
POSTER ABSTRACT

Promising models of multi-disciplinary integrated people-centred family services in six OECD countries

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Outi Kanste¹, Katja Joronen², Nina Halme³, Marja-Leena Perälä³, Marjaana Pelkonen⁴

1: University of Oulu, Finland;

2: University of Tampere, Finland;

3: National Institute for Health and Welfare, Finland;

4: Ministry of Social Affairs and Health, Finland

Introduction and aim: Several countries have developed children and family services towards more integrated people-centred care based on involvement of families as partners in care and early intervention strategy. The aim was to find out what kind of integrated family services are in those selected OECD countries where integrated services have been developed (England, Netherlands, Norway, Sweden, Denmark, Finland) and what kind of benefits have been found from these services.

Methods: The scoping review was used. Search engine and database searches were made. However, majority of the literature was found by using the hand search. That information was sought from the websites of governments and other authorities in selected countries.

Results: In all six countries there were family centres (or children or family and children centres). The purpose of centres was quite common: to improve outcomes for young children and their families and reduce inequalities between families by providing services in an integrated people-centred manner. However, the practices varied quite a lot from each other. In most countries, the Netherlands, Sweden, Finland and Norway, the family centres provide universal services covering all age groups of children and young people. However, the other models were aimed particularly at disadvantaged areas (England) or distinct groups (Denmark).

The benefits found of the implementation of family centre practices were e.g. improved accessibility, availability and continuity of services, enhanced multiprofessional collaboration and communication between professionals, better reaching families with special needs and foreign-based backgrounds and several positive outcomes on family life and psychosocial well-being.

Discussion: Family centres in selected countries have a quite similar purpose but the family centre models differed quite much. Some family centres provide universal and need-based services and some of family centres based on special needs of children and their families. Only England had conducted wider effectiveness study, and no systematic evaluation has been carried out in Nordic countries, but a larger evaluation study is currently in progress in Norway.

Conclusions: Family centres have a great opportunity to provide multi-disciplinary integrated people-centred services which are universal and needs-based and taking also into account the special needs of children and families.

Lessons learned: Integrated family services can contribute to the continuity and fair allocation of services. In order to ensure equal access to services, national policies and quality criteria should be established.

Limitations: Main limitations of this review are a lack of effectiveness studies on the field and the difficulty to compare the family centres because of different models of care.

Suggestions for future research: Further systematic and controlled effectiveness and evaluation studies are needed in terms of internationally comparable impact of integrated people-centred family services.

Keywords: children; family centres; integrated services; multidisciplinary cooperation; coordination
