

June 12th 2009

Aulikki Kananoja, Ms.

M. Soc. Sc. (The School of Social Sciences, later the University of Tampere, Finland)

M. Soc. Service (The Graduate School of Social Work and Social Research, Bryn Mawr, PA. USA)

PRACTICE-RESEARCH IN SOCIAL WORK IN FINLAND

BACKGROUND FACTORS AND DEVELOPMENTS

Contents

PRACTICE-RESEARCH IN SOCIAL WORK IN FINLAND	1
1. Facts about the country and its governmental structures	1
2. Legislative grounds, financing, structure, provision and coverage of social services	2
2.1. Legislation	2
2.2. Financing	3
2.3. Provision	4
2.4. Coverage	4
2.5. Monitoring and evaluation	5
2.6. Future challenges	6
3. Social work and social service education	6
4. Early phases in the development of practice research	10
5. Development at the end of 1990's and the next century	17
5.1. Competence centres	17
5.2. The Helsinki model	18
6. Future development of the two approaches	19
7. Conclusions	20
Sources	22

1. Facts about the country and its governmental structures

Finland is a Nordic republic with a population of about 5.3 million people. Compared to the United Kingdom, Finland became an urban and industrial society quite late. Great structural changes took place during 1960's and 1970's. High numbers of working age population moved for better employment opportunities from rural areas to cities and the neighbouring urban areas, especially to the southern parts of the country. At present, about 2/3 of population is living in urban areas. As the member of European Union we face the same economic problems and challenges of globalisation as other European countries.

There is a great diversity between different areas of the country. Helsinki, the capital, and neighbouring three cities make together a metropolitan area of about one million people. At the same time, in the northern and eastern parts of the country there are very sparsely populated rural areas and long distances to centres and services. The latter concerns also the archipelago in the south-west of the country.

The autonomy of local governments has always been strong in Finland, as in other Nordic countries. Finland has two levels of politically elected governments: The Parliament of 200 members at the national level and local governments at the local level (municipalities). Compared to the size of population, the number of municipalities is very high. Last year it was 415 and currently 348. The strategy of two successive governments has been to decrease the number of municipalities in order to have larger population base and stronger economy for local governments. Local authorities have strong statutory responsibilities in providing basic services of the welfare state: health, primary (and partly secondary) education and social services. These three service functions take about $\frac{3}{4}$ of municipal budgets. Because of the process of ageing (which is said to be the fastest in the western Europe) and consequent growth of care needs, it is necessary to strengthen the financial and caring capacity of municipalities. The purpose is to make sure that municipalities will have resources to carry increasing service responsibilities according to legal regulations, to fulfil citizens' rights and to meet quality requirements. The goal of the municipal reform is to create municipalities with a population of a minimum of 20 000. At present – after the first stages of the reform – about half of the municipalities still have a population under 5800. Variation in population between municipalities is now between 800 in the smallest rural municipality and 570 000 of Helsinki (the archipelago is not in these numbers).

2. Legislative grounds, financing, structure, provision and coverage of social services

2.1. Legislation

Legislation regulates widely the statutory responsibilities of local authorities to provide and finance social services, and the citizens' rights to have services. There are two general laws regulating social services: one concerning *planning of social and health services and structure of financing between the state and municipalities*, and the other law covering *general objectives and different forms of social services, eligibility requirements, as well as procedures and appeal structures*.

There are, in addition, special legislation concerning children's day care, child protection, care of

disabled people and care of people with learning disabilities, special law on care for drug and alcohol abusers, a law on social assistance, a law on care by relatives (or other close persons) and special law on user's rights. Care of elderly people is included in the general social welfare law. In individual cases, also other than social welfare legislation is needed, e.g. laws concerning rehabilitation activities and some areas of health legislation. At the local level, social workers collaborate closely with employment agencies, as well as, offices of the social security institution. In summary, legislative basis for social services is very large.

Most social workers are employed by municipalities and they work in the framework of statutory services. This means, that a considerable part of their knowledge base and skills are related to combination of skills in applying wide area of legislation, of social work methods, including interactive skills, and skills in collaboration between different actors. Promotion of good living environments and preventive orientations are emphasized strongly, which demands large collaborative networks and multi-professional orientation. These facts have reflections to the questions presented to practice research.

In the field of social services, there are also many voluntary organizations, which produce social services. They either have contracts with municipalities in providing social services on the basis of purchaser – provider –model or they operate some voluntary projects. Many of them function also as interest groups of specific target populations. Voluntary organizations, too, employ social service professionals. Very few Finnish social workers function as private practitioners or are employed by private enterprises.- The state does not produce welfare services, with some exceptions.

2.2. Financing

Social services are financed mainly by municipalities with their tax revenues. Municipalities have right to tax their inhabitants. From this money they finance most part of their basic services: social, health, primary education (and, partly, secondary education) and, of course, community planning, housing and technical infrastructure. The service provision is financed partly by state subsidy to municipalities. The subsidy is a lump sum, neither ear-marked for specific services nor related to costs. The level of subsidy depends on the population profile of the municipality (age profile, morbidity, unemployment), on factors related to economic state of the municipality and on some area-based factors (distances, archipelago etc.). On an average, the state subsidy covers about 26 %

of the costs of service provision, but the variation is great: from about 70 % in the poorest communities to almost none in the wealthiest ones.

Service users' fees cover about 8 – 10 % of the costs. Some social and health services are provided free of charge (social work and counselling, in general), some services have flat rate (most health services) and some service fees are income-related (e.g. children's day care, home help service, long term institutional care).

2.3. Provision

Municipalities can provide statutory services in different ways: a) by producing services themselves, b) by producing them together with other municipality (called municipal associations) or c) by purchasing them from other service producers, either non-governmental (third sector) organizations or private service enterprises. Municipalities produce about 71 % of social services themselves. Approximately 18 % is purchased from voluntary sector organizations and 11 % from private enterprises. The proportion of private social service enterprises is growing. Many of them are small care units for elderly people, family homes for children, rehabilitation units for alcohol or drug abusers or residential units with supporting services for disabled people. We see, however, that large international service enterprises are coming also to Finland, especially in the area of care for elderly people.

In the health care, primary health care is produced most often by municipalities and specialized hospital care by municipal associations. Five special hospitals function in close collaboration with medical schools of universities, as teaching and research hospitals. They also provide the highest level of specialized treatment in rare diseases or injuries and do operations requiring the highest level of experience and expertise. Education, research and clinical practice are closely interrelated in the university hospitals, where professors also practice clinical work and do special operations themselves.

Service differentiation according to prevalence of problem or according to the level of professional skills required is neither as well developed nor as clearly structured in social services as it is in health services.

2.4. Coverage

Legislation requires that municipalities provide social services according to *the prevalence of need* in municipality. The provision of some social services is obligatory for municipalities, regardless of

their financial situation. We call these services as subjective rights for the citizens. Children's day care, supported living conditions (residential units with services), transportation services and personal assistants for severely disabled people, as well as, interpretation for people with speech or hearing disability are such rights. The coverage of these services is fairly good, even though differences may exist in the ways these services are provided. In the areas, where rights to services are not guaranteed by law, service levels may vary greatly between municipalities and areas. State provincial authorities have a responsibility to inspect the level of service, but Finland does not have as covering an inspection organization as you have in the U.K. If the municipality is not meeting the requirements, it can be sanctioned by fines. It happens rarely, however. Currently, the inspection structure is being reorganized, so that social and health care will be inspected by the same national authority. Municipalities have a responsibility to see to the quality of private and voluntary service production in their own territory.

2.5. Monitoring and evaluation

Monitoring at the national level is done by The National Institute for Health and Welfare. In beginning of this year, previously separate research and development institutes for health (National Health Institute) and for social welfare (National Research and Development Centre for Welfare and Health, Stakes) were integrated into one organization. The institute is collecting national data on service users and volume of services. Same kind of information is collected also at the local level by municipalities. There is not, however, any systematically collected information of the impact or effects of services. More is known about costs of service than about their effects on people's health, social functioning or on their social conditions, in general. There are, however, groups working with evaluation issues and good practices in the National Institute (one for health/medical services and another for social welfare/services). Interest towards evaluation of effects is growing both among practitioners, service providers, inspection authorities and among researchers. In this respect, we are at the beginning stages of development. No doubt, that evaluation of effects of social services will be one of the most important issues and most urgent needs in the development of services and professional practices.

Previously Stakes prepared every second year a large review of the welfare of people. During the latest years, the level of welfare among population has improved in general, but at the same time the cleft between the well-to-do and the most deprived part of population is growing. This observation creates a great challenge for welfare policies. The widening social and economic distance between

population groups means that equity between people is becoming more and more crucial issue in welfare policy. This certainly has its reflections also to professional work.

2.6. Future challenges

At present, the economic recession is an acute problem. At the local level, municipal resources decrease because tax revenues from enterprises and individual citizens are lowering. At the same time, because of growing unemployment, needs for supplementary benefits (which in Finland are financed by municipalities) and services for families are growing. The state has promised to raise financial support to municipalities in order to prevent them to cut services and benefits. How this will become realized, is to be seen. The effects of recession are already seen in local social offices. Some municipalities have considered even non-paid leaves of absence of their staff. Some municipalities have decided that possible leaves do not concern personnel in social services. – At present, there is great uncertainty in the air about the future resources and development of social services.

3. Social work and social service education

The first permanent educational programme in social services was started in 1918. It was a training programme for managers in child care institutions. After the Finnish civil war, many children were without parents or with only one parent not able to take care of a big family. Therefore, special institutions for children were needed and professionally trained people to manage these institutions. This educational programme still continues as a socio-pedagogical education, in the framework of Polytechnics. – Even before 1918, the church had started an education for deacons, which programme included elements which now are considered as social work contents. Courses for people working in child welfare settings were organized in 1920's and 1930's. During 1950's a training programme for home helpers was started, at the level of vocational upper secondary education. Its main goal was to help families in need, e.g. in the case of delivery, illness or other social or health problems. Later on, this programme developed to a more general care training (practical nurse), which covers basic knowledge and skills both in social and health care. The target group of care workers has changed so that the largest group served today is elderly people.

A permanent social work education in Finland was started in 1942 in the School of Social Sciences in Helsinki. Equivalent programme started a couple of years later in the Swedish School of Social

Sciences. The programme lasted two years and was – compared to present levels of education – at the level of the lower university degree (Bachelor).

During 1970's and 1980's several universities started Master's level social work education, in the framework of social policy studies. Gradually, social work education has become an independent academic subject, placed in most cases in the faculties of social sciences. Compared to other countries, social research is a quite strong element in the Finnish social work education, in addition to theoretical studies and professional skills.

In 1983 the government made decision on qualifications in social work, which defined Master's degree, including specific courses in social work, to be a national qualification in social work positions. Also Bachelor degree in social welfare gave qualification in social work positions, if it was based on the earlier Bachelor –programmes. The Finnish Bachelor –programme, which started 1942, ended in 1986. In this way, Master's degree became the only degree giving qualification in social work (except the Bachelor from the Swedish School).

During 1990's, the government decided to raise the earlier vocational upper secondary education and training programmes to the level of Bachelor education in Polytechnics. This concerned also social and health care programmes. As a consequence of this decision, an educational map of social services changed considerably. – It was clear, that the new educational structure required also revision of tasks and professional structures in working life. At present, the reorganization of tasks and professional structures in municipal social services is going on. In institutional settings or in supported residential units, Bachelors have found their place as social pedagogues or as care coordinators, some as professionals specialized in old people's care (geronomes). In non-institutional settings, those with Bachelor degree work with various user groups, in guidance and advice, in care management and service coordination and in delivery of social assistance. In child protection, a Bachelor works often as a partner of a social worker, as a family worker helping families and children in practical matters of every day life. Assessments, service planning and decisions in child protection are made by a social worker with Master's degree (except in situations against the will of some one concerned, in which cases decisions are made by an administrative court). It is a great challenge to analyze the content of different social service tasks and determine the needed knowledge content and skills, in order to decide proper professional qualifications between Bachelor's degree and Master's degree. Gradually, a new structure of professional functions and job profiles, on the basis of different educations, is taking shape and becoming

accepted, even though the process does not proceed in the same pace in the whole country. There are elements of threats, fears, status competition, appreciation and depreciation of different educations involved in the process.

Polytechnics have started also a further education for people with Bachelor degree. One can apply to this programme after two years of practice. The functions of people with the further education are not yet stabilized in social service structures, especially compared to Master's level social workers.

At present, education in social field takes place at the following levels:

1. Vocational upper secondary education and training in care work (practical nurse), which gives basic skills to work both in social and health fields. The programme lasts three years. People with this education work with elderly people or with people with disabilities, at homes or in service homes and residential units. They have qualifications to work also as practical nurses in hospitals or institutional settings for other service users.
2. Education for Bachelor degree in Polytechnics. These people work in social services both in non-institutional and institutional settings. They work as social pedagogues, as family workers, in guidance and advice functions, in care management and in coordination of services for various user groups. Further education gives skills in tasks requiring specialization in certain areas (e.g. services for disabled persons), supervision of people with Bachelor degree, in development functions and other varied tasks. In addition, there is a programme for a Bachelor degree in the Swedish School of Social Sciences, in connection with the University of Helsinki (which, contrary to Bachelors from Polytechnics, gives qualification in social work positions).
3. Master's degree in social work gives qualification in social work positions. What is considered such a professional function in social field, which requires Master's level education, is being redefined during current years.
4. At the national level, there are also post-graduate programmes in social work, a professional licentiate- programme for specialization in certain areas of

professional work (e.g. work with children and youth, marginalization, rehabilitation, work with elderly, or general welfare services). Post-graduate education includes also doctoral studies in social work.

Proportions between personnel groups having different levels of education and training and division of labour in working settings are essential grounds for planning of education and staff development. An expert group made three years ago an assessment of the future needs of various educations and trainings, in social field, using year 2015 as a goal for planning (Vuorensyrjä & Borgman & Kemppainen & Mäntysaari & Pohjola: Sosiaalialan osaajat 2015, 2006).

In 2015 the need of various educational groups was forecasted to be

Field of working		social services	health services	other
• Master's degree in social sciences/ social work	9 512	28,2 %	11,3 %	60,6 %
• Bachelor- education	23 748	61,2 “	4,8 “	34,0 “
• Vocational upper secondary ed. & tr.	108 145	58,3 “	26,3 “	15,5 “

The numbers show, that people with university degree in social sciences or social work are employed also and to a great extent by other sectors than social and health services. However, from the group “other” about ¼ is working in administration of social and health organizations. In total, a little more than a half of the Master's degree-level group works in social and health organizations, and a little less than a half in other sectors of the labour market.

Social work education is given in six universities and in the Swedish School of Social Sciences. Each year approximately 310 – 320 new students start social work education. There are many more applicants, e.g. in 2007 over 1 400. In 2005 there were 144 social workers in the further education programme for specialization in different fields of social work and 136 people in doctoral programmes.

Bachelor education is given in 22 Polytechnics. About 1 440 new students start social service programme every year. The number of applicants is about 5 400 – 5 500. Further education

programme for Bachelors is given in six Polytechnics. The goal is that about 10 % of Bachelors will proceed to further education (Sosiaalialan korkeakoulutuksen suunta 2007).

4. Early phases in the development of practice research

Social work education and practice have been collaborators from the very beginning of social work education; field work has always been an essential part of educational programme. In research, students' thesis- works have been the most common way of integrating practice and research. Themes of thesis were often taken from practice. Many kinds of development projects also created bridges between practice and research. These did not, however, build a systematic approach to practice-research. A common issue also in the Finnish discussions has been social workers' weak use of research results in their practical work and researchers' too abstract studies from the point of practice. The results of different projects or knowledge produced by scientific research neither accumulated research findings into a growing knowledge capital of social work nor created systematic paths for developing new approaches and methods. General interest in monitoring and studying effects of social work was not too high. An often heard comment was that effects of social work are too difficult to study, because of the complexity of the issue. Paradoxically, the complexity itself could create a strong motivation for innovations and new approaches. Complexity can also be a challenge for knowing more about, how different approaches help people, for constructing new orientations and for creating new paradigms in knowledge production.

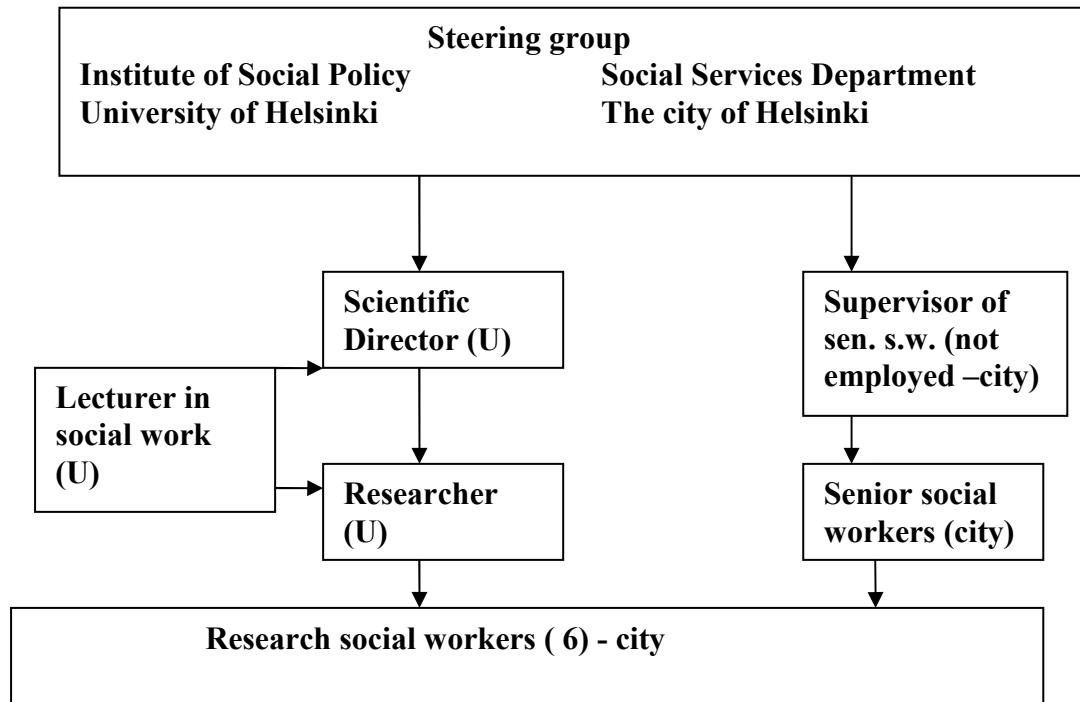
During 1970's there were some articles in professional literature on the importance of dialogue between practice and research. Some of them even visioned the role of practice as an activator, arena and agent of research. (Lahtinen 1973, Kananoja & Niemi 1973, Koskinen 1973) The need for collaboration between practice and research appears here and there, e.g. in planning documents concerning social work education. A national committee on social work education made in 1972 a proposal to experiment social work teaching clinics as a part of a reform in social work education. (Sosiaalityön koulutuskomitean mietintö, 1972) The proposal did not activate any concrete efforts to this direction, at that time.

1980's was an important era in the planning of collaboration of practice and research in social welfare and social work. New social welfare legislation, which came into force 1984, defined training (additional training), research, experimental work and development of social welfare as one

function of municipalities. This gave a legislative basis to go further in realization of this opportunity. A private social welfare foundation representing local social welfare directors (Huoltaja-säätiö) in 1983 made a proposal to the Ministry of Social Affairs and Health to strengthen the integration of social work practice and research, experiment and teaching (Suoninen-Erhiö, 2003). The proposal included an idea to create a new type of collaborative unit in the framework of a municipal social service office. In this way, the unit would connect functions of municipality (social services and social work practice) and university (research and education). The proposal was followed in 1984 – 1985 by a series of discussions, organized by the Minister of Social Affairs and Health. The minister invited to the meetings social policy professors (social work was taught at that time in the framework of social policy) and deputy mayors or social welfare directors of cities, where university education in social work was given. The topic of discussion was how collaboration of universities and municipalities could be strengthened in order to guarantee a proper knowledge base for professional work and to develop new methods of knowledge production in social work education. Different models of collaboration were planned. Continuation and realization of planning work was given to the cities and universities, both autonomous institutions with not much cooperation in their history.

City of Helsinki reacted to these discussions by preparing a contract with the University of Helsinki, the Institute of Social Policy, on a collaborative project with a theme: Social work as an instrument of knowledge production. During the first stages of the project, the theme was formulated in a more focused and concrete way. It developed, finally, to an evaluation project, concerning service process of families with children, needing child protection measures or other social support, and families in need of social assistance (benefits) and related services. The project started 1986 and ended 1989 (Rajavaara 1989, Rajavaara & Sirviö 1991, Rajavaara 1992)

The organization of Helsinki project Social work as an instrument of knowledge production 1986 – 1989 was as follows:



Social workers were elected on the basis of applications from inside the department. Many more applied than could be employed; combination of research and practice was seen as challenging by social workers. Elected social workers met qualifications and they had several years experience either in social assistance matters or in child protection. The work of research social workers was divided between research and “normal” practice in proportions one third research – two thirds practice. The Social Services Department employed two additional social workers to compensate the time the research workers used for research work. The target group of the research was 28 families with children. Families were either users of social assistance (supplementary benefits, i.e. poor families) or clients of child protection or other social support services. All the families were previous clients of research social workers and users’ participation was voluntary. Some families had been users of service for a lengthy period. Research social workers came from two social centres, where the senior social workers were planned to be part of the process. In the beginning, it was thought that the senior workers – even though they did not do research themselves - might need

project-tailored supervision in supporting the research function of the unit. This kind of supervision did not become realized for different reasons (Rajavaara 1992).

Helsinki project gave a lot of experience of possibilities and problems in combining research and practice. First, even though motivation of research social workers was very high, it was not so easy to take a role of researcher. In statutory services, a crucial part of work is defining eligibility or need for services or benefits. Bureaucratic procedures are common and even needed in order to guarantee equality in delivering services and benefits. To take a broader professional approach with new ways to interact with people and to make new kinds of observations and documentations, was not an easy task. Language differences between practice and research needed to be dealt with and to be overcome, too. Fortunately, most users were eager to participate (discussions were taped with their permission). In the framework of the research project, they described their life histories, social situations and problems to their own research social worker in a much broader and deeper way than they had described these matters, when applying benefits or being clients of child protection – even though the researcher and their previous social worker was the same person. Some of the users became strongly interested in research, in general. Participating in the research project had a strong impact in some persons' and families' living.

Administratively, there were more problems. Division of work between research and practice (1:2) turned out not to be realistic. Even 2/3 of regular case loads took too much time and it was hard to allocate 1/3 of working hours to research. There was no previous model for this division, it was a pure experiment. (Rajavaara & Sirviö 1991) Even though the directors of project social centres were committed to the project and willing to organize work in a supporting way, the middle management did not always understand or support special arrangements needed. Sometimes colleagues showed some resistance (or even jealousy) to special arrangements for research social workers. The role of senior social workers in the units was also problematic. The project raised different questions and problems in relations to practice, compared to normal practice with eligibility questions or administrative procedures of child protection. Senior workers felt they could not deal with these issues, and they did not see a need for new kind of supervision, either. Gradually, the project researcher (who had social work education and background) was given a kind of senior social worker's role by research social workers. Contrary to the original idea, the two project units never developed a climate of supportive research environment. The project stayed mainly as an alien element to the main part of the functioning of the agency. At the level of project management - in the steering group, where the university and the management of department were

represented - dialogues were lively and constructive. The group offered a good arena for municipality-university exchange about problems and visions of practice-research. Good collaboration at the management level did not, however, have its reflections to the grass root level of relations between research social work and “normal” social work..

Regardless of administrative problems, the project produced rich material on the subject. It provided a valuable experience about prerequisites of combining practice and research in a normal social service setting. The substance of the project - an evaluation of effects of social service processes in the 28 families - was well documented in a licentiate thesis of the project researcher (Rajavaara 1992).

In summary, the researcher described the experience in combination of practice and research as follows:

- The model offers an opportunity to produce such context-related knowledge, which cannot be reached either by academic research or by statistics or administrative information. Knowledge production becomes a shared experience between representatives of practice and research (and of service users/ *addition by AK*)
- Practical experiments or methodological developments combined with research contribute to immediate use of the knowledge produced.
- Practice research strengthens social workers’ ability to think reflectively.
- Practice research strengthens social workers’ research skills and improves their capacity to evaluate different studies and their results. (Rajavaara, 1989)

These results and experiences have been very useful for further developments of practice- research.

After the project was finished, the collaboration between the municipality and the university continued in Helsinki as a dialogue in a common working group, but no concrete field project started until 2000. Some other cities founded also research-social work vacancies. They had some common projects with universities and local social welfare administration consulted researchers in selected local issues. Collaboration around thesis work and field work in education continued, but these forms of cooperation neither built accumulation of knowledge capital nor systematically developed new methodological interventions.

Collaboration of practice and research (municipalities and universities) was dealt with again in the report of a national working group, which made plans for developing social service structure and specialities in social welfare (Sosiaalihuollon palvelurakenteen ja asiantuntemuksen kehittäminen, 1989). It made a proposal about *university social centres*, the special tasks of which should be education, building specialized expertise and delivering expertise at the national and regional levels. In connection with this, the centre should do applied research and develop new approaches and methods. It was planned to function also as an agent of international exchange. All these tasks were aimed at strengthening professional work in social field. This proposal received very diversified and contradictory response. In general, the idea of stronger linkage of practice and research was supported. Universities had many reservations, however, concerning the freedom of scientific research in such practice-related units, as well as, concerns about staff structures. Fears related to close resemblance of social sciences to natural sciences (medical field?) were also expressed. Some universities spoke for stronger multi-scientific approach. The national representative of municipalities supported the proposal and emphasized the importance to have proposed centres only in those cities, where universities teach social work. Some municipalities were afraid that small communities would not benefit anything of this arrangement.

At the end of 1989, the Ministry of Social Affairs and Health founded a working group to evaluate the state of affairs of education in social field, to study possibilities of founding teaching social centres, and to make proposals on the administrative, practical and economic arrangements needed in founding such social centres.

The proposal of the working group was left at the end of 1990.(Opetussosiaalikeskustoimikunnan mietintö, 1990). Functions of teaching social centres were described as follows, in addition to regular functions and tasks of municipal social welfare offices:

- development and participation in social work education, especially related to education in professional practice
- research and development (in social field)
- participation in further and additional professional education in social field.

The main proposals of the working group were as follows:

- Every municipality, where a university is giving social work education, develops teaching social centres in the framework of their social service

organization. These centres form a national structure of collaboration between municipalities and universities.

- Teaching social centres should perform all three functions, but also such centres which perform at least two functions can be accepted. In all cases, the centre should participate in the basic professional education of social workers.
- Planning of further work should take place in each municipality in a common working group of municipalities and universities.

Research and development could be organized, according to the working group, in different ways.

There could be

- a) a special research- and development unit in the organization of municipal social welfare organization,
- b) a common unit of several municipalities covering broader territory than one municipality or
- c) research and development functions could be connected with additional training centres of universities.

In order to support realization of proposals and in order to contribute closer linking of practice and social work education and research, the Ministry of Social Affairs and Health financed altogether eight lecturer vacancies in universities. For the same purpose, the ministry gave also special project money to universities during 1992 – 1995. After that – and partly due to changes in state subsidy system - the financing depended on municipalities and universities and financing possible projects from outside sources. Proposals proceeded in different ways in different cities, but all the six universities had some model of collaboration with municipalities.

Unfortunately, during these years Finland experienced one of the deepest economic recessions, which hit heavily municipalities and their social welfare organizations. There was neither energy, money, nor motivation to develop new institutions, which did not seem to be a core function of municipalities. There was not great push from universities' side, either, because – on the basis of earlier reactions - their views were ambivalent or even contradictory towards combining functions of autonomous universities with social welfare administration. Gradually, the money for eight lecturers became included in general costs of social work education, not allocated especially to practice research. The conclusion was made at that time, that efforts to strengthen practice research by allocating small amount of money to universities did not produce results, as planned. The idea of

closer collaboration of practice and research did not die, however. It just waited for another time to come up again.

Because municipal resources for research and development were restricted, the development of social services moved more and more to voluntary organizations and projects funded by EU (Finland became a member in 1995). In this way, every day practice in municipalities and developmental work divorced more and more from each other. This trend needed revision, when times became better.

5. Development at the end of 1990's and the next century

5.1. Competence centres

During the second half of 1990's – after the economic recession – there was a growing concern about the position and future of social work and social services. The Ministry of Social Affairs and Health initiated again new processes. One dealt with future of social work, in general (Kananaja 1997) and the other dealt with specialization in social work (Sosiaalihuollon erityisosaamisen turvaaminen 1997). Both projects left their proposals in 1997. In addition to many other proposals for development of social work practice, the first reporter repeated earlier proposals on the need to combine practice and research in university social centres. Inside the same framework, there should be units closely combined with practice, especially for development of new approaches and methods of practice. University social centres would concentrate in scientific research and strengthening production of context-related knowledge, whereas the development units should focus more to the current needs to improve practices and reform traditional approaches. This was supposed to be more successful when the units are integrated in municipal social service settings.

The other project dealing with specialization, came to the conclusion that municipalities in Finland offer too small a population for specialization in social field. Therefore, networks over municipal borders and over public – voluntary – private sectors are needed in building special expertise. Collaboration of practice, education and research needed in development of specialization was also emphasized by the project.

Above mentioned projects gave rise to further planning work, which resulted in 2001 as a Law on *competence centres in social field*. Their practical work started in 2002. Competence centre is a network organization, which covers larger territory than one municipality (one or more provinces)

and focuses more or less on issues important for social services, specifically in its own geographical area, unless a national function is given to it. It takes into account needs of municipalities and draws knowledge and skills from universities, polytechnics and from various practice settings. Originally, it was planned that competence centres would produce special services, themselves, but presently they do not have such functions.

Compared to the earlier idea of university social centres, the competence centres are anchored in municipal organization or association of different organizations in the field, instead of universities. They cover all municipalities in the country – not only the home cities of universities – and they focus their development work on wide variety of social services, not only social work.

There are eight Finnish and one Swedish competence centres. They receive financing for basic administrative functions from the state, but other resources they need to collect from different sources. In the framework of nine centres there are now about 50 development units, specializing in certain areas of social services, e.g. children's day care, child protection, services for disabled people etc. Because these units are placed in service settings, representing the area of their special function, their collaboration with practice is close and concrete.

5.2. The Helsinki model

After the common project in 1986 – 1989 (described above), the Social Services Department of the city of Helsinki and the University of Helsinki, Institute of Social Policy had a common working group dealing with various issues related to the collaboration of the two institutions. After some years of merely meetings, it was felt that more concrete actions were needed in order to develop shared model of knowledge production. The original need for collaboration in practice research was still there. National plans to develop specialization in social work through competence centres were not as relevant in Helsinki as in other parts of the country, because the population base of the city was large enough to provide ground for specialization inside its own organization.

In 2000, representatives of the university and department of social services started to plan a common unit, which was first called “clinic”. After a thorough planning work and on the basis of high level meeting with The Chancellor and The Rector of the University and The Mayor of the City of Helsinki, it was agreed to have a collaborative unit, especially for practice research. It was decided to place the unit in one of the seven social centres of the Social Services Department. The

necessary linkage with the university was guaranteed by an official contract between partners. The Institute of Social Policy allocated resources by giving a part time professor and a lecturer for the work, especially for the development of practice research, in the unit. The unit was named Heikki Waris Institute after the first Finnish professor of social policy, who also had had an important position in the first professional education programme of social workers. In addition, Heikki Waris had been an active participant in settlement movement in Helsinki. Settlement of Kalliola became a partner of Heikki Waris Institute, representing voluntary sector in the steering group of the institute. The opening of the Institute was in October 2001 at the presence of the President of Finland.

In the framework of Heikki Waris Institute, there is also a unit for new kind of collaboration in education of social workers, called Praksis. The unit is located in one of social offices of the department and its work focuses mainly on adult service users. A lecturer in social work from the University is working in this unit participating herself in direct work with clients. The purpose is to develop social work education so that evaluation, self-evaluation and research-elements would be more integral elements of practice. Later, similar kind of educational function is developing in the area of child protection.

There is also Swedish Institute, having similar task and equivalent model of functioning, as Heikki Waris Institute, called Mathilda Wrede Institute. It serves Swedish speaking area of the whole country, and its partner in the university is specifically Swedish speaking education of social workers. The organizational framework is the Social Services Department of the city of Helsinki, its unit for Swedish services. Collaboration with the Swedish Competence centre is close.

6. Future development of the two approaches

After 2002, there are two parallel approaches to integration of practice, research and development and education in the field of social services:

- Heikki Waris Institute representing a university social centre approach, which is anchored in the organization of municipal social services. Collaboration with the university is guaranteed with the official contract between the university and the city; main focus is in research and development of professional social work in metropolitan area of Helsinki.

- Competence centres and development units, representing a network over municipal and administrative borders, covering the whole country, containing a wide spectrum of social services and focusing more on local and regional issues and practical development functions.

The two approaches have recently been combined under one umbrella. From the beginning of this year Heikki Waris Institute and the Competence Centre of Helsinki Metropolitan area (four cities) have been placed into the same organizational framework, inside the Social Services Department of Helsinki. Other cities of metropolitan area are now contract-based partners and co-financiers of Heikki Waris Institute, as they have been partners in and financiers of the Competence Centre. During the current year a model of collaboration of these two units will be developed.

In 2007, there was again a working group, appointed at this time by the Ministry of Education, which dealt with social work and social service education in universities and polytechnics. From the point of this paper, it is of importance that this group again recommended research and teaching clinics to be founded. According to the proposal, polytechnics should be part of the integrated unit. The clinic would function as a synergy creating agent between different educational programmes, research and practice. – A position of competence centres and their relation to teaching and research clinics should be re-evaluated (Sosiaalialan korkeakoulutuksen suunta 2007).

7. Conclusions

The paper has described gradual steps in the development of practice-research and its organizational environment in Finland. The purpose of a fairly thorough presentation has been to open the long road and various efforts – successful and not so successful- in order to show the complexity of this issue. It has been a time-consuming process to create a well functioning model to combine practice and research in social work. In Finland, the process has taken about 30 years. We consider that Heikki Waris Institute and Mathilda Wrede Institute have been able to put into practice this complex task.

Which factors seem to be necessary preconditions for combination? I have discussed the issue with my colleagues, researchers and practitioners who are involved in practice research. The following factors seem to be essential in answering the questions:

Why practice research is needed?

- In Helsinki and in Finland, for tens of years a view was shared, that there is a need to improve methods of helping people with multifaceted social problems and a need to develop more effective preventive approaches. It was also agreed that this requires strengthening of professional social work and related functions. Taking into account the fast cultural, social and economic changes in the society, both the knowledge production and practice needed rethinking and reforms. In order to be able to fulfil social work's mission in an effective way, new approaches, new methods and better instrument to evaluate the impact of professional work were needed. This mission raises two tasks which demand better integration of practice and research:
 - systematic development of new approaches and methods, so that they would be grounded on the best possible knowledge: scientific knowledge, knowledge drawn from practice and experience, tacit knowledge, and knowledge brought to the process by service users;
 - systematic monitoring and evaluation of the impact of social work approaches and practices, and improvement of practice on the basis of evaluation.
- In order to make improvements, described above, there must be a common understanding on the nature of knowledge needed in social work. Social work knowledge is context-connected, to a great extent. Social, cultural and organizational environments are vital elements in social work and in other social interventions. Relations are in focus, also in knowledge production.
 - In order to produce context-connected knowledge one needs to combine practice and research in such a way that the instrument of knowledge production includes both elements. This may require rethinking of traditional paradigms of scientific research and understanding the nature of knowledge in a new way.

What are the necessary prerequisites of functioning practice research relationship?

- Prerequisites of a functioning model of practice research are many. The most important precondition is a strong will by practitioners and their employer – municipalities in Finland

– and by researchers and educators and their employers – universities - to work together in order to produce more relevant knowledge and more effective approaches for social interventions.

- A shared will is not enough. Practice- research needs an organizational structure which is permanent and allows an accumulation of knowledge, i.e. building knowledge capital which is unique to social work. Methodological development demands long period of time, if evaluation is to be an integral and permanent element in developing methods, approaches and practice, in general.
- Financial resources should be such that a considerable size of a unit can be guaranteed. Size is important also for developing a practice-research community, which is strong enough to work and fight for new paradigms in research and in practice.
- Practice- research needs an environment which creates an inspiring collaborative community for two different cultures, two different ways of thinking and two different areas of expertise: practice and research. The differences of two worlds should be equally appreciated, so that knowledge production will become a shared mission. The users of services are also an important partner in realization of the mission.
- It is important that questions and challenges for knowledge production and methodological development grow from practice and the results return to practice.
- The knowledge produced by shared efforts needs to be tested by practice, and the new approaches and practices developed by shared efforts need to be tested by scientifically valid evaluations.

Sources¹

1. Kananoja, Aulikki & Niemi, Veikko (1973) Käytännön sosiaalityöstä sosiaaliseen uudistukseen, teoksessa Sosiaalipolitiikan arvot, tavoitteet ja käytäntö 1970-luvulla, Acta Universitatis Tamperensis Ser. A Vol. 49, Tampereen Yliopisto 1973, 127 – 140. (From the practice of social work towards social reforms, in Values, Goals and Practice of Social Policy in 1970's., The University of Tampere, Series A Vol. 49)
2. Kananoja, Aulikki (1997) Murros on mahdollisuus. Sosiaalityön selvityshenkilön raportti. Stakes Raportteja 211. Sosiaali- ja terveystieteiden tutkimuskeskuksen raportteja 1997:8. (Change as an Opportunity. The Report of the Social Work Reporter).
3. Koskinen, Simo (1973) Sosiaalityöntekijä kehittäjänä ja muuttajana, teoksessa Sosiaalipolitiikan arvot, tavoitteet ja käytäntö 1970-luvulla, ibid. 141 – 148. (Social Worker as an Agent of Development and Change)

¹ The sources are written in the Finnish language. The translations of titles are made by Aulikki Kananoja.

4. Lahtinen, Alli (1973) Sosiaalipolitiikan käytäntö ja tutkimus, teoksessa Sosiaalipolitiikan arvot, tavoitteet ja käytäntö 1970-luvulla, *ibid.* (Practice and Research in Social Policy).
5. Rajavaara, Marketta(1989) Tutkiva ote sosiaalityöhön? Helsingin kaupunki. Sosiaalivirasto. Sosiaaliviraston julkaisusarja A1/1989. (Researching Approach to Social Work? Publications of the Social Services Department of the City of Helsinki A1/1989).
6. Rajavaara, Marketta & Sirviö, Arno (toim.) (1991) Projektitutkimus sosiaalityössä. ”Käytännön sosiaalityö tiedontuottajana” –tutkimusprojektin arviointiraportti. Helsingin kaupunki. Sosiaalivirasto. Sosiaaliviraston julkaisu sarja A9/1991. (Project Research in Social Work. An Evaluation of the Research Project” Social Work Practice as a Producer of Knowledge”.
7. Rajavaara, Marketta (1992) Tavallisesta perheestä tapaukseksi. Sosiaalitoimiston asiakastyö arvioinnin kohteena. Helsingin Yliopisto, Lahden tutkimus- ja koulutuskeskus. (From an Average Family to a Case. An Evaluation of Social Case Work in a context of Social Office).
8. Opetussosiaalikeskustoimikunnan mietintö (1990) Sosiaali- ja terveysministeriö. Komiteamietintö 1990:48. (Report of a Committee dealing with Teaching (University) Social Centres, Ministry of Social Affairs and Health).
9. Sosiaalialan korkeakoulutuksen suunta (2007). Opetusministeriö. Työryhmämuistioita ja selvityksiä 2007:43. (The Direction of Higher Education in Social Field, Ministry of Education, Reports 2007:43)
10. Sosiaalihuollon erityisosaamisen turvaaminen. Sosiaali- ja terveysministeriö, Työryhmämuistioita 1997:4. (Development of Specialized Expertise in Social Welfare, the Ministry of Social Affairs and Health 1997:4).
11. Sosiaalihuollon palvelurakenteen ja asiantuntemuksen kehittämistä selvittänyt työryhmä (1989). Sosiaali- ja terveysministeriö. Työryhmämietintö 1989:10 (The Report of a Working Group Dealing with Development of Service Structure and Expertise in Social Welfare, Ministry of Social Affairs and Health, Reports 1989:10).
12. Sosiaalityön koulutuskomitean mietintö (1972) Komiteamietintö 1972:A7. (The Report of a Committee on Social Work Education)
13. Suoninen-Erhiö, Lea (2003) Huoltaja-säätiö sosiaalihuollon edistäjänä ja tukena 50 vuotta. Huoltaja-säätiö. Helsinki (Huoltaja Foundation as an Agent of Development and Supporter of Social Welfare During 50 Years)
14. Vuorensyrjä, Matti & Borgman, Merja & Kemppainen, Tarja & Mäntysaari, Mikko & Pohjola, Anneli (2006) Sosiaalialan osaajat 2015. Sosiaalialan osaamis-, työvoima- ja koulutustarpeiden ennakointihanke (SOTENNA): loppuraportti. Jyväskylän yliopisto. Sosiaalityön julkaisusarja 4. Opetusministeriö, Euroopan Sosiaalirahasto, sosiaali- ja terveysministeriö, Suomen Kuntaliitto. (Practitioners in social field in 2015. The Final Report of a Working Group Forecasting the Needs of Skills, Work Force and Educations in Social Field, The University of Jyväskylä, Social Work Publications 4. Ministry of Education, Ministry of Social Affairs and Health, European Social Fund, The Finnish Association of Local Authorities).

