

CONFERENCE ABSTRACT

Integrated care service models for children and youths at risk: facilitators and barriers for the development of successful services

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Introduction: Improving health, - and welfare services to children and youths at risk is formulated as a priority area by the Norwegian government. The group is a vulnerable group, in need of services from a range of providers, including healthcare, social services, child welfare services and schools, etc. The providers may be organised under the municipality, the region, or the state; they operate under different laws and regulations, and they are financed differently. Put shortly, this is a field where contextual factors hamper integration and coordination of services. The problem is well recognised, but has not been addressed systematically in a Norwegian context.

Policy context and objective: In 2015, the Norwegian government therefore introduced an assistance scheme that aims at strengthening the health- and welfare services offered to children and youths at risk and who are in need of comprehensive services. This is to be achieved by developing local models where services are well coordinated, coherent and efficacious. Financing is provided as state subsidies to municipalities who can apply for them. 55 projects were granted support, comprising a variety of models.

Targeted population: The target population for the integrated care models are children and youths at risk. This includes children/youths with mental health and/or substance abuse problems, as well as children/youths in high risk of developing psychosocial problems, as well as their families.

Highlights: The presentation reports from an ongoing evaluation of the integrated care models, commissioned by the Directorate of Health. Our aim is to discuss features of the integrated care models, and investigate experiences with the models. Firstly, we will present characteristics of the 55 models concerning aims, organisation (e.g. meeting places and routines), staff's competence, degrees of user involvement in the service (including both children/youths and their families). This analysis is based on applications and annual reports from all the models that received financial support, and will be related to previously collected data on the municipalities' service provision. Secondly, we present participants' experiences with the models. Interviews with children/youths receiving services, as well as service providers in six service models serve as basis for this discussion. We discuss the findings in

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relation to literature on facilitators and barriers for developing functional integrated care models.

Transferability: The models all have their local origins, but address many of the same challenges. These include e.g. how to cope with the fragmentation of services, the need for improved collaboration across service levels and better tools to facilitate inter-organisational work. The challenges are recognisable from all efforts to provide integrated services to complex groups, and the findings may therefore complement the existing knowledge on facilitators and barriers for creating locally rooted integrated care services.

Conclusions: Preliminary analyses shows that the models are rather diverse. We interpret this as locally developed, bottom-up responses to a complex problem. The diversity can also mirror a lack of consensus of what may be the best organising principle for integrated care in the field of children and youths at risks.

Keywords: children and youths at risk; integrated care; evaluation; implementation
