



*Summary of the report*

# An Evaluation of Family Centres in Region Västra Götaland, Sweden

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## About Region Västra Götaland

Region Västra Götaland is tasked with offering good health-care and dental care and providing the prerequisites for good public health, a rich cultural life, a good environment, jobs, research, education and good communications. All together, these provide a foundation for sustainable growth in Västra Götaland. The region must be a good place for future and present generations to grow up in, live in and work in. Region Västra Götaland is governed by democratically elected politicians and with just over 50,000 employees it is one of Sweden's biggest employers. Together with its 49 municipalities, trade and industry, organisations and academia, Region Västra Götaland drives development with Västra Götaland's best interests as its objective.

### Facts and figures Region Västra Götaland

- 1.5 million inhabitants
- 49 municipalities
- 300 km long, 250 km wide
- The largest city is Göteborg
- The region has the largest port in Scandinavia
- Sweden's leading region for industry and transportation



## Public Health Policy

The objective of Swedish public health policy is to create social conditions ensuring good health on equal terms for the entire population. The comprehensive Swedish welfare system is almost entirely decentralised to 20 county councils and 290 municipalities. Public health in Region Västra

Götaland is the province of the Public Health Committee whose Public Health Policy is directed towards promoting health. Here Region Västra Götaland works together with the local authorities, non-profit associations, and government authorities and agencies.

## Child welfare in Sweden

All children resident in Sweden are entitled to free health and dental care. In the majority of Swedish families both parents work outside the home and children are entitled to full-time subsidised pre-school from the age of 12 months. The municipalities are obligated to provide pre-school services for children from 12 months up to 60 months of age. County councils and municipalities are currently exploring new ways to work together within this system. Child wellbeing has been high on the policy agenda since the creation of Region Västra Götaland in 2000. The aims are to support good parenthood as well as child welfare and development.

### Open pre-school

The open pre-school is a staffed informal meeting place for children up to the age of 6 years and their parents. Visitors are not registered and decide themselves how often they want to participate. The open pre-school is free of charge.

### Maternity healthcare centres

The Swedish maternity healthcare centres provide services for pregnancy testing, contraception, pregnancy monitoring, birthing classes, parenting classes, check-ups and can provide counselling with psychologists. These services are free of charge.

### Child health centres

The Swedish child health centres are specialised health centres for newborn and younger children. Staffed with paediatricians, paediatric nurses and psychologists, they provide not only regular check-ups for height and weight development as well as mental and motor development, but also counselling and parenting classes. The child health centres also administer the Swedish vaccination programmes. These services are free of charge.

### Social Insurance

Social insurance is an important part of the Swedish social security system and covers everyone that lives or works in Sweden. It provides financial protection for families and children, for persons with a disability and in connection with illness, work injury and old age. Social insurance also covers parental benefit allowing parents to be at home with their children instead of working. A total of 480 days' benefit is paid per child. 60 of these days are reserved for each parent, while the other days can be transferred to the other parent. An increasing number of fathers take advantage of parental benefit so as to care for their children. In the majority of Swedish families both parents work outside the home and children are entitled to full-time subsidised pre-school from the age of 12 months.

# Family centres – a place to meet



The term family centre is defined by the Swedish National Board of Health and Welfare as a fully integrated family centre with maternity healthcare centre, child health centre, open pre-school and social welfare activities and operations. The open pre-school is a staffed meeting place where parents and children can meet spontaneously on a regular basis, for play, pedagogical activities and social interchange.

## **The evaluation – background and purpose**

The number of family centres in Region Västra Götaland has grown since the year 2000. The family centres are administered jointly by local municipalities and the healthcare in the area.

The Region Västra Götaland Public Health Committee commissioned an evaluation of family centres as part of *The action programme for public health work 2002-2006*. This resulted in the report *An evaluation of family centres in Region Västra Götaland, Sweden* summarised here.

The evaluation compiled experience and results of the work done by the family centres so as to create a base for further developments.

Representatives from interest groups took part in preparatory work prior to the evaluation and defined the two areas

to be examined. One area was to cast light on the family centre open pre-schools from the citizen's perspective and embraced three questions:

- Which families are reached by the family centre open pre-school?
- Which open pre-school activities benefit parents/children, and why?
- How important is the families' participation in the open pre-school for how the staff work?

The second area casts light on the role of management to facilitate collaboration across inter-organizational boundaries in family centres. The main questions are:

- Which authority manages collaboration in family centres?
- Which kind of management promotes collaboration in family centres?

The main study of the evaluation included 16 family centres. Six of these had also participated in a deep study. Altogether 470 parents, over 600 children and 185 members of staff, managers and politicians have contributed data for this evaluation.

## The open pre-school visitor

Family centres are a low risk investment and are accessible for all children and their parents. The evaluation results show that families who visit the open pre-schools at the family centres studied, accurately reflect the socio-economic profile of the catchment areas. The percentage of fathers among the visitors is however lower than the percentage of fathers on parental leave in the region. This can partly be explained by the fact that a large number of the children are under one year in age, and more mothers than fathers take advantage of parental benefit, especially for children of that age range.

Parents visit the open pre-schools primarily for the sake of their children, but also in order to meet other people, exchange experiences and find help and support. The open pre-school is of considerable importance as a meeting place for immigrant parents living in suburbs. This is where they meet Swedish people and learn Swedish, while immigrants living in smaller towns do not share this perception of the open pre-schools to the same extent.

## Programme theory for the open pre-school

The report uses what is known as a programme theory to describe the work of the family centres, how parents perceive that this leads to results for themselves and for their children, and how these results can be explained. The work of the family centres, the results, and how they are connected in a programme theory, are summarised in the table below.

The programme theory shows how the work is directed towards social determining factors for health and for social networks, social support, interaction, self-esteem, self-confidence, trust, friendship and coping. These factors together promote health and well-being by creating context in the lives of families with infants. This is how open pre-schools at family centres can contribute to greater equity in health among different social groups and can be a powerful factor in public health care.

The programme theory below is the same for all parents of infants of whatever social situation, gender and ethnic background. They all share a need for social interaction with other parents of infants. However for some groups the programme theory may include some specific aspects. For immigrant families the extra support from the open pre-school contributes to easier integration into the Swedish society. Through the open pre-schools, the family centres also help fathers play a larger role in their children's lives than has historically been customary.

## Programme theory summary

Result	Investments in services	Explanation
<b>Parents' perceptions</b>	<b>Content leading to results</b>	<b>Context of family centre open pre-school</b>
Development of parental identity towards being a parent just like any other parent	Creating framework for child centred social intercourse and good atmosphere where parents support one another	Flexible and dynamic facilitating: <ul style="list-style-type: none"> <li>- social interaction</li> <li>- personal development</li> <li>- learning</li> </ul>
Social network and friends for both parents and children	Greeting visitors so that they are unafraid to cross threshold	Life situation for parents with infants: <ul style="list-style-type: none"> <li>- society at large</li> <li>- socio-economic</li> <li>- parents' life situation; life history and situation as new parent</li> </ul>
Greater security through social support readily at hand	Furthering parent-child bonding	
Knowledge necessary for parenting	Supplying service and social counselling  Creating opportunity for conversation and active listening to promote growth as parent	



## Everything in one place – consequences for staff and parents

By locating services in one place, at the family centre, it is hoped to facilitate collaboration and increase accessibility for children and parents. Most of the staff report that the family centres have led to changes in how they work, which in turn increase the quality of interaction with the families. They can devote themselves to what they have been trained to work with and leave other tasks to colleagues with appropriate qualifications and training.

How staff describe their work at the family centres corresponds closely to how the parents want these services to function. Parents say that they need to feel confident that extra support is at hand when and if needed, and that they have access to all the competence available at the entire family centre.

The evaluation shows that grouping services in family centres can potentially increase health promotion and contribute to evening out health inequality among families with children. The extent to which the open pre-schools and the family centres are able to reach the most disadvantaged groups is related to how closely their resources correspond to the target group and their needs. If the socio-economic strongest groups in society are not to benefit at the cost of disadvantaged groups, it is essential that the resources of the open pre-school such as staffing, opening hours and size of premises correspond to the numbers of children and the social status of the catchment area. How services are adjusted and dimensioned in relation to the size and socio-economic conditions of the target group determines whether families who are disadvantaged, shy, have lots of children or poor language skills, will be included or left out. Future development will confront politicians and administration with a dilemma existing between different interests in the welfare sector. They will be forced to weigh the consequence of on

the one hand short term savings and on the other hand health, quality of life and welfare for families with children, which in the long-term can avoid social costs.

Family centres are planned locally by municipalities together with regional healthcare. As there are not enough family centres to meet the demand, parents seek out those family centres that are available, leading to crowding and high numbers of visitors.

## Changes in structures and management to support the development of family centres

The evaluation's results indicate that a long-term investment in family centres demands clear structural pre-conditions in the form of systems to support the services and the management structures (politicians and managers), which will financially and strategically defend their existence. This is because the family centre, as a relatively new service, is more vulnerable than traditional services. It is placed between powerful professions and the powerful structures of the responsible authorities.

The dedication and enthusiasm of the staff and management are essential to the functioning of the family centres today. The professions involved belong to a common field of service and this facilitates collaboration within family centres and among staff. Developing collaboration within family centres depends on how the responsible authorities structure and manage this service. Much of the evidence indicates that the responsible authorities must take greater consideration of the fact that the family centres provide a service from common premises based on collaboration between professions than they do today. If their service concept does not to a greater extent determine the staffing and management of family centres, then these centres



will probably have difficulty in fulfilling the expectations that they will be able to contribute to lessening health gaps among families with children.

The study also shows that an agreed financing, guaranteeing staff from different authorities time to collaborate, benefits collaboration in the family centres. It is also important that there is support from the political leadership and the administration comprising common operative measurable targets for the family centres, and that these are continuously monitored.

### **The development of a clear management function**

It is important to implement a clear management structure including a steering group. The steering group should have three central tasks:

- to assume responsibility for the family centres as a part of each respective authority's operations so that the family centres become integrated in the surrounding operations.

- to assist in coordinating managers at different levels in respective authorities.
- to assume responsibility for supporting and managing the work and staff of family centres.

The role of coordinator also falls under management function. To successfully accomplish these tasks the coordinator must be given clear task descriptions, a defined authorization and designated working hours. The coordinator will also have the task of representing the family centre, as well as monitoring and attending to collaboration issues for the family centre, but will not be alone responsible for implementing collaboration.

### **Future work**

Resulting from this study the authors compiled recommendations for working with family centres in the future within Region Västra Götaland. These recommendations are listed on the opposite page.

## Recommendations for working with family centres in the future within Region Västra Götaland

- Develop a common standard for family centres for municipalities and region.
- Provide opportunity for staff to build up and maintain a common competence to benefit children and parents in order to fulfil the potential to even out inequalities in health development among families with children.
- Plan the work of the family centres so the potential to even out health gaps is fulfilled. A precondition is that disadvantaged groups are also reached. This in turn necessitates:
  - An appraisal of the centres' resources, staffing, opening hours and size of premises corresponding to the number of children and the social status of the catchment area.
  - That the team does not grow too big and thereby lose coherence.
  - That there are complementary resources outside the family centres for those with greater needs.
  - That it is taken into consideration that in areas with a large population of children, it is better to build more and smaller family welfare centres with fewer paediatric nurses, than to build one large centre with a higher number of paediatric nurses (>4). An open pre-school that is too big risks losing intimacy and trust even when staffing is dimensioned according to the population. Too big a team is difficult to hold together and the entire enterprise will become less effective.
- Use the potential of the maternity healthcare centres and of social insurance services to actively inform and introduce fathers to the open services. These can play an important role in providing fathers with information about where they can find support in their role as fathers.
- Use and develop the potential of the family centres to facilitate learning Swedish and coming into contact with Swedish society for children and parents with origin in other countries.
- Create financial preconditions to provide opportunities for staff to further promote integration between the services included in family centres.
- Review the duties of the medical staff to make room for the health promotion work of the family centres as a whole.
- Establish a coordinator with the tasks of monitoring collaboration issues for family centres and of representing family welfare centres.
- Implement management with common goals that are important to the quality of the services and are accepted by the professions and the authorities.
- Create a supportive management structure for the family centres, where politicians and managers at different levels will guarantee operations over a long period of time.
- Give the management group clear authorization as the decision-making and instigating management function for the family centres in relation to the authorities.
- Endeavour to achieve a political decision regarding access to open pre-school for all children. The development of family centres would thereby progress faster and be of more even quality.



## An Evaluation of Family Centres in Region Västra Götaland

This is a brief summary of the report commissioned by the Committee for Public Health, Region Västra Götaland and carried out by Kristianstad University College and the University of Borås.

The report (in Swedish only) can be ordered from:  
[eva.mattsson-elofson@vgregion.se](mailto:eva.mattsson-elofson@vgregion.se)

The report and this summary are available in digital format at [www.vgregion.se/folkhalsa](http://www.vgregion.se/folkhalsa)

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