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## CONFERENCE ABSTRACT

### **Integrated health, welfare and educational services for young people in eight OECD countries**

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#### ***Introduction and aim***

Many countries are developing services of young people towards children's rights-based, integrated and multidisciplinary working. The aim was to explore what kind of integrated services are in those selected OECD countries where services have been developed with an integrative approach (Australia, England, Netherlands, Norway, Sweden, Iceland, 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. Majority of the literature was however found by using the hand search, such as websites of governments and other authorities in selected countries.

#### ***Results***

In the Netherlands and Norway there were family centres which provide services for young people and their families in addition to children; the services can be divided into universal, preventive and specialised services. School-based services exist in the Netherlands (School Care and Advice Teams), in England (Extended school services) and in Finland (School Welfare Services) which support school engagement and provide support for students with e.g. psychosocial problems. So called agency-based low-threshold services included support and advice in different needs, such as education, employment and mental health problems, and they were provided in Finland (Guidance Centre), in Sweden (Navigator Centers) and in Australia with mental health focus (Headspace). Additionally, Barnahus model was used for treatment of young people experienced sexual abuse in Iceland, and for treatment of sexual and physical abuse in Sweden and Denmark. Some benefits of the services had been found, such as promotion of mental health and school engagement.

#### ***Discussion***

Integrated services for young people in selected countries can be divided into family-based, school-based and agency-based services. Systematic and rigorous evaluation on

the benefits of service entities is lacking. However, some evidence suggests that integrated services have positive effects on welfare and health of young people.

### ***Conclusions***

Selected countries have quite different models of integrated services for young people. Good multidisciplinary practices in one country may be implemented in a tailored way in another country.

### ***Lessons learned***

Novel and person-centred integrated services for young people can be developed by utilising existing structures, but also new structures and models of integrated services are needed.

### ***Limitations***

Main limitations of this review are a lack of high-quality longitudinal studies and the difficulty to make comparisons because of different ways to organize services.

### ***Suggestions for future research***

Further systematic effectiveness studies with process evaluation are needed in order to find out internationally comparable impact of integrated services for young people.