Swedish Family Centres
- a place for cooperation and social cohesion
Vibeke Bing

"Family at its best" – family education between practice and science
Conference in Neubrandenburg 23-24th of February 2017
Family Centres in Sweden

Everything in one place - accessible for each child
Family Centre is about bringing together knowledge and experience from different professions, sciences and welfare actors.
Target groups

parents expecting a child + children below the age of six and their parents.
Swedish families and the welfare system

- Both parents are breadwinners
- Almost all pregnant women participate in the maternity health program
- Parents are entitled to 480 days of paid parental leave when a child is born or adopted
- The so-called two-breadwinner families are supported through a gender-neutral family policy
- Child health care clinics cover almost all children 99%

- As support for parents at home and their children, there is a complementary pre-school activity, namely open nursery school where parents and children go together
- All children have the right to publicly financed daycare although parents have to pay a fee
Family Centres have expanded the psychosocial content of maternal and child health work to include open nursery school at the core of operations.
Family Centres
reconstruct the existing well-established preventing services aimed at small children and their parents
under the same roof
Open nursery school is a place for parents and children to gather.
The Family Centre becomes a meeting place for families in a housing area

**a supportive arena**

The goal is to promote good health for children and parents by

- Being accessible as a meeting place
- Strengthening the social network around families
- Creating forms of work where children and parents can participate
- Offering easily accessible support individually and in group
- Being a centre of knowledge and information
- Encouraging an equal parenthood
- Developing good service
Family Centre is defined as a fully integrated centre with

- Maternity health care services
- Child health care services
- Open nursery school
- Social welfare preventive (promotive) operations
Why Family Centres?
• The gap between rich and poor children has increased
• With differences in income come differences in health
• The gaps concern about ”The new morbidity”
Then we have a demographic shift
Infant mortality
Life expectancy - Sweden
Correlation between purses and health of children
The Family Centre is built on the principle that a strong correlation exists between the living conditions of parents and the way their childrens feel.
Public health work regarding children must also be aimed at parents.
Early, early
the golden opportunity

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Early, early

- Early intervention gives good results
- The socioeconomic gap is widening over years
- Early investments are cheap
Early and universal

- By incorporating both maternal and child health services Family Centres provide universal coverage for the child population.

- All the front/first line services are tied together.
Health is established and has to be encouraged in the everyday life of children and families.
Family Centres moves from prevention of disease towards promotion of health
From a more paternalistic approach
Towards a more enabling support
Health determinant refers to a factor that is known to affect health

Examples:
• Social support
• Contact outside the family
• Friendship
• Self-esteem
• Social network
• Dietary habits
• Attachment
• .................
Family Centre stresses the importance of social support

- Emotional
- Instrumental
- Informational
- Appraisial
Family Centre work as a supportive environment mooving:

- From treating illness to promoting health
- From thinking about risks to consider opportunities in every day arenas
- From individual to wholeness
From downpipes to gutter
The transformation to Family Centre results in:

- New occupational roles
- User participation
- Collective organisation
- Resources from different departments collectively coordinated and managed
The parent creates the wholeness

Maternity health care

Open pre-school

Child health care

Social services
The importance of children’s participation
Questions

• Do Family Centres do a better child health work compared to traditional CHC?
• What kind of families visit the Family Centres and use the expanded services (open nursery school)?
• How do the activities influence children and parents?
• How do the new setting influence the professional groups?
• Is it possible to identify groups to which Family Centres are more favourable?
SUMMARY

Child Health Centers within Family Centers offers better parental support. A national web-based survey reveals advantages of co-location.

A total of 1,943 Child Health Clinic (CHC) nurses from all counties in Sweden responded to a national web-based survey regarding parental support. Respondents were from 279 of the possible 290 municipalities in Sweden.

Family centers, where CHCs are co-located with antenatal care, open preschool and preventive social work, were compared with non co-located CHCs in terms of participation rates, occurrence and to which extent parental groups are offered.

Nurses from non co-located CHCs were, on average, responsible for more newborns per full time equivalent per year, and reported fewer dedicated resources in their parental support work than staff in co-located CHCs.

CHCs within family centers were shown be more likely to offer parental groups, to adopt and continue groups from antenatal care, to support the development of special groups such as young parents, to take action to increase fathers’ attendance, and to have a higher proportion of participating fathers.
An Evaluation of Family Centres in Region Västra Götaland, Sweden

Agneta Abrahamsson
Vibeke Bing
Mikael Löfström
The purpose of the evaluation was to use available experiences so far amongst already existing family centres in the development towards the political objectives to increase families access to family centres.

An expanded knowledge base was aimed to be used as foundation for regional decisionmakers in health units and municipalities to encourage further development of new or existing family centres.
Those visiting the Open nursery school in the Family Centres?
# The Evaluation of Family Centres in the Region Västra Götaland, Sweden

<table>
<thead>
<tr>
<th>DATA collection</th>
<th><strong>MAIN STUDY</strong></th>
<th></th>
<th><strong>DEPTH STUDY</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>quantitative</td>
<td>16 family centres</td>
<td>qualitative</td>
</tr>
<tr>
<td></td>
<td>6 family centres</td>
<td></td>
<td>6 family centres</td>
</tr>
<tr>
<td><strong>CITIZEN’S PERSPECTIVE</strong></td>
<td>Staff 92 (87%)</td>
<td>Parents 437 (100%)</td>
<td>Staff 17</td>
</tr>
<tr>
<td></td>
<td>Parents 437 (100%)</td>
<td>600 children involved</td>
<td>Parents 40</td>
</tr>
<tr>
<td><strong>MANAGEMENT PERSPECTIVE</strong></td>
<td>155 Staff and managers (84%)</td>
<td></td>
<td>Staff 28</td>
</tr>
<tr>
<td></td>
<td>Staff 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Managers 19</td>
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RESULTS

Families who visit the open nursery school at the family centres studied accurately reflect the socioeconomic profile of the catchment areas!

And of considerable importance for immigrant parents living in the suburbs.
Do the staff change the way they work?
**plus**

- Better dialogues with and relations to the visitors
- Support from the team is accessible. More easy to notice and track down difficulties.
- Unloading, stress-relieving

**minus**

- Fewer colleagues
- Managers are not initiated
- Feel often called in question
- Need more time for collaboration
In depth multi-case evaluation of six Family Centres

**CRITERIA**

- Different sorts of housing
- Geographically scattered
- Information richness
The logic of program theory was used as a framework in the dialogical interviewing.

Program theory can be used to illustrate how welfare programs could lead to change.

It contributes to understanding results of programmes and how results are linked to input in a context and how results can be explained.
Program theory

What is possible to attain, how is it possible and how could it be explained

Explanations
Mechanisms
linking results to input in the context

Investment in services
Content leading to results

Results
Parents perceptions
EXPLANATIONS
context of family centre and open nursery school
## Programme theory summary

<table>
<thead>
<tr>
<th><strong>Result</strong></th>
<th><strong>Investment in services</strong></th>
<th><strong>Explanation</strong></th>
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</thead>
<tbody>
<tr>
<td>Parents’ perceptions</td>
<td>Content leading to results</td>
<td>Context of family centre open pre-school</td>
</tr>
<tr>
<td>- Developent of parental identity</td>
<td>- Creating framework for child centered social intercourse and good atmosphere where parents support one another</td>
<td>Flexible and dynamic facilitating:</td>
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<tr>
<td>- Towards being a parent just like any other parent</td>
<td>- Greeting visitors so that they are unafraid to cross threshold</td>
<td>- social interaction</td>
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<tr>
<td>- Social network and friends for both parents and children</td>
<td>- Furthering parent-child bonding</td>
<td>- personal development</td>
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<td>- Greater security through social support readily at hand</td>
<td>- Supplying service and social counselling</td>
<td>- learning</td>
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<tr>
<td>- Knowledge necessary for parenting</td>
<td>- Creating opportunity for conversation and active listening to promote growth as parent</td>
<td>- Life situation for parents with infants:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- society at large</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- socio-economic</td>
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<tr>
<td></td>
<td></td>
<td>- parents’ life situation; life history and situation as new parent</td>
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In the beginning I just turned up from the child health care, just because I didn’t know what the open nursery school was about. I was shy and felt uneasy if anyone took notice of me. In a natural way, my feelings of safety grew and I started to feel trust to use what was in place. I recognised other parents who got support. Later I got brave enough to ask for help.
Cecilia Lindskov is a trained social worker with experiences of being a social counsellor in a hospital setting. In 2004, Cecilia Lindskov became a doctoral student at the Research Platform for development of Näringslivsutveckling: Forskningsplattformen (Energy and Development Research Platform) at the University College of Kristianstad. The Research Platform is an interdisciplinary research unit; it represents a co-operation between the county council in Scania, municipalities in northeast Scania and the University College of Kristianstad. The aim of the Research Platform is to support the development of local health and social care based on the methodological approach of action research.

Family centres have become a common institution to promote health and well-being among young children (0–6 years of age) and their parents in Sweden. The core of the work is usually based on both maternal and child health care, a preschool and social services, all located under the same roof in the local community.

The thesis presents a study of family centre practice, drawing upon one Swedish family centre, and relates this to theory of modernity. The results are discussed in relation to concepts such as individualisation, risk, reflexivity, trust/onological security and control/self-realisation. With the help of these concepts, the thesis tries to map the challenges and possibilities of family centre practice.

Doctoral thesis
Cecilia Lindskov
Professional advice
Expert

Sharing experiences with other parents
Facilitator

Living room
Host

Play centre
Organizer
People living in harmony unless religion and language is the most beautiful thing. With the cross I refer to Christianity and with the Crescent to Islam. Muslims and Christians live under the same blue sky. The stars in the bright daylight symbolize integration between day and night, which in turn symbolizes integration between Christians and Muslims. The golden domes symbolize the bright ideas and thoughts of the people living in each building.