CHILDREN IN SWEDEN:

Growing up in Sweden

Two million people are under 18 in Sweden. Most of them take for granted free schooling, an active social life, easy access to nature and the internet.

Of the nine million people who live in Sweden, almost two million are under 18. Swedish law makes sure children are well protected and defends their rights, with various organizations devoted to their well-being. In 1979, Sweden became the first country to forbid beating or spanking children, making it a criminal offence.

To protect the rights of children and look after their interests, the Swedish government has appointed an ombudsman. The ombudsman is obliged to follow the 1989 United Nations Convention on the Rights of the Child and enforce it in Swedish society. The convention is a set of rules agreed upon by many countries to protect children. Sweden was one of the first countries to sign up.

Help and support

There are many organizations that young people in Sweden can turn to if they need help. Children's Rights in Society (BRIS) offers support services such as telephone help lines and e-mail counseling. Friends is an organization dedicated to stamping out bullying, mainly in school but also outside school, for example in sports. Save the Children Sweden is another organization that defends the rights of children. It has more than 87,000 members.

Family life

Most children — 90 percent — start off living with their mother and father, who on average have one or two children. But it is not unusual for parents to separate. Sometimes they re-marry or move in with a new partner. On average, 72 percent of children under 18 live with their birth parents, while 27 percent have a stepfather or stepmother. About one in four children in Sweden has roots in another country. Among children who were born abroad, or whose parents were born abroad, many have ties with Iraq or the countries of former Yugoslavia. About 16,000 children now living in Sweden were adopted from another country.

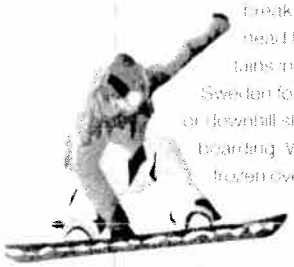
Almost 60 percent of children live in detached houses, 29 percent live in apartment blocks and 11 percent live in row houses.

Working parents

Eighty percent of all children have a mother who goes out to work, and 90 percent have working fathers. In Sweden, parents receive money from the government so they can have more time at home with their children.

WINTER SPORTS

In late February or early March there's a weeklong winter sports break. Many people head to the mountains in the north of Sweden for cross-country or downhill skiing and snowboarding. With many lakes frozen over it's also the perfect time to go ice skating.



EASTER

In March or April there's another week off for Easter. Either you enjoy the first signs of spring or the last of the snow. Easter is usually spent with family. Many children dress up as Easter "witches" in long skirts, aprons and shawls and go round to neighbors' houses and swap drawings for candy. Easter also means painting and eating eggs.

SUMMER VACATION

Summer starts for real in June and school closes for eight weeks. Many people go to their summerhouse and some children attend camp. Everyone swims. There are thousands of lakes in Sweden and the Swedish coast line is 2,700 kilometers long (the same distance from Montreal to Miami).

MIDSUMMER

The sun reaches its peak on midsummer, which is around June 20. Most Swedes celebrate Midsummer Eve. Maypoles are dressed in flowers and flowers, and children as well as adults dance around them. Traditionally, you eat pickled herring or meatballs and new potatoes for lunch, followed by strawberries. Staying up all night is easy since the sun never really sets.

FALL

In mid August, the fall school semester begins and the leaves on trees turn red, gold and orange. More than half of Sweden is woodland, and it is popular to go mushroom and berry picking at this time of year. In early fall the only New Year's thing to look out for is the

All parents get 480 days of paid leave per child, which must be claimed before the child turns eight. The bulk of parental leave is taken by mothers. But more fathers are spending time at home with their children. They now claim about 20 percent of all parental leave.

Nine years of school

Everyone has to attend school for at least nine years in Sweden. There are no school fees. Children start school at the age of seven (six-year-olds attend preschool classes) and finish at 15. Then they have a choice of staying on for senior high. The school year is divided into two terms, spring and fall. At present, children are graded in years 8 and 9. This might be the case for younger children in the future, too. Children aged between 6 and 12 are offered day care before and after school.

Hobbies and pastimes

Swedish children are just like anyone else. They enjoy listening to music and hanging out with friends. They are also encouraged to follow their interests, whether it's learning a musical instrument, playing sports or surfing the internet.

Internet and TV

Young Swedes surf the internet as much as they watch TV. More than one in four 12- to 15-year-olds watches TV at least three hours a day. Just as many spend as long surfing the internet. Half of all five-year-olds and one in five three-year-olds have browsed the internet. Children aged 12-15 prefer to chat online, while 9- to 11-year-olds are more interested in playing computer games. The most popular game is *The Sims*. The most popular chat rooms are:
www.facebook.com
www.lunarstorm.se
www.skunk.spray.se
www.hamsterpaj.se

Music

Music and singing are popular outside school. Eighteen percent of girls and 22 percent of boys aged 14 play an instrument, are part of a band or sing in choirs.

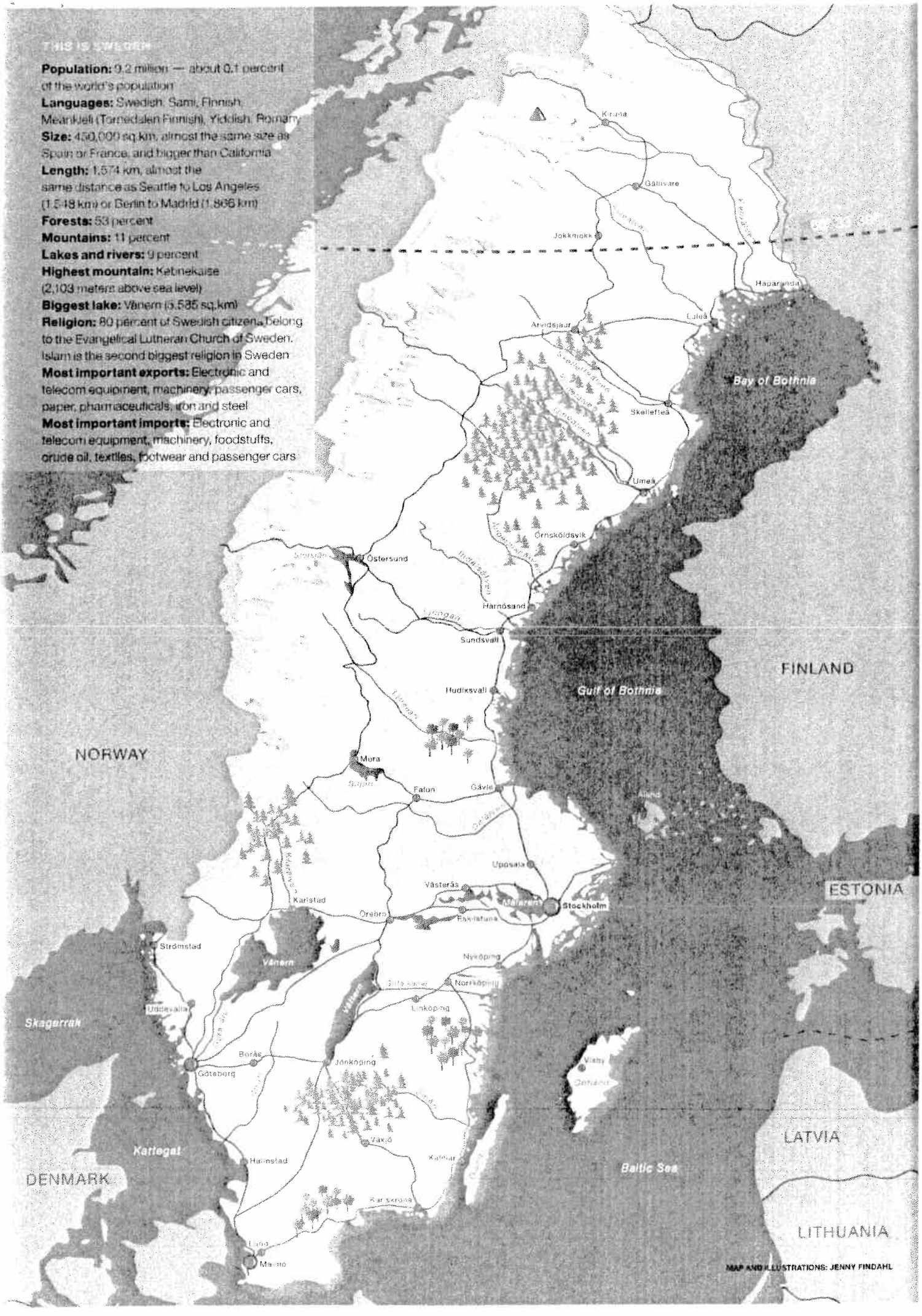
PHOTO: LEFFLER NILSSON/JONNER

LUCIA

On December 13, Swedes celebrate Lucia. Lucia traditionally lights up the dark Swedish winter. In every school there is a Lucia procession. Dressed in white and wearing a crown of candles, Lucia leads a choir singing Christmas carols. The unwritten rule is to eat sweet saffron-flavored buns and gingersnaps.

CHRISTMAS

School ends right before Christmas Eve (December 24) and stays shut until the beginning of January. This is a time for family. Most homes have Christmas lights and a tree decorated with tinsel and ball ornaments. Traditional Christmas dishes include ham, salmon, herring and meatballs. New Year's Eve is celebrated with good food and fireworks.


THIS IS SWEDEN
Population: 9.2 million — about 0.1 percent of the world's population
Languages: Swedish, Sami, Finnish, Meankieli (Tornedalen Finnish), Yiddish, Romany
Size: 450,000 sq.km, almost the same size as Spain or France, and bigger than California
Length: 1,574 km, almost the same distance as Seattle to Los Angeles (1,548 km) or Berlin to Madrid (1,866 km)
Forests: 53 percent
Mountains: 11 percent
Lakes and rivers: 9 percent
Highest mountain: Kebnekaise (2,103 meters above sea level)
Biggest lake: Vänern (5,585 sq.km)
Religion: 80 percent of Swedish citizens belong to the Evangelical Lutheran Church of Sweden. Islam is the second biggest religion in Sweden
Most important exports: Electronic and telecom equipment, machinery, passenger cars, paper, pharmaceuticals, iron and steel
Most important imports: Electronic and telecom equipment, machinery, foodstuffs, crude oil, textiles, footwear and passenger cars
Kiruna
Gällivare
Jokkmokk
Haparanda
Luleå
Arvidsjaur
Bay of Bothnia
Skellefteå
Umeå
Örnsköldsvik
Östersund
Härnösand
Sundsvall
FINLAND
Gulf of Bothnia
Hudiksvall
NORWAY
Mora
Falun
Gävle
Åland
Uppsala
Västerås
Karlstad
Örebro
Eskilstuna
Stockholm
ESTONIA
Strömstad
Vänern
Nyköping
Norrköping
Uddevalla
Linköping
Skagerrak
Borås
Göteborg
Jönköping
Visby
LATVIA
Växjö
Kattegat
Halmstad
Kalmar
Baltic Sea
DENMARK
Karlskrona
LITHUANIA
Lund
Malmö
MAP AND ILLUSTRATIONS: JENNY FINDAHL

THE ROYAL FAMILY

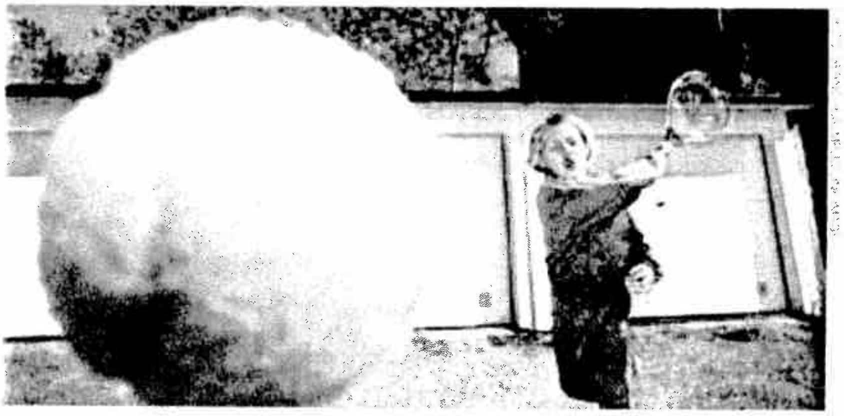
Sweden has a royal family, but the king doesn't actually rule. That's up to the government. King Carl XVI Gustaf is married to Queen Silvia and together they have three children: Princess Victoria, the heir to the throne; Prince Carl Philip; and Princess Madeleine.

CLIMATE AND WEATHER

Sweden has eight climate zones and four seasons: spring, summer, fall and winter. The temperature varies from north to south. The warm Gulf Stream in the Atlantic means that the Swedish climate is milder than you might expect so far north. The average temperature in Stockholm is about 18C in summer and -1C in winter. In springtime, there can still be a lot of snow up north while flowers start blooming in the south. In the far north there is round-the-clock daylight in summer – known as the midnight sun – while in December there is hardly any daylight at all.

WHAT YOUNG SWEDES READ

The late Astrid Lindgren, "mother" to Pippi Longstocking, Emil, Karlsson-on-the-Roof and numerous other characters, is the most read children's author in Sweden. Her books have been translated into more than 90 languages, and many have been turned into films or plays. Sven Nordqvist's *Pettson and Findus* stories and Anders Jacobsson's and Sören Olsson's *Sune* books are widely read, too. Martin Widmark's *LasseMaja* series has been translated into 10 languages.



Sport

Everyone is encouraged to take up sport and 68 percent of 13- to 15-year-olds are members of a sports club. Soccer is the most popular sport among girls and boys. Then it's horse riding for girls. Boys prefer floorball, followed by swimming and ice hockey.

Nature

Sweden has a small population for its size: just over 22 people per square kilometer. (In the EU, the average is more than 100 people per square kilometer.) The right of public access gives everyone the right to explore the countryside. But you must show consideration for nature, wildlife and other people. Children spend part of every school day outdoors, whatever the weather, with fresh air just as important as learning how to look after nature. Many clubs and associations organize outdoor activities, for example Skogsmulle (a type of nature school) and the scouts.

The environment

Caring for the environment is a big deal in Sweden and most people sort their waste. Every spring, when the snow has melted, Keep Sweden Tidy organizes a special day for school children to pick up litter and clean up their surroundings. In Sweden, you get money back — a few cents — on most cans, glass and plastic bottles. The water in Sweden is clean and can be drunk straight from the tap — you can even swim outdoors right in the heart of the capital, Stockholm. ■

Useful links

www.bris.se — Children's Rights in Society
www.friends.se — Friends
www.bo.se — Children's Ombudsman
www.savethechildren.se — Save the Children Sweden
www.unicef.org — United Nations Children's Fund
www.skogsmullestiftelsen.org — Skogsmulle Foundation
www.scout.se — Scouts in Sweden
www.naturvardsverket.se — Swedish Environmental Protection Agency
www.tomtit.se — Tom Tits Experiment, Science center for children
www.royalcourt.se — Swedish royal family's official website

Swedish Institute

The Swedish Institute (SI)

Further information about Sweden:

New tools for parents

Proposals for new forms of parent support

Sven Bremberg (editor)

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Graphic production: AB Typoform

Contents

Foreword

Johanna and David had their first child, Emma, in 2002. They had been planning to have Emma for several years. Johanna went to the maternity clinic and both Johanna and David participated in the parent education it provided. Johanna read the magazine *Vi Föräldrar* [Us Parents] and both watched a number of television programmes about children. Both Johanna and David have good relationships with their own parents who give them advice about what it is like having children all whilst respecting the fact that times have changed since they themselves were parents with young children. They also receive good advice from friends and acquaintances.

Do Emma's parents really need more support than they get already? This question is justified bearing in mind that Emma is growing up in a country where children's health is among the best in the world. You could also question whether it really is right to influence such a deeply personal task as parenting. There are plenty of examples throughout history, not least in Sweden, of experts thinking they know best – and thus undermining parents' faith in their own ability.

Despite these misgivings the Swedish National Institute of Public Health (SNIPH) hereby submits proposals for how parent support may be developed in Sweden. The report is the outcome of a government assignment given to the Institute. It is based on the child's perspective. Hence, it focuses on the needs of the child and not the parents. The report also focuses on the public health perspective. This means that the health problems that primarily affect us form the basis of the analysis. One of the most commonly occurring health problems during much of childhood and then later on in adulthood is mental ill-health. Of particular importance are the depressions that currently affect as many as every fourth woman at some time during her lifetime.

The task from the public health perspective is not to try and identify the parents who may have shortcomings. The point of departure today is the knowledge that exists regarding the factors that protect against mental ill-health – the "healthy" factors. It is during childhood that you can most easily open up the possibilities of promoting mental health. One way is offering parents support so that they can both be affectionate towards their children and set boundaries. Knowledge about how this can be done has

increased enormously in the last decade. There are reports that point at how this knowledge can be put into practice.

It has been evident for a long time now that public health problems can be reduced through broad efforts. Infections, injuries due to accidents and cardiovascular diseases are examples of this. It is often not possible to say in advance who may benefit from such efforts but it is quite clear that the population at large will gain. Similarly, it is possible to improve mental health among children through broad efforts directed at their parents.

This report is geared towards decision-makers and professionals who work with children and adolescents at the local, county and national level as well as NGOs and private companies.

Gunnar Agren
Director-General

Sven Bremberg
Editor of the report

Summary

Point of departure

The point of departure for this report is the assignment given to the Swedish National Institute of Public Health (SNIPH) by the Government to collect, analyse and disseminate knowledge about how parent support of various kinds might be designed in order to do real good.

Support to parents can be both geared towards the needs of the parents as well as those of the child. What is beneficial to the parents is often beneficial to the child, but this should not, however, be taken for granted. It is in this light that primarily interventions geared towards fulfilling the needs of children are discussed.

Caring for children

Children need other people in order to survive and develop. Parents' efforts are crucial. Other children and other adults are also involved in most societies. This insight is best expressed in the African saying: "You need a village to raise a child." Throughout most of the history of mankind children have been surrounded by other people, both from within and without the family, who have taken a direct responsibility for caring for them.

Today the situation is different both for children and their parents. During the first year, it is usual for one adult to take care of one or two children in the family home. The parent can go out and meet other people, or talk to other people over the telephone, but normally there is no other adult in the home environment. This makes the situation more vulnerable than it used to be.

The question is to what extent is it justifiable for society to provide parents support in this task; during early infancy and later when the child is at preschool (daycare) and school.

Ethical conflicts

There was much debate in Sweden during the twenties regarding the importance of parents for the health and development of the child. The experts pointed at the mothers' lack of knowledge as one of the main threats against the welfare of the child. The experts believed that it was vital for the parents, and especially the mothers, to avail themselves of modern principles

when caring for their offspring. Paediatricians and other professionals proclaimed what their perception of good parenting was. An example of one such principle was that babies were only to be breast fed at fixed times, usually every four hours. The mothers had to learn to suppress any impulse to feed when the infant cried. Knowing what we know today we can see that much of the advice was wrong. It was also a way of belittling the experience the mothers themselves had gained. Advice given by experts to parents in more recent decades has been characterised by a greater humility. However, any interference in parenthood is difficult since it restricts the self-determination of the parents.

It is possible to defend interventions if it is generally agreed that they are very beneficial to the child. One example is the state school system. All children are not only offered the opportunity of attending but are indeed under an obligation to attend. Child healthcare and preschool are also very beneficial to the child. These services are provided on a voluntary basis. In Sweden it has, however, been possible to attain a high level of participation on a voluntary basis. Therefore, there are two requirements for parent support interventions – they must be generally considered to promote the health and welfare of the child and they must be provided on a voluntary basis.

Despite the voluntary aspect, however, the ethical problem of the influence of experts over our private lives still remains. When the current form of parent support was developed in the 1970s, the intuitive experience of parenting was set against the perceptions of the experts. Parent support that was scientifically based was regarded as counterproductive. These views were down to the lack of knowledge at the time of various forms of parent support. A leading American researcher observed even as late as at the beginning of the 1990s that there were no studies that showed that parent support had a positive effect on the child.

The situation as regards knowledge has changed radically over the last ten to fifteen years. There is a review of interventions during early infancy in Chapter 6. In total, 73 research studies of high scientific quality demonstrate substantial positive effects, even of relatively minor interventions. Fifty-eight analyses of parent support studies that have been carried out after early infancy are described in Chapter 4. Fifty-three of these analyses show that the interventions are beneficial to the health and welfare of the

child. Therefore, in the light of the substantially changed situation with regard to knowledge, it was considered justifiable to offer all parents in Sweden support based on the knowledge that is available today.

Preventing ill-health through interventions directed at parents

Mental ill-health, cardiovascular disease and cancer are the three most important public health issues. The trend for heart and vascular disease is favourable and comprehensive preventive efforts are being made. Knowledge about how cancer can be prevented is limited. Interventions aimed at dealing with the third most important public health issue, mental ill-health, are therefore vital in order to improve public health in general. The reviews that are presented in this report demonstrate that it is possible to do this through interventions aimed at parents.

One study that was initiated in Finland during the mid-seventies demonstrated how the prevalence of mental ill-health could be reduced through parent support. In the study, ordinary parents with newborn babies were randomly divided into two groups. One group were given advice at home once a month by a nurse trained in childcare and parenting skills. The other group only had access to the ordinary child healthcare services. The children in these families were then followed up in repeated studies. The children in the trial group had fewer mental problems. At the age of 20–21, the prevalence of mental ill-health in the trial group was reduced by a third. The proven reduction applies both to external and internal problems as well as mild and severe problems.

Affection and boundaries

The parental qualities that are particularly important to the health and welfare of the child are the ability to both show *affection* towards the children and control the children's behaviour (*set boundaries*). The parental quality that children themselves value most is the ability to care and be affectionate. The affection of the parents is more important than the material conditions and quite often more important than the child's relationship with friends. An adult who is affectionate with a child first notices something in the child, interprets its significance and then shows that he or she understands the child. Thus, being affectionate is not something intangible, a matter of course and something that therefore cannot be changed.

An affectionate parent must be able to interpret a child's expressions. The interpretation is crucial and determines the reaction that follows. For instance, if a parent interprets a baby's cries as an expression of anger, the reaction will be quite different from an interpretation of the cries as a signal that the child feels lonely. A further example: When a three-year-old refuses to get dressed he may be saying that he wants to continue playing indoors, but he may instead be saying that he is tired and has not got the energy to go out. The parents' reactions are completely different depending on their interpretations.

A parent's ability to interpret a child's behaviour is closely linked to how well the parent knows what the child thinks and does. With an older child this presupposes that the child tells the parents what he or she is doing, which in turn means that the child must have faith in his/her parents. This faith develops when the parents have shown that they understand the child at an earlier stage. Thus, child and parents have a mutual impact on each other. If the parents are affectionate it means that the child is better able to face them positively, which in turn makes it easier for the parents to show affection and so on.

The parent child interaction affects the child's ability to interact with other people later in life. The link between interactive development during the first 18 months of a child's life and social skills later on in life is particularly clear. It is crucial that the child perceives him/herself as a cherished individual and the social environment as predictable.

A comparable interaction between parent and child also applies to the setting of *boundaries*. If the child knows what boundaries apply it does not need to test them. The child's energy, as well as that of the parents' for that matter, can then be used for interaction that is more positive in nature than a conflict about boundaries.

Having an impact on parents' relationships with their children

The external circumstances are decisive for good parent-child relationships. Parents who live in stressed social conditions may find it difficult to develop a good relationship with their children. Interventions such as parents' insurance, child benefit and labour market policies are therefore essential when it comes to promoting good parent-child relationships in families of various social backgrounds.

The question is how may parents be helped to develop the ability to be affectionate and set boundaries. It is reasonable to say that this type of support should be based on universal principles regarding how people normally learn different types of behaviour.

The first principle is based on *social learning theory*. The principle is a simple one – we learn behaviour by observing what others do. But we also learn by listening to other people's stories. This principle can be transferred to parent support. If parents meet other parents together with their children and see how others act, then certain parents can learn more about this ability. This is possible within, for example, the framework of the open preschool system.

A second principle for learning is based on what in English is called *self-efficacy*. This can be translated as meaning having faith in your own ability to act in a certain way. This may seem like a trivial principle: the chances of a person behaving in a certain way increase if he/she believes in his/her ability to do so. But what is important is the fact that it is possible to influence this faith. The main source of faith is previous success. Hence, it is possible to promote a certain type of behaviour by making it possible for parents to make changes taking *small steps*. This really gives parents the possibility of succeeding, which increases their faith and thus the possibility of making even greater changes. This is possible if the parents have access to a structured method or are given repeated advice based on this principle.

People's behaviour is also affected by *information and knowledge*. However, most types of behaviour that have to do with parents and children are complex. There is no simple link between knowledge and behaviour. This does not mean that knowledge is unimportant. Knowledge can influence behaviour if a parent has access to answers to a tangible question, when the question arises and when the reply is presented in a meaningful way to the parent. An answer from an expert may be most appropriate for certain questions. With other questions it may be more important that the answer comes from someone the parent is able to identify with, a relative, a friend or another parent.

Different types of parent support

The most important type of parent support is informal contact with others; relatives, friends and acquaintances. It is possible to increase access to informal contacts by creating specific *meeting places*, for example in the

shape of open preschools. It is, however, difficult to demonstrate the effects of meeting places on the children.

One common way of providing contacts is via special *parent groups*. This type of contact is, for example, provided by the maternity and child healthcare services. This may be done in a structured or open way. Structured groups can be formed on the basis of the pedagogical principles mentioned above. The positive effects of such methods have been demonstrated in both children and parents. The crucial parts of these methods are the practical element when parents can try out different skills. In an open parent group it is the parents who decide the content. There are usually no practical elements in that type of group. This type of activity may have beneficial effects. One precondition, however, seems to be that the participants have a major problem in common.

Parents can also get support via *individual contacts* with professionals and via *the media*: books, newspapers, magazines, radio, television and material that is published on the Internet. The media usually lacks the interactive element which limits the effects. One particular form is a *discussion group on the Internet*. This is similar to meeting in an open group since the parents themselves decide the issues they wish to discuss. An analysis that has been carried out within the framework of the assignment indicates young parents and less well-educated parents as being the main benefactors of such discussion groups.

The effects of parent support interventions

In the evaluation of a parent support intervention, it is essential to have knowledge about the effects. The surest way of evaluating whether a certain intervention has an effect is via a controlled experiment. This means that one group of parents has access to a certain intervention and another comparable group of parents does not have access to the intervention. The parents and children in both groups are then followed up. If the children in the group with parents that have participated in the intervention fare better, then this is a strong argument that the intervention benefits the children. This argument is reinforced if the same result has been seen in several studies and if the parents in the experiment groups and control groups have been selected randomly. It is therefore possible to argue in favour of different types of parent support based on the results in the experiments that have been carried out.

Support to parents with children aged between 0–1

Parent groups

Parent support in groups for this age group has existed for a couple of decades in Sweden and currently benefits a majority of all parents. It is important to try to resolve four problems that exist in the current scheme before it is developed further.

The *first problem* relates to the aim of the *scheme*. The official aim of parent support provided by the maternity and child healthcare services is to disseminate knowledge and information, to strengthen the parents in their role as parents and to provide a form of contact between parents. Nurses in child healthcare say, however, that they have trouble achieving these aims. Moreover, the nurses stress the importance of the first two aims but not the third. Parents, on the other hand, say that the main benefit of parent groups is having the chance to exchange information with other parents.

The *second problem* is that it seems unclear whether the scheme has produced any demonstrable *effects*. The current objectives of parent support provided by the maternity and child healthcare services stipulate that the schemes must aim to strengthen the parents in their role as parents and to help parents meet other parents. However, there do not seem to be any studies demonstrating that the schemes have this effect. Nor are there any other studies that demonstrate other effects that have to do with the welfare of children and parents.

One way of dealing with this problem is to introduce schemes with known effects. There are two such methods. *Från första början* [Right from the start] and *Vägledande samspel* [ICDP – International child development programme]. Both methods aim at enhancing parent-infant interaction and thus facilitating a secure attachment. A current review describes attempts with similar schemes. It has been demonstrated that there are clear positive effects on the sensitivity of parents to their babies' signals and secure attachment. A small number of group meetings (fewer than five) seems to produce to *better* effects than more extensive schemes. These positive effects have been demonstrated in both socially disadvantaged parents and average parents. It is obviously a good idea to spread these methods throughout the child healthcare services. This is also what is currently happening.

A method has been developed to promote good communication between parents, which has demonstrated good effects in a controlled experiment. The method is called PREP. It would seem to be an appropriate method to be included in the parent group schemes provided by the maternity healthcare services. There are empirical findings from the Swedish maternity healthcare services. These are, however, as yet only very limited.

The *third problem* is that the parent groups provided by the child healthcare services are primarily designed for women. Most forms of parent support attract *more women* than men. There is less equality within the child healthcare service schemes as compared to most other forms. When the current parent group schemes were designed in the seventies it was not taken for granted that both men and women would participate on the same terms. Today, the situation has changed. There are several ways of dealing with this problem. One first step would be to highlight the issue by showing the number of men and women who participate separately in the statistics that are routinely collected. With this data as a basis it would then be possible to carry out certain improvements.

A further measure would be to base the child healthcare parent groups on the maternity healthcare service parent groups where men and women participate on roughly the same terms. These groups are currently broken up in order to be replaced by new groups in the child healthcare services. In some parts of the country the groups that were formed by the maternity healthcare services are allowed to continue to meet after the birth of the babies. It seems that where this is the case, the men have also continued to participate. A further advantage of this structure is that the contact that has been established between parents during pregnancy can then be deepened. It is hardly expedient to break these groups up after birth bearing in mind the official aim of improving communication between parents. The municipality in Leksand has developed a useful model. There, the municipality that takes responsibility for organising parent groups together with other organisations, including the county council which runs the maternity and child healthcare services. In all probability the active role of the municipality has been crucial to the success of the model.

The *fourth problem* is the *social profile* of this type of parent support. According to the population questionnaire described in Chapter 5, the scheme is better suited to well educated than to less well educated parents.

There is a similar tendency for parent groups in general but the differences are especially marked in the child healthcare system groups. The Leksand model seems to point to a solution even here. In Leksand, the groups are led by one of the parents in the group. Midwives from the maternity healthcare services and nurses from the child healthcare services participate but do not lead the group. With a parent as leader it enables more parents from different social classes to feel relaxed in a parent group.

Most of the solutions that are proposed here entail the municipality taking a greater responsibility for parent support. This approach was already presented by the 1997 commission on parent support.

Open preschool and family welfare centres

Open preschool has a distinct value for parents, particularly when one of the parents is on parental leave. There is, however, a lack of studies demonstrating the effects of this intervention. Hence it is vital that such studies are conducted. It is justifiable to place an open preschool in the same facility as a maternity and a child healthcare clinic forming a family welfare centre. This makes it easier for all parents to come into contact with the open preschool since the vast majority of them visit the maternity and child healthcare services.

Organisation

Discussions regarding suitable forms of support for this age group and research studies are to take place during the period 2005 to 2006. A new agreement between the Swedish Association of Local Authorities and Regions is to stipulate how the municipalities and county councils should cooperate by 2007.

Parent support affects several different municipal administrations. It may therefore be appropriate for the municipality to appoint one person assigned the task of coordinating all parent support activities, including that proposed for other age groups. This person can have parent support as his/her main task. An alternative is that the coordinator for alcohol and drug-abuse prevention, who exists in many municipalities, should be given responsibility for the task. A nother option is to give the task to local crime prevention officers or municipal public health planners.

Support to parents with children aged 2–9 years

Parent groups

The literature on parent support for this age group is dominated by "interaction programmes" aimed at developing affection and emotional attachment in a parent-child relationship. One of the aims of the programmes is to reduce the risk of a child developing behaviour problems. *De otroliga åren* [The Incredible Years], Community Parent Education Program (COPE) and *KOMET* [COMET] are examples of interactive programmes. The effects are tangible and very well documented in controlled experiments.

These programmes help and encourage parents to give their children positive attention, to be clear in the way they communicate with their children and to find well thought-out ways of confronting the children when conflicts arise. The interaction programmes are usually carried out in groups consisting of ten to fifteen parents who meet for two or three hours once a week for a ten to fifteen-week period. The group discussions are normally based on everyday parent child situations shown in a short video. The parents discuss different ways of resolving the situation. Then the parents practise the solutions with each other in roleplays.

Home assignments are included in the programmes. Parents are asked to note down when they needed a particular skill and whether this was effective. They are also asked to make notes on the child. This can help parents to become more aware of how they themselves react to different situations involving the child. It can also help them to see more clearly how the child develops.

The interaction programmes do not question the ability of the parents but instead tries to utilise and develop the collected experience of all the parents in the group. It is often the parents themselves who suggest and discuss different alternative approaches. The programmes do not generally include ready solutions that are presented as a "lecture".

These interaction programmes help to enhance children's circumstances if organised on a broad basis. Interaction programmes are normally offered by the social services, child and adolescent health services or school administrations. They are often arranged in cooperation with county council child and adolescent psychiatry services or other units within the county council. The municipality is usually in charge.

The interaction programmes used in Sweden have been aimed at parents in general, at parents in socially disadvantaged housing areas and at parents who have already sought help because of their children's obvious problems. The combined effect is most visible if the scheme is provided at an early stage, let us say at the age of 2–3. It is at that age difficult to predict which children are going to develop major problems. Interventions at this age should therefore be offered on a broad scale to be effective on the population level. Reaching 20–50 per cent may be a reasonable target. When children develop behaviour problems it entails direct costs for the municipalities since it gives rise to a need for assistants and teachers. The calculations that are presented in Chapter 7 indicate that interaction programmes provided for parents result in reduced municipal costs after only three to four years.

Experiments in other countries have demonstrated that parents are able to avail themselves of the material presented in the interaction programmes by watching it on television/video. The cost of such dissemination is considerably lower than the costs for arranging groups. This means that it would be a good idea to make this methodology available. Material of this kind could be used both individually and in groups without specially trained and paid for leaders. Many parents would probably prefer to study the material in a group. Access to material such as video/DVD does provide more flexibility, however, since parents can study the material in the way that is best suited to each individual family.

Interventions for children of school age (10–15)

Parent support geared to the needs of children: communication programmes

Literature on this age group is dominated by programmes aimed at developing good parent-child communication, particularly in order to reduce the risk of teenagers starting to smoke, drink or take drugs and to reduce the risk of them starting to commit crimes. This is why the programmes are called *communication programmes*. The aim of these programmes is normally to try to get parents and teenagers to agree on standards and rules that the teenagers then abide by. If these agreements are to have any effect whatsoever, it is important that the parties trust each other. Trust of this kind is built up by parents giving their children positive attention and by parents and children doing things together. Hence the programmes include parts

aimed at promoting positive interactions. The programmes also help the parents to use well thought out ways of confronting the teenagers when conflicts arise. In this way, the communication programmes have similarities with the interaction programmes described in Chapter 7. The main difference is that the communication programmes are adapted to children and teenagers aged between 10–15 who are more independent than younger children and to the fact that there is a risk that the teenagers might start smoking, drinking, taking drugs or committing crimes.

The communication programmes are often carried out in groups of 10–15 parents who hold between five and ten weekly meetings lasting two hours. Normally the children are offered similar meetings at school in conjunction with the parents' meetings. At the beginning of the programme, the parents discuss the risk of the teenagers starting to smoke, drink and take drugs. The next step entails the parents discussing what expectations are reasonable and together they are encouraged to agree on the rules that should apply. Parents are given help and support to resolve conflicts with their children in a constructive way. The programme also deals with how parents and children can do different things together in a way that everyone perceives as positive.

Several varieties of communication programmes are organised in Sweden. There are two recommended programmes: *Step by step* (*Steg för steg*), built on the Iowa Strengthening Families Program, and *the Örebro Prevention Program*. It is also probable that further programmes of this type will be available in Sweden in the years immediately ahead. These two programmes are of differing scope. Both trials are aimed at preventing aggressive behaviour problems. That includes binge-drinking, violent behaviour and criminality. It is possible that the more extensive communication programme *Step by step* can also influence the prevalence of emotional mental health problems, as is the case with the interaction programme. However, that type of effect has not been reported.

Step by step is broader in scope and includes sessions for both parents and children together. Controlled experiments have been carried out on a number of similar programmes with well documented and demonstrable effects. The effect of *the Örebro Prevention Program* is less broad and only documented in one Swedish experiment.

The communication programmes have been offered to all parents. The arguments brought up in Chapter 2 indicate that such measures are justified

even if it is possible to carry out interventions for a possible risk group alone at a lower cost. A broad distribution makes it necessary to train a large number of group leaders. Professional training as teachers, public-health experts, social workers and nurses may be appropriate for those persons who are to be responsible for leading parent groups.

Development of specific channels

A questionnaire has been sent out to a representative selection of parents within the framework of the report. The parents have answered questions about the types of parent support they are interested in and also the perceived benefits of the support that they have already been provided with. One conclusion is that there is a great deal of interest in counselling over the telephone. The schemes that are provided today are not in line with demand. Thus we propose that the three NGOs that currently provide telephone counselling with one joint telephone number should work more closely together.

Internet is the medium for the dissemination of information that is developing most rapidly. There are a number of advantages with the Internet, for example, the low costs per user and the fact that it makes it possible for parents to not only retrieve information but also to share their experiences with other parents. Thus we recommend an Internet site for parents. The site could combine information about frequently asked questions written by experts with the possibility for parents to put their views across to each other. Bearing in mind the fact that Swedish is a relatively limited language it would seem difficult to develop such a website without public funding.

Development of the municipal system

The model that was developed in Leksand and that has now spread to other parts of the countries has resolved several of the problems that are inherent in the current parent support scheme that is geared towards pregnancy and early infancy. The municipality takes responsibility for all interventions geared towards parents. Thus we propose that research is conducted during 2005 and 2006 with the aim of concluding an agreement between the Swedish Association of Local Authorities and Regions where the municipality takes responsibility for group based parent support including schemes that are currently being organised by the maternity and child

healthcare services. County council staff are, however, expected to continue to participate.

Parents support involves various municipal administrations. Thus it is important that the municipalities appoint one or several persons to be directly responsible for parent support at the top municipal level.

Different forms of parent support suit men and women differently. The same applies to different social groups. There are no simple answers as to how to safeguard the interests of all groups. This is why one basic intervention is to register participants of different types of parent support according to their gender and education. This makes it possible subsequently to correct the focus of a intervention on a continual basis so that different groups are able to take of advantage of the scheme in an equivalent way.

Follow-up system

One of the main aims of parent support is to increase the number of children who have a good relationship with their parents, in order to increase the chances of the child to have a good life. This is why it is a good idea to follow up the development of the parent-child relationship. Such knowledge does not give direct answers as to which interventions may be justified. But the information can provide a basis for a broad assessment of development and can inspire initiatives with the objective of giving *all* children a good upbringing.

One way of doing this is to collect information regarding the parent-child relationship from the children. A suitable source of information would be *the Barn-ULF* study of the living conditions of children that was started in 2000. Information from nearly 1,000 children between the ages of 10 and 18 is collected every year via the Barn-ULF study. This study is being conducted in conjunction with an interview study of the living conditions of adults (The ULF study) carried out by Statistics Sweden. The study includes questions that can be used as parent-child relationship indicators. We propose that a follow up of this indicator is carried out as a part of the follow up of the national public health policy (objective 3).