a shared house is not sufficient. In order to make a difference for families with varying needs, a long-term strategy is needed both at the local and national levels, which is one of the most important things that we wish to communicate in this report.

We would like to give special thanks to the participants in the reference and expert groups who have contributed in many ways to the content of this inspiration booklet:

REFERENCE GROUP

- Vegard Forøy, Norwegian Directorate for Children, Youth and Family Affairs (Bufdir), Norway
- Anne Katrine Tholstrup Bertelsen, Danish Ministry of Social Affairs and Integration, Denmark
- Tórhild Højgaard, Ministry of Social Affairs, Faeroe Islands
- Lára Björnsdóttir, Ministry of Welfare, Iceland
- Súsanna Nordendal, Ministry of Social Affairs, Faeroe Islands
- Monica Norrman, National Board of Health and Welfare, Sweden
- Birgit V Niclasen, Ministry of Health, Greenland
- Anne Melchior Hansen, National Board of Social Services, Denmark
- Mia Montonen, FSKC, Finland
- Riitta Viitala, Ministry of Social Affairs and Health, Finland
- Doris Bjarkhamar, Ministry of Social Affairs, Faeroe Islands

EXPERT GROUP SIMPLIFIED ACCESS TO SERVICES

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- Vibeke Bing, Föreningen FFFF, Sweden
- Gørill Warvik Vedeler, RKBU Nord, Norway
- Mia Montonen, FSKC, Finland
- Ulla Krogager, Mødrehjælpen, Denmark
- Mette Kirkegaard, National Board of Social Services, Denmark
- Ingeborg Wien, Municipality of Ringsaker, Norway
- Mia Nordlund, Municipality of Hangö, Finland
- Monica Martinussen, RKBU Nord, Norway

Special thanks to the participants in the pilot project that was carried out in Århus, Esbjerg, Ringsaker, Vänersborg, Huddinge/Skogås, Tensta, Pargas, Hangö and Heinola.

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