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Shared features or fundamental differences – viewing Nordic contact person (CP) programs and youth mentoring in parallel

European Mentoring Summit 2022

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The aim of the workshop

- To bring together two Nordic research projects and researchers interested in analysing the aims and the experienced impact of “supportive relationships” in contact person (CP) programs
 - To address the programs with diverse data and from multiple perspectives: children, contact persons, parents, professionals
 - To address and discuss the theme of co-creation of knowledge by creating strategic partnerships with children, youth, parents and practitioners
- To provide insights into shared features and differences between Nordic CP and youth mentoring programs
- Finally: Joint discussion with workshop participants



The structure of the workshop

- **Firstly:**
 - A brief overview of how CP programs have been developed and used in child and family social work in Finland and Sweden, and what is known from previous research
- **Secondly:**
 - Presentation of preliminary results of the Finnish LATU research project aiming to develop an assessment tool for evaluating the quality of the CP relationships (also contact family relationships)
 - Presentation of preliminary results of the Swedish KoPKoF research project aiming to develop a program theory for CP (and contact families)
- **Finally:**
 - Some insights into shared features and differences between the Finnish and Swedish contact person and youth mentoring programs



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A brief overview on CP programs in Finland and Sweden



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The Nordic background

- CP programs have been widely used in child and family social work both in Finland and Sweden, also in Norway and Denmark
- These programs have been used in Nordic countries for decades and they are an established part of the *public child welfare services* (e.g. Andersson & Bangura Arvidsson 2001; Larsen 2011)
- The basic idea: voluntary workers (lay persons) as contact persons are used in delivering public child welfare services (or: child protection)
- The Nordic child welfare systems takes a preventive and family service oriented view on child welfare issues (Pösö 2011; Burns, Pösö & Skivenes 2016)
 - The stated aim is to support families through so-called 'open care' measures or in-home services
- The intervention threshold is low and child protection is part of a broader child welfare system (Burns, Pösö & Skivenes 2016)



CP programs in Finland

- In Finland, contact persons were originally meant to be provided by the **municipal child welfare agency**
- At present, the municipal agency may also purchase the service from private for-profit or non-profit organisations, but still having the main responsibility for the service
- Contact persons have originally been and still are volunteers providing **lay support** for children and their parents
- At present, however, also paid '**professional contact persons**' are used (usually professionals from the field of social welfare, youth work etc.)
- Similar support programs, including **a few mentoring programs**, have also been launched and run by NGOs (e.g. Save the Children) – i.e. there is a wide range of different support schemes with a similar-like objective, though organizers and forms of funding vary



A brief history of CP programs in Finland

- Contact persons were launched in municipal child protection in the 1970s
- The antecedent practice, ‘protective supervision’, and *protective supervisors*, had been introduced already in the first legislation for child protection in 1936
 - The practice was removed from the new child welfare law under preparation in the 1970s
- Contact persons were officially included in the Child Welfare Act only in 1983, as one of the means of **child protection**
 - At the same time, also **contact families** were included in the act
- The current Child Welfare Act (2007) stipulates that the municipal body responsible for social services “must, wherever necessary, arrange a contact person (or family) for the child deemed to be in need of support”
- In 2015, contact persons became also a part of **universal social services** for families with children (Social Welfare Act 2014)



CP programs in practice

- Families can apply the CP by themselves or an initiative can be done by social services or other services
- A social worker first assesses and decides on the need of provision
 - Before a supportive relationship is started, an official decision is made about the terms and conditions under which the CP will be collaborating with the child
- Efforts are made to match the child to an appropriate contact person (one-to-one relationship)
- An official agreement to start the relationship is made and signed by all parties
 - The agreement is usually valid for one year at a time, but may last for several years
- The CP is expected to report regularly on progress made in their relationship with the child, and (pre-)training and supervision are also provided by social workers or other professionals
- The annual or biannual follow-up meetings are organized with the child, the parent(s), the CP and the social worker
- The social worker's duty is to monitor the practice and oversee the rights of children and parents, and also to support families as a whole



Findings from previous research

- Research knowledge is scant and even descriptive statistics is lacking
- Only a few academic studies exist on contact person or contact family programs, all illuminating challenges related to the child's position and needs that are mostly determined by adults (Moilanen 2015; Lehto-Lundén 2020; Svenlin 2020)
- The broad aim is to **strengthen the social inclusion of children and families** by reinforcing their social networks
- Children only are able to decide on minor matters (e.g. What to do at the next meeting), whereas more substantial matters (e.g. With whom to start a relationship? What is the relationship for?) are outside their powers
- CP programs are example of a conventional way of conceptualizing and understanding child–adult (intergenerational) relations, which in everyday discourse are thought to be formed primarily as (biological) family relations. (Moilanen 2015.)



CP programs in Sweden: Historical background

- Interventions involving contact with volunteers who are established members of society are used as outreach measures in several areas of the Swedish welfare system.
- The intent is to anchor those who are at risk of drifting away into unwanted behaviour (Svensson, 2017).
- In the first Swedish child welfare legislation, from 1902, the primary solution for child protection was to separate children from their parents.
- As prevention, a "supervisor" could be appointed, a volunteer assigned by the local authority. In parallel, legal and administrative aspects were handled by employees.



CP programs in Sweden: Historical background

- The 1924 Child Protection Act combined volunteers and professionals explicitly. A process of professionalisation in child protection evolved, while volunteers still had the main role.
- The welfare state grew during the mid 20th century, and social work was increasingly professionalised and specialised, but the volunteers remained as a complement.
- In the drafting of the 1960 Child Welfare Act, problems with finding suitable volunteers was noted, as well as a lack of support for the volunteers and lack of follow up of their work.



CP programs in Sweden: Further development

- In the 1980 Social Service Act, The Child Protection Act was integrated with other areas of legislation for the social sector, based on a holistic perspective. In the new Act, the supervisors were named **contact persons**, and **contact families** were added.
- Professionals were then and are now the corner stone of the social services.
- A need for structured ways of cooperating with the volunteers was highlighted, but **no actual guidelines** for recruitment, support or cooperation were formed.
- Little is still known about the children who are given the intervention and about the reasons, motives, expectations and results of CP programs (SOU2020:47).



CP programs in practice

- Every year, about **15 000 children** are appointed a contact person or contact family by the social services.
- CP is a **means-tested** intervention regulated by the Social Services Act. CP can also be used for adults, and for youth with disabilities, also another legislation provide a framework for CP, the Support and Service for Person with Certain Functional Impairments Act from 1994.
- CP is formally initiated by the family by application or by social services, but there can be other, informal, initiators (i.e. school, child psychiatry).
- The volunteers are assigned directly by the social services, and hence no NGO is involved.
- The volunteers are paid a smaller sum, according to frequency, complexity, following guidelines set by the national organisation for the local authorities, SALAR.



Experiences and outcomes, from previous research

- One national follow-up study has been conducted, with register data from youth who had the intervention between 1981 and 1997 (Brännström & Vinnerljung, 2014).
- It showed **no long-term effects of CP**, but concluded that the intervention was popular and had **no negative outcomes**.
- Smaller, local studies tell us that
 - Parties involved are positive to the intervention
 - Lack of social network is a common reason to assign the intervention
 - Assigning a professional (i.e. active social worker) to work as CP on a volunteer basis (outside of work, parallel to their professional practiced in other areas, or after retirement) has become more common



"Especially qualified contact persons"

- "Especially qualified CPs" have been added to the legislation as a **more precise and structured** intervention to use.
- They are **provided by the social services** and have "relevant experience and/or education in psychosocial work". This could mean that a professional takes on the task within their work.
- Meetings should be held with a frequency around 10h/week
- The aim is specified, to "**promote a prosocial development** and reduce the risk of antisociality and to "enable for the child/youth to remain at home, i.e. avoid placement in an institution or foster care".
- There is little research, and the latest evaluation of effects was inconclusive (SBU, 2020:308)



Mentoring programs in Sweden

- Mentoring programs for youth are usually **provided by NGOs**.
- The largest NGO is Mentor Sweden, a branch of Mentor International.
- Another example is Hassela Mentor, with roots in the user organisation movement. They have established several agreements with the Social Services and psychiatric care, for delivering specific service.
- Specified qualifications for mentors can vary but formal education is rarely a requirement.
- As with CP and especially qualified CP, research on Swedish mentoring programs is scarce and inconclusive (SBU, 2020:308; Bodin & Leifman, 2011; Goldner & Ben-Eliyahu, 2021).



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Preliminary results of the Finnish LATU and Swedish KoPKoF research projects



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The LATU research project: Aims

- Focuses on analysing two different but widely used interventions in child and family social work: contact persons and contact families (support persons and support families)
- The aims of the research project are to
 - 1) collect national data
 - 2) co-research with children the quality of supporting relations between children and volunteers, and
 - 3) co-develop a tool with children, their parents, volunteers and professionals (e.g., social workers) for evaluating the outcomes of the services (experienced impact)



LATU research project: Data

- The research project combines qualitative data (professionals, children, parents and volunteers) and the national survey targeted to practitioners (e.g. social workers, other social care officials).
- **In this presentation the focus is on children (workshops) and professionals (national survey)**
 - Research with children
 - Inviting children to reflect what should be asked when assessing the quality of the CP and CF relationships
 - Research data was collected in 5 (spring 2021) + 5 (autumn 2021) workshops with 19 school-aged children (7–17 of age)
 - National survey
 - Themes and questions of the survey were co-created together with practitioners from LATU-project partner organisations (three municipalities and two NGOs)
 - Collected in 2021 (N=105)



Preliminary results: National survey (1)

- Background information about children in CP programs
 - Slightly more boys than girls
 - Mainly school-aged children, **not** usually young people over 18 years or children under school age
 - Typically living with a single-mother or in a blended family, also in a nuclear family or with a single-father, **not** so typically living in a multicultural or an immigrant family or foster family
 - Having **other support services** also, e. g. special education, child and adolescent psychiatry, meetings with (school) social worker
- The length of the CP relationship, on average: 1–4 years



Preliminary results: National survey (2)

- The most typical **psychosocial stressors** in the lives of children and their families
 - In relation to the **child**
 - Lack of social networks
 - Emotional difficulties (e. g. anxiety, depression, fear)
 - In relation to the **parent(s)**
 - Tiredness, exhaustion, fatigue
 - Mental health problems (e. g. depression, panic attacks)
 - In relation to the **family functioning**
 - Child-parent interaction problems (e.g., a child cannot tell her/his important things to her/his parent(s) or other significant adults)
 - Problems in a daily-life management (e.g., chaotic daily life)
 - In relation to the **family circumstances**
 - Lack of social networks
 - Receiving help and support from social network (relatives, friends) is limited or non-existent



Research with children

What should be asked when assessing the quality of the CP relationships?

- The aim: to develop "a tool" for the use of service users and professionals in assessment meetings (organised yearly)
- The lack of systematic methods assessing the quality of supporting relationships has been acknowledged in Finland by professionals and in research (Svenlin 2020; Lehto-Lundén 2020, Moilanen 2015)
 - Three forms were created: children, parents and volunteers.
- **The children's form**
 - Altogether **10 workshops** with 19 children (7–17 of ages)
 - Mixed visual and discursive group methods were used, such as *group discussions, writing, drawing, voting, video-vignette and e-diary.*
 - Children for example appraised questions that have been used in **a)** youth mentoring research when evaluating the mentoring relationships and **b)** in contact family research in Finland.
 - Researchers selected 17 questions and translated them in Finnish.
 - Questions were printed out in the form of cards and children voted (with stickers, post it -notes or with Jamboard platform) for which they considered the most important ones.
 - Children could also suggest alternative questions.



Research with children...

- The children's form includes 14 questions
- **Most important questions** used in previous research, **evaluated by children** (13–16 votes per question)
 - ☞ Does CP/CF listen when you have something you would like to discuss with her/him?
 - ☞ What are the most pleasant and enjoyable things you have done with your CP/CF?
 - ☞ What are the things (places, toys, animals etc.) do you like when being together with CP/CF?
 - ☞ Are you meeting your CP/CF as often as you like? Would you like to meet more often / less frequently?
 - ☞ Has something bad or sad happened when spending time with the CP/CF?
 - ☞ Have you shared interests with the CP / CF / Is s/he interested on things you like?
- The form includes also following questions:
 - ☞ How are you? How is your family?
 - ☞ What do you do with your CP/CF? Is there something you would like to do with CP/CF you have not yet done?
 - ☞ I am feeling safe / happy / anxious when I meet the CP/CF?
 - ☞ Who decides what you do together? Is it easy for you to decide what you do together?
 - ☞ How the CP/CF helped you or your family?
 - ☞ References e.g.: Nakkula & Harris 2010; Rhodes et al. 2005; Zand et al. 2009; Lehto-Lundén 2020; Social Support and Rejection Scale (<https://nationalmentoringresourcecenter.org/resource/measurement-guidance-toolkit/>)
- During the year 2022 the forms will be piloted in different municipalities and further feedback will be gathered from children



The KoPKoF research project: Aim and research questions

- The overarching aim is **to develop a programme theory for two interventions**: contact persons and contact families for children and young people up to age 18.
- To do so, we must first know **why and how** the intervention is used, questions that cannot be sufficiently answered leaning on guidelines or previous research.
- Questions about implementing the interventions will guide the study into five empirical areas. Each is followed by the sub-question ‘**How is the children’s perspective taken into consideration?**’ as that permeates the study:
 1. How are the interventions initiated and constructed? How are the children’s needs assessed? How are the volunteers assessed? How are children and volunteers matched?
 2. Which children get contact persons and families? What needs do they have?
 3. Who are the contact persons and families? Which characteristics and skills do they have?
 4. Which are the core elements in the interventions?
 5. How are the interventions documented and followed up?



The KoPKoF research project: Data collection

- A pilot study in one local Social Services with seven **interviews with social workers** has been conducted.
- The next, ongoing step: **A study of 10 cases** with interviews to capture the content of the interventions, as described by the people directly involved (child, welfare social workers, volunteers, the children and young people, and client families) aimed to answer question 4.
- Plans for the future: a **national online survey** sent to all social services in Sweden in close cooperation with SALAR, child protection social workers, and with contact persons and contact families, aimed to answer question 1 and 5.
- More plans for the future: **A document analysis** using all cases started in 2020 and 2021 in three strategically selected social services, aimed at answering question 2 and 3 with qualitative and quantitative analysis.



The KoPKoF research project: Preliminary findings and thoughts from the pilot

- For whom is CP (or contact family) appropriate?
 - Isolated children, youth and families.
 - Youth at risk of antisocial behaviour or criminality.
- For what purposes is CP (or contact family) used?
 - To brake troublesome patterns
 - To compensate for a parent or other grown-up in the family who is absent or lack certain skills/abilities
 - As a complement to other, more intrusive, interventions
 - As a transitioning tool when phasing out other, more intrusive, interventions



The KoPKoF research project: Preliminary findings and thoughts from the pilot

- What is a good contact person like, in general?
 - Accessible, flexible and stable
 - Genuinely engaged and interested in the relationship
 - Possesses life experience and self-awareness
- CP for especially difficult cases
 - CP with experience from psychosocial work, pedagogical work or blue-light professions
 - Children/youth acting out
 - Children/youth with neuropsychiatric diagnoses
 - Children/youth at risk of out of home placements due to the family situation



The KoPKoF research project: Preliminary findings and thoughts from the pilot

- What is considered when matching?
 - Matching on temperament (similar or complementary)
 - Social skills are especially important with younger children, as their families are more involved
 - Matching on shared interests
 - Wishes from parents, children/youth and CP
 - Matching on gender and age- avoid male CP for teenaged girls
 - Matching on background and native country- similarity can be sought out or avoided
 - Relatives as CP?



The KoPKoF research project: Preliminary findings and thoughts from the pilot

- What is it like to work with CP/Contact family?
 - The intervention is not clearly defined, for better or worse.
 - It's personal and connected to the individual CP, for better or worse.
 - It's a holistic intervention, with unique potentials and a few sunshine stories.
 - Administration is demanding, especially compared to mentoring programs.
 - It's difficult, as the intervention must be re-invented every time.



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Summing up: shared features or fundamental differences?



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CP programs and youth mentoring in parallel (1)

Some shared features

- CP programs "share some traits, but not all, with youth mentoring programs in the United States" (Brännström et al. 2015)
- The CP programs are resembling youth mentoring approaches in many ways
 - The basic idea is similar: one-to-one relationship between a child or young person and an adult volunteer (one-to-one mentoring)
 - Matching children and adolescents with volunteers who are trained and supervised to provide support
 - Both volunteer and paid contact persons /mentors (e. g. Lakind et al. 2014)
 - Non-specific and generic, friendship-based models as dominant models, instead of specific, targeted approaches that are explicitly matched to children's problems (Christensen et al. 2020; Garringer et al. 2017)



CP programs and youth mentoring in parallel (2)

Main differences

- CP programs are part of the public child welfare services, and based on close co-operation between public and NGO sector (however, c.f. the Swedish practice), whereas youth mentoring programs are often run by private organizations
- Training, close supervision and monitoring by social workers or other professionals are used to guide the work of volunteers (c.f. Karcher et al. 2010; also Cavell et al. 2021)
- CP programs are implemented as one-to-one models, while group or school-based models, for instance, are not used at all (c.f. Preston et al. 2019; Garringer et al. 2017)
- In a line of preventive and family service oriented orientation (Pösö 2011; Burns, Pösö & Skivenes 2016), there exists the emphasis on social inclusion and working with parents and supporting families along with the children
- CP programs fit better with the inclusion approach, not the mitigation approach, stressing more social inclusion instead of emphasizing risk factors (c.f. Preston et al. 2019; see also Schwartz & Rhodes 2016)
 - In addition, they can be described as mainly community-based programs (ibid., also Cavell et al. 2021)



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Thank you for your attention

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