



National Children's Bureau Northern Ireland

Early Intervention Study Visit to Finland

23–25 September 2013





Early Intervention can be defined as
'intervening early and as soon as possible to
tackle problems emerging for children, young
people and their families or with a population at
risk of developing problems. Early intervention
may occur at any stage in a child's life'
(C4EO, 2011)

Early Intervention (EI) is increasingly central to the emerging policy agenda here in Northern Ireland, as well as across the UK, with many agencies structuring their priorities around this ideal.

It is encouraging to see emerging widespread commitment across government departments and statutory organisations for a prevention and early intervention approach in children and family services. It is important to capitalise on this momentum and provide implementation support for policy makers and commissioners.

It is critical that we consider the evidence base for effective interventions as well as the good practice that exists elsewhere and understand how to implement new approaches or further integrate existing good practice to ensure the best possible outcomes for children and young people.

Understanding other approaches to integrating services and prioritising early intervention is important and can be gleaned from reading materials. However, meeting fellow policy makers and practitioners in another area/ country can also further embed learning and inspire collaborative working.

With that challenge in mind NCB NI proposed to lead a case study visit to Finland in September 2013. The trip was part funded by Atlantic Philanthropies. This paper outlines the rationale for the visit; key Finnish policies; and the implications for Northern Ireland policy and practice.





Outcomes

Learning outcomes for the study visit

NCB NI proposed this visit as an opportunity for a select group of policy makers, commissioners and high-level practitioners, with a focus on early years, infant mental health, and the prevention and early intervention agenda, to meet with peers in Finland, to share good practice and inform the discussion on the way ahead for Northern Ireland.

The case study visit aimed to:

- Improve understanding of the Finnish early education and early years sector
- Increase knowledge on the work of the World Association of Infant Mental Health; the infant mental health policy context in Finland and specific programme delivery – to inform further development of the infant mental health agenda and parenting support in NI
- Strengthen relationships across policy and practice in NI by exploring with delegates the formation of an expert advisory group to continue the discussion and implement learning
- Improve understanding of the challenges associated with effective and sustainable implementation of early intervention approaches
- Improve understanding of the implementation process for prevention and early intervention services in Finland



Why Finland?

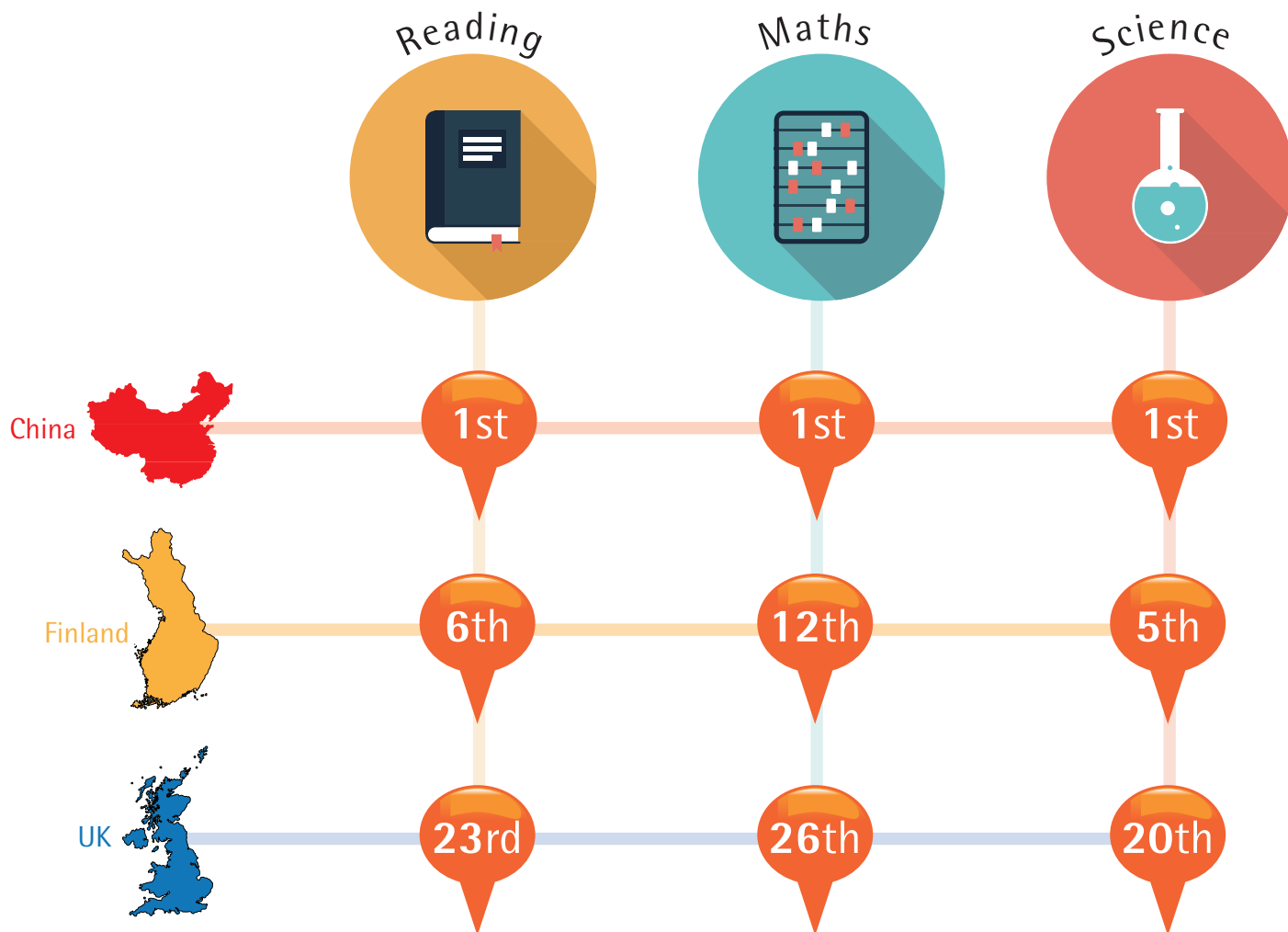
Global comparisons



NCB NI considered Finland a useful case study visit for a number of reasons. At central government level, Finland places a great emphasis on universal services for all children and families, regardless of region of residence or economic standing. This emphasis is firmly grounded in policy and legislation. There is also a central commitment to partnership with parents in ensuring the best start in life for all children.

World class educational outcomes

The OECD PISA (Programme for International Student Assessment) Survey, carried out each year, compares outcomes for reading, science and maths globally, and Finland has been at or near the top of the table for some years now. Although the recent results published have shown Finland drop down the table (with China moving into top position), Finland remains the highest ranked in Europe.



Source: OECD PISA 2012 Database



Low Child Poverty Rates*

1st Iceland 4.7%

2nd Finland 5.3%

22nd United Kingdom 12.1%

Source: Innocenti Report Card 10, 2012

*Relative child poverty, as measured by % of children aged 0-17 living in a household where disposable income (adjusted for family size and composition) is less than 50% of the national median income.



Low Infant Mortality Rates*

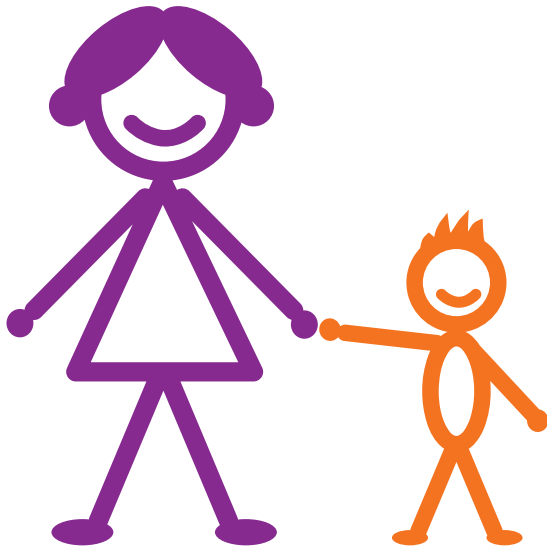
Finland 3

United Kingdom 5

USA 8

Source: UNICEF IMR League table, 2012

*per 1000 live births



Best place to be a mother*

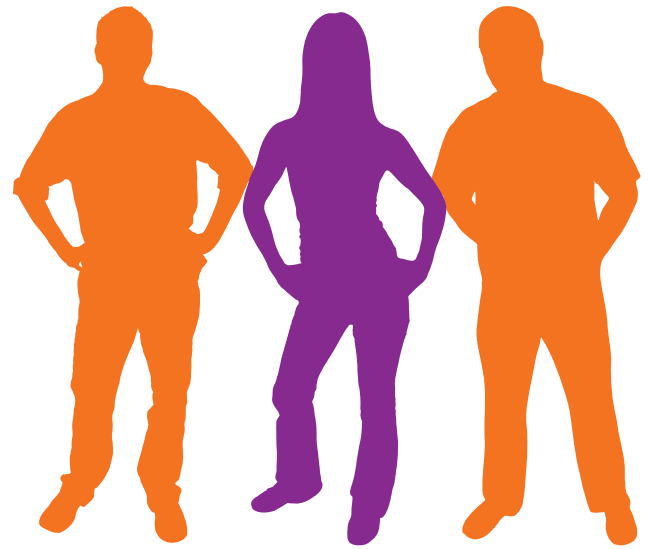
1st Finland

24th United Kingdom

31st USA

Source: State of the World's Mothers,
Save the Children, 2013

*The rankings consider mother and child health,
education, economic and political status.



NEETS (*Young people not in education, employment or training as % of total population*)

1st Netherlands 4.3%

7th Finland 8.6%

17th United Kingdom 14%

Source: Eurostat, 2012

Finland: Maximised support for parents to provide choices in childcare

Generous leave allowance

- Maternity leave** 105 working days (between 30 and 50 days before birth)
- Paternity leave** 54 days (18 days alongside maternity leave, and a further 36 when the mother is not on leave, up to the child's 2nd birthday)
- Parental leave** 158 working days, immediately after maternity leave. Can be split between both parents (60 days extra per child in the case of multiple births)
- Childcare leave** Parents are entitled to take unpaid childcare leave up to the 3rd birthday (only one parent can be off at a time). While unpaid, a childcare allowance is available.



Flexible childcare options

1. **Local authority-run day care:** This can be in a daycare centre or in the home of a family day care provider. Care can include evening, weekend or overnight care for those parents who work shift patterns. Fees are applicable depending on income, with the lowest incomes exempt. Fees make up around 14% of total provision costs.
2. **Private daycare:** again in a daycare centre or home of a provider. A private daycare allowance is available to subsidise this, paid by the Social Insurance Institute.
3. **One parent staying at home:** This option is available until the youngest child turns three. Home childcare allowance is available for each eligible child. If one parent works shorter hours due to childcare, a partial care allowance is also available.

Most parents make use of a combination of these options; approximately half of under-school age children are in local authority day care and around 4% in private day care. Daycare combines childcare, child rearing and education elements (known as the EduCare Model). Childcare is means tested until age seven (up to a maximum of €250 per month per child), with an allowance paid to those mothers who choose to care for their child at home.

Investment in workforce development

While compulsory schooling does not start in Finland until age seven, the focus before then is very much on an integrated learning and childcare approach. To ensure a quality service, key workforce in the early years sector are, in general, well qualified, at least to primary degree level. The early years curriculum prioritises learning through play and experience.



A life course approach to health and social care

Prenatal clinics: visit and examination at four months for the mother, as well as father and rest of family. Whole family wellbeing is assessed at this and follow up meetings. Prenatal clinics provide parental training for first time parents. This service is closely linked to maternity clinics and hospitals.

Child Health Clinics: Families receive a home visit from a midwife or nurse shortly after the birth, following which they attend a child health clinic at least nine times in the first year. After a year, visits are reduced to every 6/12 months until school age, when the school healthcare system then takes over.

School healthcare system: All children are seen by a school nurse once a year, and there are also more intensive medical check-ups provided in years one, five and eight. The system takes a whole-child approach, and considers mental health (including prevention of bullying) as well as physical health.

All of these services aim to identify at the earliest opportunity any emerging child mental health issues, and refer them to the appropriate services (eg child guidance or family counselling centres). Specialist mental health services are also available when the issue is more severe.

Recently, the Finnish baby box scheme has been highlighted in the local media. All first time mothers in Finland receive a box full of baby essentials, and the box can also double as a cot (supplied with bedding). This helps to promote equality for all new-borns.



The background of the slide is a photograph of the Northern Lights (Aurora Borealis) over a forest at sunset. The sky is a mix of purple, pink, and blue, with a bright green aurora visible in the upper left. The silhouettes of evergreen trees are visible in the foreground and middle ground.

Northern Ireland High Lights

Following the case study visit, and on further discussion and reflection post-visit, we would highlight the following lessons from the Finnish experience.

Policy and Practice implications for Northern Ireland

1. The Finnish culture is one of respect for all, including children and young people. Differences in income and status are very much down-played, with universality promoted across services. There is a focus on investing in the early years of the lives of ALL children and young people.
2. Finland places an emphasis on ensuring that all staff working within the early years sector are trained to the highest standard. We are delighted to note that this commitment is now mirrored in the Department of Education (DE) 'Learning to Learn' early years framework, and in the NI Executive 'Bright Start' childcare framework, with key actions including the introduction of professional development programmes, increased development opportunities and a review of relevant qualifications.
3. Services provided are delivered to a very high standard. This is in no small part due to the low ratio of staff to children in Finnish daycare settings (7 children:1 adult). Current DE guidelines specify 13 children:1 adult in statutory settings, and private settings must maintain a minimum of 8 children:1 adult (Children (NI) Order 1995).

We recommend that statutory ratios are revisited with a view to piloting a significant ratio reduction across services.

We need to see a clear outworking of these commitments, taking a joined up approach across government departments to ensure maximum impact.

4. Parents are supported to do what is best for them and their children in the early years. There are several options available in terms of childcare, giving the parents a choice to stay at home or return to work, whichever suits their situation best. Focus is on ensuring parents are informed and equipped to carry out their role in the best possible way.

Through the Delivering Social Change Signature Programmes, work has commenced to ensure parents have access to support and information through family support hubs and delivery of key parenting programmes. NCB NI recommend that the emerging Early Intervention Transformation Programme should promote this development of parental support through the design and delivery of a portfolio of evidence-informed early intervention programmes. It is critical that voluntary and statutory sectors pull together to ensure a coordinated approach to parental support.

5. Consistency is key in terms of health and social care for children and families. Effort is made to ensure that the same multi-disciplinary team work with a family from conception, through birth and into the early years. This continuity of care is not currently the norm in Northern Ireland and it is critical that this approach is considered.

6. It was clear from delegate discussions that several good practice examples of child and family support already exist in Northern Ireland. While it is useful to look to other countries to consider new ways of working, it is critical that we harness our own skills and promote successes across Northern Ireland, measuring impact and regionalising good practice. We recommend that Family Support Hubs should provide a clear and consistent approach with transparent impact measurement and referral pathways for all children, young people and families.

List of site visits

- Mannerheim League for Child Welfare
- Tipotie Social Services and Health Centre
 - Family counselling centre
 - Maternity and health clinics & multi-professional team service for families
- World Association for Infant Mental Health
- Child Psychiatric Clinic and Neonatal Clinic, Tampere University Hospital
- University of Tampere
 - Departments of Early Childhood Education, Social Sciences, Nursing and Mental Health
- Luhtaa Daycare Centre

Delegates



Name	Job Title	Organisation
Alison McNulty	Chief Executive	Tiny Life
Annamarie Hassall	Director of Programmes	National Children's Bureau
Cecil Worthington	Director of Social Work, Children's and Community Services	Belfast Health and Social Care Trust
Celine McStravick	Director	National Children's Bureau NI
Claire Dorris	Knowledge Management Officer	National Children's Bureau NI
Clare Mangan	Chief Executive	Belfast Education & Library Board
Dawn Shaw	Operational Director Children's Services	Action for Children
Eamon McMahon	Systemic Psychotherapist	Child and Adolescent Mental Health Services (CAMHS)
Fionnuala McAndrew	Director Social Care and Children	Health and Social Care Board
Gary Ó Donnchadha	Deputy Chief Inspector	Department of Education & Skills, Ireland
Janet Calvert	Health and Social Well-being Improvement Manager	Public Health Agency
Jason White	Assistant Director for Promoting Health and Wellbeing	South Eastern Health and Social Care Trust
Jennifer Gargan	Executive Director	EPIC
Joy Poots	Project Co-ordinator	South Belfast Sure Start
Kieran Downey	Director of Women & Children's Services	Western Health and Social Care Trust
Lynda Wilson	Director	Barnardo's NI

Name	Job Title	Organisation
Marlene Collins	Director of Programme Implementation, Training & Evaluation	Early Years Organisation
Maurice Meehan	Health & Social Wellbeing Improvement Manager (Regional)	Public Health Agency
Michelle McCabe	Communications and Resources Manager	Lifestart Foundation
Owen Whitford	Administrator	National Children's Bureau NI
Peadar White	Head of Service for CAMHS / ASD / ACE	Southern Health and Social Care Trust
Paul McConville	Social Services Officer - Safeguarding, Child Protection & Early Intervention	Department of Health, Social Services and Public Safety
Paul Murray	Programme Executive	Atlantic Philanthropies
Sholto Carnew	Suicide Prevention and Positive Mental Health Policy Lead	Department of Health, Social Services and Public Safety
Susan Gault	Head Of Public Health Nursing	Northern Health and Social Care Trust





Funders

The
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Philanthropies

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