Program 3.3.2020

14.45: Welcome / Deputy Mayor Sanna Vesikansa

15-15.30: Presentation of Family Centre operating model / project manager Anna-Kaisa Tukiala, senior social worker Jaana Toivio, senior social worker Bettina Von Kraemer

15.30-16: Presentation of social and crisis emergency / social and crisis emergency manager Pia Mäkeläinen

16-16.30 Tour in the Family centre

Questions, comments, discussion during the presentations and the Tour

City of Helsinki

Sanna Vesikansa

Deputy Mayor for Social Services and Health Care

Helsinki

College of Helsinki Mayors



Jan Vapaavuori ^{Mayor}



Pia
Pakarinen
Deputy Mayor
Education division



Anni Sinnemäki Deputy Mayor Urban environment division



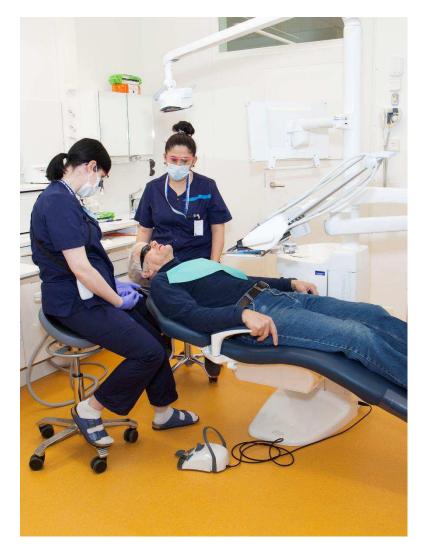
Nasima
Razmyar
Deputy Mayor
Culture and
leisure division



Vesikansa
Deputy Mayor
Social services
and health care
division



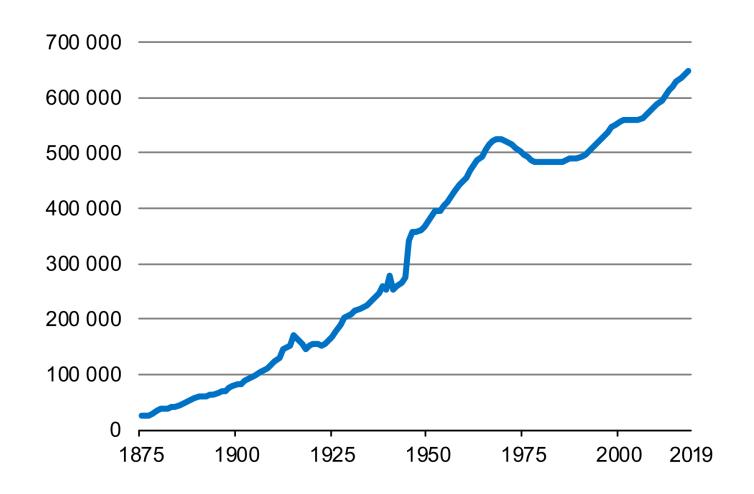




Social Services and Health Care Division

Helsinki is a fast-growing city

Helsinki population



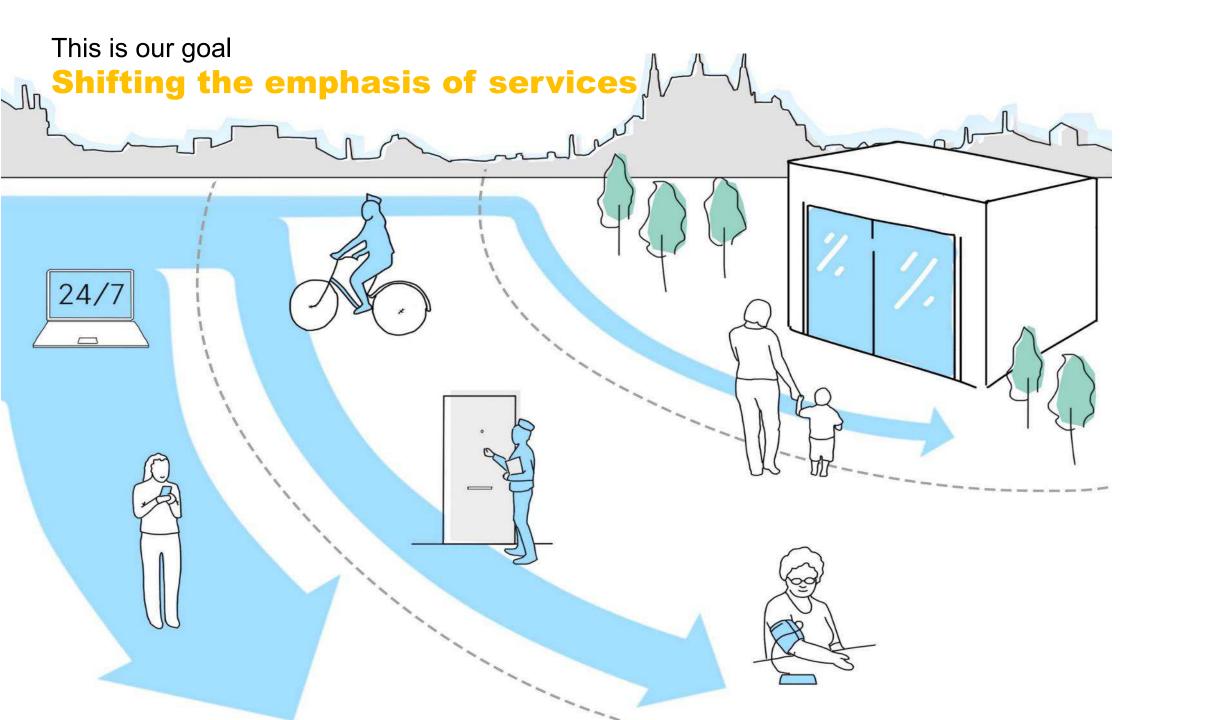
Helsinki has full responsibility for health and social services...

For now



The integration of social services and healthcare





Health and well-being centre

Health care and well-being services easily accessible for residents. High-quality services that make a difference, in a productive and client-oriented way.



Helsinki

the dients perspective, whether the dient needs help occasionally of extensive

Senior service centre

CITY SENIORS - LIFE AND DIGNITY



COMPREHENSIVE SERVICE CENTRE

Service need assessment and client counselling

Supporting agency

Necessary multidisciplinary support

24/7 electronic services and remote services

Multidisciplinary care and rehabilitation







HOSPITAL



HEALTH AND

WELL-BEING

CENTRE

Family centre

Services for families with children under one roof

Parenthood support

Reinforcing resources

Multidisciplinary competence

Support comes to the family





Youth Social Inclusion





Increased Demand For Mental Health Services For the Youth

- Survey of school children (grades 8 and 9) shows that experiences of anxiety has increased from 13,7 % to 15,7 % from 2017 to 2019 in Helsinki.
- There is an increased demand of services.
- We need stronger service chains and also easily available simple services.



Family centre operating model

Social Services and Health Care Sector City of Helsinki



Family centre

Services for families with children under one roof

Parenthood support

Reinforcing resources

Multidisciplinary competence

Support comes to the family





The family centre combines the services offered for children and families, from universal services to special support

- Maternity and child health clinic services
- Home services for families with children
- Social guidance for families with children
- Maternity and child health psychologist services
- Preventative oral health services for children and young people
- Speech therapy for children
- Physical and occupational therapy services
- Upbringing and family guidance services
- Service needs evaluation and support for families with children
- Social work and family work
- Child welfare outpatient social work
- Intensive child welfare family work
- Services for the disabled
- Therapeutic work for families with infants
- Specialized health care





Helsinki

- Around 643,272 inhabitants
- 6,566 births / in 2017
- 46,033 children between 0 and 6 years of age
- Each Public Health nurse takes care of
 - 40 pregnant women and
 - 200-250 children
 - continuity
- Maternity and child health clinics: 3 family centers, 16 clinics, aprx. 215 public health nurses



Maternity and child health clinic work in Helsinki

- Services are given to pregnant women, expecting families, children below the school age and their families.
- Visits to the clinic in accordance with the health check-up programme.
- Doctor services are available at Neuvola.
- Guidance in small groups for women with gestational diabetes.
- There are many families with immigrant background and communication is ensured with the help of interpreters.
- Around 98–99 % of families utilise maternity and child health clinic services.
- All maternity and child health clinic services and vaccinations that are part of the check-up programme are free of charge to families and funded by taxes.

Family centre contact channels



Centralised maternity and child health clinic guidance and appointment booking service

- Telephone service, call-back service
- Chat + chatbot NeRo



Social welfare counselling for families with children

- Telephone service, call-back service
- The 'Need help?' button
- Home services for families with children



Emergency child welfare services

- Telephone service
- Electronic forms for contact with social services and child welfare notifications

The Family support website for families with children in Helsinki complements the family centre services

www.hel.fi/familysupport

- Trustful and evidence based information and guidance for families with children
- Electronic family coaching
- The maternity and child health clinic chat and chatbot
- Need help –button for families 24/7



Family





Family centre operating model

A service package customised for the client is built around the client

- Children and families with occasional service needs
 - Investments are made in providing good access to maternity and child health care services, and agile and timely early support
 - Digital services with self-treatment and self-service options are also offered
 - The maternity and child health clinic team provides multidisciplinary early support for children and families
- Children and families with many service needs
 - An integrated service package is offered, where the multidisciplinary service needs assessment is only conducted once and the child's and family's matters are coordinated by an appointed case worker



The service needs evaluation and support for families with children

- Conducts the service needs evaluation together with the child, family and cooperation partners
- Provides support and guidance for the family and helps them seek further services, if necessary
- Visits the school, pre-school or maternity and child health clinic, for example, to support the child, family and those working with them, if necessary
- The evaluation takes a maximum of 3 months
- Allows families to have a comprehensive evaluation and support instead of fragmented and overlapping evaluations

The working group includes:

- A senior child welfare social worker
- Child welfare social workers
- A social worker and psychologist from the Family Counselling Office
- A social care worker from the adult social work
- A nurse from the psychiatric and substance abuse services
- A client who needs several services receives a personal case worker and a shared client plan





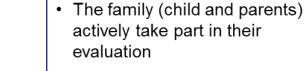
The concept of the service needs evaluation and support for families with children

Network/cooperation partner:

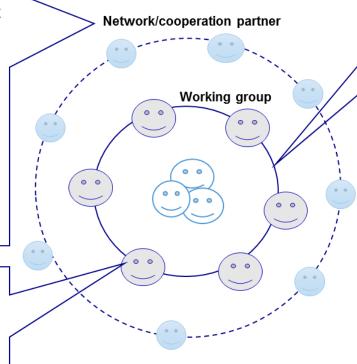
- Identifies children who might have multiple service needs
- Makes contact or files a child welfare report, if necessary
- Functions as a cooperation partner in the evaluation
- Handles the client after the evaluation, if necessary

Working group:

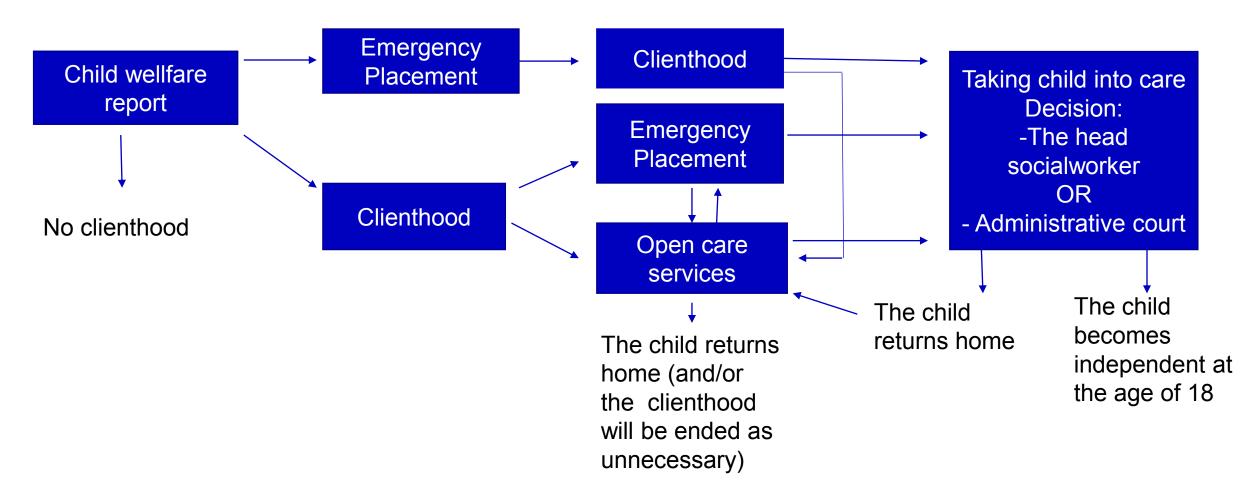
- The case worker from the working group
- The rest of the working group's multidisciplinary know-how is also flexibly available



- The client's own understanding of their experiences is important
- The work is child- and familyoriented
- A comprehensive evaluation that combines the expertise and multidisciplinary know-how of several operators working together
- The extent of the evaluation always depends on the client's needs
- Simultaneous short-term support and guidance for the child and parents
- After the evaluation, the client is guided to receive coordinated support, in accordance with their client plan



The Process of Taking Child into Care



The Client Process of Child Protection in the City of Helsinki

Assessment

Open Care

Consultations

Reseives child wellfare reports

Assessment of the need for services

Assessment of the need for child wellfare

Guidance & information for both citizen and authoratives

Emergency placements

No services of child protecttion during assessment

Organised work aimed for the change

- Interaction/ meetings with the client at office/ house calls
- Client plan
- Finding the suitable services:
 - Intensive family work
 - Peer groups
 - Family rehabilitation
 - Support for the adolesent becoming independent
 - Safe houses
 - Supportive housing for the mother and a newborn
 - Services for the mental health and/ or substance abuse
 - Services in case of fysical abuse (for both parties)
 - Supportive mentors and families
 - Family counseling, etc.
- Networking with the services
- Placements
 - Open care placement
 - Emergency placement
 - Taking into care

During Placement (in Care)

- Meets the child and parents/ guardians during the in care placement
- Individual client plans for the child and the parents
- Collaboration with other services
- Evaluating of the possibilities for the child to return home
- Support for the adolesent becoming independent
- Networking with the services
- Finding the suitable services = in collaboration with the staff = of the foster care

The Foster Care Offers:

- Family work
- Family counseling
- Support for the

schooling

After Care (18 y->)

- Offers housing and support with the skills needed to become independent
- Offers guidance, information and financial support
- Support for schooling and education

 Organizes and offers
- Organizes and offers financial support for hobbies
- Peer goups
 Masters the assets
 collected during
 placement
- Networking with the services

Helsinki

Different Placements in Child Protection Services

Open Care Placement

- Short term (from days to months) -
- Foster families and facilites specialised in emergency situations and assessment
- Decided in collaboration with the family
 - Guardian
 - Child over 12 years old
- NO MEASURES OF RESTRICTION:
 - Holding the child
 - Tests for the intoxication
 - Inspecting the belongings
 - Restricting the right to leave the premisess
 - Restricting the right for contacting close ones

Emergency Placement

IMMEDIATE SEVERE DANGER:

- The child is beeing endangered by his/her family
- The childs behaviour endangers him/herself or others
- Evaluation made by the social worker
- Decision made by the head social worker
- Lasts max. 30 days and can be
 - continued with a new decision for an additional 30 days
 - → max. 60 days in total
 - After the emergency placement:
 - A new decision of open care placement
 - Taking the child into care
 - The child returns home
 - → Support with open care services
- Measures of restriction are common

Taking Child into Care

Justfication:

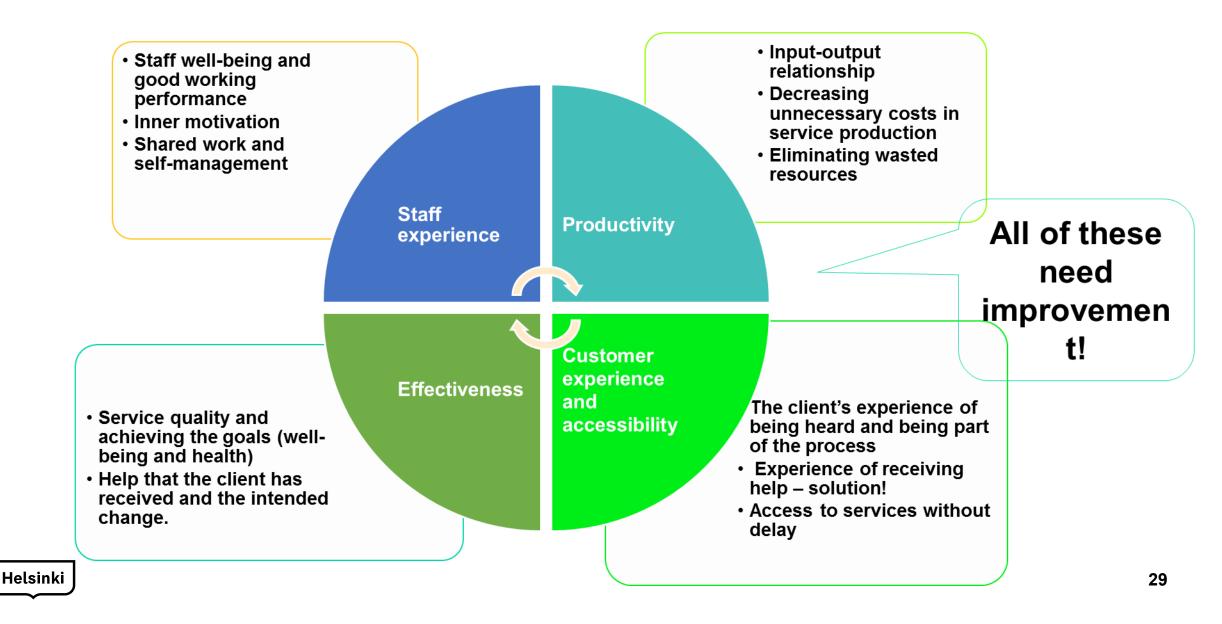
- 1. The growth and/or development of the child is/are endangered severely
- 2. The services in open care are:
 - Insufficient and/or
 - Impossible
- 3. The placement is in the best interest of the child
- Always in effect INDEFINITELY
 - → still only untill the age of 18
- Warrants the after care
- The guardianship and obligations for maintenance won't change
- Authorities collect and master assets for the child that will be used to support the independence process

What practical changes will the family centre operating model introduce?

- Opening hours will be extended
- Strong universal services will become easily accessible
- Timely and agile early support will be available
- The multidisciplinary service needs evaluation and support for families with children will be available, when necessary
- Special services as required
- Tailored services that suit the client
- Multidisciplinary support and team work
- Digital, electronic and mobile tools
- In addition, professionals visiting homes and daycare centres



Four goals: these are our service reformation objectives



The benefits of the family centre operating model

- 1. From the client's perspective, access to services will be improved
- More diverse services provided under one roof
- Complicated service networks will become simpler
- Appointments available in the evenings, as well
- Self-care, electronic and digital services, chat, smart referrals and medical history forms (Apotti + ODA)
- Client satisfaction is measured with feedback systems and surveys
- 2. Better effectiveness with fewer appointments
- More diverse services provided under one roof
- A team work model and multidisciplinary operation
- **3. Productivity** will increase from the employee's perspective
- More agile consultation possibilities
- A team work model and multidisciplinary operation
- New work methods, communality, ground rules.



4. Employee satisfaction is monitored and evaluated with feedback, workshops and surveys



The progress of the family centres

Itäkatu

• The first of the family centres, began operating in June 2017

Vuosaari

- Introducing the family centre and health and wellbeing centre concepts in existing facilities
- Began operating in June 2018

Kallio

Began operating in June 2019

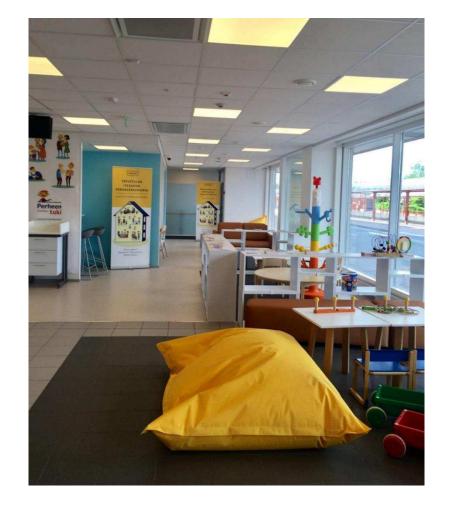
Kamppi / City center of Helsinki

- Autumn 2021
- Western and northern Helsinki Family centres

 Helsinki

 2027









Family centres in Helsinki https://www.youtube.com/watch?v=JIGPD8lihgk&feature=youtu.be

Examples of services brought to the families' and children's own environment

At the maternity and child health clinic:

- Home visits during pregnancy for mothers who require special support, conducted together with other
 operators, such as the head instructor of the home services, a social care worker or a social worker from
 Child Welfare Services.
- · Home visits to parents with their first child
- In the child health clinic at daycare model, a daycare centre and oral health care operators work together to organise health checks for 3-year-olds at daycare

Other workers providing services for families with children:

- The family workers of home services and the social care workers for families with children work at the client families' homes
- The needs evaluation for home services is conducted at the family's home, often in cooperation with other operators
- During the service needs evaluation for families with children, the workers often meet with the families at their homes, but can also visit the school, daycare or hospital, for example, when necessary
- Family work is conducted at the home and other development environments of the child In urgent situations, the intensive child welfare family work team will visit the family's home in under 24 hours



Thank you!









Helsinki