

# **EXPERIENCES OF PREVENTIVE FAMILY WORK**

Clients' Experiences of City of Espoo's Home Service

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Spring 2018  
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Degree Programme in Social Services  
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## **ABSTRACT**

Furxhi, Emma. Experiences of Preventive Family Work – Clients' Experiences of City of Espoo's Home Service. Diak South, Helsinki, Spring 2018, 45p., 1 appendix. Diaconia University of Applied Sciences, Degree Programme in Social Services, Option in Community Development, Bachelor of Social Services (UAS)

The aim of the study was to find out about the experiences of the clients of home service in the city of Espoo. The purpose was to provide information to city of Espoo to about their clients' experiences and thus help them evaluate and develop their service. The thesis focused on preventive work among families.

The study was done using qualitative research methods. The data was collected via an online questionnaire. The questionnaire consisted of mostly open questions. The data was analysed with an inductive content analysis.

The respondents were mostly content with the service. Five out of six respondents reported of having received help for the problems they needed for the home service for. The respondents reported of receiving practical support for family's wellbeing and mental support. Also lack of resources came up in the responses: there was often a lack of substitute workers in a case of sickness. In addition, a lack on communication between other service providers was mentioned.

Key words: family, preventive family work, early support, home service, qualitative research, inductive content analysis

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# 1. INTRODUCTION

The thesis studies the experiences of clients of preventive family work. A questionnaire was done in City of Espoo to find out about the experiences of the clients of Home Service. The thesis also aims to give information of the current, changing setting of preventive family work.

The topic of preventive services is very current for several reasons. There has been constant discussion in the media and among the politicians and experts about the growing problems and exclusion among children and families. (Heino 2007, 7; Järvinen, Ritva; Aila, Lankinen; Terhi Taajamo 2012; Kananoja 2008; Lammi-Taskula & Karvonen 2014, 224; Uusitalo 2005.) It has been stated that the Finnish service system tends to start functioning only when severe problems occur in families (Lammi-Taskula & Karvonen 2014, 214). Also the decision makers and municipalities have started to comprehend that the preventive family and child welfare services have not been sufficient in the past and the need for the services has slowly started to be acknowledged. Thus the new Social Welfare Act 1301/2014 has put more emphasis on preventive measures.

In addition, the government, Ministry of Social Affairs and Health and National Institute for Health and Welfare have searched for ways to prevent social problems among children, youth and families. Child and Family Reform Program LAPE aims to reform the services for children and families during 2016-2018. The focus of the services will be shifted towards preventive work and early support. For example the new family centres will bring together the services for families and coordinate the work different stakeholders do. (Ministry of Social Affairs and Health 2016). Also currently the Ministry of Social Affairs and Health is investigating how to renew child welfare to be less burdening for the workers. (Ministry of Social Affairs and Health 2018).

Some municipalities in Finland have already invested in preventive family

work and have received positive results. They have reported of remarkable savings; Mäntsälä and Pornainen have saved approximately million euros annually, which makes their costs nine per cent smaller compared to other same-sized municipalities. Their ideology is simple: when the parents are well, the children are well. (Yle uutiset, 2016). Similarly, the amount of new child protection clients was halved in one year in Raahe, from 2014 to 2015, as did the investigations for the need of child protection (Karjalainen 2015). In Imatra 60 per cent less children were taken into custody in 2015 compared to 2009. The positive change was noticed elsewhere in the South Karelia region and measures of early intervention have been taken, which has caused 40-70 per cent reduction in emergency placements (Malmi 2015; Malmi 2016).

The aim of the thesis is to find out what kind of experiences the clients of preventive family work have of the service. Therefore the research question is "*What are the clients' experiences of preventive family work?*" The data for the study was collected via an electronic form to find out about their experiences. The gathered information was analysed by an inductive content analysis will be used for developing the work of City of Espoo's Home Service.

## **2. GROUNDS FOR FAMILY WORK**

This chapter presents the societal phenomena and social problems that preventive family work aims to prevent. First I discuss what kind of impact inequality has on families. In second part I talk about intergenerationality of problems: how problems can be inherited from generation to another. In third part I present the current situation of child welfare: the numbers of clients and costs.

### **2.1 Inequality and Exclusion**

Inequality in early childhood also produces challenges in normal functioning in society later in the future (Conti & Heckman 2012, 3). Early harmful experiences have been proven to impact on a child's future: poor examination results, high rates of teenage pregnancy, unemployment, depression, suicide and substance misuse (Allen 2011, 23). Also it is studied that family influences are associated with higher risk of criminal activities as a result of challenging early childhood conditions, behavioural problems and problems with parenting. Therefore, it is important to provide support services to families who have challenges with parenting in order to reduce the risk of child abuse and harmful life choices later in adulthood. (Davine, 2014, 71-72.)

Also Bardy (2013, 17). claims that the roots of many problems in industrial countries are in inequality: inequality is associated with shortened life expectancy, mental health problems, domestic violence and criminal activities. The growth of social problems and inequality in society leads to more clients in child welfare services. The families in child welfare have problems with exclusion-related shame, mental health, substance abuse, family conflicts and domestic violence.

Family poverty has not reduced noticeably after the depression in 2007,

but relative poverty has rather increased (Lammi-Taskula & Karvonen 2014, 86). Poverty itself doesn't mean there are problems in the family, but family's poverty and unemployment can create a risk for exclusion, becoming a client of child welfare and for taking children into custody (Lammi-Taskula & Karvonen 2014, 91; Lämsä 2007, 198). Lämsä reports of weak financial situation in a family leading to stress and fights about use of money among the parents. The parents' escalated problems can lead to inability to take care of child's needs, which can eventually lead to taking the children into custody. (Lämsä 2007, 198.) More effects of financial problems will be presented in the next chapter.

Comprehensive early inventories, again, have proven to be impactful in preventing early childhood disadvantageousness and poverty (Bardy 2003). Therefore welfare of children should be supported at a very early stage because attachment to society starts already at birth (Lammi-Taskula & Karvonen 2014, 208).

## **2.2 Intergenerationality of Problems**

It is important to invest in wellbeing of families because many problems can become hereditary. National Birth Cohort 1987 study by National Institute of Health and Welfare found out that disadvantageousness inherited from generation to another is an extensive and complex societal problem in Finland. The early childhood conditions and situations in a family have a great impact on future life. (Lammi-Taskula & Karvonen 2014, 208.)

Families' financial problems play a big role on children's future welfare. For instance 72% of young people who had received basic allowance had a parent who had also received it. Parents' use of basic allowance impacted also on their children's educational level: 31% of young people

whose parents had received basic allowance were missing a degree after primary school at the age of 21. The corresponding number with young people with no basic allowance-receiving parents was 11%. 90% out of children taken into custody had a parent who had received basic allowance. Parents who had received long-term, over 92 months of basic allowance had 24% of children placed outside home. (Lammi-Taskula & Karvonen 2014, 208-211.) Child welfare client families mostly receive their main income from unemployment benefits, retirement allowance or other kind of social security allowance, such as basic allowance (Lämsä 2009, 197).

Similarly, over a half of young people who had received a psychiatric diagnosis had a parent who had received basic allowance. Parents' long-term use of basic allowance was associated with use of psychiatric services and psychiatric medication with 41 per cent of their children whereas the number with short-term basic allowance users children was 28%. It was also associated with children's criminal records: 39% of the children with parents using basic allowance long-term had records, while the number with the children from families with no use of basic allowance was 22%. (Lammi-Taskula & Karvonen 2014, 208-211.) Also, Uusimäki reported of child welfare client families getting used to receiving help from the officials and thus the children "inherit" being a client of social welfare office because it is a model they have learned (Uusimäki 2005, 45).

In addition, the children and young people who had prolonged problems with welfare were associated with a feeling of being an object of others' control and operations rather than having control over their lives. Receiving many different services lead to an experience of a lack of chances of impacting on their life and feeling like bystander in their own life. (Lämsä 2009, 210.)

Children, parents and the relatives create a safe network whose support impact greatly on individual's ability to cope in different life circumstances.



Thus a child or young person receives feeling of belonging, safety, social support, safety, social support and these create sociocultural capital and ability to perform normal life. Lack of these, again, causes the contrary: detachment, insecurity and lack of sociocultural capital. Therefore, paradoxically, family can be the reason for the problems for children and young people as well as the solution. (Lämsä 2007, 206, 208.)

Thus, Heinonen claims that supporting the parents is often the best child protection (Heinonen, et al, 2012). The reason is that most things causing child protection are related to parents: parents' tiredness, family conflicts, parents' feeling of insufficiency and helplessness as well as substance abuse and mental problems (Heinonen, et al, 2014, 2).

### **2.3 Numbers of Child Welfare**

The amount of children taken into custody has nearly doubled since the 90es, although there has been a mild decline in the past few years (Bardy 2013, 3). The amount of children placed outside home reached its peak in 2013 when a total of 18,022 children were in custody. The amount hasn't decreased remarkably since - in 2016 still 17,330 children were in custody. (National Institute for Health and Welfare 2016.)

Furthermore, there was a noticeable increase in child welfare notifications and requests: the number of child welfare notifications (121,372) increased by 5.7% when compared with the previous year. In addition, the number of anticipatory child welfare notifications increased by 20 per cent from previous year. Anticipatory child welfare notification is done in case there is a proper reason to suspect that a child will need support from child welfare after the birth. (Child Welfare Act 2007/417, Section 25c.) The number of requests made to social welfare services for child welfare need assessment almost doubled from 2015 (National Institute for Health

and Welfare 2016).

However, the amount clients receiving assistance in open care decreased by 22% after the renewal of Social Welfare Act in 2015. Before the family became a client once the need of child welfare started to be investigated but now after the renewal of the Child Welfare Act being a client begins after the decision is made for child protection service provision. Also, the families must be offered appropriate services stated in the Social Welfare Act, such as home service and family counselling if there is no need for actual child protection services. (National Institute for Health and Welfare 2016.)

In addition to the long-lasting social and psychological effects placing a child outside home is also a very expensive alternative for the state. The costs of the placement outside home in 2006 were 430 million euros whereas they grew up to 620 million euros in 2010. The costs of residential and foster care of children make approximately 3.2 % of the total social and health care costs in municipalities. Placing a child in foster family care costs about 22,000 euros annually, a professional family home care 60,000 euros, and care in a residential unit over 90,000 euros. (Heinonen, Hanna; Väisänen, Antti; Hipp, Tiia 2014, 8.)

The growth of the number of emergency placements and involuntary actions often indicate that child welfare helps children and families too late - maybe only when the situation has already turned into a crisis. Also the amount of clients in child welfare show that preventive services have not been sufficient. Therefore, there is a great need to change the focus of child welfare from reactive work towards preventive work. Child and family related social services have difficulties coping with the high number of clients that they are responsible for. (Heinonen et al 2014, 1-3.)

Furthermore, In Finnish government programme (2011) it is mentioned that all measures need to be taken to reduce the amount of children taken

into custody. Especially early enough supportive services for families have to be offered. (Heinonen et al 2014, 2).

### 3. THEORETICAL CONCEPTS

In this chapter I introduce child welfare and preventive family work, how they differ from each other as well as how they are placed among the other services. Also home service is presented as an example of the preventive service, it also being the focus of the study. I will discuss the key concepts and the laws that bind municipalities to offer the services. The last part presents the research literature and findings of effects and needs for family work.

#### 3.1 Child Welfare Family Work

Child welfare is a societal institution that regulates family and generational relations based on the legislation and human rights acts. Institutional child welfare's purpose is to protect the child from their parents or from themselves when the threat or harm is evident. (Vuori & Nätkin 2007, 66-67.) Child protection must provide necessary support services for the child's parents or custodians, or arrange other measures such as placing child outside home under conditions and circumstances threatening child's development. The objective of working methods in child welfare is to ensure child's safe growth environment, well-rounded development and special protection. (Child welfare act 417/2007, chapter 1, section 2.)

Child welfare aims at levelling inequality. It provides versatile services that aim at responding to people's practical, material, social and mental needs. The support is tailored for each family's and child's individual needs. The need can be short-term or long-term. (Bardy 2013, 19-20.)

There are different ways to divide family work. Rönkkö and Rytönen (2010, 32-33) divide it into *preventive*, *remedial* and *crisis work*.

Preventive child welfare family work uses an early intervention approach and working methods. The services aim to support every day life functioning. Workers intend to identify small problems that can potentially grow bigger and support the families in solving them. (Rönkkö & Rytönen 2010, 32-33.) These services aim at promoting and safeguarding child's development and welfare and supporting parenting (Child Welfare Act 417/2007). The work is done in several basic services and includes different support methods from different officials in day care, schools, youth work, prenatal and child health clinic services and in other services in social and health care, in third sector in churches and organisations. (Child Welfare Act 417/2007) The next chapter, 3.2, presents preventive family work that is done outside child welfare services, which is the focus of the thesis.

Crisis family work helps families in crisis situations, such as in cases of sickness, an accident or financial challenges. The families can be supported with family work in addition to different measures that are tailored for their needs, such as therapy. The family members may have different needs and can receive different kind of support services. The aim is to help the family to cope with the changed situation. (Rönkkö & Rytönen 2010, 33-34.)

Remedial family work aims to help family in more difficult situations. A child's welfare and safety can be in risk due to parents' life management problems or choices or other reasons. The work is also called as rehabilitative family work. The work has clear goals and a plan. The workers support the family with the process of making the agreed changes. A social worker needs to make referral about the family in order for the remedial work to start. (Rönkkö & Rytönen 2010, 34.) The processes can be long because the problems in the family are usually escalated and intertwined.

There are statutory child welfare services that are stated in Child Welfare Act. The services are provided by the municipalities. They are divided into open care service and child and family specific services, which include emergency placements, and taking a child into care, as well as substitute care and after-care. (Child Welfare Act 417/2007.) Some of these services can be offered as outsourced services. The investigation for the need child welfare and taking the child into custody are always done by social welfare office.

### **3.2 Preventive Family Work**

Preventive family work, also often called as family work, is a relatively new service provided by the municipalities. It has been organised differently in almost all of the municipalities and the workers develop the practices as well as the whole form of work. (Hovi-Pulsa 2011, 5.) Also the changes in the field of social work and in legislation reform the work. Unlike open care in child welfare, which uses similar supportive working methods, family work is not part of child welfare and doesn't require being client of child welfare. However, the services are provided also for clients of child welfare if there is need for them. The thesis focuses on studying the experiences of this type of low threshold, preventive family work.

It is hard to define the concept of family work and thus there are several different concepts of family work in the field that come from different methods and emphases. Family work can be an approach as well as a working method. (Järvinen 2012, 12.) The content and methods of family work vary depending on the sector the department is situated (Järvinen et al. 2012, 71). Family work involves a lot of multiprofessional cooperation. The cooperation often involves different officials: social office, maternity clinic, kindergarten and school. (Hovi-Pulsa 2011, 58; THL 2018.)

Therefore, many kinds of work done with families can be seen as family work: work in day care, schools, youth work, prenatal and child health clinic services and in other services in social and health care, in third sector in churches and organisations (Child Welfare Act 417/2007; Järvinen et al. 2012, 12). Also there are different group activities are part of preventive family work, such as peer groups, hobby groups, children's groups that can help with social relations or in a difficult life situation (Rönkkö & Rytönen 2010, 33). The municipalities offer social counselling and home service as preventive family services. The meetings are usually held in family's home. (City of Espoo.)

Family work is especially justified by the benefit of the child (Vuori & Nätkin 2007, 9; Uusimäki 2005, 26, 53). Family work aims to support the client families' wellbeing and thus create a good environment for growing for the child. The purpose is to support the family's own resources and to strengthen the interaction of the family. It includes counselling and guidance for families with children for everyday life challenges concerning parenthood, relationship and raising children. (City of Espoo 2018.) In addition preventive family work is used for reducing the number of child welfare customers and the need for special support (Järvinen 2012, 12). In family work service parents can receive support for parenting and questions concerning child raising or practical advice for example concerning child's daily rhythm, eating, sleeping and challenges occurring in different stages of childhood. The family counsellors guide to other services offered by the municipality. The work can help families that are waiting other support services to start. The family counsellors mostly meet the families in their homes. Meetings outside homes are also arranged, such as in open kindergartens, maternity clinics or libraries. The family counsellors also lead peer groups. (City of Espoo.)

The focus of family work can be also classified with different emphases in the client-worker relationship. In the other end there is worker-centred approach that emphasizes the expertise and power of the worker, whereas

the family is as an object of the help. The contents of the work are decided based on the worker's interpretations. In family-centred approach the worker and the client have an equal relationship. Worker's task is to empower the family by strengthening their decision-making, communication skills and helping them to find their strengths. Another emphasis in between the latter two is child-centred approach where the family receives help because of the existing worry towards a child. The family is involved in the planning of the work and in setting of the goals. (Rönkkö & Rytönen 2010, 35-36.) Uusimäki states that in preventive work family is seen as an active subject whereas in remedial family work it becomes an object of others' interventions. The workers' approach depends on the intensity of the intervention. (Uusimäki 2005, 37.)

The working methods that encourage participation and focus on client's strengths have been detected to be the most successful in family work in stead of the worker-centred approach that focuses families' flaws. Furthermore, a warm, supportive and balanced relationship between the client and has a positive impact on the outcome. (Bardy 2013.)

### **3.3 Home Service**

Home service is a service offered by the municipalities stated in the Social Welfare Act article 19 (Social Welfare Act 1301/2014). Receiving the service doesn't require being a client of child welfare, but also child welfare client families can receive it among other services. The work is done mainly by practical nurses. Municipalities can buy the services from private companies or from third sector.

Home service has long historical roots. Family work can be seen to have started in Finland in 1967 when Mannerheim League for Child Welfare and Social Parliament started a family work experiment that offered a home service for families with problems. The idea was adopted from



Sweden. (Hovi-Pulsa 2011, 57.)

In 1990 8,2% of families with children were receiving home service. In many municipalities the resources from home service were shifted to elderly care services in the 90es and the number of client families dropped to 1,6%. The shutdown of home service was criticized strongly and that had lead to increase in the provision of the service. (Bardy 2013, 19-20.) The cuts of the basic preventive services had a negative impact especially on those children's and young people's lives who didn't have a access to close community (Lämsä 2009, 210).

Home service offers practical help and guidance with child caring and with home chores in a family's home. The worker can for example give practically with taking care of children and household as well as help children with doing their homework. The aim of the work is to help ease the every day life and to support parents' assets. (Bardy 2013, 19-20; City of Espoo 2018; Lämsä 2009, 93.) It is offered for mostly based on the criteria of pregnancy or childbirth, two or more babies born in a family at the same time, crisis in a family, parent's or child's sickness or injury, parent's depression, parent's visit in another service such as therapy. The workers give guidance concerning the available services. The service is meant to be for a short term, but sometimes it can last longer when the situation requires it. (City of Espoo 2018.)

The co-operation starts with a home visit when the family's situation and needs are mapped. A service plan is made for the client family on a first visit. (Järvinen et al 2012, 14.) Hurtig reports home visits having a friendly, polite, jovial and warm atmosphere. Home as a working environment reduces the client-worker hierarchy. (Hurtig 2003, 122.)

### **3.4 Laws Concerning Family Work**

The focus of family work services changed in the renewal of Social Welfare Act into low threshold, preventive services. Before this the focus was on child protection open care services but now more emphasis is put on preventive family work instead. Also the conditions for emergency placement of a child became stricter. (Ministry of Social Affairs and Health 2016.)

Family work is particularly offered for the child's benefit, to safeguard their early life (Vuori & Nätkin 2007, 9). The UN Child Convention of the Rights of the Child (1991) is an internationally binding treaty. It highlights the best interest of a child in all actions concerning them, in legislation and budgeting in a state and municipal level. (Section 3). The governments have a responsibility to provide support services to parents. (Section 18).

Family work is statutory service stated in the Social Welfare Act 417/2007 in section 3, article 18:

Family work means supporting the welfare by social counselling and other necessary way in situations where client and their family or a person in charge of clients' care need support and counselling to strengthen their own assets and to improve their common interaction. Family work is offered to a child or a young person with need of special support to secure their health and development. (Finlex.)

The Child Welfare Act (417/2007) obligates the municipalities to follow and develop children's and young people's growth conditions and ensure adequate support for parents' upbringing task.

The Child Welfare Act (417/2007) also states the requirement of provision of Preventive Child Protection in section 3a:

In addition to child welfare the municipalities provide preventive child welfare as referred to in Chapter 2, with the aim of promoting the wellbeing of children and young people when a child or a family is not a client of child welfare services. Preventive child welfare is used to promote and safeguard the growth, development and wellbeing of

children and to support parenting. Preventive child welfare includes support and special support provided in the context of for instance education, youth work, day care, prenatal and child health clinic services and other social and health care services. When the child is a child welfare client, the support referred to in subsection 2 is provided as part of open or substitute care or after-care.

Also the requirement for provision of home service is stated in Social Welfare Act 1301/2014, the section 3, article 19.

### **3.5 Previous Research on Family Work**

Only little research is carried out about low-threshold, preventive family work in Finland. Some theses are written of the topic in the past years, mostly focusing of the experiences of some preventive family service in municipalities (i.e. Marttinen 2012; Kujanpää 2013; Kivilähde & Koivumaa 2014; Lehti 2015). Instead, more research is carried out about child welfare and its effects (Bardy 2013; Heino 2007; Heinonen 2014; Hurtig 2008; Lammi-Taskula & Karvonen 2014; Lämsä 2009). In addition there are some research and textbooks on family work that present different work methods and the field of family work in general. (Järvinen, et al, 2012; Vuori & Nätkin 2007; Rönkkö & Rytönen 2010; Uusimäki 2005).

Nevertheless, most research carried out claim that preventive, low-threshold services are more effective than remedial services. Most publications and experts call out for more resources into preventive family work. (Bardy 2013; Heinonen, et al, 2014; Lehti 2015.) Lämsä reports social workers experiencing the support methods as inefficient when the problems have prolonged and escalated in child protection (Lämsä 2009, 210). For instance Conti and Heckman claim that most adolescent and adult remediation programs are ineffective (originally cited in Cunha et al. 2006) and have much lower returns than early childhood programs that prevent problems at an early stage. Their claim is that supportive early

interventions that improve early life conditions are an effective ways to promote well-being also later in life. (Conti & Heckman 2012, 3.) Hurtig states that in remedial child welfare family work model the children are expected to benefit from the help that the parents receive although the adults' problems can be very difficult and concrete results may take years. Nevertheless, she highlights that helping a child without helping the parents creates a problematic setting too. She concludes that usually the help is offered too late. (Hurtig 2003, 38-40.) These findings from Conti & Heckman and Hurtig speak on their behalf about the importance of early intervention since helping can become very challenging and less effective when the family's problems have prolonged and escalated.

The investigative approach dominated social work model since mid 90es aimed to find out whether a child is suffering or is likely to suffer significant harm before considering whether they were in need of services. This model was developed despite the legislative intention to remove families from the threat of excessive non-consensual state interference unless there were clear grounds for it. The research by British Department of Health (1995) stated that the social workers' focus on risk and investigation of possible child abuse tended to exclude the possibility for a more supportive service-provision approach. The research concluded that social work was focused almost entirely upon risk and investigation of suspected child abuse rather than in assessing and providing services to children in need. (Davine, 2014, 71-72.) Trotter (2004, 54) claims that the best outcomes in child welfare work are associated with workers who are able to convey to their clients that they are operating in a both 'helping' as well as 'investigatory' role, while the worst outcomes included those are only able to express to their clients that they are there in an investigatory role. (Beckett 2007, 41). Similarly, in preventive work the worker's 'helping' type of role should empower the clients when they anticipate the workers' sincere desire to help them and not to monitor them.

Child welfare has been criticized for open care services being too parent-

centred, where the emphasis of the work is on helping the parent with their issues, where a child is neglected, in order to protect the unity of the family. Lately the child-specific approach has been popular, the child has been seen more as an active individual and placed more into the core of the work methods. (Hurtig 2008; Hovi-Pulsa 2011, 61.) Hurtig describes in her doctoral dissertation's practical research (2008) how the child welfare open care family work often doesn't take enough action to protect the child in a challenging, even harmful family situation. This notion is really alarming, although too much shift away from family-centred approach is against the other research findings: when you help the family, you help the child, especially in preventive family work.

## 4. PURPOSE AND OBJECTIVES

The aim of the thesis is to study the experiences of preventive family work, to find out how the preventive, low-threshold, early supportive work helps the families. The thesis aims to find out what are the possible subjectively experienced impacts on the wellbeing of the family. The purpose is to receive information from the clients to be able to develop the work of home service in the City of Espoo. In addition my objective is to raise awareness about the importance on the preventive measures and to clarify the current, somewhat confusing field of preventive family work.

The research question is: *What are the clients' experiences of preventive family work?*

I want to study this topic in my thesis because, as the studies show, healthy, balanced adults come from healthy, somewhat well functioning families that have received the support they've needed, whereas escalating problems in families lead to life-management challenges later in life (Lammi-Taskula & Karvonen 2014). Obviously all families have their problems but with early adequate support i.e. from friends, relatives or service-providers many challenges can be tackled.

## **5. RESEARCH METHODOLOGY**

In this chapter I explain the research methodology I used: the research environment and target group as well as the data collection and analysing methods. I will also describe the research process.

### **5.1 Research Environment and Target Group**

The target group of my thesis were the clients of City of Espoo's home service. The selected group of clients consisted of those who had been receiving the service for minimum two months, in order to get more experiences from them.

I received six responses in the questionnaire. The clients consist of families who had that had a challenging situation in life, for example a sickness in a family, and need practical help with everyday tasks. The actual respondents were all mothers.

### **5.2 Data Collection Method**

The type of research is qualitative, which is suitable when you study phenomena or experiences in social context. Bryman (2008) implies that qualitative research is about "seeing through the eyes of the people being studied". (cited in Joutsijoki 2015, 34) (Tuomi & Sarajärvi 2013, 125). Qualitative research method allows the participants to express their experiences in a more open and versatile way.

The research was conducted with an online questionnaire for the clients of home service (APPENDIX 2). Hirsijärvi suggests choosing a method where client's point of view and "voice" can come out clearly (Hirsijärvi et

al. 2000). Therefore the questionnaire consisted of mostly open questions, and only a few closed ones - to enable the respondents to express personal thoughts and experiences. The reason for the closed questions was that the municipality wanted to know some particular experiences of their services. The link for questionnaire was sent to clients who have been clients for minimum two months or had finished being a client, in order to the clients to have more experiences of the service. The questionnaire was accompanied with a cover letter explaining about the research and its purpose. Two entrance tickets to a children's indoor park were raffled between the answerers to encourage them to respond. The clients sent a separate e-mail in case they want to take part in the raffle, thus their identity cannot be associated with the questionnaire. The entry tickets could be sent via e-mail so no other personal information had to be given in the questionnaire. The clients who wanted to take part in the raffle sent me an e-mail.

The downsides of paper or electronic form questionnaires are potential low answering percentage, receiving too short or no answers into some of the questions and a respondent misunderstanding the questions due to no personal instruction. To receive longer answers it's recommendable to give clear instructions for replying. (Aaltola & Valli 2001, 100-102.) In the questionnaire's instructions I encouraged the responders to write long lines.

In paper form questionnaire every question needs to have a justification in the framework of the research. (Tuomi & Sarajärvi 2009, 75). The questions create a foundation for the research so it is important to form them carefully. (Aaltola and Valli 2010, 103). It is profitable to place the most important questions after the background questions because that is the stage the answerer has the most motivation. The easy questions are placed last. This helps to get more in-depth answers. (Aaltola and Valli 2010, 104-105.) Thus I put the most significant questions first after the background questions. In the end there are more closed questions that



were easier to answer. The similar questions were grouped together to make the order consistent and clear. I formed the questions to be in a personal form for the respondent. (Aaltola and Valli 2010, 106.) This way I expected to get as long and many answers as possible. Also, the questionnaire was tested on a former client of home service and adjusted according to the feedback.

Other potential qualitative data collection methods would have been individual theme interview or a group interview, but my intention was to get a good amount of answers to present comprehensive experiences for the municipality. I thought larger quantity of answers might be more valuable for studying the phenomenon, to bring the perspective of the people out better. Also many clients of home service have a burdening life situation so I thought it might be difficult to arrange meetings with them due to lack of time and assets.

The questionnaire was done in Finnish and the questions were translated into English for the purpose of attaching the questionnaire in the thesis report. It is therefore not in the original form. Another thing to note is that many of the chosen literature resources were in Finnish language because the thesis focuses on the preventive family work done in Finland as well as presenting some social problems in Finnish context.

### **5.3 Data Analysing Method**

After the collection of the data it needs to be analysed. Content analyses in general aim to simplify and summarize the contents in order to make reliable conclusions of the studied phenomenon. In content analyses the information is arranged into compact and clear form without losing any its information. (Tuomi & Sarajarvi 2013, 108.)

I used inductive content analysis method to analyse the data. Tuomi and Sarajärvi divide the process of inductive content analysis in three stages: reducing the material, clustering and creating theoretical concepts. After reading the responses properly I looked for relevant expressions in the responses, based on my research question. I underlined these expressions with colours and listed them. Because the answers were in Finnish I had to translate the meaningful expressions into English. Afterwards, I looked for similarities and differences among the listed findings. Next, I grouped the similar expressions to establish subordinate categories. In next step the subordinate categories from a same theme were combined into ordinate groups. This way in inductive content analysis the concepts found in the material are combined and thus an answer is received for the research task. (Tuomi & Sarajärvi 2013, 108-112.) The process of content analysis, the clustering and creating theoretical concepts, can be seen in the table 1 below.

**TABLE 1. Respondents' Experiences of the Help**

<b>SHORTENED EXPRESSIONS</b>	<b>SUBCLASSES</b>	<b>MAIN CLASSES</b>
Arranging recreational and social activities for a child Strengthening the independence of a child Enabling quality time with another child	Support for children	Practical support for family's wellbeing
Being more relaxed with the spouse	Help for relationships	
Enabling time for rest Enabling free time Enabling taking care of personal things Help with taking care of children	Support for parent's every day life assets	
Support in a stressful life situation Support during exhaustion Service counselling	Support in a crisis	Mental support
Help for personal assets Discussion help	Emotional support	

#### **5.4 Description of the Thesis Process**

The topic of preventive family work has been a clear choice for me since the beginning of the thesis process because I personally find the work very impactful and therefore didn't really want to think of other possible topics. I had seen how many preventive work methods have been helping families and prevented problems from escalating. Also, I had seen struggling families that would have benefited from simple support.

In the beginning I especially wanted to focus on proving that the preventive family work can bring great savings, as I had heard of the cases. After talking with teachers and an expert from Central Union for Child Welfare I agreed that the impacts and effects are too hard to measure and prove in a thesis. Therefore I changed the target into studying the experiences of the families, which also show the effects in another way.

I contacted some organisations to suggest the thesis co-operation and finally found family service and home service departments in the City of Espoo to write the thesis for. They had a need to find out about their clients' experiences. Unfortunately because of a misunderstanding only the home service department participated in the questionnaire. I had to edit the theory slightly to change the focus more into home service. We agreed with City of Espoo's home service that they would send the link to the questionnaire to their clients.

The questionnaire was sent to approximately 60 clients. Originally I wished that the questionnaire to have been sent to about 200 clients, because I wished to have about 20 answers. I received six answers in total. I had read the answering percentage would be about 10% so I could

expect a low amount of answers.

I analysed the data using inductive content analysis. Reducing and grouping the material was relatively easy but the challenge was to translate the answers from Finnish to English and keep the authentic feeling.

All through the process I have been following the discussion in the media related to child protection and family work. I was also discussing about the topics with many people who are working in the social field and received some interesting insight. My observation was that many people acknowledge the need for preventive means.

## 6. FINDINGS

Six persons responded to the questionnaire. The respondents were all mothers. The respondents were aged between 26 to 39 and they had 1-3 children. Three had spouses, and three were single mothers. The durations of receiving family work had been mostly relatively short, from a little over two months two four months and one with approximately two years. All of them were still clients of the service. Family work is found to be very mother-centred, especially supporting single mothers (Järvinen et al. 2014, 42).

### 6.1 The Needs of Families

The respondents wished to have help for things related to managing everyday life at home and support for personal assets:

*Me and my child have moved to a new city, and I don't have a support network here.*

*Help with keeping our home tidy because my own assets are not enough for that due to our child's chronic illness.*

*For my own assets as a small child's single mother.*

*My own exhaustion.*

The problems in families were related either to every day challenges or crisis or a new situation in a family, such as sickness or a newborn baby.

Family work helps in families' every day life situations. Everyday life, in Finnish *arki*, consists of small unnoticeable actions and routines that ensure normal life functions. In child raising context the tasks include cleaning, cooking, taking care of children, being present and receptivity towards children. The life conditions and living resources have an impact on every day life. (Hovi-Pulsa 2011). Every day life focus orientation

focuses directly on people's experiences, their living conditions, life management skills and self-responsibility. (Hovi-Pulsa 2011, 21, 23).

## 6.2 Experiences of Help

The families reported of mostly positive experiences about home service. They experienced having received help for the problems they had. The purpose of family work is to bring change in the things the family points out. (Järvinen et al. 2012, 16). One respondent said she hadn't received the help she needed because of the workers' cancellations and because of a misunderstanding concerning the needs of the family. Thus, the service hadn't properly started. Other respondents were satisfied with the service and reported of positive outcomes.

The clients had received practical support for family's wellbeing and mental support. In more detail, the clients reported receiving of support for children, help for relationships, support for everyday life assets, support in a crisis situation and emotional support. The table 1 in chapter presents the classifications.

The other main group I formed was practical support for family's wellbeing. It included support for children, help for relationships and support for parent's every day assets. These are some of the core targets of family work: matters concerning raising children and development, supporting parenting, promoting family's functioning and well being. (Rönkkö & Rytönen 2010, 26.)

Four of the clients reported of receiving help with things related to their children, their wellbeing and development:

*The child can be a moment away from mother and gets to go out and play with the worker, and maybe also with other children.*

*My child has learned to stay apart from mother.*

*I could pick up my older child sometimes from kindergarten without the baby.*

One respondent mentioned the service helping the spouse, when another wished home service to enable time with a spouse:

*It helped my spouse so that I was maybe more relaxed those days when the family worker had visited.*

*I've asked help many times for taking care of the relationship even from time to time but it's not home service's job. In crises of life you'll do better together than possibly as a depressed single parent.*

Kujanpää found out in her thesis that all the interviewed parents considered home service as the best support for parenting compared to other services. (2013, 28). Worries related to parenting are slightly more common than worries related to child's growth and development. Lammi-Taskula & Karvonen concluded that it is a lot harder to receive help from the service system and from the close network for things related to family and parenting than for things related to child's growth and development. (2014, 220, 225.)

The other main class, mental support, consisted of support in a crisis and emotional support. Many families' situations were burdening, as discussed earlier in chapter 6.1, and family work brought relief to a challenging situations.

*Home service's visiting in the calendar helped me for its part to survive through the worst baby period. Also thorough home service I was able to go to family psychologist.*

Four respondents told that the service had helped them to gain more assets, to feel less tired. According to the answers this was probably the most common and remarkable improvement.

*The knowledge about the fact that every week I can have a moment of rest for myself or clean etc, in peace without the presence of a child helps me keep going.*

*Help for taking care of my child, time for rest, discussion help. I have received help for my own assets because I have received weekly help of taking care of my child.*



### 6.3 Needs for Development

A negative factor that two respondents mentioned was lack of workers and difficulty to get another appointment for example in case of a sickness of a worker. Lack of resources in family work is reported in many literature sources. (Bardy 2013; Heinonen et al. 2014; Järvinen 2012, 13; Uusimäki 2005). Uusimäki claims that in addition to the problem of some families being left out provision of the service, the shortage of resources impacts on the work methods for the families that are chosen to receive it: the families are treated as objects of help instead of subjects to cooperate with. They are supported only with difficult problems that can be detected from outside. Uusimäki interviewed many social work professionals for her research and she reported of them wishing for more resources for preventive work so that there is a common wish to have preventive work in all the families in an early enough stage but lack of resources prevent it. Uusimäki 2005, 37.)

Another feedback, not directed only to home service, but in general to all different service providers: there is need for more co-operation between the actors. Two respondents reported of difficulties

*It's hard to get overall help. Everywhere you need to be able to dig and ask for help from many different places, that don't discuss with each other.*

*There was need for this service already before. Now thinking that the maternity and child health clinic should have contacted family work already after the baby was born. Or I should have asked and demanded for the help right away.*

A definite challenge in the field of family and social work is the citizens' unawareness of the services, as well as the lack of communication between different professionals. As a response to these, the new family centres are planned that aim to bring the information and services more available to the citizens, as well as to improve the communication of

different service providers (Ministry of Social Affair and Health 2016).

## **7. DISCUSSION**

### **7.1 Conclusions**

The findings from the questionnaires confirm the findings from the literature: there is need for preventive family services. The clients reported of positive experiences when receiving early support in their challenges. Sipilä & Österbacka (cited in Lammi-Taskula & Karvonen 2014) claim that according to the studies early supporting of children and young people leads to positive results and is economically profitable.

The clients had received practical support for family's wellbeing. The support for children contained recreational and social activities, support for independence and chance to spend quality time with a parent. Help for relationships, support for everyday life assets, which enabled parents' every day life activities, such as taking care of personal matters, spending free time and resting. The worker enabled this mostly by taking care of the children and the household.

Clients also found the mental support from the worker important. The clients told they had received support for everyday life assets, support in a crisis situation and emotional support, things such as chance for discussion, help for personal assets such as exhaustion, support during a difficult life situation and directing the client to other services.

The respondents also mentioned lack of substitute workers in case of sickness, which implies that the resources are not sufficient as the research also shows (Bardy 2013; Heinonen et al. 2014; Järvinen 2012, 13; Uusimäki 2005). The communication and cooperation between different service providers was also considered needing improvement.

According to the study practical work in families creates positive outcomes. Clients reported weekly, or regular simple, practical help having an impact on their lives. Kujanpää found out that home service was considered to have the most positive impact on a parent's assets, especially in crisis situations (Kujanpää 2013, 26). One comment from a respondent summarises the thesis well: "*Family's overall wellbeing should*

*be ensured in a crisis and thus prevent bigger and more expensive problems.”*

## **7.2 Assessment**

The goal of the work was to find out about the experiences of City of Espoo's home service's clients. The purpose was to make the study to be used for developing their service. The objectives were to clarify the current field of preventive family work and create awareness about preventive family work and its importance.

One of the challenges in the process was to get enough respondents for the questionnaire. Despite the low number the few responses had valuable content and therefore the results could be seen as comprehensive enough. Although more answers might have brought more perspectives, experiences and nuances.

If the clients had received the service for longer they might have had even more positive experiences, especially in the case of the client who was never able to receive the service due to workers' cancellations.

I believe the work will be useful for the home service of City of Espoo because of the honest experiences, the constructive, critical feedback and the grateful thanksgivings. Finding out about the clients' experiences can hopefully help them make the needed improvements and strengthen the working methods. Also, hopefully the positive experiences of the service can draw more funds in the future in home service as well as to other preventive family work.

As stated already in the beginning the introduction the topic is very current. There has been plenty of discussion in the media, among the politicians and experts about exclusion and its prevention among children and young people in the past years. Also different small and large-scale

programs are established to prevent the problems. (Lammi-Taskula 2014, 225; Ministry of Social Affairs and Health 2016). Thus, the thesis was made at a good timing.

### **7.3 Professional Development**

The process has been professionally very educating. I have gained a lot of knowledge about child welfare and family work. I've learned about the theory of family work, the societal reasons that cause the problems in families and studied the statistics of child welfare. I've received a better understanding on what the practical work in the field is, what are the working methods and challenges the workers have. I've heard and read of the clients' experiences, what is the reality in the families, what kind of support they wish to have and what has helped them.

I have learned about time management and to make more loose schedules for task-related deadlines when you are cooperating with a working life partner. Often they have tight schedules and other things as priority so it is good not to expect things to proceed always so quickly.

Most importantly, I have seen how important and impactful the preventive family work is, which has given me growing personal passion for this particular work that I aim going to use in my work later on.

### **7.4 Reliability and Ethics**

"Northway (2002, 3) outlines the overall ethical involvement of any research: "All aspects of the research process, from deciding upon the topic through to identifying a sample, conducting the research and disseminating the findings, have ethical implications." Also Flick talks about ethical considerations being present in different stages of the

process:

*You will be confronted with ethical issues at every step of the research. The way you enter a field and address and select your participants raises the issue of how you inform your participants and whom you inform about your research, its purposes, and your expectations.” (Flick 2001, 40-41.)*

The research permit from Espoo municipality (APPENDIX 1) also stated the ethical terms to be followed: The research results need to be presented in a way, that individuals or families cannot be identified. In addition, the regulations in the Personal Data Act (523/1999) and other legislations need to be followed. Also, an agreement was done about thesis with the head of home service in the beginning of the co-operation.

Also, answering the questionnaire online was done anonymously to protect the identities of the clients. The answering was done on a voluntary base. All information I received during the research was treated with confidentiality.

## **7.5 Connection to Community Work**

Family work is related to the study field of Community Work in many ways. Some of the main principles of family work are empowerment of family, prevention of exclusion and co-operation with the families in order to bring change, as they are in community work. As discussed in chapter 2.3 in preventive work family is seen as an active subject, whereas in remedial family work it becomes more of an object because of situation can need strong intervention. (Uusimäki 2005, 37.) As mentioned earlier in chapter 5, this kind of equal, family-centred approaches have been proven to be more fruitful than remedial services (Bardy 2013).

Families are also important part of communities and small communities as themselves. Also the working methods involve group activities that strengthen social relations and create feeling of belonging. (Rönkkö &

Rytkönen 2010, 33.) Family work involves plenty of multi-professional cooperation with different officials, institutions and organisations, like community work usually does (Hovi-Pulsa 2011, 58).

## **7.6 Suggestions for Further Research**

It would be important to study more of how effectively preventive family work can prevent families' exclusion and social problems, as well as its cost-effectiveness. The effectiveness and impacts are obviously hard to measure. However, for instance many municipalities have gained savings when investing on preventive family work when fewer children have been taken into custody, as mentioned in the introduction. Therefore, for example a data collection of different municipalities' savings and numbers of reduced placement outside home would be valuable information for other municipalities and decision makers.

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## 9. APPENDIX 1: Research Permit from City of Espoo



TUTKIMUSLUPA

1 (1)



### TUTKIMUSLUVAN MYÖNTÄMINEN

Espoon kaupungin sosiaali- ja terveystoimen esikunta / Kehittämisen tulosalue Ketterä myöntää 8.1.2018 saapuneen tutkimuslupahakemuksen ja alla olevien ehtojen mukaisesti.

**Hakija / yhteyshenkilö: Emma Furxhi**

**Tutkimuksen aihe / nimi: Ennaltaehkäisevän Perhetyön Vaikutus**

Edellytyksenä on, että tutkimuksen suorittaja tai suorittajat eivät käytä saamiaan tietoja asiakkaan tai potilaan tai hänen läheistensä vahingoksi eivätkä luovuta saamiaan henkilötietoja ulkopuolisille, vaan pitävät ne salassa.

Tutkimustulokset tulee esittää niin, ettei niistä voida tunnistaa yksittäistä henkilöä tai perhettä. Lisäksi on noudatettava henkilötietolaissa ja muualla lainsäädännössä olevia tutkimusregistreitä koskevia säännöksiä.

Tutkimusluvan myöntäminen ei velvoita tutkimuksen kohteita osallistumaan tutkimukseen. Tutkijan on neuvoteltava aina erikseen tutkimuskohteena olevien organisaatioiden kanssa tutkimukseen osallistumisesta. Tutkimuksen teko ei saa häiritä tutkimuskohteen toimintaa.

Edellytämme, että tutkija / yhteyshenkilö lähettää sosiaali- ja terveystoimen kehittämissyksikön sähköpostiosoitteeseen [sotet\\_tutkimusluvut@espoo.fi](mailto:sotet_tutkimusluvut@espoo.fi) lopullisen tutkimusraportin.

Espoossa 18.1.2018

Tuula Heinänen  
kehittämisjohtaja  
Sosiaali- ja terveystoimi  
Espoon kaupunki

## **APPENDIX 2. The Questionnaire for the Clients of Home Service**

### **Questionnaire of experiences as a Home Service client**

-Write as long as you wish, preferably whole sentences.

Gender:

- Male
- Female
- I don't want to tell / other

Age:

Duration of being a client:

Being a client has ended:

- Yes
- No

Ages of children:

How did you find Home Service? (i.e. through maternity clinic, kindergarten, independently)

What problems did you wish to have helped for in the beginning?

For what problems did you experience receiving help for, tell how?

Do you feel Home Service having helped your assets, and how?

Do you feel Home Service having helped your child/children and how?

Do you feel Home Service having helped your spouse (if you have one), and how?

Do you feel Home Service having helped your relationship (if you are in one), and how?

If you responded no to previous questions, why do you feel that you are not feeling better?

Do you feel the service having prevented the problems on the family? If yes, what problems?

What kind of other help or services would you have wished to have in your situation?

Do you feel having received help quick enough?

Do you feel you had a chance to impact on the service you receive?

Was it easy for you to find the service?

How would you develop the service?