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Abstract Family Centres in Sweden

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- a place for cooperation and social cohesion

### **Swedish Family Centres**

The term family centre is defined as a fully integrated family centre with antenatal health care, child health care, open nursery school and social welfare activities and operations- all under the same roof. In the open nursery school children and parents meet spontaneously for play, and social interchange. Access to social guidance also is available. Social guidance and advice is part of the social service.

In Sweden a majority of all parents are breadwinners. They are entitled to 480 days of paid parental leave. As support for parents and children at home, mostly during parental leave, there is a complementary pre- school activity, namely open nursery school. It is a staffed informal meeting place for pre school children and their parents.

Almost all parents take part in the antenatal and child health services. It's as normal as go to school. This is an important prerequisite for Family Centres. The Family Centres use this old structure of maternal and child health care but add open nursery school and social guidance to the services. The investment takes advantage of the same professionals and the same money – but in a new way.

As a parent to be you go to the Family Centre to check ups during pregnancy After the baby is born you go to the same place to see the district nurse and paediatrician or just to play, meet friends and take part in the open nursery school activities. Professionals working in the centres are midwives, doctors, psychologists, social workers and preschool teachers. By cooperation they strengthen and broaden prevention work. The majority of children visiting the centres has not yet turned three. The open nursery school promotes social network and affiliation. Particularly for the weak.

In this way the Family Centre works as a gathering place for all families in a housing area. The objective is to promote health for children and parents by:

- being accessible as a meeting place
- strengthening the social network around children and their parents
- creating forms of work in which children and parents can participate
- offer an easily accessible support
- encouraging an equal parenthood
- act as a centre for knowledge and information
- developing good service

### **Why Family Centres**

In Sweden public health has held a strong position in policy. The objective is to create social conditions ensuring good health on equal terms for the entire population. This has benefited the Family Centres as the new public health work emphasis on cross-sector work and promotional work. The centres rest upon a conception that there is a strong link between the well-being of children and the well-being and living conditions of their parents. That is why preventive work regarding children also must be aimed at parents. In terms of public health Family Centres have a number of public health strategic starting points.

**Time:** Offer a healthy start by being there from the very beginning. Early investment is cheap. Socioeconomic differences are widening over years. **Low risk:** The centres are aimed at all (every single) future and new parent and their children not at the most vulnerable. **Cooperation:** The “new morbidity” including mental and social disorder requires efforts from many sides. **Health promotion:** The services are both preventive and health promoting. They target their services not only to reduce risk factors but also to increase health promotion factors.

Evaluation shows Family Centres are doing a better child health work compared to the old structure and parents feel more secure through social support readily at hand. They also get knowledge necessary for parenting. The centres are of considerable importance for immigrant families. The centres can potentially contribute to evening out health inequality among families with children.