

2. Towards the best public administration in the world: a case of health and social services reform in Finland from the perspective of children's and families' services

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INTRODUCTION

In recent years, there has been a wide pursuit of interprofessional collaboration and service integration in modern welfare societies, the aim being to attain cost-effective, flexible, and influential services (Auschra, 2018; Axelsson & Bihari Axelsson, 2006; Leutz, 1999; Willumsen, 2006). The tendency towards a more flexible and collaborative culture in public sector organizations and service production is reflected not only in legislation but also in recent policy programmes and national development projects (Joronen et al., 2018; Perälä et al., 2012).

Finnish society and public administration have succeeded well in numerous international comparisons (e.g., Fragile States Index, 2023; Legatum Institute, 2023; Digital Economy and Society Index, 2023; Wallace & Castro, 2023), although severe social challenges and problems affecting management and administration are emerging (e.g., OECD Economic Surveys, 2023; Rossi, 2021). Accelerating climate crises, an ageing and geographically centralizing population, digitalization, and globalization challenge the current structures and functioning of the welfare state. The need to develop public governance and administration has been widely recognized. The challenge is not only how to solve emerging tensions and crises but also how to derive benefits from opportunities such as new technologies by rebuilding the structures of public administration and fostering learning in public organizations (Kaunismaa et al., 2021).

In Finland, Prime Minister Sanna Marin's government (2019–2023) set itself an ambitious goal of becoming no less than *the best public administration*

in the world by fostering interaction, improving the quality, functioning, and availability of public services, and strengthening horizontal, cross-sectoral collaboration. Better interaction between different actors of public administration, along with improvement in the quality, functioning, and availability of services for citizens, are at the centre of the reform. Horizontal cooperation and implementation capacities were also reinforced, and measures tackling a silo mentality and reducing the duplication of work were initiated in state administration (Finnish Government, 2019). The pressure to enhance the new administrative culture has been urgent because, at the beginning of 2023, a whole new administrative level, *wellbeing services counties*, took up the responsibility of providing social and health care services in Finland. The wellbeing services counties work in the Finnish public administration between municipalities and the state and have their own respective administrations and elective councils.

Social and health care services have always been plagued by different organizational and administrative barriers that create a risk for fluent service provision. Service integration and fluent service chains require functioning processes between different service providers. However, this requires common goals and constant interaction between service providers (Vähätalo, 2019). Achieving deep integration is not about succeeding in individual actions; it demands a process of vertical and horizontal transformation and thus entails systemic change in organizations. According to Van Tulder and Keen (2018, p. 315), systemic change is usually defined as 'change that pervades all parts of a system, taking into account the interrelationships and interdependencies among those parts'. Deep systemic change means vertical transformation of power relations to enable the demolition of rigid and bureaucratic structures of decision-making, communication, and resource allocation. Wide systemic change is related to changes in cooperative practices between different service sectors (Dentoni et al., 2018; Fernandez & Rainey, 2006; Mattila et al., 2021).

Service integration and systemic change become increasingly difficult as the number of service providers involved in the process grows (Van Tulder & Keen, 2018). This also applies to children's and families' services, where different educational, social, and health care services operate together. New wellbeing services counties in Finland are responsible for several children's and families' services, including maternity and child health clinics, school health care and special health care services, child protection, and family social work services. Meanwhile, early childhood education and care, pre-primary and basic education, and cultural and leisure services continue to be offered by municipalities (Perälä et al., 2011).

The goal of client-oriented children's and families' services has been enhanced by Finnish legislation, which requires cooperation between different service providers. Several laws concerning educational, social, and health

services guide vertical and horizontal cooperation and intersectoral collaboration. As social and health care reform is taking its first steps in Finland, it is of utmost importance to identify factors affecting collaboration between new wellbeing services counties and municipalities.

In this chapter, we describe the actions that have been taken in Finland while the country ambitiously aims to build the best public administration in the world. We depict the operational logic of the newly established wellbeing services counties and their role in health and social services reform. The focus of this chapter is especially on children's and families' services, which are at the heart of intersectoral and interprofessional collaboration between new wellbeing services counties and municipalities. We also describe some of the essential managerial challenges faced while building intersectoral and interorganizational collaboration.

HEALTH AND SOCIAL SERVICES REFORM IN FINLAND

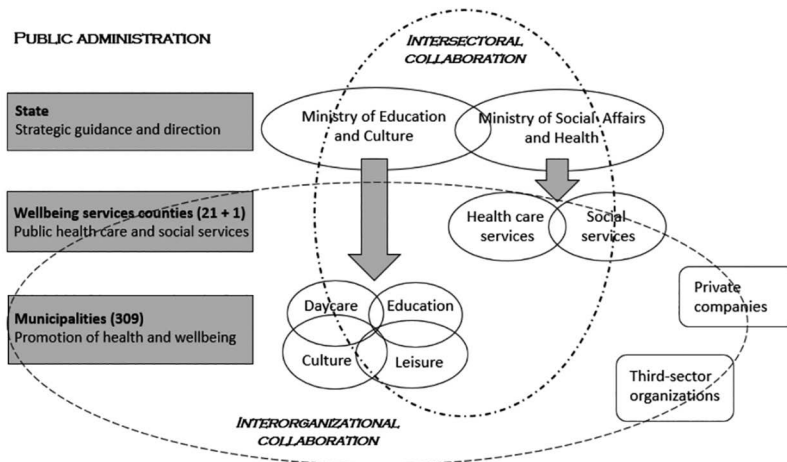
Public services in Finland have been traditionally produced at the local level by different service sectors, such as health care and social work, education, cultural services, and youth services (Perälä et al., 2011). In Finland, apart from their sizes, the municipalities are constitutionally similar. Therefore, even the smallest communes have been obliged to arrange social and health care services for their citizens (Hiilamo, 2021). This has created challenges to equal service production in a country where the median population of the 309 municipalities is less than 6,000 inhabitants.

Before the health and social services reform, the social and health care sectors were already combined in most Finnish municipalities. Joint municipal authorities were also established, producing social and health care services for several municipalities. Some municipalities had also reconstructed their organizations according to the lifespan of the citizens, combining educational, social, and health care services together. However, in most municipalities and at the regional level, the decision-making and operational responsibility for service production were divided among several actors (Joronen et al., 2018; Ministry of Finance, Finland, 2015; Perälä et al., 2011).

There have been wide efforts to reach a consensus on health and social services reform in Finland. The first steps were taken in 2005, during Prime Minister Matti Vanhanen's first government (2003–2007). Since then, seven Prime Ministers in eight governments' terms have been striving for reform, aiming towards more efficient, equal, and client-centred social and health care services (e.g., Valli-Lintu, 2017; Valli-Lintu, 2019). The consensus was finally reached by Prime Minister Sanna Marin's government in 2021, 16 years after the first steps towards reform were taken.

From the beginning of 2023, the responsibility for organizing public health care, social welfare, and rescue services was transferred from municipalities to a new administrative level, wellbeing services counties. A total of 21 self-governing wellbeing services counties were established, and in addition, the capital city of Helsinki was made responsible for organizing health, social, and rescue services within its own area. Five collaborative areas for health care and social welfare were created to secure specialized services. The municipalities continue to organize certain services, including daycare, education, sports, and cultural services. They also remain responsible for promoting the health and wellbeing of their residents. The goal of the reform is a better structural and functional integration of health and social care and rescue services (Health and Social Services Reform, 2023).

Due to the reform, the Finnish public administration takes place at three levels: state; wellbeing services counties; and municipalities (Figure 2.1). The Ministry of Education and Culture and the Ministry of Social Affairs and Health guide activities within their own administrative branches. The educational, social, and health services provided for the citizens are mainly produced by wellbeing services counties and municipalities. Further, private and third-sector organizations are involved in service production.



Source: Author's own.

Figure 2.1 The administrative structures of educational, social, and health services in Finland

Although several benefits will be gained from the structural and functional integration of health and social care and rescue services in Finland, the reform may also create new challenges for intersectoral collaboration and service integration. After the health and social care services reform, the educational, cultural, and leisure services will still be arranged by the municipalities, and the municipalities will remain responsible for promoting the health and wellbeing of their residents. This means that the responsibility of client-centred service production throughout the lifespan of the citizens rests in the hands of several administrative levels, organizations, and professionals guided by different legislation and policymaking, tasks, roles, and professions. This has raised questions concerning the cooperation and collaboration between municipalities and wellbeing services counties at different levels of service integration (e.g., Nordin et al., 2021; Mattila et al., 2021).

Integrating the activities of different departments in an organization is a challenging task in itself; however, it is even more difficult to simultaneously integrate the activities of several organizations. Nonetheless, if the aim is to develop the best public administration in the world, service integration is absolutely necessary. However, even if the responsibility for social, health care, and educational services were at one organization or administrative level only, there would still be problems with service integration. The health and social services reform with an entirely new administrative level and new organizations – wellbeing services counties – will pose new and perhaps unprecedented collaborative challenges between different service providers (Mattila et al., 2021).

Next, we will take a closer look at the challenges for service integration caused by health and social services reform in Finland, especially from the perspective of children's and families' services. The focus is on interorganizational integration, which differs from the intraorganizational collaboration that takes place within one organization. Following the logic set forth by Auschra (2018), the interorganizational domain refers to interorganizational collaboration as one governance form besides markets and hierarchies, with specific governance mechanisms between autonomous organizations.

NEW REFORM, NEW CHALLENGES FOR SERVICE INTEGRATION

The challenges that health and social services reform set for service integration in Finland especially involve children's and families' services, as they, by their very nature, are at the centre of intersectoral collaboration. Due to the reform, the children's and families' services are produced not just in different sectors but also at two administrative levels (wellbeing services counties and municipalities), presenting both an opportunity for more equal and

high-quality services and a potential source of problems. Services should be produced, and the wellbeing of the citizens should be enhanced in close cooperation between wellbeing services counties, municipalities, enterprises, and third-sector actors, who have separate laws, institutions, and tasks. Preventing the problems caused by the complex administrative structure demands close intersectoral and interorganizational collaboration (see the dashed line oval rings in Figure 2.1).

In studies and documents relating to health and social services reform, systemic change is often mentioned. The reform in children's and families' services in Finland also involves systemic change. The service integration between educational, health, and social services consists of several dimensions, and deep service integration in children's and families' services requires systemic change instead of single separate actions (Mattila et al., 2021). Parallel to systemic change, complexity thinking as a basis for understanding health and social services reform is also inferred (e.g., Jalonen, 2020; Nordin et al., 2021; Rossi, 2021). The new way of organizing public services in different organizations and administrative levels can be seen as a complex network or ecosystem consisting of several actors following different institutional logics, as well as different and perhaps conflicting political values and goals. The power relations and responsibilities can be contradictory and conflicting, the service processes may be complicated, and there can be a lack of sufficient and clear guiding information (Jalonen, 2020).

A number of barriers to intersectoral and interorganizational integration and collaboration have been described in the research literature concerning service integration. Most of them are *structural barriers* related to the existence of different administrative boundaries, laws, rules, regulations, budgets, financial streams, information systems, and databases (Axelsson & Bihari Axelsson, 2006). Further, there are barriers more related to different professional and organizational cultures, values, and interests and differences in the commitment of the individuals and the organizations involved (e.g., Axelsson & Bihari Axelsson, 2006; Kodner & Spreeuwenberg, 2002). These types of barriers related to organizational culture and values can be called *normative barriers*, referring to the normative type of integration (Kodner, 2009), which entails a shared mission, work values, and organizational and professional culture.

The new health and social services reform in Finland will decrease some structural barriers to service integration by combining social and health care services under one administrative organization – wellbeing services counties – with a common management and budget, thus enhancing vertical integration in those particular services. However, regarding the whole service chain of children's and families' services, they will be produced in separate organizations governed by two different administrative levels – the municipalities and wellbeing services counties – thus potentially increasing structural barriers

to service integration. When the decision-making, management, and funding of children's and families' services are separated into different organizations, there is a risk of concentrating on and supporting different goals. Differing organizational structures can also impede interorganizational collaboration because of divergent decision-making structures and different timetables and time horizons (Auschra, 2018).

Strong professionalization, hierarchical organization structure, and work based on laws and norms typical of health and social care services have created a challenge for fluent cooperation in the Finnish health and social sector, one typical embodiment of these features being problems with sharing information (Vakkala & Syväjärvi, 2020; Zitting et al., 2019). The goal of creating common databases and information systems in new wellbeing services counties pursues better sharing of information and understanding of clients' situations and needs. In children's and families' services, problems with sharing information have been evident even in intraorganizational settings within municipalities (Mattila et al., 2021). These challenges may expand when the services are produced by separate organizations that represent two different administrative levels. This can cause information breaks at different levels of service production and lead to integration problems, which may be exhibited as duplications, gaps, inconsistencies, or lack of continuity in the service provision, or the customers may simply be referred to a number of different organizations to get the services they need (Axelsson & Bihari Axelsson, 2006).

The structural barriers to service integration at the interorganizational level can be reduced by common agreements (Willumsen et al., 2012). However, even if the structural barriers to service integration can be tackled, a remarkable type of barrier still exists. A great deal of the barriers mentioned in the international and Finnish studies concerning service integration are normative barriers. They relate to different professional and organizational cultures: different values and interests; differences in the commitment of the individuals and the organizations involved; lack of common goals and language; lack of knowledge concerning other professions and their habits; and uncertainty of roles or weak division of tasks (e.g., Axelsson & Bihari Axelsson, 2006; Hietapakka et al., 2020; Hujala et al., 2019; Zitting et al., 2019). Reducing the normative barriers of service integration requires role clarification and role valuing, the development of trusting relationships, and power sharing between professionals (Orchard et al., 2005). Managers play an important role in facilitating professionals' collaborative endeavours and supporting communication and integration in both intraorganizational and interorganizational settings (Willumsen et al., 2012).

THE ROLE OF MANAGEMENT IN ENHANCING SERVICE INTEGRATION

Overcoming the barriers of intersectoral collaboration and service integration in children's and families' services requires that professionals understand the service system as a whole, create common goals, learn to know each other's work and roles, respect and trust each other, learn to communicate and share information with each other, and have a similar understanding of their customers' needs. Commonly agreed-upon ways of working are especially important when professionals work in different administrative units and are under separate management (Hietapakka et al., 2020; Kaihlanen et al., 2019; Sinervo & Keskimäki, 2019; Zitting et al., 2019).

Guiding organizations and professionals towards deeper service integration requires active management (e.g., Willumsen et al., 2012). The task of the managers is to ensure that the necessary structures and procedures to enhance collaboration are in place. Managers should also be committed to cooperation and provide their support by allocating resources and being actively interested in the development of the organization. Internalizing the meaning of service integration and interprofessional collaboration requires consistent and goal-oriented management at every organizational level (Zitting et al., 2019). Managing interprofessional collaboration also requires active cooperation between managers in intra- and interorganizational settings (Hujala et al., 2019).

In the case of health and social services reform in Finland, the role of managers as enablers is essential. Managers need skills to achieve cooperation that transcends professional and administrative borders at different organizational levels (Niiranen et al., 2019). Active and goal-oriented management can thus be viewed as a prerequisite for successful service integration in the quest to build the best public administration in the world. This is necessary not only in wellbeing services counties responsible for health and social care but also in relation to the whole service chain of children's and families' services, where the wellbeing services counties, municipalities, private companies, and third-sector organizations operate together (see Figure 2.1). From the perspective of management, fostering cooperation and collaboration in these networks requires a shift from traditional hierarchical, authority-based management towards more reciprocal and interactive steering of networks (Mattila & Kallio, 2018).

The professional management of organizations can foster intersectoral collaboration in several ways, especially concerning reducing normative barriers to service integration. However, regarding many structural barriers to service integration, the power of decision-making in wellbeing services counties and

municipalities rests in the hands of political representatives. It is therefore of utmost importance that the professional management of the organizations and the political decision-makers in welfare services counties and municipalities share common goals and an understanding of clients' needs.

DISCUSSION

Prime Minister Sanna Marin's government (2019–2023) set the ambitious goal of producing the best public administration in the world. The health and social services reform in Finland, which came into force in January 2023, is viewed as a solution to problems concerning the expensive, ineffective, and unequal service production of health and social services (e.g., Heinonen et al., 2018; Rossi, 2021; Rantamäki et al., 2021). The potential positive effects of enhancing service integration by combining health and social services in the same organization, sharing a common management and budget, are supported by several studies (e.g., Bäck & Calltorp, 2015; Hujala et al., 2019; Sinervo & Keskimäki, 2019). This reform, however, reflects the complexity of modern society, where a solution to one problem can simultaneously create new, perhaps unprecedented, challenges. This is also the case in children's and families' services, which are now governed and produced by different administrative levels and organizations.

Several barriers hindering interorganizational collaboration and service integration in children's and families' services have been identified in this chapter. They represent not only structural challenges, which are due to different organizations involved in the service process and can be reduced by common agreements, but also normative barriers, which are linked to organizational and professional cultures requiring active management.

The first steps of the health and social services reform in Finland indicate that a transition period is needed until full integration of children's and families' services can be achieved. The new wellbeing services counties started to operate at the beginning of 2023, and the organizational structures and positions will be under construction for some time. The turnover and change of positions of health and social care professionals cause breaks in fluent client–professional relationships as well as in interprofessional collaboration between different professionals (Nordin et al., 2021; Sinervo & Keskimäki, 2019). The lack of regular interaction and uncertainty of employees' roles may hinder the commitment to collaborative work practices or the implementation of new service models in children's and families' services (e.g., Anttila et al., 2016; Niemelä et al., 2019). The situation is concerning, considering the rising needs for children's and families' services in Finland (e.g., Haanpää et al., 2019).

Functional challenges have not only been identified at the outset of social and health care reform, but significant economic issues have also arisen. Despite

the additional three billion euros of funding for wellbeing services counties, which is included in the new government programme, there is a need to tackle the voluminous expenses of the current service network. Only nine months after the beginning of the reform, the biggest wellbeing services county in Finland announced that there is a need to launch cooperation negotiations to reduce 2% of its workforce. Simultaneously, Finnish municipalities are facing difficulties in their own service production due to a deteriorating economy.

These first-hand experiences of health and social services reform in Finland indicate that difficult political decisions must be made both in wellbeing services counties and municipalities. It is notable that, due to the Finnish election system, the political decision-makers operating at the regional level can also represent the municipalities – that is, a person can simultaneously be both a municipal politician and a county councillor in a wellbeing services county. This dual role may be a source of potential contradictions in deciding whether to maintain a comprehensive social and health services network at the local level or to cut expenses by centralizing services farther from the citizens. It is evident that the reduction of services constitutes a challenge to intersectoral collaboration and service integration.

A comprehensive assessment of the effectiveness of social and health services reform in children's and families' services will remain challenging until the structures and processes of service production have been established and stabilized. Although the actual success of the ambitious goal of producing the best public administration in the world can be evaluated only in the future, even at present, the Finnish case provides an interesting point of reference for any country that wishes to enhance service integration.

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