



Transition in Finland: Obstacles of family wellbeing and getting social- and health care services

THE TOBP CASE STUDY RESEARCH PAPER

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1. Executive Summary

The aim of the case study was to describe the experiences of social- and health care professionals and voluntary workers who work with migrant families, especially in a context of early family life. This case study aims to find out what transitions migrant families go through in their new countries and the actions needed for to support them. Additionally this study aims to find out the competences of transition mentors to work in collaborative ways with migrant families.

Methodological background of this case study-research is based on qualitative orientation. Five semi-structured interviews were conducted in one city in Finland. Interviewees were selected by their working experience with migrant families and their involvement to develop the services for them. Collected data was analyzed by thematic analyses.

This case reflects how the interviewees describe migrant families' health related issues, under the theme of obstacles of family wellbeing and getting social- and health care services needed. In addition, some special competences needed for all the people, who work with migrant families,



emerged from the data. These competences reflected to the interaction skills (e.g. being open-minded and respectful), good communication skills, and cultural sensitivity. Case study also highlights the importance of reflection skills, when dealing with health related issues. It is essential to be able to reflect one's own ideas and prejudices related to phenomena to be able to support migrant families.

2. Background/Context

Immigration has increased significantly in Finland during the past years due different kind of reasons (e.g. work-related immigration, refugees and asylum seekers). Through that, the amount of migrant families as social- and health care service users has naturally increased. This requires new skills from social- and health care professionals and voluntary workers who guide the families to adequate services and face the families as service providers.

The aim of this data collection was to conduct information from professionals and voluntary workers who work with migrant families (especially in the context of early family life) about their experiences to work with migrant families. The focus was to find out:

- a) What kind of transition events/phases they recognize related to migrant families?
- b) What kind of action requirements they recognize related to transitions?
- c) What kind of skills, attitudes and knowledge (=competences) transition mentors (people who work with migrant families, also voluntary workers) need in order to be able to support migrant families?

Five Semi-structured interviews were conducted in one city of Finland 01/2019-03/2019. Interviewees were coordinator, coordinator of migrant counseling, public health nurse, senior lecturer, volunteer language teacher.

The interview themes based on the participants' experiences regarding their work with migrant families, and they took place in the university's facilities or at the interviewees' workplaces. The interview themes covered: interviewees' background, experience working with migrant families, ideas of skills and knowledge of a transition mentor, perspectives of services and service system (see specific interview questions Table 1.). The interviews lasted approximately 40-50 minutes, and were recorded and then transcribed verbatim. All participants signed an informed consent form before taking part in the interviews. The interviewees were allowed to withdraw from the interview at any point if they so wished without it affecting their participation in the project happenings.



Table 1. Interview questions

○ How / what kind of ways do you work or cooperate with migrant families with children?
○ Consider your own work with migrant families. In what kind of situations you may get an impression that a family has succeeded somehow or they feel themselves satisfied or well served.
○ Please consider your own working with migrant families. In terms of your own working, what seems to be difficult or challenging frequently?
○ Have you encountered unexpected situations that you have not been able to get ready for? What are they, please describe.
○ What kind of knowledge and skills are expected when working with migrant families with children?
○ What kind of services do you consider as benefits for migrant families with children? How those services can be reached?
○ What kind of services or assistance are required, what should be developed and implemented? Feel free to innovate this.

We applied thematic analysis in order to analyze the participants' experiences regarding their work with migrant families. First, we read the transcribed material thoroughly several times in order to form a comprehensive understanding of the content. Then, we identified meaningful preliminary codes and grouped them into themes according analysis framework, which was made to structure project interviews. Both authors did the initial coding by themselves, which was then discussed together. This aimed at increasing the reliability of the analysis.

We found out two main themes: 1) obstacles of family wellbeing and getting social- and health care services, and 2) to find out to be a family in a new country. This case study presents the first one. We also recognized actions needed to support migrant families and competences for people working with migrant families' wellbeing.

3. Findings/Results: Obstacles of family wellbeing and getting social- and health care services needed

3.1 New roles of service providers

Ideas, expectations, ways and values to take care of family well-being varies a lot in different cultures. There might be myths and beliefs how to take care for illnesses, who can heal diseases or what medication or vaccinations are accepted. This might affect how to settle down into the new service system.

Health care professionals' different responsibilities and ways to work might raise questions about good care. Migrant families might feel disappointment about professionals' ways to treat their problems, especially if problems does not require any specific treatment. Example the idea of good care is different in different cultures. People might be used to stay longer periods in hospital or get



medication whenever wanted. Example in Finnish health care system nurses are more independent than in many other countries and they have important role in health promotion:

“If a person is used to use health care services to treat disorders and just to be medicated or treated, how to learn the idea of health promotion?”

It might also be difficult for migrant families to find out relevant services independently.

3.2 Traumatic life experiences as burden

Many migrant families are in crises, depending on their life-situation. There might be normal life crisis, but at the same time lots of stress and severe traumatic experiences. In addition, the arrival to the new country may cause shock reactions and uncertainty about the future is a burden. If we consider refugees and asylum seekers, many of them have severe family-related concerns:

“A mom whose husband is missing does not care if her child has no robber boots.”

Traumatic life situations have huge effect on wellbeing and interviewees highlighted that it is important to understand trauma oriented point of view when working with migrant families.

In western countries, there is plenty of food available, which includes high energy, lots of sugar or saturated fat. All this might cause harms for teeth and weight management. At the same time, there are challenges to find proper food from grocery stores and migrant families need help with that.

“Migrants haven’t been told about basic food things: they do not find the food that they want to offer to their child and they end up by taking just something.”

3.3 Stigmatization

All interviewees reminded about a stigma when talking about medically, psychologically or educationally difficult situations (e.g. retardation, learning disabilities etc.) within migrant families. Example attitudes towards handicapped newborn might be harsh. They highlighted that phenomena are named differently in cultures of origin:

“If a child is diagnosed with learning disabilities -> s/he is handicapped -> s/he cannot participate to a normal life -> his/her future is ruined. At the same time here in Finland, we have a scale of variety of needs and disabilities, not black or white – mentality. Migrant families may not understand that.”

Interviewees reminded that example in Finland, wide field of services to use (physiotherapist, occupational therapist, nutrition therapy services, social workers etc.) and it is important to guide families to get the help they need.

Based on our interviews we found actions needed remove obstacles of family wellbeing and help them to get services they need:

- Giving knowledge about social – and health care services in a new society (e.g. service system, recommendation and importance of self-care etc.).



- To have more home based work and visits, because the home is a natural environment and there you can see how the family and children live and communicate together.
- To have enough time to meet families and face the whole family.

Based on our interviews we also found competences needed for mentors / professionals who work with migrant families to support migrant families' well-being:

- To be able to face migrant families and family members "like human to human".
- To be able to create confidential atmosphere to discuss, also about difficult issues.
- To give enough time to introduce the health care system to migrant families and reflect their ideas, thoughts and prejudices about services.
- Knowing the services and professionals to cooperate with and being able to find adequate help for the migrant families if needed.
- To know how to use interpreter within the services.
- To understand the effect of trauma and how experiences might affect to migrant families.
- To understand the role of stigma (e.g. related to health issues).

Based on the interviews, there was some requirements of general attitudes, knowledge and skills (overall competences) needed when working with migrant families:

- ✓ Basic cultural sensitivity
- ✓ Communication skills, understanding the different communication styles and cultural differences in communication
- ✓ Being able to reflect own prejudices
- ✓ Curiosity
- ✓ Open mind, to be able leave your own thoughts behind
- ✓ Respect, to understand that I always interpret from my perspective and another on from his/her.

4. Discussion

In this case study, we interviewed professionals and voluntary worker to collect their experiences to work with migrant families, especially in a context of early family life. Eventually we were interested to find out what kind of transitions they would recognize related to migrant families and what kind of action requirements they find related to these transitions. We also wanted to describe competences that people who work with migrant families' need in order to support migrant families in these transitions.

Because the interviewees were mostly professionals (not migrant families), transitions reflect quite a lot of the viewpoints of official services and how migrant families are seen as service users. Transitions in this case study describe how the people outside the family (service providers) describe the migrant families' processes of integration and what they might face as service users. One important point of view is that this transition case is strongly related in to the Finnish society. There



are also some general aspects, which are relevant to take into consideration, when working with migrant families.

Migrant families might have many obstacles to find, get and accept services to support their wellbeing. It is essential for the professionals to recognize these pitfalls and find effective ways to support families to get all the help they need in order to integrate to the new society.

Interestingly we found that there are also some overall competences needed for all the people who work with migrant families. Those overlapping competences are not related to specific transitions, they are more like basic demands to communicate and interact with another person. These competences include curiosity, being open minded and respectful. It was also found that transition mentors should have good communication skills and cultural sensitivity. They should also be able to reflect their own prejudices. Reflections skills are essential, because if one does not recognize own thoughts and ideas behind their actions it disallows genuine encountering and prevents to form real dialogue.

5. Conclusion

The number of migrant families as social- and health care service clients has increased significantly in recent years. Multicultural issues and questions are quite well known at general level. However, there is still a need for established programs, which assists and supports immigrant families in daily matters, and getting familiar with the new culture and society as well as its norms. Additionally professionals, volunteers and peers would benefit from the learning themselves how to support and assist migrant families even better. Many of migrant families have to cope with earlier traumatic experiences and stressful life situations. This arises challenges for the social- and health care services. How to consider that in our service systems? Professionals, volunteers and peers should be culturally sensitive and respect all kind of backgrounds and individual stories that migrant families have. We should keep on mind that immigrant families have both, common and unique needs and it should be recognized and respected within social- and health care services.



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