

Family Centre Practice and Modernity

A qualitative study from Sweden

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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/ontological 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

**FAMILY CENTRE PRACTICE AND
MODERNITY
A QUALITATIVE STUDY FROM
SWEDEN**

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A thesis approved in accordance with the requirements of Liverpool John Moores University for the degree of Doctor of Philosophy, achieved through collaboration between the Family House in Näsby, and the Research Platform for Development of Närsjukvård at the University College of Kristianstad, Sweden.

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Abstract

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 pre-school and social services, all located under the same roof in the local community. The family centre in this study, known as the “Family House”, was the first of its type to be built in the city of Kristianstad, Sweden.

The overall aim of the thesis was to understand family centre practice through professionals’ and parents’ perceptions of the Family House and its relationship to modernity.

The study employed a qualitative design using phenomenography as method to capture people’s perceptions of the practice. The research also drew on the approach of action research, where participants and researchers co-generate knowledge through collaborative communicative processes. Data was generated from semi-structured interviews conducted with nineteen professionals and sixteen individual parents. Dialogue sessions with the professionals of the study have been held in order that they and the researcher could enter into a dialogue based on the findings of the interviews. Data was consequently also generated from these meetings.

The way the professionals perceived the practice of the Family House fell into three categories, namely, as a *professional service*, the provision of an *informal meeting place* for professionals and families with young children or as a broad *community-based centre*. Parents’ perceptions fell into four categories; as a *professional reception* to obtain expert guidance and support, a *study circle* and *living room* to informally share experiences and socialising, and a *playground for children* where children could interact and learn social skills.

One core finding of this thesis is that family centre practice for those involved contained a balancing act between simple modern expertise to control the future and late modern opportunities for self-realisation and reflexivity.

Parents and professionals shared the responsibility for children's well-being and the distinction between private and public was blurred since parents used the House as a social arena for developing personal relations. It was also an arena for integration between Swedes and immigrants based on engagement for both cultural diversity and similarity.

Acknowledgements

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However, this research would not have been made possible without the funding from the county council in Scania *Region i Skåne* and the Kristianstad University College *Högskolan Kristianstad*.

The research aim

The overall aim of the research was to understand family centre practice through professionals' and parents' perceptions of a Swedish family centre in relation to the concepts of modernity they reflect.

The objectives were:

- To examine family centre practice through professionals' perceptions.
- To examine family centre practice through parents' perceptions.
- To discuss what implications the perceptions indicate for the Family House as well as for family centre practice in general in terms of concepts of modernity.

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Glossary

Research Platform for Development of Närsjukvård is an interdisciplinary research unit. It represents a co-operation between the county council in Scania *Region i Skåne*, municipalities in northeast Scania and the University College of Kristianstad *Högskolan 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.

Scania is the southernmost county in Sweden.

Närsjukvård in Sweden is the daily care and health promotion that does not require hospital specialists. It is directed at children and their families, the elderly, people in need of psychiatric support and the chronic ill. Collaboration between different public services is emphasised as well as focusing on patients'/clients' needs and perspectives.

Chapter 1: Introduction

During the past few decades, an increasing number of family centres have been established throughout Sweden, as well as in many other European countries. They focus on welfare and health among families with young children (Cannan 1992; Enell 2008). 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 target group, in general, includes families with small children 0-6 years of age. The long tradition of Swedish maternal and child health care means that this co-location reaches almost all families with small children living in a neighbourhood. Parents come to these centres voluntarily. The work undertaken emphasises a supportive rather than a problem-orientated perspective. Common specific goals include network building among families, enhanced parenting skills, child development and improved physical health of children. Participation of families in the ongoing development of the service is also emphasised, and family centres are expected to start from the families' interests and needs (Bak and Gunnarsson 2000; Bons, et al. 2003; Gärdsmo Pettersson and Zeime 2000; Haraldsson and Marklund 2008; Holmer Andersson, et al. 2003; Niklasson 2001; Perdal 1998; Svensson 2001; Söderström-Claeson and Granberg-Wennberg 2003).

The family centre in this study, known as "The Family House", was the first of its kind to be built within the city of Kristianstad and serves both rural and urban areas (Abrahamsson and Lindskov 2007). In total, eight staff members work regularly at the Family House; a social counsellor, three district nurses, two midwives, an assistant nurse and a preschool teacher. Professionals work, on a daily basis, in a joint coalition, although employed in and managed by their mother organisations, which control the resources on which they rely. They are expected to create a synergy of skills and activities that will meet the needs of families more effectively than in the traditional mother organisations in the municipality and the county council (Abrahamsson 2008; Abrahamsson and Lindskov 2007). The team is supported by a steering group which consists of leaders drawn from both the municipality and the county council.

The vision of the House is to promote health and fellowship in the local community where the starting point is the needs of families. The Family House is also

expected to provide an opportunity for people from different cultures and social backgrounds to create their own social networks to encourage integration (Kristianstads Kommun 2002)

The focus of the research is: **Swedish family centre practice through professionals' and parents'¹ perceptions and its relationship to modernity**. Giddens (1998) finds “*At its simplest, modernity is a shorthand term for modern society or industrial civilization.*” p. 94. Although modernity is a contested concept within social sciences, it is a common notion for social theorists that fundamental transformations in Western societies concerning urbanisation, secularisation and industrialisation have had immense consequences for the growth of welfare institutions, peoples' way of living and their world views (Heaphy 2007). From this it follows that one important assumption of this thesis is that family centres and the way people perceive the practice are shaped in interaction with the social, cultural and economic changes we have experienced by modern Western societies. In the literature review (chapter 3, section 3.5) on family centres, I have found that the relationship between family centre practice and the consequences of broader societal development and how it manifests in people's ways of perceiving the function of the practice is to a great extent overlooked, particularly, in the Swedish context. The thesis thus differs from that of previous work since it provides a theoretical exploration, using concepts of modernity to understand family centre practice.

In developing the theoretical framework of modernity, I have used conceptual vocabulary from different social theorists, but particularly inspired by the work of sociologists Anthony Giddens, (1990; 1991; 1992), Ulrich Beck (1992), Ulrich Beck and Elisabeth Beck-Gernsheim (1995) and Elisabeth Beck-Gernsheim

¹ Parent is here defined as the caregiver towards the child/children. The term family can be used to refer to the social environment in which parenting is conducted. “Family” wherever it appears should therefore be taken to address the full range of different social and living arrangements that people make for bringing up children. The concept of family in this study is viewed as a diverse, active and changeable structure which brings together individuals in shared living arrangements. See Bäck-Wiklund, M. and Johansson, T. 2003 *Nätverksfamiljen: (Network family)*, Stockholm: Natur och Kultur. Morgan, D. 1999 'Risk and Family Practices: Accounting for change and fluidity in family life.' in E. Silva and C. Smart (eds) *The New Family*, London: Sage Publications.

(2002). This thesis shows that concepts of modernity such as *individualisation*, *increased risk awareness*, *reflexivity*, striving for *trust/ontological security* and focus on *pure relationship* are mirrored in the empirical data and facilitate understanding of family centre practice. It is also argued that family centre practice contains a balancing act between the application of expertise to control the world and in providing possibilities for self-realisation and reflexivity. The findings are also discussed in relation to the Swedish modern welfare perspective which is here viewed as a part of modernity.

The study employed a qualitative research design, using phenomenography to capture how people perceive a social phenomenon (Marton 1986; Säljö 1997). The research also drew on the approach of action research where participants and researchers co-generate knowledge through a collaborative communicative process in which all participants' contributions are taken seriously (Greenwood and Levin 1998). Data was generated from semi-structured interviews conducted with nineteen professionals connected to the service and sixteen individual parents who regularly used the Family House. Data was also generated from dialogue sessions with professionals of the House held in connection with the interviews.

The focus of the research has been an evolving process that was not clear from the outset. The aim of the introduction chapter is thus to provide the reader with an overview of the research project; to set the scene of how the research focus and research questions developed and what key elements influenced its development. Finally, the research setting and, in particular, the Family House are presented in this chapter.

The thesis consists of a total of six chapters, including this first one. Chapter 2 starts with an overview of the project of modernity that forms a theoretical framework of the thesis. Since the analysis draws heavily on the work of Giddens, Beck and Beck-Gernsheim an account of their concepts are presented. Chapter 3 starts by giving a background to the development of Swedish family centres, placing them in a modern welfare context with accent on Swedish development.

The chapter also concerns family centre policy and practice both from an international and Swedish point of view with a review of current research- and evaluation literature. The constructivist paradigm, outlined by Lincoln and Guba (2005), in which this study is placed, will be presented as well as action research as methodology and phenomenography as a method used in data collection and data analysis in chapter 4. This chapter also considers trustworthiness in qualitative research and ethical considerations. Chapters 5 and 6 present professionals' and parents' perceptions of the Family House and the following dialogue sessions and then a discussion in relation to concepts of modernity, a Swedish welfare perspective and the broader research literature on family centres and family support. In the final chapter 7, I make my basic points clear about the relationship between the empirical data and concepts of modernity. In addition, I identify some possibilities and challenges that could be suggested to characterise family centre practice at a general level. Chapter 7 also presents the final dialogue sessions within the action research project. Reflections and lessons learned concerning methodological and theoretical considerations finish the thesis, including a summary and conclusions.

1.1 The development of a research focus

Reading academic literature, I have found that research is often described as a logical and rational process starting from research questions acting as a guide for choice of methodology, theory and method. However, in practice the research is usually formed in unpredictable and complex processes not following a fixed route (Alvesson 2002; Alvesson and Sköldbberg 2000), which is also a feature of this research process.

There has also been a growing interest in that some kind of self consciousness or self-critical reflection is an important part of the research itself (Denzin and Lincoln 2005). The usual concept for this endeavour is reflexivity which means "*that human beings reflexively monitor their conduct via the knowledge they have of the circumstances of their activity.*" (Giddens 1979) p. 254.

A reflexivity principle, within the framework of social theory, has also been stated by Giddens (ibid): “*Reflexivity has to be reconstructed within the discourse of social theory not just in respect of the members of society whose conduct is the object of study, but also in respect of social science itself as a form of human endeavour.*” p.47. This means that the researcher has to be open to investigation in the light of his/her own experiences, assumptions and theories. This is a call for including my own experiences and to be aware of them just as I explore the perceptions of a family centre. I have critically reflected both on my own and together with others on actions and experiences to be prepared to renegotiate the research. From that light, reflexivity reflects a transformative/evolving dimension of the research process.

In order to provide better understanding of the development of the research focus, I start by contextualising the research with a brief overview of the research project and the following section by presenting my personal journey through research.

1.1.1 The research project

Representatives from the Family House approached the Research Platform for Development of Närsjukvård² at the University College of Kristianstad for research and evaluation support. This resulted in the launch of a multidisciplinary research team with me as a doctoral student and a senior researcher, to promote the development of the House. The senior researcher also became my second supervisor. The House had not yet opened its provision when collaboration with the Kristianstad University College started. The Research Platform for Development of Närsjukvård is an interdisciplinary research unit led, during that time, by my Director of Studies Professor Jane Springett. The Research Platform represents a co-operation between the county council in Scania³ *Region i Skåne*, municipalities in northeast Scania and the University College of Kristianstad.

² “Närsjukvård” in Sweden is the daily care and health promotion that does not require hospital specialists. It is directed at children and their families, the elderly, people in need of psychiatric support and the chronic ill. Collaboration between different public services is emphasised as well as focusing on patients’/clients’ needs and perspectives.

³ Scania is the southernmost county in Sweden.

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 whereby participants and researchers co-generate knowledge through collaborative communicative processes with different stakeholders (Greenwood and Levin 1998; Kemmis and McTaggart 2005). Accordingly, the involvement of participants connected to the Family House has been important for the research project and dialogical elements have been considered throughout the whole research process. Dialogue in this context is considered as Karlsson (2001) puts it: *“I see dialogue as a platform – a plaza - i.e. an open space for an exchange of ideas and a process where we examine our thoughts in order to better understand their content. When we communicate and share meanings in a dialogue we can leave ‘the plaza’, hopefully more enlightened and better able to make informed decisions.”* p. 211. Feedback sessions were also in parallel with dialogue sessions a part of the research process. The feedback session is here considered as having an informative character, with less degree of the dialogical element of sharing and development of thoughts.

The staff of the Family House and the research team, consisting of the senior researcher and myself as a doctoral student, made up the primary working group in the action research project. The current study was a part of a wider action research project, which consisted of two research areas:

1. Professionals’ and parents’ perceptions of the practice provided by the Family House.
2. Internal collaboration among people within the House.

It should be noted that the present thesis relates only to the first main area. The two research areas were, however, closely interwoven in the entire action research project, but the senior researcher largely facilitated the second research area, while I focused on the first research area. Since the Family House is seen as consisting of different provisions and activities located under the same roof, rather than looking at a single service concept, the research has explored how professionals and parents perceived the idea of the Family House as a whole. The duration of the research project was from March 2004 until September 2009. The study has proceeded through three stages of research.

Stage One

An interview study with 19 professionals, associated with the House, has been conducted by me as a researcher to explore different perceptions of the Family House. Dialogue sessions with the professionals taking part in the interview study have been held in order that they and researchers could enter into a dialogue based on the findings. These interviews and dialogue sessions constituted the starting point for planning further research, which subsequently was decided to be parents' perceptions of the House. Also agreed, during these dialogue sessions, was that the staff of the House and the researchers should henceforth form the primary working group of the action research project.

Stage Two

In order to explore parents' perceptions of the Family House, 16 interviews have been performed by me as a researcher. Similar dialogue sessions to those held for Stage One were set up, separately, with the staff of the House and parents to create a dialogue about the findings. However, only one parent came to the arranged meeting and consequently the dialogue sessions of this Stage only included the staff's reflections on the interviews. I also fed back the parents' perceptions of the practice to the steering group of the House. In order to gain further understanding of both professionals' and parents' perceptions of the practice and the data obtained from dialogue sessions, it was agreed with the staff that I should apply the data to a theoretical context, using theories of modernity.

Stage Three

In this final stage of the research, I acquainted myself with concepts of modernity, which I used to construct a theoretical model to further understand the data. Thereafter, I met the staff to engage in dialogue about the theoretical application of the data. The theoretical discussion was also fed back to the steering group of the House.

The entire research process with the Family House (FH) is summarised in the figure on the next page.

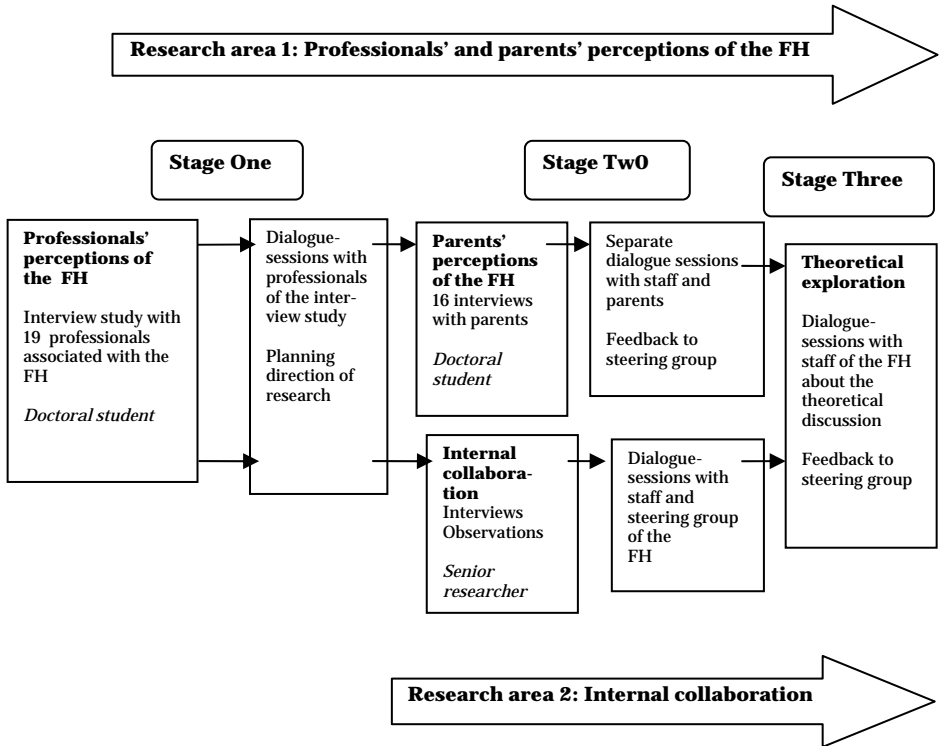


Figure 1. Overview of the entire action research project

1.1.2 My personal research journey

As indicated, it is well known that in most qualitative designs the researcher influences the research process and vice versa (Denzin and Lincoln 2005; Lincoln and Guba 1985; Lincoln and Guba 2005). Presentation of this journey can therefore add to a better understanding of my assumptions and decisions in the current research process. The research journey can be characterised by going through several reflexive moments that have inspired me to evaluate the research in the light of new knowledge and experiences.

As previously mentioned, a qualitative research process is seldom a linear process where research direction is clear from the beginning (Alvesson 2002; Denzin and Lincoln 2005; Larsson 1994). This has also been a significant issue in the current research. Being a part of an action research project with the methodological issue of involvement emphasising research “with people” (Heron and

Reason 2001; Reason 1998) meant that I entered the House without any pre-formulated research questions. This was a particular challenge, since this manner of performing research means the researcher is not in control of the situation (Wadsworth 1998). Notable is that although the professionals had asked for research and evaluation support, it was not clear from the outset just what it involved. The process therefore started rather flexibly and unstructured as I became acquainted with the field. It was then decided, together with professionals, that Stage One (interviews with professionals with following dialogue sessions) should form the baseline of the research. Three groups of professionals, all associated with the provision; staff working regularly and part-time at the centre, leaders from the municipality and county council and other key persons who were involved in the planning of the House were interviewed. The interest tended to develop into acquiring different perceptions of the practice, to receive a picture of what issues and challenges were at stake in the House. Flowing from that, the natural step to go further was acquiring parents' perceptions of the Family House.

As the research evolved to consider perceptions of the Family House, I started, in the infancy of Stage One, to explore what approach would be suitable to analyse professionals' and later on parents' perceptions of the practice. When reading the interviews involving professionals, I saw that the House had been described from different angles and seemed to be a multi-faceted phenomenon. The phenomenographic approach was chosen, because it is a helpful method for researchers to study the variation of how a phenomenon appears to a group of individuals in different ways (Marton 1988).

At the time, I found some of my ideas of working collaboratively with the inclusion of participants in the research challenged. My collaborative aspiration was that I with the professionals would define research questions, collect data, and perform analysis and interpretation. However, in this area of the action research project, the professionals did not expressively contribute to the research design and data collection, but they were seriously engaged in dialogue sessions to make sense of the findings. As stated earlier, I invited the parents who had participated in the interview study of Stage Two to reflect on the results. Only one parent came and consequently the dialogue sessions at this stage only included the staff's reflections. The action research project can thus be viewed as a profes-

sionally driven project, not having parents involved to any large extent except from their voices in the interviews. Noteworthy is that this was not my initial aspiration. Not coincidentally, serious doubts appeared in my mind if the project could be labelled action research. Fortunately, I found in line with many authors of action research (Greenwood and Levin 1998; Hart and Bond 1995; Morrison and Lilford 2001) that collaboration is a continuum of involvement, from participants owning the whole research process to the researcher undertaking most part of the research. Moreover, a natural part of involvement is that it is context-bound. Accordingly, I had to adjust to the circumstances under which the participants had to live and be reciprocal of what is possible to achieve in terms of collaboration (Herbert 2000; Ospina, et al. 2004). The issue of involvement in the action research project will be further explored in chapter 4 (section 4.3.2).

Positioning my self in a research paradigm, congruent with my own assumptions of the nature of reality, also became an essential part of the research process. I have not reached a final resolution about my worldview, but my basic assumptions are that we are all shaped by interaction with history, culture, societal context and in relationship to other humans, influencing our perspectives of reality. There is no single objective reality to be captured; it is instead a human construction with multiple possibilities of interpretations. In search of a paradigm that would provide an ontological fit with this position, I was led to explore the constructivist research paradigm, according to Lincoln and Guba (2005). In constructivism reality is multi-faceted, knowledge is context-bound and co-created in interaction with participants. In addition, the researcher has a natural bias towards the process (ibid). The choice of paradigm means that the researcher must consciously acknowledge epistemological and methodological possibilities that are available in choice of research design (Howe and Eisenhart 1990). The inevitable question emerged: How does action research and phenomenography match a constructivist way of thinking?

In many ways, action research reflects constructivist thinking having its primary field of interest making sense of reality in interaction with other people in order to create new knowledge. As Sicra Trunk and Shapiro (2007) state: "*What else is action research but a social enterprise? And since it is a social enterprise, the processes which the researcher(s) develops are socially constructed. In short, we readily can conclude that constructivism and action research are the same*

side of the coin."(Sicra Trunk and Shapiro 2007) p. 106. Concerning phenomenography, several scholars have discerned a constructivist thread to the approach, acknowledging the interactive process between researcher and participants and the contextual circumstances (Richardson 1999; Säljö 1994; Säljö 1997). Reading these scholars, I realised that the type of phenomenography used in this study could be linked to constructivist thinking (see chapter 4, section 4.4.3 for further discussion of phenomenography and its connection with constructivism).

During dialogue sessions of Stage Two, it was decided with the staff of the House that I should take a further analytic step i.e. contextualising the perceptions and the following dialogue sessions in relation to the surrounding society, to gain further understanding of the practice. Dialogue sessions, between the staff and me on the findings situated in a theoretical context, were also agreed to be the final stage of the research process. In parallel, during this time, I performed a literature review on family centres and found that the practice was less examined in relation to surrounding society, especially, in the Swedish context. Noteworthy is that the decision to use concepts of modernity as a tool to discuss the data was applied further than halfway into the study.

Accordingly, I actively started to search for a theoretical lens through which to view the empirical data. This period saw my private life change as I became pregnant with my fourth child. Personal experiences, during this time and afterwards, became essential for the choice of theory. I was, however, not a follower of the practice provided by the Family House, but received personal experiences of maternal and child health care in another part of the town. I went to maternal health care and prepared myself and my body through various examinations and check-ups. I was also a high-risk mother due to my age and was therefore offered extra advice and examinations. When reflecting upon my experiences, I could clearly see that I was drawn into the notions of risk that surrounded me. The more tests were introduced to me the more intensified my risk awareness became. However, using the service of maternal health and later on child health care gave me the possibility to control uncertainties and risks and provided me with a sense of security. These experiences shed new light on the interviews and seemed to resonate with the parents' experiences of the Family House.

One influence on my argument for choice of theory has, evidently, been my own experiences of risk, control and trust in experts during pregnancy, which also resonated with the empirical findings. “Risk awareness” and “trust in experts” therefore initially became important concepts to explore, which led me to Ulrich Beck’s *Risk Society* (1992) and *The consequences of modernity* (1990) by Anthony Giddens. Moreover, I found that the epistemological and ontological foundations of constructivism, clearly, seem to be shaped under the same intellectual influence of the development towards Giddens view of late modernity (1990), rejecting simple modern stability, order, objectivity and context-free environments. There is thus a matching link between the constructivist research paradigm chosen for the study and theories of the late modern society.

Another important argument for choice of theory is connected to my profession as a social worker. I have often felt caught up in debates about abused children and violent youth with the discussion either finally blaming society or parents for care failure. From the former perspective the individual parent is responsible for the misery while from the latter they are victims of societal forces. Giddens’ theory, in contrast, does not paint the world in one colour, instead he finds the welfare subject active and capable and encapsulated in concepts like “reflexivity” and “life planning” (Giddens 1991). He is, however, not unaware of the new marginalisation, exclusion and control that people must face under late modern conditions. I found his way of lifting up the ambiguity of both possibilities and constraints of living in contemporary society fruitful relating to family centre practice.

Ulrich Beck and Anthony Giddens have been criticised for operating at the level of grand theory (Lupton 2000) and particularly Giddens for too much abstraction with no anchoring in empirical work (Snow and Heirling 1992).

However, Beck together with Elisabeth Beck-Gernsheim in the book *The normal chaos of love* (1995) and Giddens in *The transformation of intimacy* (1992) seem to have left grand theory to concern the level of people’s daily life. I have also found it to be a particular challenge for researchers to implement concepts of modernity in empirical work (Gross and Simmons 2002) i.e. in this case, to converge empirical investigations concerning professionals’ and parents’ daily

experiences of Swedish family centre practice with Giddens' and Beck's theoretical concepts.

Finally, the choice of modernity theory means that I saw the world and family centre practice through this perspective and not another. This sort of partiality is common in research, but the personal journey in this section is an attempt to be reflexive; that my work is not disconnected to my personal experiences and in line with a willingness to accept that other theoretical concepts could be used. However, one must still critically ask: Are concepts of modernity the right perspective for abstractions? Are all theories of equal status? Here I agree with Waterman (1998) who argues: "*I am not suggesting that there are absolutely right or wrong interpretations, but ones which inevitably will further more successful understandings of a situation for those concerned.*" p.103. In this case, during Stage Three (chapter 7, section 7.4), it was shown that concepts of modernity helped the professionals and me as a researcher to nurture our understanding of family centre practice. The concept of understanding in relation to theory is thus fundamental in this research process. My primary goal is for the theoretical vocabulary to provide a reference point, among others, to further understand family centre practice.

1.1.3 Summary of the development of the research focus

The following is a summary of the aim and objectives of the three stages of research that finally formed the thesis.

Aim

The overall aim of the thesis was to understand family centre practice through professionals' and parents' perceptions of a Swedish family centre in relation to the concepts of modernity they reflect.

Objectives

- To examine family centre practice through professionals' perceptions.
- To examine family centre practice through parents' perceptions.
- To discuss what implications the perceptions indicate for the Family House as well as for family centre practice in general in terms of concepts of modernity.

There is a growing body of knowledge concerning family support services in the international and Swedish context (chapter 3, section 3.4), but little seems to concern the underlying ideas and thinking frames of the practice and how that can be understood. The purpose of using concepts of modernity in relation to the data is to enable views of practice in new ways, which without the use of such vocabulary would remain hidden.

1.2 The neighbourhood: Näsby/Gamlegården

The Family House is situated in an urban neighbourhood called Näsby/Gamlegården with a total of 6 702 inhabitants, located in the northern part of Kristianstad⁴, which is the largest town in the Municipality of Kristianstad *Kristianstads Kommun*. Näsby/Gamlegården is, nevertheless, not far away since it takes only 15 minutes by bus or bicycle to reach the town city centre.

The neighbourhood consists of two parts; an older part called Old Näsby and a newer part called Gamlegården. Old Näsby, developed during the 17th century, can be characterised as a minor village. In the 1920s a military regiment was established near Old Näsby and the neighbourhood successively grew with both privately and cooperatively owned blocks of flats and construction of single-family houses (Kristianstads Kommun 1996). Noteworthy is that in the 1990s, the regiment closed down and thereafter the University College of Kristianstad moved in. The previous military zone, which surrounded the regiment, is presently a large recreation area part of the neighbourhood. During 1963-1971, the second newer area Gamlegården with its large-scale settlement of council houses developed and consisted of approximately 1900 apartments (ibid). It is in this newer part of the neighbourhood where the Family House is situated. In contrast to Old Näsby, Gamlegården today is a multiethnic neighbourhood with residents born in countries outside Sweden. The development of Gamlegården into a multiethnic area coincides to large extent with Sweden's reception of refugees during the 1980s and 1990s. During the 1980s refugees from Iran, Iraq and from the Middle East came to Sweden. In the 1990s it was mainly people from, Iraq, the former Yugoslavia and Somalia who came due to conflicts and wars in these areas (Ny 2007). Almost half of the families who visit the Family

⁴ On December 31, 2007 the main town of Kristianstad had 30 058 inhabitants and the entire municipality of Kristianstad 77 245 inhabitants see **Kristianstads Kommun** 2008b 'Om Kommunen (About the municipality)': <http://www.kristianstad.se/sv/Om-kommunen/Befolkning/Folkmand/> (10-12-2008).

House (45%) have an immigrant⁵ background. The largest immigrant groups, visiting the House, come from Iraq, the former Yugoslavia and East Africa (Lindskov 2005). As a whole, the neighbourhood has two faces; Gamlegården with its large scale character and Old Näsby with mainly smaller co-operative blocks of flats and privately owned single-family houses (Kristianstads Kommun 1996) (see pictures Appendix A). As **table 1** shows, there is a distinct socio-economic and ethnic division between the two areas. Gamlegården has higher numbers, in percentage, of immigrants, single parents, households receiving social allowances and children receiving support from the social services than Old Näsby and also in comparison to the municipality in general (Kristianstads Kommun 2008a).

Table 1

Population figures 31-12-2007

| | Municipality of Kristianstad | Gamlegården | Gamla Näsby |
|--|---------------------------------|----------------|---------------|
| Inhabitants, total | 77 245 (100 %) | 4 627 (100 %) | 2 075 (100 %) |
| Under 21 years old | 19 347 (25 %) | 1 498 (32.4 %) | 371 (17.9 %) |
| Over 65 years old | 14 550(18.9 %) | 538 (11.6 %) | 474 (22.8 %) |
| Born outside Sweden | 9 000 (11.7 %) | 2 199 (47.5 %) | 350 (14.5 %) |
| Foreign citizenship | 3 448 (4.5 %) | 1 009 (21.8 %) | 60 (2.9 %) |
| Single parents having children under 18 years old | 7 845 (10.2%) | 683 (14.8 %) | 187 (9.0%) |
| Children under 21 registered as receiving support from the Department of Social Services | 560 (0.7 %) | 55 (1.2%) | 12 (0.6%) |
| Households receiving social welfare allowance 2007 | 1 414 (1.8 %) | 395 (8.5 %) | 29 (1.4 %) |

Of interest is that I have not found any investigations or studies of immigrants' levels of integration into Swedish society in these areas. Gamlegården was also in documents about the Family House described and acknowledged as a social and ethnically-exposed housing area in Kristianstad, which became reasons and arguments for establishing the Family House in order to support this particular part of the town (Kristianstads Kommun 2000). Another example of an initiative to support the area is the Leisure Centre *Allaktivitetshuset*, attempting to attract primarily young people to join associations and sport clubs to promote

⁵ Immigrant is here used in a broad context denoting a person who has left a home country voluntarily or involuntarily, settled in Sweden having personal ties to another culture.

integration (Abrahamsson 2006). Furthermore, a *local developmental agreement*⁶ between the central government and the Municipality of Kristianstad concerning a joint undertaking for social initiatives at the housing area level in Gamlegården was signed in 2006 and renewed in October 2008 (Kristianstads Kommun 2008c). The aim is to develop and implement projects that will address social, economic and ethnic segregation in the area (SOU 2005:29).

In 2009, a collaboration project between the police, municipal executive board, social services and the real estate owner *AB Kristianstadsbyggen* was launched to decrease criminality and support security for inhabitants of the area. Besides the police having increased their local presence in the area, there are also four security patrollers *trygghetsvårdar* financed by Kristianstad municipality and the real estate owner, who circulate the area evenings, nights and weekends (Mattisson 2009).

From the outside Gamlegården gives an impression of a high degree of order where the residents live in modern apartments equipped with practical amenities needed for daily life. Inside the area there are various kinds of sport facilities; a swimming pool, football pitches and basketball courts etc.

⁶ On the national level, social and ethnic segregation in Swedish cities have led to a government creation of an integrated metropolitan policy. The policy focuses on housing areas with a large proportion of households in socioeconomic-vulnerable situations in order to stop social, ethnic and discriminatory segregation. One way to stop segregation in these city neighbourhoods is the *local development agreements* taking place between the government and the municipality. In these agreements, the municipality follows four government guidelines for the projects; adopting a “bottom up” perspective to involve inhabitants in the processes, develop cooperation between private and public organisations, evaluating the projects. Finally, the projects that seem to be effective should be implemented into the municipality’s permanent organisation. Goal areas, among other things, are job creation, democracy and participation, benefit dependency, education and area development and security. See **SOU 2005:29** 'Storstad i rörelse: Kunskapsöversikt över utvärderingar av storstadspolitikkens lokala utvecklingsavtal: Big city in motion: (Literature review and evaluations of local development agreements of the metropolitan policy) ': Integrations och jämställdhetsdepartementet/ Ministry of Integration and Gender Equality.

The area, at least from the outside, shows few similarities with “worn out”, poor areas of the same kind in big European cities⁷.

The area possesses a small shopping centre close to the council housing estate. Located in this centre are the Family House, leisure centre and library as well as other facilities such as a restaurant, a café, a grocery shop and an internet café *IT- stuga*. There is also a network of public services including day care centres, schools, elderly services, primary health care and national dental service, serving the area as a whole. A church, belonging to the Lutheran Evangelical Church of Sweden, is situated In Old Näsby. In 2008, a mosque was erected in Gamlegården and consists of 300 active members (Hallengren 2008).

1.3 The Family House

The initial idea of founding the Family House started to grow in the middle of the 1990s and came from the initiative of a local public health network, made up of representatives from regional and municipal authorities related to Näsby/Gamlegården. The network was a part of a health promotion project taken up within the municipality and the county council. The construction of the Family House was viewed, by the professionals in the network, as being of particular importance to Gamlegården due to its socioeconomic and ethnic characteristics (Kristianstads Kommun 2000). However, not until the turn of 2003-2004 were the final decisions in the Municipality of Kristianstad and the county council undertaken to approve the development of the Family House. As before mentioned, the Family House is located in the shopping centre close to the council housing estate. In front of the House there is a small playground with a sandpit and swings (see pictures Appendix B). Entering the Family House to the

⁷ Gamlegården has a relatively high material standard which is due to the efforts of the areas largest real estate owner *AB Kristianstadsbyggen* (ABK). ABK attempts to raise the standard of living of the residents in order to avoid it to become a deprived area. By a model (*Nöjd Boende Index*) constructed by the Swedish Statistics (SCB), ABK in 2006 measured how tenants valued different aspects of the housing like for example standard of apartments, outdoor environment, care taking of property, service and rent. ABK received 73 on an index scale between 0-100 where 70 is valued as a very good result. See **AB Kristianstadsbyggen** 2008 'Bäst i Sverige (Best in Sweden)': AB Kristianstadsbyggen <http://www.abk.se> (27-12- 2008).

right you will find a small waiting room for maternal and child health care⁸ and to the left you will come to the open preschool and the social counsellor. The open preschool⁹ consists of one large room with a kitchen at one end, and a large space for playing and social meetings at the other (see pictures Appendix C). Connected to this area are small rooms for private conversations, office work and for painting with children. The House is comfortably furnished and well stocked with toys and is thus visibly well cared for. Eight staff members work regularly at the Family House; a social counsellor (0.50%) with no investigative

⁸ Swedish antenatal care is furnished in accordance with the Swedish national recommendations by the National Board of Health and Welfare from 1996, see **Sos rapport** 1996:7 'Hälsovård före, under och efter graviditeten: (Health care before, during and after pregnancy)'. The service is free of charge and designed for physical/medical check ups for the pregnant woman as well as psychosocial support for the woman/couple. Seven to nine visits are offered as well as a visit post-partum for follow-up after the delivery. The woman/couple is also offered parental education as preparation for the birth and parenthood (ibid). However, antenatal care is an integral part of maternal health care that also encompasses other tasks such as information and support regarding contraceptives, abortion, STDs (sexual transmitted diseases) and menopause as well as screening for cervical cancer (Abrahamsson and Lindskov 2007).

Swedish child health care is furnished in accordance with the Swedish national recommendations by the National Board of Health and Welfare from 1991 see **Sos rapport** 1991:8 'Hälsoundersökningar inom barnhälsovården: (Medical examinations in child health care) '. It is voluntary, aimed at children 0-6 years of age and acknowledges children's psychosocial and physical needs. The provided care is expected to be directed towards the child's environment and the whole family. All visits are free of charge. Parents are offered one house call after delivery and besides medical check-ups and vaccination programs. The Swedish preschooler also has developmental check-ups. In addition, parents are offered parent education (ibid).

⁹ To learn more about the Swedish preschool system see document from The Swedish National Agency for Education **Skolverket** 2007 'Descriptive data on pre-school activities, school- age childcare, schools and adult education ': Skolverket <http://www.skolverket.se/publikationer?id=1705> (10-12-2008) In Sweden there are open preschools (usually free of charge) which are intended for parents who are at home and their children. Together with a preschool teacher the parents are given the opportunity of developing pedagogical group activities for children. The children are not registered and are not required to attend regularly. Noteworthy is that the open preschool shall not be involved with other preschool activities in the Swedish system. Under the Education Act municipalities are required to provide activities and child care for children between the ages of 1-12 to the extent necessary to allow parents to be able to work or study. The requirement also applies to preschool children whose parents are unemployed or on parental leave for a sibling or for children "in need" of special support for their development (ibid).

child care position, three district nurses (2.0 %), two midwives (1.30 %), a preschool teacher (1.0%) and an assistant nurse (40%). In addition, a child psychologist and a physician are associated with the service part-time. The common area for the staff of the House is the open preschool. It is in this area that the preschool teacher spends most of her time as a family supporter and facilitator. The social counsellor also works frequently in this area and may offer individual support and advice to families. Midwives and district nurses have to spend a lot of their time working in their reception rooms providing individual consultancy with families.

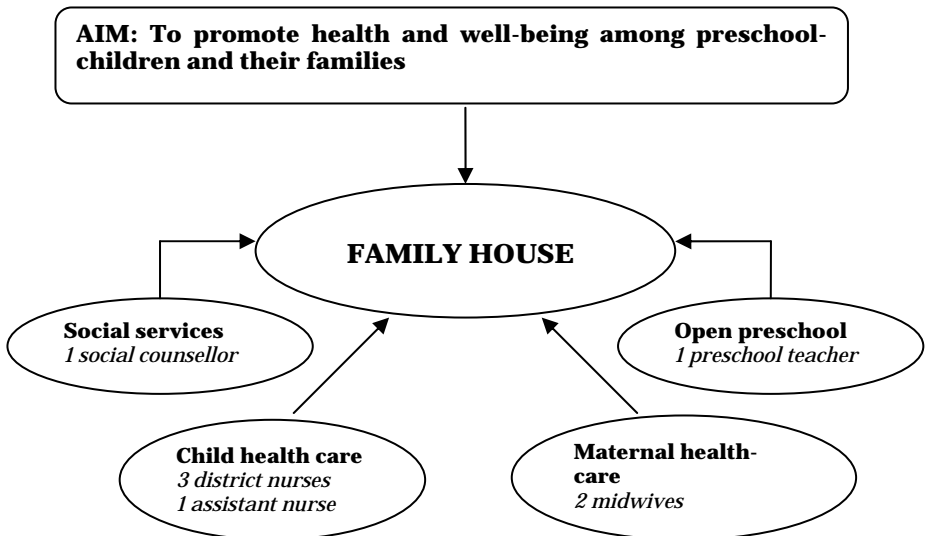


Figure 2 shows an overview of the Family House.

As mentioned before, professionals work on a daily basis in a joint coalition, although employed in and managed by their mother organisations, which control the resources on which they rely. Maternal and child health care in the Family House tend to be organised through the county council¹⁰ while social services and the open preschool through the Municipality of Kristianstad¹¹. This

¹⁰ Maternal health care of the Family House organisationally belongs to the Department of Obstetric and Gynaecology at the Central Hospital in Kristianstad and child health care to the primary care, both within the county council.

means that even if they are located together, they still respond to their respective mother organisations which also have financial responsibility.

The current regulatory legislation that the professionals are required to follow comprises the Official Secrets Act (1980:100) and, in addition, each unit has their own guiding legislation. Maternal and child health care respond to the Health and Medical Services Act (1982:763), the open preschool to the Education Act (1985:1100) and social services to Social Services Act (2001:453) ¹².

An overview, performed by me as a researcher in 2005, showed that there were approximately 620 families associated with maternal and child health care¹³. Although most families, served by the House, live in Näsby/Gamlegården (66%), there are also families (34%) coming from other parts of town and rural areas.

The staff of the House is expected to create a synergy of skills and activities that will meet the needs of families more effectively than in the traditional mother organisations in the municipality and county council (Abrahamsson 2008). The team is supported by a steering group, which consists of leaders drawn from both the municipality and the county council. The vision of the House is to pro-

¹¹The social services of the Family House organisationally belong to the Department of Social Services and the open preschool to the Department of Education, both within the municipality of Kristianstad.

¹² To learn more about Swedish child welfare legislation see Andersson, G. 2003 'evaluation of the contact family services in Sweden', in I. Katz and J. Pinkerton (eds) *Evaluating Family Support: Thinking Internationally, Thinking Critically*, London: John Wiley & Sons Ltd. According to Andersson (2003), the main emphasis is on social support and services, rather than on child protection. Child protection with its investigative character is included in the Social Services Act 1980 (SSA) and the supplementary Care of Young Persons Act (CYPA). The former provides the framework for regulating several areas of social support and intervention while the latter regulates the admission of children (0-18 or in some cases up to 20) into care without the consent of the parents, or without consent of the child over 15 years of age. Under the Social Services Act, municipalities are obliged to provide interventions from all three levels of family support: primary, secondary, tertiary. Social services in Sweden belong solely to the public sector (ibid). The social counsellor of the Family House has no investigative obligation.

¹³ In 2007, 800 children were registered in child health care of the Family House (Abrahamsson and Lindskov 2007).

mote health and fellowship in the local community where the starting point is family need. The Family House is also expected to provide opportunities for people from different cultures and social backgrounds to create their own social networks, encouraging integration (Kristianstads Kommun 2002).

The aim of the Family House is:

- To prevent ill health among children and their families by developing cooperation between various professional groups
- To put the family and each family member in the centre
- To promote parenting skills by strengthening the relationship between parents and their children
- To promote family well-being by developing cooperation with social clubs and professional organisations

(Kristianstads Kommun 2002)

In short, the Family House, accordingly, offers:

- Child health care services for children 0-6 years of age
- Maternal health care services
- Open preschool activities
- Social counselling; information, advice and support
- Parent education

1.4 Summary

In this chapter, I provided an overview of the research project, research setting and information on my own personal journey and how it led to the development of the research focus. The contribution the thesis makes to current knowledge is that it contextualises the practice with the help of concepts of modernity, to better understand what forces and underlying thinking frames being at play in the practice. The Family House, in this thesis, is thus not only a welfare provision; it also provides a micro-cosmos of the broader societal changes it reflects. Chapter 2 now follows with a presentation of the theoretical concepts of modernity.

Chapter 2: Concepts of modernity

2.1 Introduction: What is modernity?

Modernity is not a new invention. For several centuries, social theorists and philosophers have experienced and discussed their own times as different from those preceding. It is, nevertheless a common notion for social theorists that fundamental transformations are occurring in contemporary Western societies. In a historical context, it has been suggested that modernity is a period started in the West¹⁴ from the European Enlightenment becoming increasingly dominant in the eighteenth century up to the very present (Heaphy 2007; Wagner 1994). Modernity encompasses the context of a modern versus a traditional society and is often divided into different phases. Beck (1992) calls the period from the Industrial Revolution to the 1970s as “simple modernity”. This, the first phase of modernity was based upon a number of key elements of change in Western society. The key elements included; the transition from an agrarian society to industrialisation with a mass market and division of labour; urbanisation; great confidence in science, technology and expert systems; the development of the nation state and democratic political systems; social planning and engineering with state interventions; increased secularisation; a belief in individual and social progress; emancipation from prolonged oppression concerning class, gender and race. The all-embracing attempt of modernity was to shape the social world into an orderly manner with the help of scientific understanding in the struggle to gain mastery over nature (Wagner 1994). The term “late modernity” can be seen as the developed phase of simple modernity, describing the recent decades and our current situation. Some social theorists call this phase “post-modernity” or “post-modern society”, indicating an epochal shift to a new historical period, but I agree with Giddens (1991) who speaks of the “late modern society” where societal tendencies are an expression of a radicalisation of something already in existence and not as an expression of something different. Late modern society is characterised by scepticism concerning simple modernity’s dream of manageability and intelligibility of the social world. It regards the ambiguous nature of science and modern technology, creating both possi-

¹⁴ “West” is a vague concept. Western, in this thesis, includes Europe and North America.

bilities but also new risks and dangers. To live in late modernity is like riding the “juggernaut”¹⁵ where notions of ambivalence, reflexivity, and contingency are viewed as integral to the late modern condition and its consequences (Giddens 1990).

2.2 Theoretical model of the thesis

The figure below shows an overarching picture, constructed by me, to present the key concepts of modernity, which form the theoretical context in order to understand family centre practice through professionals’ and parents’ perceptions and the following dialogue sessions.

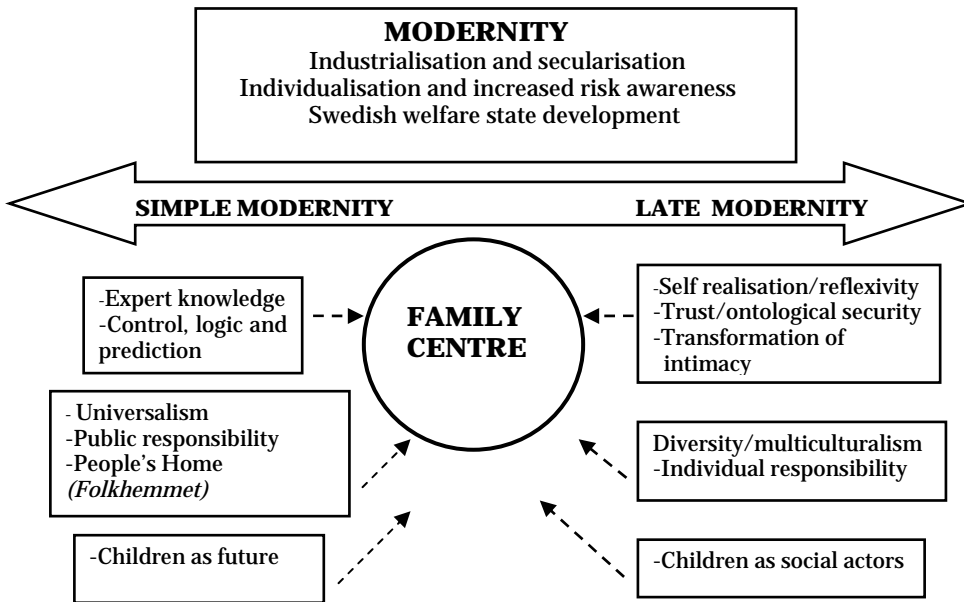


Figure 3. The theoretical model of the thesis

¹⁵ In *The consequences of modernity* (1990), Giddens finds the ride of the juggernaut as an image for the modern world and explains it as follows: “The term comes from the Hindi *Jagganath*, “lord of the world”, and is a title of Krishna; an idol of this deity was taken each year through the streets on a huge car, which followers are said to have thrown themselves under, to be crushed beneath the wheels.” p.139.

On closer inspection of Figure 3, it becomes evident that a division in simple and late modernity mirrors a dynamic and changing character of the processes of modernity. Swedish family centres exist under late modern conditions.

However, it is also assumed that the main features of simple modernity also influence contemporary family centre practice.

Drawing, in particular, on the work of Anthony Giddens¹⁶, Ulrich Beck and Elisabeth Beck-Gernsheim, the following section intends to primarily provide information on some of the essential key concepts of modernity, namely; *increased risk awareness, individualisation, reflexivity, control, power and self realisation, trust and ontological security, intimacy and pure relationship* and finally how they have moved to the centre of how parenting, family and children are made up today.

Moreover, the figure shows that welfare development is a significant part of modernity. Swedish development towards a modern welfare state with the *People's Home (Folkhemmet)* as well as the recent child welfare and multicultural society will be presented in chapter 3.

2.2.1 Increased risk awareness

Ulrich Beck's book *Risk Society* (1992), has influenced sociological examination of risk as well as Anthony Giddens adopting a similar perspective that of Beck (Giddens 1990; Giddens 1991). They both represent a sociocultural perspective on risk, underscoring the social and cultural contexts in which risk is understood and negotiated. The risk perspective emphasises processes characterising modern society such as reflexivity and individualisation. In the pre-modern society people had to cope with natural risks, while modern societies both at a personal level and from a global perspective have to manage humanly-created or, as Beck (1992) says, "manufactured risks" created by the scientific and technologic progress. We have to live with the unpleasant and uncontrollable consequences of industrialisation concerning for example environmental pollution and nuclear weapons. The optimism in science, during simple modernity, of controlling and

¹⁶ In *The Constitution of society* (1984), Giddens develops structuration theory with key concepts concerning agency and structure, reflexivity/routines, existential anxiety. The theory is often viewed as the springboard for his modernity theory. In this thesis, I primarily use his work from the 1990s.

predicting the effects of industrial production have shown to be impossible. Simple modernity's rationalisation project proved to be incomplete and is thus in late modernity to large extent questioned.

Today, we live in a climate of intense risk awareness in which risk assessment and risk anxiety is a defining element, shaping society and its institutions as well as individuals' daily life. The question is whether the world has become riskier than in pre-modern society. Probably not, it is rather the notion of risk that has become more central in modern society (Giddens and Pierson 1998). We continuously, both personally and publicly, make decisions about how to manage different risk situations with the desire to control or "colonise the future" (Beck 1992; Giddens 1991). Risk is characterised as a problem and as such risks should be avoided to be able to obtain optimal well-being (Beck 1992).

2.2.2 Individualisation

Modern living has been characterised by an extensive individualisation process whereby traditional social bonds, life guided by fate and religious explanations are not in focus anymore (Beck 1992). Moreover, increased accessibility to education and living standards, for at least a broad section of the Western population, has increased. As Beck and Beck-Gernsheim (1995) note: "*At the very moment when life becomes somewhat easier, questions on the meaning of it all can develop a new urgency. These are the old philosophical themes which now start to enter our private lives: 'Who am I? Where did I come from? And where am I going?'*" pp. 47-48. When traditions are dissolved, the standard of living and educational level have been improved, it becomes increasingly important to construct a biography and identity (Giddens 1991). Now we are in a position to choose and modify our life courses and furthermore who to be. Life becomes a "planning project" where the responsibility is located extensively upon the individual, to construct his or her biography within a range of possible choices. Yet, it is essential to add that traditions fate and our social bonds still, as in post traditional society, influence on our life projects, but in addition also experts and media are used in the creation of our lives (Giddens 1991).

In late modernity, individualisation opens up a growing opportunity to determine our lives with self-realisation possibilities, but at the same time this carries a burden of responsibility put on the shoulder of the individual to be successful, autonomous and to make the "right" "successful" choices concerning education,

profession and partner etc. (Beck-Gernsheim 2002; Beck 1992; Beck and Beck-Gernsheim 1995). From that perspective, attributes such as class, gender and race have tended to be less acknowledged as affecting life projects. Above all, inequalities and social problems are suggested to be individualised; as a personal and psychological failure (Beck, 1992). Under these conditions, risk awareness also grows as every decision may have consequences for which the person must take responsibility. Life becomes a “do-it your self biography” and is thus also always a “risk biography”(Beck and Beck-Gernsheim 1996).

From another angle, one must not forget that, to a lesser or greater extent, the strong individualisation process in relation to identity development varies cross-culturally. The view on the individual might also be seen as a product of social relations and the community, differing from the Western individual identity development (Eriksen 1997). Western contemporary societies thus have many individuals in society, while the “we” and community might be a dominant form of social organiser of other cultures (ibid).

2.2.3 Reflexivity

Reflexivity is the logic consequence of people’s increased access to knowledge and their range of new possibilities to form their lives. It is a core characteristic of late modernity and concerns individuals’ and institutions’ reflections and evaluations upon their own circumstances, choices and concerns. Reflexivity, in Giddens’ (1990) terms, comprises social practices involved in attempts to monitor the world, and how these practices are continuously altered by the knowledge and information they generate (Giddens 1990). At an individual level, it is how a person approaches the life-planning project through the prism of available knowledge accessible through media, education and professional practice.

In a world where reflexive life-planning and risk awareness have emerged in people’s lives, it is suggested that expert knowledge has gradually acquired a significant role (Giddens 1990). However, expert knowledge is not static. On the contrary, it is always expanding and multiple. Experts do not “talk with the same voice anymore” with the consequence that there is no “one authority” to turn to (Giddens and Pierson 1998). In that sense, reflexivity might put pressure on the individual, but also on welfare agencies to be updated concerning the latest

information and knowledge and to be prepared to continuously change in line with new knowledge development. We can thus never be sure of what we know because knowledge may change, which is the very essence of modern reflexivity. We are thus forced to live with contradiction and uncertainty. Reflexivity in Giddens' analysis is thus a concentration on social change rather than on social stability of people's lives.

Giddens' vocabulary of reflexivity paints a picture of a human being as an acting individual, reflecting to reshape his or her life. This endeavour is to a large extent based upon Giddens' model of agency and structure (Giddens 1984). In this model, structure has no independent existence since it only exists through the activities of human agents. It is an attempt to move beyond the dichotomy in which either everything is blamed on the individual or the system. It would, however, be unrealistic to adopt the view that there is no longer a structural basis such as class, gender and ethnicity, affecting people's life choices. Giddens (1991) states: "*Modernity, one should not forget, produces difference, exclusion and marginalisation.*" p.6. Yet, there is profound critique against Giddens from different scholars (Archer 1988; Archer 2007; Craib 1992; Lash 1994; Lupton 1999; Mestrovic 1998; Skeggs 2003) in that his theories solely undermine the autonomous creative individual, not acknowledging how inequalities, power and oppression work behind people's backs. From that perspective, Lash (1994) considers Giddens' limited vision of reflexivity. "*Are there in fact alongside the aforementioned 'reflexivity winners' whole battalions of 'reflexivity losers in today's increasingly class-polarized, though decreasingly class-conscious, information societies?'*" and in addition "*...just how 'reflexive' is it possible for a single mother in an urban ghetto to be? Ulrich Beck and Anthony Giddens write with insight on the self-construction of life narratives. But just how much freedom from the 'necessity' of 'structure' and structural poverty does this ghetto mother have to self-construct her own 'life narratives'?*" (Lash 1994) p. 120. To conclude, Giddens' late modern vision of reflexivity is consequently greatly questioned as authorising middle class experience and perspective, providing no deeper analysis of class, gender and ethnicity.

2.2.4 Control, power and self-realisation

While control, rationality, planning and expertise were pointed out as the main characteristics of simple modernity, late modernity lays stress on self-realisation, where people are loosened from traditional ties and oppression, thinking of themselves as unique individuals (Beck 1998). Giddens (1984; 1994) finds that expert knowledge and expert systems exercise power and control over people living in contemporary society, but self-realisation and change with the help of expertise is also possible. As a matter of fact, Giddens (1990; 1991) argues that the tension between control and self-realisation is the key feature of modernity, influencing all areas of life.

However, I have also found French philosopher Michel Foucault's view on panopticon¹⁷ as a useful complement to underscore the control element, imbuing modern society. I therefore use Foucault's view about the panopticon in *Discipline and punish: the birth of the prison* (1979). Drawing on Foucault's perspective (1979), agencies of modern society exercise power over targeted groups and individuals by constructing categories of normality and abnormality, to maintain a certain order in society. The panopticon is the all-seeing prison tower of inspectors, who constantly observe all prisoners while they could never be sure when they were being observed. Therefore, the prisoners had to adapt their lives to the thought of the surveillance. It is thus an architectural metaphor for the subtle intrusion of surveillance into people's lives in modern societies. In pre-modern societies social order and power were exercised through coercive and sometimes violent means. In contrast, people in modernist societies are trained to discipline themselves with just the thought of an outside source, having the capability to supervise and discipline them (ibid). For example, by various examinations and observations in schools and in the health care system, people's behaviour is checked as a natural part of their lives. Noteworthy is that Giddens' view on exercise of power differs from that of Foucault. Giddens' perspective also offers an action element in which people have the ability to use expert knowledge in creating their life stories and furthermore having the capability to resist and challenge the power that expert systems generate.

¹⁷ The concept of panopticon is originally developed by the British philosopher Jeremy Bentham's idea from the late 18th century about the prison built around and inner tower where the unseen inspectors were able to constantly observe the prisoners, who were placed in an outer circle of cells.

2.2.5 Trust and ontological security

Trust is an essential element of all human life and in any society. Trust, in late modern society, is a way of decreasing risk in that people attempt to reduce the uncertainty about the future (Giddens 1990). Trust is connected to the changed relationship between time and space. In pre-modern society kinship, local community, religion, tradition and customs anchored people's lives in predictable, trans-generational practices that also maintained trust in relations. However, modern society has loosened up traditional social bonds and faith in religion. The so called "disembedding mechanism" distance social relations from local contexts and restructure them "across indefinite spans of time-space" (ibid, p. 21). The disembedding mechanism of modern society thus refers to the process whereby people develop resources to interact with physically-absent others. This development has led to an increasing ability to trust in abstract social systems, especially in expert systems. As examples of abstract systems, Giddens mentions the monetary system, legal system, medical system and aviation system. Experts' behaviour and feedback are crucial if trust is to be maintained (Giddens 1990). Experts appear as physical persons of flesh and blood at the "access point" of the abstract systems they represent. They provide "face work commitments" to users/clients of these systems and play an essential role in the process of establishing and maintaining system trust (ibid). Trust cannot be taken for granted since it is not anchored in necessity. Instead, it has to be "worked at" by the involved parties. In line with that, experts have to win users'/clients' trust (Giddens 1990).

Trust is also closely connected to "ontological security"¹⁸. Ontological security refers to feelings that most people have in the continuity of their self identity and the constancy of their surrounding environment (Giddens 1990). Giddens (1991) takes the position that the human psyche has to cope with existential questions about the very nature of being, which indicates that humans have to develop the ability to cope with fundamental existential anxieties such as: Who am I? What is the meaning of life? These questions, about existence, are answered in the process of receiving basic trust, primarily, given from caretakers, starting from infancy. This so-called "emotional inoculation" is the ability to

¹⁸ Giddens' theorising of ontological security draws on the work of psychoanalytic theorists such as D.W. Winnicott, Harry Stack Sullivan and Erik Erikson.

have basic trust in life and forms a “protective cocoon”, explained by Giddens (ibid) as: “*The mantle of trust that makes possible the sustaining of a viable Umwelt.*” p. 129. The basic trust, acquired during childhood, ought to be complemented by cultural resources, helping the individual to cope with all existential concerns. Traditional societies provided individuals with a great deal of ontological security since they operated on the basis of religion and tradition (Giddens 1991). People choose their life projects from a limited number of options, giving the individual some sense of how their life would turn out. In contrast, people living in late modern society, are suggested to have a more difficult time obtaining ontological security since tradition has lost its grip on people. In daily life, people therefore try to master and repress their anxiety through routines and trust in expert systems. In the shelter of the “protective cocoon”, people in late modern society try to live in harmony without disturbance, but it does not last for ever. Sooner or later people have to manage the existential questions occurring at “fateful moments” such as an encounter with death and birth. This is what Giddens (1991) calls “the return of the repressed”.

2.2.6 Intimacy and pure relationship

Despite individualisation processes, cutting people loose from traditional ties, intimate relations and social networks still continue to provide the foundation of most people’s lives. However, the intimate sphere has changed. Looking back, from a simple modern perspective, family life, marriage and other forms of relationships were relatively stable and fixed, guided by fate (Giddens 1992; Giddens 1994). In comparison, from a late modern perspective, intimate relations are nowadays something negotiable and which constantly have to be worked on. Giddens (1992) developed his now familiar notions of the “pure relationship” and “confluent love”, arguing that people do not stay together by tradition and romantic ideas of forever lasting love. Instead, relationships are increasingly built upon equality where both partners receive mutual emotional respect otherwise the relationship is threatened with being dissolved. This means that they exist primarily for the rewards they deliver. Furthermore, Giddens suggests, the transformation of intimacy as potentially revolutionary in its consequences as it also to large extent influence the realm of the public. Individuals experience the positive sides of egalitarian social arrangements in their intimate relationships which they also carry with them when they participate in the public sphere of

agencies. Creating interpersonal affection between experts and lay people thus also becomes important.

2.2.7 Children, parenting and family in modernity

In pre-modern European agricultural society, it is suggested, that childhood was characterised as not having any particular value or status as in modern societies; it was merely a phase to be fully formed as an adult. Parents therefore to some extent left the development of children in God's and nature's hands, adopting a more or less passive role in that process (Beck and Beck-Gernsheim 1995). This is, however, not to portray parents as not caring or loving. The main message is that children also were seen from a participative point of view; as helping hands in the daily struggle for survival with an oncoming duty of caring for aging parents (ibid).

On the whole, the rapid changes of modernity has meant significant development, more then ever before, in history in our understanding of and caring for children. "The discovery of childhood", according to (Ariès 1962), began with the Age of Enlightenment. The idea that children need special care and interaction is suggested to have evolved with emphasis in the 20th century. Since the Second World War, this view has grown together with scientific advances in psychology, education and medicine. Furthermore, in Western societies, people's sources of income, during the last 50-60 years, have risen while birth-rates have declined, leading to parents' increased interaction and possibilities to invest in their offspring's future. (Beck and Beck-Gernsheim 1995) pp. 128-129, (Beck-Gernsheim 2002) pp. 88-89

Advances in psychology and medicine have led to the possibility of treating both the physical and psychological problems of children. This progress has, according to Beck and Beck-Gernsheim (1995), led to parenting becoming a distinct skill with the message that parents could shape the lives of their children to become successful citizens by providing the best upbringing and care, or alternatively depriving children of a positive future. The orientation towards the "future" has been an important feature of the modernist project intertwined with the developmental or socialisation paradigm, which still greatly influences our way of viewing children. Given this, children's maturation from child to adult is

seen as going through specific stages, where there is a right age at which children should develop certain competences and acquire particular responsibilities (Jackson and Scott 2000). The concept of socialisation also has a strain of “learning from adult to child” at the expense of seeing children as capable on their own (Davis and Hill 2006). Even if the modernist project attempts to control the future by mainly supporting children’s developmental needs in relation to adults, the intense individualisation process has also led to the emergence of ideas about children as autonomous persons, acting and shaping the world on their own rights (Prout 2000). However, from another angle, the intense sense of risk and danger (risk society) tend to underscore a protective side in relation to children. For instance, the outside is often seen as a dangerous place in which children can be exposed for different risks. Children’s independent ways of using and playing in the neighbourhood is suggested to have declined (Jenks 2005). Consequently, there is a growing body of special locations adapted for children with adult surveillance and supervision (Furedi 2006; Jenks 2005). Children’s lives have become more specialised and localised to specific places.

Individualisation processes have also put a burden on individual parents to be informed and well educated in order to manage the upbringing of children (Beck-Gernsheim 2002). This development has to some extent gained “the professionalisation of parenting” (Beck-Gernsheim 2002; Beck and Beck-Gernsheim 1995; Killén 2000) accompanied by increased psychological knowledge. Psychology is not anymore only reserved for experts and is nowadays increasingly influencing parenting (Beck and Beck-Gernsheim 1995; Johansson 2007). From Giddens’ perspective (1991; 1992), it is a beneficial development because it has loosened people from traditional ties and oppression, facilitating self-realisation for both children and parents. However, increased psychological knowledge and therapy is also suggested to sometimes distress people “feeding their need for psychological support”, creating dependent individuals (Melucci 1989; Melucci 1996). Particularly, in relation to parenting, it has been criticised that psychological expertise may have the unintended consequence to undermine parents’ competence and authority making them insecure and precarious (Furedi 2001; Furedi 2004; Lasch 1995)

Finally, although the “nuclear family” still attracts people, the individualisation process also affects modern family living. The family has begun to lose its coher-

ent traditional feature. Instead, it is a meeting place between individuals, having different goals and interests (Beck and Beck-Gernsheim 1995). The family is not a stable unit anymore. It is created by its members and can therefore constitute many different forms, showing increasing complexity and dynamics of contemporary family living.

2.3 Summary

In this chapter, I outlined the theoretical concepts of risk, individualisation, reflexivity, control, power and self realisation, trust and ontological security and intimacy and pure relationship. Finally, I demonstrated how modernity has influenced our view on children, parenting and family. The concepts are an essential part of the theoretical model built as a framework for further understanding the empirical data of the study.

In the chapter to follow, I provide background information of modern welfare as a context surrounding family centres, but with emphasis on the Swedish development. It also provides a literature review of the current research and evaluation literature on family centres in Sweden and the international context.

Chapter 3: Examining family centres

3.1 Introduction

Examining family centre practice requires an understanding of the modern welfare development with emphasis on the Swedish situation. Such an understanding provides brief historical information as background and context to family centres.

In the first part of the chapter, I describe child welfare in connection with different welfare systems. Thereafter, I provide information on the historical development of Swedish welfare state as well as current child welfare. I also provide some information concerning ethnic integration since it is a complex issue for contemporary welfare.

The second part gives, primarily, from a European context, a short overview of what family support and family centres are and the challenges emerging in the research- and evaluation literature. Due to the qualitative nature of this thesis, the literature review focuses first and foremost on qualitative research and evaluation studies.

3.2 Different welfare systems

At a broader level, the European development of welfare state systems in the twentieth century contain the key elements of simple modernity such as rationality and prediction with strong confidence in science, technology and expert systems, to emancipate people from oppression concerning class, gender and race. Children became the hope of the future and the focus of society's good intentions and different kinds of child welfare institutions developed, creating a "supervisory regime" monitoring family and parenting performance (Frost and Stein 1989).

Welfare interventions are, accordingly, a way of investing on children's future, creating successful well integrated citizens, necessary for societal progress and they can therefore be seen as: "*The primary way in which State agencies relate to families.*" (ibid) p. 9.

Modern welfare is often described as an ambiguous project, characterised by an ongoing conflict between individual freedom and discipline (Wagner 1994). This call into question, how much child welfare agencies shall intervene in the privacy of family life, and how much parenting should be made into a public concern. These questions have been realised and manifested in a variety of ways informing the main political ideologies of Western societies, namely, social democracy, conservatism and liberalism.

Esping-Andersen (1990) describes three different types of welfare regimes based upon these above mentioned ideologies. *The Liberal* system encourages private forms of welfare. Universal public benefits are rare in this system and there is an assumption that public allowances can make people passive, thus not taking responsibility for their lives. Family responsibility with minor state interventions is acknowledged in the *Corporatist (conservative)* systems. Such a welfare system is common in countries where religion such as Catholicism influences the society. Women are here not encouraged to enter the labour market. Instead of state interventions, ecclesiastical charity organisations have an important role in supporting families' well being. The core principle of the *Scandinavian (social democratic)* model is comprehensiveness, which means that public policy is broad and the state is expected to support and intervene into family life. There is consequently no clear distinction between the family and state. Solidarity and equality across classes are emphasised. The model is "committed to full-employment guarantee" and women are encouraged to enter the labour market (Esping-Andersen 1990). It is the latter model that characterises the Swedish welfare system.

The welfare models seem to be shaped by different beliefs concerning economy, social justice and equality. Economic efficiency is a common feature of them all, but the Swedish model attempts to combine economic efficiency with social justice. The starting point of Swedish child welfare is to promote a positive environment for the whole family, which encourages beneficial development of children.

Moreover, the mix of welfare provision between state, individual and family and other sectors of provider agencies vary from country to country. State involvement in families seems to be a natural part of the Scandinavian model, which can be compared with the Liberal welfare model, emphasising the privacy of

families and foremost parents' responsibility for their children. On the whole, it can be said that Swedish governments attempts to redistribute resources to families with children. To be able to understand the extended social policy reforms of the Swedish society, it is for the sake of clarity important to show the conditions under which this development was made possible.

3.3 Swedish welfare development

Salonen (2001) points out different elements which contributed to the Swedish extended social policy reforms, starting 120 years ago, which created the current welfare state. The shaping of the welfare state occurred within strong long term Swedish economic growth, but Sweden also possesses centralist and nationally homogenous traditions, which have been of advantage in developing national universal policy. Salonen puts it: *“No matter who kings, clergy, bourgeoisie or political parties- has been in power in Sweden, the last few centuries have reflected a prolonged tradition of compromise and coalition in a relatively homogenous society, in terms of religion, ethnicity and language.”* p.145

Further, according to the author, Sweden had political stability. The Social Democratic Party came to power in 1932, addressing a strong vision of a society treating all individuals in an equal way, building up the People's Home (Folkhemmet). For nearly fifty years, the Social Democratic Party had parliamentary dominance with this concept and supported strong relationships with other political parties and with the labour market. Also the modernist project amplified the Swedish development of expertise and professional organisations, leading to by international standard a large public sector (ibid). Another basic element for strong interventionist welfare, pointed out by the author, is its legitimisation among the Swedish population, who is relatively kindly disposed to high taxation for the purpose of having public services. On the whole, it can be suggested that it was the social democratic movement with its ideology that moved the Swedish modern welfare project forward.

The image of Sweden as the “promised land” concerning generous welfare is not without its challenges and critiques. During the last twenty years, the homogeneity of the Swedish welfare state is challenged due to economic pressure with high unemployment and welfare cuts in its wake (Salonen 2001). The Swedish

model is also criticised for in its eagerness to maintain social cohesion and consensus, sweeping problems with multicultural society, poverty and gender under the carpet (Pringle 1998). What is also often discussed is Sweden's large state involvement into the private, which can lead to immense social control (ibid). Moreover, in the light of the individualisation process and economic liberal forces, Swedish people can nowadays take individual choices concerning for example education, care and different insurances. In this scenario, reflexivity i.e. to use information and expertise in creating people's life planning projects becomes important. However, it is crucial to have in mind that there are immense different conditions in how people can use these new possibilities. In pointing this out, it is also understandable that the public debate in Sweden and internationally concerning welfare tends to move between the liberal views proposing welfare cuts emphasising private/individual responsibility, to the social democrat view emphasising strong state interventions expressing solidarity and collective modes of welfare (Dahlberg, et al. 2007).

3.3.1 Swedish welfare in multiethnic society

Nearly 14% of the Swedish population (9,2 million) have foreign background and nearly 18% if the second generation is included (SCB/Statistics Sweden 2008). The pattern of immigration to Sweden has changed, during the last twenty years period, from work related immigrants to non Nordic immigrants with refugee status. During 2007, altogether 36 207 persons requested asylum in Sweden. The largest groups consisted of citizens of Iraq, Somalia and Serbia (Migrationsverket/Swedish Board of Migration 2008). Sweden is consequently, as well as many other Western welfare countries of the world a multiethnic society, which brings up feelings with a mixture of both fascinations concerning dynamic and enriching integration, but also anxiety when it comes to tensions and dissolution.

It is therefore often spoken about how the relationship between ethnic minority groups and majority population should look and develop. In order to discuss these issues there are three models of integration that are frequently used; *assimilation*, the *melting pot* and *cultural pluralism* or *multiculturalism* (Giddens 2006). Assimilation is when immigrants totally adopt the norms and values of the majority population. Immigrants, from that perspective, change their lifestyles and languages to become fully integrated into mainstream society. In the

second model, *melting pot*, immigrants do not abandon their customs and traditions; instead they contribute by blending them with main stream culture into new forms of cultural expressions. *Cultural pluralism* or *multiculturalism* concerns a form in which ethnic cultural diversity is promoted. Ethnic groups may thus live separately from the majority population preserving their customs and traditions, yet possessing the right to equal citizen ship (ibid).

From a Swedish historical perspective, minorities have been expected to assimilate. Before the mid- 1960s, very little was done within the public sector to integrate immigrants into mainstream society (Westin 1996). However, in the middle of the 1970s the Swedish Parliament adopted an immigration/minority policy, which was a radical break from the traditional policy of assimilation (ibid). Multiculturalism since 1975 can be said to be the state-sanctioned official political ideology inspired by the core values of the social democratic model of welfare state politics, based upon three elements; equality, freedom of choice and partnership (Schierup 1994). The Swedish multicultural immigrant policy aims to create equality among ethnic groups with respect for immigrant culture. Foreign people shall gain the same legal privileges as Swedish citizens, but the general public should also accept multicultural aims (ibid).

In contemporary society, the possibilities and challenges of multiculturalism are discussed. As an example, it is often asked to what extent cultural diversity should be enhanced by the welfare state. If one insists on foremost promoting cultural diversity by giving special treatment on the basis of religion and ethnicity, immigrants may be excluded from the main stream society thereby leading to segregation (Eriksen 1997; Jones 1997). On the other hand, if the welfare state emphasises assimilation, treating everyone equal despite ethnicity, immigrants may be forced into the majority culture concerning language, rules and conventions, resulting in oppression (ibid). Moreover, advocates for cultural distinction are sometimes blamed for not emphasising power differences between the sexes, not acknowledging universal principles of equality, which could lead to ignoring the same possibilities for men and women (Okin 1999). It is also argued that there is too much attention on cultural diversity in Swedish welfare society at the expense of debating social inequality due to the economic and material conditions, affecting people's lives (Schierup 1994; Ålund and Schierup 1991).

To conclude, integration in multicultural Swedish welfare state possesses within it an inherent tension between the idea of universal social equality and the right to diversity; to promote immigrants' right to preserve their ethnic identities within the framework of universal human rights and social inclusion.

3.3.2 Development of Swedish child welfare

The development of Swedish comprehensive early childhood interventions, from the 1930s, was strongly influenced by the People's Home (Dahlberg, et al. 2007). Behind this metaphor there are strong ideological modernist beliefs. The metaphor shows the welfare state as a large community made for the people with the intention of creating a better society for everyone through extensive systems of publicly- funded health care and economic transfer systems such as child allowances and accommodation housing allowances (Dahlberg, et al. 2007; Pringle 1998). It can be said that healthy children became the equivalent of social progress and social justice in Swedish society. Childhood thus became, for the first time in history, institutionalised through child and school health care with criteria for measuring the "normal child" related to psychological and physical development (Johannisson 1998). The immense building of the People's Home did improve health and living conditions for children, but the connection between health, medicine, governance and progress has also served a dark purpose in its eagerness to improve the society. For example, between 1935-1975 62 000 people were sterilised in Sweden because of severe physical illness, mental or body deficiency or antisocial behaviour (ibid).

Moreover, for the past thirty years, feminist politics supported by the women's movement, lobbying for women's right has had an impact on child care and childhood in Sweden and the other Nordic countries (Alcock 2001; Mayall 2002). It can therefore be concluded that the gender order of Sweden trying to create equality between men and women and the striving for social justice have supported the child welfare development with its agencies. Swedish children's upbringing often occurs in public agencies, since children a large part of the day are detached from the family in going to day care centres, schools and school recreation centres etc. (Liljeström 1992). This is in contrast to the liberal welfare system, which views children chiefly in relation to parents with the state as back up only when it is absolutely necessary (Mayall 1996).

As indicated above, the responsibility for children, within the Scandinavian welfare model, is shared between the state and parents. Under these circumstances it is apparent to think of children having their own direct relationships with the state, its policies and goals (Mayall 1996). This development has also led to acknowledging children's rights and views from different angles. In 1979, the world's first law concerning corporal punishment was introduced to protect children against physical abuse (Hindberg 2001). The ban has gained strong support among the Swedish population. In 1965, 53 % of the Swedish population regarded some corporal punishment as necessary for child rearing, while in 1996 only 11 % of the adults taking part in the investigation expressed a more liberal attitude towards corporal punishment. However, as the author claims: "*Attitudes are one thing. What people do in practice may be another.*" p. 15. Yet, number of studies show that there is correlation between the negative attitude towards corporal punishment and fewer children being punished. In the 1980s, 51 % of preschool children were corporally punished at least once a year while in year 2000 this figure declined to 8 % (ibid). Although there is strong consensus in Swedish society to promote children's rights and protect them from harm, there are still problems to be solved, but on the whole Sweden has made relatively progress in these matters (Hindberg 2001). This also means that the state through the ban is obliged to act and monitor families in such instances.

In 1990, the Swedish Government has taken the principled position in line with the general global aspiration of the United Nations Convention on the Rights of the Child (Rasmusson 2001). Here, all children's participation in decisions and actions that affect them, irrespective of age and capacity, is a central theme running throughout the document (Lansdown 2005b). In 1993, Children's Ombudsman was appointed by the Swedish Government with the purpose to promote the rights of children. Also the Swedish Save the Children organisation *Rädda Barnen* and Children's Right in Society *Bris* (which has a telephone helpline for children) have campaigned for children's improved living conditions and give them a voice in the public sphere.

3.3.3 Children's health and well-being in contemporary Swedish society

Although there have been welfare cuts accompanied by increasing unemployment, during the recent decades in Sweden, children's health and well-being are still among the highest compared to the richest countries in the world. These so-called OECD countries were listed in order of their average rank for six variables of child well-being that have been assessed among children 11, 13 and 15 years old. These variables were: **Material well-being, health and safety, educational well-being, family and peer relations, behaviour and risk** and finally **subjective well-being** (UNICEF 2007). In this ranking, Sweden was number two on the list preceded only by the Netherlands, while the United States and the United Kingdom find themselves in the bottom third. The Nordic countries have the lowest rates of relative income poverty (under 5%), defined as under 50% of the country's median income. Child poverty remains above the 15% mark in the southern European countries (Portugal, Italy, and Spain) and in the Anglophone countries; United States, United Kingdom, New Zealand and Ireland (ibid). These figures indicate that countries with aspirations towards the Scandinavian welfare model with higher levels of income equality, extended and comprehensive social policy reforms tend to a greater degree promote children's health and well-being.

3.4 What is family support?

Broadly, family support and family centred services can be seen in terms of the assistance families receive for ensuring the health and well-being of children (May-Chahal, et al. 2003). It ranges from therapy in an office setting to the community self-help with little statutory involvement. Examples of interventions include the provision of health and care, early childhood education, day care, family centres, neglect prevention programmes, family therapy and financial security (May-Chahal, et al. 2003; Pecora 2003; Pinkerton and Katz 2003; Walker 2002). The intervention can be directed at individual parents, couples, the child, the entire family, or groups (Walker 2002).

Hardiker et al. (1991) provides an analytic framework for understanding the nature of family support. This framework analyses family support as existing at three basic levels:

- **Primary.** At this level it is a community concept that seeks to reduce the risk of a whole population. Methods of intervention include health promotion, network building and parent education.
- **Secondary.** The family in crisis is the target for help at this level. The main focus of the work is to reach out to the families at risk to prevent family problems. Current methods include family therapy and counselling sessions.
- **Tertiary.** At the tertiary level the family which has long-term problems is the target for the intervention. The work is rehabilitative in its character, aiming to reduce institutionalisation, facilitating re-integration and enhancing coping skills of the family.

Consequently, family support can take many forms, but the type covered in this thesis will be centre-based services, usually called family centres. Family centres can be systematised in different ways, but are often situated in the local neighbourhood, multidisciplinary, with the aim to promote health and well-being among families with small children. Based upon Hardiker's model above, it can be said that the provision of family centres seems to represent a point of intersection of universal versus selective services and protection versus support, which covers all positions within child welfare (Batchelor, et al. 1999).

3.4.1 Family centre support in the international context

There is a range of family centred services, in an international context, found in Australia, France, Greece, New Zealand, England, Ireland and USA (Warren-Adamson 2001). Finland and Norway have developed family centres in the late 1990s and were much inspired by the Swedish family centre movement (Enell 2008). Denmark also has centre-based services targeted at families with small children, but not inspired to the same extent by the Swedish family centre movement as in the other Nordic countries. Since 1995, the US has been developing early head start programmes, which are nationally funded initiatives, providing comprehensive child development services targeted with no universal access at low- income pregnant women and families with infants up to age three. Early head start offers a wide range of services such as home visits, child care, case management, parenting education and health care (Love, et al. 2005).

In Britain, family centres have been around since the 1970s. They tend to be multidisciplinary and located in the local community. Many of the centres focus on child protection and are based in deprived areas (Cannan 1992; Warren-Adamson 2001). They were formally recognised by a statute in the Children Act with a general duty for local authorities to provide family centres as one mean of meeting protection and prevention responsibilities in respect of child care (Armstrong and Hill 2001). In Britain, family centres can also be run in the voluntary sector.

Family-centred services, in Britain, do not constitute a single, specific uniformly-delivered intervention. There is instead a cluster of services delivered in a variety of ways and under different auspices. De'Ath (1989) proposes three different types of models of family centres described as; the **client-focused model**, the **neighbourhood model** and the **community development model**. The **client- focused model** turns, primarily, to families identified as at risk, referred by health or social services. People are not expected to drop in and use the facilities without an appointment. The service accentuates professionalism of the staff rather than participation of the families. In **the neighbourhood model** no referral or appointment is needed. It offers a broad range of activities; advice service, playgroups and youth clubs. The role of the staff is flexible and described more like resourceful friends than professional experts. The **community development model** has features like the **neighbourhood model**; the open door, neighbourhood identification and local participation. The staff members do not run the activities; instead the users are in control of the services (ibid).

In the late 1990s, a new service climate was developed under Labour Government following the Every Child Matters agenda and the 2004 Children Act (Tunstill, et al. 2007). The new services, developed in this climate, strived for integrating education, health care and day care services for young children. Early excellence centres, sure start programmes and children's centres are examples of this development. Children's centres can be seen as the latest initiative of a range of family supporting services in Britain. They provide day care for children, family health services and counselling. In addition ,they offer opportunities to encourage employment and education (Pugh 2003). These new services are sometimes linked to family centres, but the new development of children's

centres also means that family centres, as they have been known, could decline (Warren-Adamson 2006).

3.4.2 Swedish family centres

As I have indicated previously, the Swedish state has adopted an active role in supporting children and families. The starting point of the Swedish child welfare model is to promote a supportive environment for the whole family, which encourages positive development of children. It is suggested that it is not possible to create favourable circumstances for children without creating an equal society for everyone, founded on everybody's right to employment and just distribution of financial welfare¹⁹ (Pringle 1998; Salonen 2001).

Swedish family centres are a part of the support system for children and their families that has been developed since the middle of the 1990s (Hjortsjö 2005). They are, however, not formally recognised by statute in any Act, resulting in there not yet being any National guidelines or general duty on local authorities to provide the service. Noteworthy is that in the recent Governmental National Strategy for parental support (SOU 2008:131), family-centred services are frequently mentioned as established forms of support for families with young children. The strategy also recommends expansion of the provision in Swedish municipalities.

In autumn 2007, there were approximately 131 Swedish family centres (Socialstyrelsen/National Board of Health and Welfare 2008) located throughout the country, both in sparsely-populated areas as well as in densely-populated areas and suburbs. The core of the work is usually based on maternal and child health care, an open preschool and social services. They are often all located under the same roof in the local community or have an enlarged and intense collaboration (ibid).

¹⁹ In a Fact sheet from Ministry of Health and Social Affairs, financial support for families with children consists for example of parental insurance with a benefit of a payable total of 480 days, child allowances paid for all children up to the age of 16 and the right to 60 days off with pay per year for child care or illness. See **Socialdepartementet/Ministry of Health and Social Affairs** 2007 'Social insurance in Sweden': Government Offices of Sweden <http://www.regeringen.se/content/1/c6/07/94/47/510779fa.pdf> (12-06-2008).

The target group includes all families with small children, 0-6 years of age. The purpose of the service is to promote health and well-being among children and their families, starting from both psychological, medical and social perspectives (Gärdsmo Pettersson and Zeime 2000). The work undertaken within these centres is foremost one of primary prevention that emphasises a supportive, rather than a problem-orientated targeted perspective. Universal interventions to all families living in an area provide the base of the work, while targeted activities (secondary and tertiary support) complement the service to families. Children's needs are expected to be met through a holistic view of the family accomplished by the intense collaboration "under the same roof". The service is orientated towards the entire family with all its members. The provision is expected to promote social networking, which leads to inclusion/integration and decreased parental stress. Participation of families in the ongoing development of the service is also emphasised, and family centres are expected to start from the families' interests and needs (Abrahamsson and Lindskov 2007; Bak and Gunnarsson 2000; Bons, et al. 2003; Enell 2007; Enell 2008; Gärdsmo Pettersson and Zeime 2000; Haraldsson and Marklund 2008; Niklasson 2001; Perdal 1998; Svensson 2001). Much of the terminology used in the literature on family centres derives from psychology; attachment/marte meo, resilience and parenting skills, but also from concepts of health promotion like for example empowerment, promotion and SOC (Sense of Coherence).

3.4.3 Swedish development of family centres

During the 1990s, when family centres first developed, there was an economic depression in Sweden with the public welfare sector suffering cutbacks, which affected the living conditions of families with small children. During the period 1991-1994, the state reduced the grant to the municipalities and county councils (Grimlund, et al. 1997) and declared a tax freeze for the municipalities (SOU 2001:52). Striking is that, during this period, the public child care system did not decline as one could have expected. This may be seen as an expression of a political will to view day care as a universal civil right for children (ibid). It is therefore possible to view the development of family centres in the context of an extended child care system and not substitute for day care.

Children became a focus of the public debate during the 1990s. As previously mentioned, the Swedish Government took the principled position in line with the generally global aspiration of the United Nations Convention on the Rights of the Child in 1990 (Rasmusson 2001) and in 1993 a Children's Ombudsman was appointed by the Swedish Government with the purpose of promoting children's rights. Health inequalities among children and their families were noticed in the 1990s (Bing 1997; Bremberg 1999) and psychological problems among youth and children became a major public health question in the Swedish Government Official Report Series (Hjern 1998; SOU 1998:31). Also segregation in Swedish cities was discussed and problematised (SOU 1997:61). In a Government report concerning parent education, family centres were mentioned as a prominent model in promoting parenthood (SOU 1997:161). Family centres were also officially recognised and supported by the Swedish National Board of Health and Welfare and the Swedish National Institute of Public Health as well as by the Swedish Association of Family Centres (Hjortsjö 2005). As indicated earlier, family centres have not been initiated from a statutory point of view, instead practitioners in the Swedish child welfare field have been important instigators of family centre growth and in manifesting the ideas of the provision (Bing 2005; Enell 2007).

Bing (2005) notes, two different models of family centres that inspired the early development of the service; the **Gothenburg model** and the **Stockholm model**. The **Gothenburg model** aims to change and improve child health care. In this model the social welfare office supplies the professional team with a social worker with no legal responsibility for child protection. The service provides primary interventions to all families within an area. The **Stockholm model** is more of a protection-related practice aiming to improve the public social services. The social welfare office of children with its investigative character is thus located in the family centre, also providing secondary and tertiary prevention/intervention (Bing 2005). The family centre of this study has formed their work according to the Gothenburg model.

3.4.4 Comparison between Swedish and British family centres

On the whole, family centres, both in the Swedish and British contexts, have emerged along a spectrum from open-access voluntary services at one end, to more legally-mandated aspects of child protection at the other end. It is not unusual that services, in the British context, have tried to integrate the whole continuum, while others are more interested in an open access community-orientated approach. However, it should be noted that the universal open-access character tends to be the most common service approach in Sweden. In the review of family centres, performed by the Socialstyrelsen/National Board of Health and Welfare (2008), only 15 centres out of 131 have integrated the social services with legally-mandated aspects of child protection. In Sweden, the Gothenburg model (Bing 2005) seems to have come into favour for the problem-orientated targeted model. This may be understood in the landscape of the ideology of the Scandinavian welfare model, which emphasises universal and comprehensive benefits for families.

In comparison with Britain, it should also be said that most Swedish family centres are run within the public sector with professional staff. This means that the practice is very seldom provided by voluntary agencies, private organisations or community initiatives with non-professional staff.

In terms of the services provided, children's centres may be most closely compared to Swedish family centres in its provision of health care, social services and education. There are, however, differences. British children's centres also have an employment agenda with links to job centres and provide day care/day nursery, enabling parents to go to work. This is not the case in Sweden, where the open preschool in family centres is a complement to the comprehensive universal Swedish public preschool, developed in the 1970s.

3.5 Challenges of family centres emerging in the literature

Family support and family centres in particular are debated in the literature. I shall attempt to highlight some of the key challenges arising from that body of work from the context of Sweden and Britain. An analysis of the literature found five key themes concerning challenges of family centres; **gender, child protec-**

tion/family support, collaboration, participation and immigrant perspective.

Provisions of family support in centre-based services have been subject to much evaluative research. They are mostly formative, qualitative and descriptive evaluations, not focusing on outcomes. Above all, the literature comments on the challenge for evaluations to demonstrate the long-term effectiveness of the services and longitudinal studies have been asked for (Enell 2007; Sanders and Roach 2007; Warren-Adamson 2006). However, the difficulties in evaluating long-term effects are well known, since it is almost impossible to isolate the preventive interventions from other surrounding factors, which shape families' living conditions. In Britain, there is one national impact study of sure start programmes (National evaluation report 13 2005).

In Sweden, family centres have not, to any greater extent, been understood in relation to their societal context. However, I have found Cannan's work *Changing families, changing welfare* from 1992 providing impressive analysis of the development of British family centres, placing them in a sociopolitical context.

The strength of the contemporary picture of family centres is the voice of the users and their satisfaction. Parents find it positive having a multidisciplinary team under the same roof and a "meeting place" where they have the opportunity to meet other parents (Abrahamsson and Lindskov 2007; Bons, et al. 2003; Niklasson 2001; Perdal 1998; Svensson 2001; Warren-Adamson 2001; Warren-Adamson 2006).

3.5.1 Gender

The difficulty of being a universal service for all members of the family is discussed throughout the literature on family centres. Family centres have been criticised for having an "over-reliance on adult perspectives". The need for acknowledging children's view in research on family centres has thus been raised (Batchelor, et al. 1999). Furthermore, the provision has been discussed as being gendered in its nature. For instance, it is indicated that it seems as if it is mostly women/mothers using the service, both in Sweden and in Britain (Armstrong and Hill 2001; Enell 2007; Pithouse and Holland 1999). Family centres, in the

British context, have been discussed as “women’s places” (Pithouse and Holland 1999) and are debated as failing to challenge the gender-neutral concept of parenting emphasising the position of women in families, whilst failing to address men’s responsibility (Batchelor, et al. 1999; Cannan 1992). Failure to engage fathers in British family centres and lack of research into underlying reasons for this thus come to the surface of the debate (Ghate, et al. 2000).

3.5.2 Child protection and family support

Another repeated dilemma in the literature is the relationship between child protection and family support and how policies and practice can integrate these two issues. Opinions range from regarding child protection and family support as opposite ends of the child welfare spectrum, to viewing child protection as an important, but no dominant aspect of family support (Pinkerton and Katz 2003). Family support is often suggested as voluntary and consensual, while child protection involves risk assessment and suspicion (ibid).

Not coincidentally, there are different views concerning whether family centres ought to provide an open-based/non-stigmatising approach or a more targeted provision for families at risk. The different approaches have their own spokespersons supporting each approach. As an example, from the British context, advocates of locating social services with its statutory character within the family centre argue that attention must primarily be focused on exposed families, because it is known that use of services varies by social class by more privileged families, who tend to use services more frequently (Smith 1999).

The evaluations in both Sweden and Britain indicate that open access mainstream services are popular under the condition families are not forced to attend. Users of more targeted and statutory character tend to view the service as stigmatising and with suspicion (Pithouse and Tasiran 2000; Steen 2000; Steen and Frih 1999). Open access centres, not focusing on family dysfunction, may become a passage to other kind of interventions of secondary and tertiary character (Pithouse and Holland 1999). Since the open access approach is popular in Britain, so-called integrated centres have emerged providing both universal as well as targeted interventions of child protection. It is an attempt to reach a majority of families, but they have also been criticised for being divisive and

stigmatising in providing both child protection and supportive interventions from the principles of empowerment (Batchelor, et al. 1999; Pithouse and Tassiran 2000).

3.5.3 Collaboration

Interagency collaboration is highly valued and greatly explored in Swedish evaluations of family centres (Enell 2007). It is assumed that it provides better use of resources in prevention work and will relieve the pressure on the staff. Increased collaboration is seen as contributing to create synergy of skills and activities around the users, which would not have taken place if the agencies had worked on their own (ibid). There is also a strong will to work in “new ways” in terms of collaboration, but since family centres already consist of established and defined agencies the space and time for working differently has shown to be limited (Abrahamsson 2008; Bak and Gunnarsson 2000; Hjortsjö 2005). Hjortsjö (2005) asserts in her thesis that it is difficult to see the Swedish family centre as a unified organisation. Instead, the different actors come together working in an inter-institutional sphere, where the mother organisations have strong influence on the actors and expect that they shall perform their work as they always have. She also states that even if the actors sometimes are professionally separated they are personally integrated. The personal integration happens when staff becomes personally involved in the lunchroom or when there are tasks everyone can perform (ibid). Moreover, Abrahamsson (2008) finds that lack of administrative routines on a management level caused insecurity among the staff and was a source of tension in collaboration.

In general, it can be said that just as different professional obligations, boundaries and cultures are perceived as hindrances for collaboration in family centres, there are also voices claiming that interagency collaboration, in a positive way, has led to development of professional roles (Enell 2007).

3.5.4 Participation

Many family centres stress the importance of sharing responsibility and collaboration with parents in the organisation. Enell (2008) finds, however, that family involvement in the Swedish evaluations is rarely lifted up to the surface and

there is consequently no clear picture, for the moment, of how family involvement is managed.

User-participation in family centres, in the British context, is criticised for not elucidating the essential issue of equality and power between families and providers (Batchelor, et al. 1999). The collision between different users' needs and values is also highlighted. Cannan (1992) shows that when professionals in a family centre have succeeded in engaging local individuals and groups they sometimes find the users' participation as problematic; some users may wish to avoid being associated with so called "problem families". Pithouse & Holland (1999) question the whole idea that only professionals can run the service and raise the possibility to prepare local families running family centres. On the contrary, Cannan (1992) problematises user participation further by asking if there is risk of user exploitation, perhaps families want professionally-administrated services.

3.5.5 Immigrant perspective

Chand and Thoburn (2005) have done an overview about what is known about family centres in Britain on minority ethnic groups. They point out that much of the research is descriptive and provides less data on effectiveness. A key message from some of the research is that immigrant families value the informal aspects of family centres. The characteristics they value most are likely to be present in centres where self-referral and drop-in are the usual ways into service (ibid).

The immigrant perspective has also come to the surface in some of the Swedish evaluations (Bak and Gunnarsson 2000; Holmer Andersson, et al. 2003; Svensson 2001). Language problems and cultural collisions are sometimes inevitable. Some immigrant parents have limited knowledge of Swedish and it is thus natural for them to socialise with other parents having the same ethnic background (Bak and Gunnarsson 2000). Sometimes the staff of the family centre is the only contact immigrants have with Swedish society (Svensson 2001). Bak and Gunnarsson (2000) advocate that "cultural brokers" recruited in the local neighbourhood, helping staff and parents with language interpretation and understandings of cultural values and traditions, could be one solution to build

bridges between different immigrant groups. Furthermore, Holmer and Anderson (2003) ask whether group activities, directed to one ethnic group at a time, are a part of the ambition of integration or if it leads to the opposite, namely, segregation and ethnic boundaries between groups.

3.5.6 Conclusion

The idea of family centres seems nowadays to be a natural expression of our daily Swedish vocabulary, becoming a part of our common sense. There is also a growing body of knowledge concerning family support services in the Swedish and international context. Family centres, in the literature, mirror tensions inherent in social welfare, which concerns child protection/family support, stigmatisation/universal inclusion, user involvement/professional power and cultural challenges concerning class, gender and ethnicity. However, the relationship between family centre practice and the consequences of broader societal development and how it manifests in people's ways of perceiving the practice is not largely examined in the Swedish context. I find that this examination may illuminate further understanding of family centre practice under Swedish conditions.

3.6 Summary

This chapter started by providing background information of the modern welfare development with an accent on the Swedish context. Family support and family centres in the Swedish and international context were presented as well as a review of the current research and evaluation literature. The different core challenges of family centres were highlighted around; **gender, child protection/family support, collaboration, participation** and **immigrant perspective**. I also concluded that the research and evaluation literature, particularly, in the Swedish context seem to occur free from interaction with the societal context. The next chapter will present information on research paradigm, methodology, method, research participants, trustworthiness as well as ethical considerations.

Chapter 4: Research paradigm, methodology and method

4.1 Introduction

As previously indicated in chapter 1, I have located the research in the constructivist paradigm, outlined by Lincoln and Guba (2005). Action research as methodology has guided me in approaching the research while phenomenography has been used as a method in data collection and analysis of the interviews. Noteworthy is that I have taken a further analytic step in analysing the interviews, abandoning a “pure” phenomenographic approach, using concepts of modernity. Moreover, the dialogue sessions have also been analysed with the help of concepts of modernity.

The aim of this chapter is to examine epistemological and ontological underpinnings, to lay the rationale of the choice of methodology and method and how they fit. I also provide information on research participants of the study. Lastly, trustworthiness and ethical considerations are presented and discussed.

4.2 Constructivist research paradigm

The question of paradigms is an important issue of research. A paradigm is the belief system or world view that guides the researcher ontologically (*What kind of being is the human being? What is the nature of reality?*), epistemologically (*what is the relationship between the inquirer and the known?*), and methodology (*How do we know the world, or gain knowledge of it?*) (Lincoln and Guba 2005) p. 22. The research idea behind this study is located in Lincoln and Guba’s (2005) constructivist research paradigm assuming relativist ontology. We cannot capture a single reality, instead reality is multi-faceted, created by continuous negotiation between people about the very nature of that reality (Lincoln and Guba 2005). Yet, it is important to add that the world does exist independently of individual subjective understanding, but is accessible through our minds and our human understanding.

Epistemologically, constructivism is subjectivist in its feature, which means that researcher and participants co-create understandings. This can be described as an epistemological shift from discovery of knowledge to construction of knowl-

edge. From a methodological point of view, it involves an interpretive approach to the world where the researcher study things in their own settings taking account of the social context, and trying to make sense of phenomena in terms of the meanings people bring to them (Denzin and Lincoln 2005). The stories told by professionals and parents, connected to the “House”, reflect their way of viewing and making sense of a family centre, which is influenced by their particular social and cultural context. The perceptions of the Family House are indeed contextually dependent, and the interpretation of perceptions must take account of both micro- (the current family centre, the neighbourhood, the interview context) and macro-levels (societal circumstances) in which it is created. In this sense, the empirical data does not speak for itself. It has to be interpreted or made sense of in a way that communicates understanding.

The current research project can be described as a “journey” (chapter 1, section 1.1.2), where the direction of research and outcomes has successively emerged. The outcomes are also formed in a variety of processes, which moulds the empirical material in complex ways: “... *because the various value systems involved (including the inquirer’s own) interact in unpredictable ways to influence outcome.*” (Lincoln and Guba 1985) p. 41. This implies that the way the researcher interprets the stories told by professionals and parents will reflect his/her way of viewing the world.

There are three identifiable critical standpoints in the constructivist research paradigm. First, constructivist researchers are sometimes criticised for their relativistic stance, which can lead to moral and cultural anarchistic implications (Smith and Hodkinson 2005). However, the authors reject this critique strongly for one reason: “*No one believes that all things are equal, and no one could lead his or her life guided by that belief.*” and they further claim:

“*To not make judgements is to lose sight of one’s orientation in such a moral space, that is to lose one’s grounding as a human.*” p. 921. In that way, research is evidently a project where the researcher and the participants are engaged in making judgements of what is right and wrong, what has meaning and make choices accordingly throughout the entire research process. These judgements are influenced by the historical and cultural context and we have to live with uncertainty and the absence of finding the final answers to our judgements.

Second, constructivists are often criticised for not taking into account the material circumstances of our lives. However, even if there is no tangible single reality, it is not possible to give up the position that we are shaped in relation to the material circumstances under which we live our lives.

Third, one can ask: Why performing research if we do not find a definite interpretation of the current family centre under study? From a constructivist perspective it is possible to create interpretations of a family centre without needing to say that it is the final or complete understanding. For instance, the research of the current family centre can be discussed by another family centre which might say: "We recognise ourselves (at least partly) and find the interpretation plausible and interesting." That would be to gain some authority or partial truth/understanding of a family centre. Still, there will be other interpretations of family centres which stress an important hallmark of all constructivist research; to provide an interpretation that encourages further questions rather than a definitive explanation.

4.3 Methodology: Action research approach

The current research is a part of a wider action research project. However, it is important to interpose that constructivism, from Lincoln's and Guba's perspective (2005), fits well with action research because their axiomatic elements (basic beliefs) resonate between them. For example, both constructivists and action researchers view knowledge as a creation by human agents, produced by human consciousness.

Action research began to develop in the 1940s by the American social psychologist Kurt Lewin. In the late 1940s, action research developed in Britain by the Tavistock Institute of Human Relations (Hart and Bond 1995). In the 1960s and 70s action research also developed in education (Carr and Kemmis 1986). It has recently been used and advocated in the area of health and social care (Hart and Bond 1995; Stringer and Genat 2004). Significant is the ongoing debate over the term action research. Its definition varies in different countries and in different settings. However, action research can be seen to have some general characteristics:

- Involving stakeholders in the research process
- Developing research questions together with stakeholders
- Being a learning situation for those involved
- Having a cyclic process of collecting, feeding back and reflecting on data
- Adopting a process which generates knowledge
- Emphasising change and improvement

(Greenwood and Levin 1998; Hart and Bond 1995; Morrison and Lilford 2001; Stringer and Genat 2004).

4.3.1 The current action research project

The initial discussions with the professionals, associated with the Family House, led to an agreement to start an action research project to facilitate the development of the provision concerning two research areas: 1. Professionals' and parents' perceptions of family centre practice. 2. Internal collaboration. The whole action research project lasted from March 2004 until September 2009.

The staff of the Family House, the senior researcher and me as a doctoral student constituted the primary working group in the action research project. The two research areas were closely interwoven during the entire action research project, but the senior researcher largely facilitated the second research area while I focused on the first research area.

This thesis concerns the first research area; professionals' and parents' perceptions (see **Figure 1**: An overview of the whole action research project in chapter 1, section 1.1.1).

An action research project usually proceeds through a cycle where stakeholders are involved considering the direction of the research; developing the activity, taking action, learning lessons from the results of that action and reconsidering issues in the light of those lessons and then repeat the cycle again if it is necessary (Morrison and Lilford 2001). This present study consisted of one cycle, which aimed to involve stake holders in a reflective process in order to facilitate the understanding of the practice. The cycle had three stages consisting of interviews and dialogue sessions. The first stage concentrated on the professionals'

perceptions of the practice. Stage Two included parents' perceptions of the practice. The last stage depended on data from both Stages One and Two, analysed with concepts of modernity. The final dialogue sessions have focused on developing a deeper understanding about the practice rather than making judgments on it. The theoretical perspective was used as a framework, situating the House in a context that could shed new insights and views to the understanding of the practice. Noteworthy is that the cycle with its stages is a simplification of the process that could give the impression of a linear manner with action and evaluation at the end of the cycle. However, Rowan (1981) emphasises the integral side of the cyclic process with its ongoing reflection and learning, which can lead to action and the action leading to reflection and new learning. Reflection, learning and action have thus, in complex ways, been intertwined during the complete research process

4.3.2 Degree of involvement

Action research does not constitute a single and specific uniform view upon involvement/collaboration. There is instead practitioner involvement in a variety of ways. At one end with the researcher having greater control and at the other end more emphasis on developing practitioners' possibilities, or changing the social circumstances in which the research is performed (Carr and Kemmis 1986; Greenwood and Levin 1998; Hart and Bond 1995). The present study is located between the two ends whereby the control of the researcher and professionals' involvement has varied along the research process. The direction of research and design has been formed mainly in collaboration with the staff of the House. In terms of gathering data and analysis there has been low involvement since it was decided the researcher alone should perform the interviews and analyse the data. However, the analysis has been presented at reflective dialogue sessions to the professionals of the House in order to co-create understanding. On the other hand, feedback sessions with the steering group during Stage Two and Three had an informative nature with minor degree of involvement.

Professionals connected to the House were only involved in dialogue sessions. However, in keeping with the approach of action research and its inclusive element of engaging different stakeholders, the interviewed parents were also in-

vited to dialogue sessions with the researcher in order to reflect upon the findings. In correspondence with Karlsson (2001), I found it important to create a homogenous group with parents, not mixed with the professionals, to promote as power-free a situation as possible. Although I had decided to meet parents separately, out of sixteen parents, only one parent came. Obviously, I had to reflect on what had happened in terms of engaging parents. Several scholars helped me to highlight the complex issue of involving different stakeholders concerning diverse interests in engagement processes (Gregory 2000; Mathie and Greene 1997; McKie 2003). With the help of this literature, I realised that the research project was from the start top-down governed initiated by professionals, managers of the House and researchers from the University College. Parents or other community members who could have had a stake in the House were not invited to take part from the beginning. The research did thus not initially develop from a bottom-up type of approach and the parents, probably, did not feel as if they were included in the project. It can therefore be postulated that they did not see the point or meaning of coming and take part in the dialogue session.

There were also challenges in the initial phase of the project concerning involvement in the research within the primary working group (staff of the House and researchers). The starting point was to perform research with people, not on or about people (Heron and Reason 2001). The intention was to avoid imposing my point of views on them, involving them as people who could fully engage in the research process. Therefore, I purposely held myself back in conversations about the practice. The staff was asked to take part in collecting data and undertaking analysis, which led to that they for a while thought that they were supposed to conduct all the research. Not coincidentally, when they realised what was asked of them, they indicated a lack of time for engaging in the first research area. In hindsight, some of these challenges can, from the view of Ospina et al (2004), concern uncertainty and vagueness about roles. They had started a new service with all practical and organisational aspects and were in the initial phase of a group development process; getting to know each other and discussing different professional roles. Conducting research was, evidently, too much time consuming and could not be a priority amongst all their other demands. My uncertainty was rooted in the fear that the research design would not be accepted. Being a new action researcher, beginning research training, also con-

tributed to the vagueness and insecurity. This resulted in an imbalance, at the start of the research project, so I as a researcher removed myself in my eagerness not to impose my views on them. Epistemologically this was not in line with the assumptions of action research where everyone's voice, including the researcher's, is supposed to be equally heard (Greenwood and Levin 1998; Hart and Bond 1995; Heron 1996; Heron and Reason 2001).

I also learned in line with Herbert (2000) that the researcher has to be flexible and realistic about what can be achieved in terms of engagement and involvement. The extent of collaboration has to be dependent on the participants' conditions and possibilities to engage (ibid). Viewing the action research project in its entirety, the professionals were also involved in another research area (internal collaboration). Therefore, the staff, after a while, found it was enough to engage more intensely in developing the internal collaboration, since it was linked to their immediate needs of starting a new service provision. It became evident under these circumstances not realistic for them to be more involved in the first research area. A lower amount of involvement was thus subsequently negotiated, which was understandable due to the above-mentioned situation. It is worth mentioning that involvement, at its worst case, could also be a form of exploitation of practitioners who become servants to the researcher, feeding them with data and analyses etc. Therefore, constant negotiation with participants about degree of involvement is required in action research projects. This insight parallels with McIntyre (1997), who acknowledges that involvement does not require practitioners to plan and collect data and perform the initial analysis, instead practitioners are a part of a critical community where all have equally-valued voices. This was also the case here; I received the task, on the behalf of the primary working group, to perform most of data collection and analysis, but thereafter we met for dialogue in order to co-create understanding.

4.3.3 Change and the role of the researcher

According to Carr and Kemmis (1986), action research is to a great extent concerned with change, to create a different future. However, it can be difficult to define what change is in an action research process. Change does not happen at the end, it happens throughout. A hallmark of an action research process is that it may change shape and focus over time and sometimes quite unexpectedly. It is

thus difficult to separate research and change, because they are closely intertwined during the whole action research process (Wadsworth 1998).

Striking in this action research project is also that there has been no self-evident pragmatic change issue. The project was in a development process in which the Family House had just started its provision and the research questions developed into an exploring/illuminating dimension with no specific problem to solve. The participatory approach is characterised as an informative inquiry which is mainly descriptive and explanatory of a domain, not having its primary goal to be transformative of it (Heron, 1996). Consequently, the study has not emphasised the change element. The primary working group became a critical community engaged in exploring issues of the practice in order to further understand it.

In the literature, the researcher is often described either an insider or outsider of the action research process. Being an outsider is taking the role as an external agent or as Greenwood and Levin (1998) call “the friendly outsider”. Being an insider means to fully collaborating in the organisation or working in it. However, to be a true insider is, from my perspective, not possible since I was not a member of the team. I came from the University College and wanted to engage as an insider, but was nevertheless an outsider. In this project, I therefore consider myself to have primarily been an outsider or in Stoecker’s (2003) term “a consultant” or facilitator, from the request of the staff. The role of the researcher must also to be described in relation to change. Stringer (1996) views the researcher as “*a consultant or facilitator who acts as a catalyst to assist stakeholders stimulating to change, not someone who is supposed to be the driving force in the change process.*” (ibid) p. 23. This is how I viewed myself; not imposing or suggesting change, which also would have indicated an authoritative position in relation to the practitioners. My task was to enter into a theoretical outlook with the practitioners of the House, so they with the help of the theoretical perspective could further understand the practice and eventually recognise issues for future change. Change has also an inherent ethical dilemma, which will be discussed under ethics (chapter 4, section 4.8.3).

4.4 Phenomenography as a method of data collection

The research was developed to consider both professionals' and parents' perceptions of the Family House with the intention to receive a deeper and more comprehensive picture of the practice. This is in line with the constructivist paradigm's interest in exploring human experience and perspectives. Correspondingly, perspectives of family centres were made explicit through interviews, which became a natural choice of research tool.

Furthermore, as I view the world as multi-faceted, an approach offering a broad spectrum of possible ways of viewing the practice was selected, namely, phenomenography. Phenomenography studies the different ways in which people experience, perceive, make sense, understand, conceive or relate²⁰ to circumstances/phenomena in their living world. The most common phenomenographic method of data gathering is open-ended interviews. In this case, the task from the phenomenographic approach was; to study professionals' and parents' ways of perceiving the practice provided by the Family House, in the context of interviews, and arrive at the broadest variation of family centre-perceptions.

The current phenomenon of this study is; **the practice provided by the Family House**. This implies that the House is seen as a whole with all its different provisions and activities under the same roof. Rather than looking at a single service concept like the maternal or child health care, it has explored how professionals and parents perceive the whole idea of the practice.

4.4.1 How it started and basic assumptions of phenomenography

Phenomenography is quite a young empirical qualitative research approach that was developed in the early 1970s by Ference Marton and his colleagues in Sweden at Gothenburg University. The approach originates from educational research (Marton 1986), but is now accepted and used in other research fields as for example in health care research (Abrahamsson 2004; Fridlund and Hildingh 2000; Lepp and Ringsberg 2002; Samarasinghe and Arvidsson 2002) and professional training (Sandberg 2000; Sandberg 2001; Sandberg 2005).

²⁰ All these terms are often used interchangeably and synonymously in phenomenographic studies. I use the term perception most frequently.

The basic assumptions of phenomenography are linked to theories of cognitive psychology and Piagetian developmental psychology and to phenomenology (Wenestam 2000). Since it acknowledges people's ways of experiencing aspects of the world, it has adopted a phenomenological life world perspective (Lepp and Ringsberg 2002). Another important theoretical assumption of phenomenography has connections to Gestalt psychology with focus on search for meaning and meaningfulness in people's thinking. When people try to understand phenomena around them they select the intended meaning, sorting out what is foreground/figure and what is the background (Wenestam 2000). People organise information and experiences into meaningful patterns grounded on their experiences (ibid).

Phenomenography is *"not a research method but rather a set of assumptions about humans, about science and about how we can acquire knowledge about people's ways of experiencing the world."*(Sjöström and Dahlgren 2002) p. 339. The approach acknowledges that the world we can communicate about is the world as we experience it (ibid). The focus is placed on the person's way of perceiving the phenomenon and not on the phenomenon as such (Wenestam 2000). Phenomenography was thus not directed at the family centre as such, but at the participants' ways of perceiving it. The study laid emphasis on how professionals and parents perceived the practice of the Family House.

The starting point of phenomenography is that people have different perceptions explained by people's shifting experiences of the world. The perceptions are thus created in a dynamic relationship between the person and the world in order to create meaning and meaningfulness (Alexandersson 1994). Perceptions can also change since experiences and circumstances alter and differ from time to time (ibid). In other words, we view the world from different lenses over time.

Furthermore, the different ways of understanding a phenomenon has both "what" and "how" aspects. The former tells what is in focus and might be both material and non-material objects, while the latter describes how meaning is created and is therefore more process-orientated (Alexandersson 1994). The two aspects are mutually dependent on each other, since a person has to know what a family centre is before he or she can discuss how they perceive it. In this current case, the participants reflected on the same phenomenon; family centre

practice (What) and therefore had the ability to reflect about its aspects and constitution (How). Categories of description describe similarities and differences in meaning and reflect the number of qualitatively different ways a phenomenon can be described, analysed and understood (Marton 1986).

The categories and the relations between them provide the outcome space for the research. This space is an “empirical map” of the qualitatively different ways in which people perceive phenomena in the world and forms the results of a phenomenographic inquiry (Lepp and Ringsberg 2002). The results, however, refer to a collective level, illuminating the full range of conceptions held by the group of participants in a study. The aim is thus not to classify or categorise any individual participant as having a particular conception (ibid).

4.4.2 Similarities and differences in relation to phenomenology

As I have indicated, phenomenography has connections to the phenomenological tradition. Phenomenology started as a philosophical movement led by the German philosopher Edmund Husserl and has today developed into many different ramifications (Lindgren 1994). Husserl described his approach as *Epoché* or *bracketing* i.e. to eliminate previous experiences and values in order to understand the very essence and nature of our lived world (ibid). It is mainly to Husserl's philosophical tradition of phenomenology Ference Marton refers as he conceptualises and discusses phenomenography (Richardsson 1999). However, Marton also found it important to associate the approach to the social sciences and was acquainted with the work of Schutz and Luckmann, but it was the phenomenological researchers Giorgi and his student Colaizzi he found to be the direct precursors to phenomenography (ibid).

Phenomenography has both similarities and differences compared with phenomenology. In both, the object of research is human experience and awareness, which acknowledges a life world perspective. Central in phenomenology is the search for essence/inner core; a meaning structure of the phenomenon under study or the most invariant meaning of the phenomenon, while the aim in phenomenography is to investigate the qualitatively different ways in which people experience, understand, relate to their lived world (Marton and Booth 1997).

In phenomenography there is also less focus on individual experience of a phenomenon, it is more an aggregated collective experience, which contrasts phenomenology's focus on individual experiences. In terms of phenomenographic interviewing, the participants' reflections on their views are considered valuable and desirable. This stands in contrast to a phenomenological approach, which often differs between pre-reflected and reflected experiences. (Larsson and Holmström 2007)

If this study had adopted a phenomenological approach, it would have studied the pre-reflective meaning of professionals' and parents' experiences of the House, trying to capture the essence of the phenomenon. Phenomenography, on the other hand, focuses on different ways of perceiving the House.

4.4.3 Phenomenography in this study: A constructivist connection

During dialogue sessions, the categories of descriptions have been used as a reflective tool, to learn more about aspects of the House. The advantage of a phenomenographic approach, in this case, was that it brought out a variation of Family House-perceptions, which took account of the multi-faceted nature of the phenomenon. This implies that even perceptions that do not fit are not disqualified, but included as a part of the range of how professionals and parents perceived the phenomenon. It is also stated by Sandberg (2000; 2001; 2005) and Larsson and Holmström (2007) that phenomenography is useful in professional development, since reflecting on one's way of understanding could be a step towards awareness of a broader repertoire of action or roles. The participants of the study also received an opportunity to explore the perceptions as thinking frames; as a foundation for reflection, bringing a larger consciousness about family centre practice with its characteristics and aspects.

However, I also find that phenomenography has its flaws, from a methodological perspective in relation to a constructivist world view. Marton's phenomenography is sometimes criticised for adopting a realist approach to research, where the researcher discovers people's perceptions "*...in just the same way as the botanist discovers new species of plants on some remote island.*" (Richardson 1999) p. 65. Phenomenography creates a situation in which the participants start to reflect on a phenomenon, but both phenomenologists and phenomenogra-

phers are wrong according to Callewaert (2003), when they use people's subjective stories to view them as objective artefacts. This means that it is not possible to look at the results of interviews from an objective perspective, because they provide subjective perceptions. It is therefore suggested by Richardson (1999) that an idea for phenomenography is to abandon the phenomenological approach as a theory of science and instead revise it from a constructivist stance. Such a revision, according to Richardson, would claim that all data are constructions. The stories told by people are thus discursive practices, which are a part of the interaction between the researcher and the participants. In that sense, the interviewer i.e. how he or she affects the interview situation becomes important, far from the distant researcher of a realist approach (ibid). Corresponding with constructivism, writers such as Säljö (1994) and Uljens (1996) have acknowledged that people's perceptions are a cultural phenomenon and socially constructed. Both man and world have been forgotten in the development of phenomenographic research, but experiences always occur in a context and by a particular individual (Uljens 1996). A constructivist approach to phenomenography is consequently possible (Säljö 1988; Säljö 1994; Säljö 1997).

The constructivist revision of phenomenography pays also attention to language and representation. In daily speaking and writing, it is often implicit that the primary function of language is to represent phenomena around us. Alvesson (2002) puts forward the suggestion that language cannot be a direct line to reality. This implies that the statements of professionals and parents are not a perfect way to indicate their perceptions beyond the situational and functional aspects of language use. The critics can of course ask: What is the meaning of performing interviews and what is actually possible to gather from an interview? Without adopting a harsh view towards language use, interview accounts as a part of the studied Family House, do provide strong inputs to the research, but it is important to be aware of the discursive and situational levels of the interviews.

To sum up, the phenomenographic interview is not a mirror of reality. Instead, it is a story construction, performed in interaction between the researcher and the participant, related to the specific cultural and social context. Moreover, what is possible to describe is not what is thought about, but what is talked about (Säljö

1994; Säljö 1997). It is thus important to argue that I make no claims about revealing the inner thoughts of the interviewed.

4.5 The Interviews

4.5.1 Participants of the study and data collection: Stage One

As indicated in my personal research journey (chapter 1, section 1.1.2), it was subsequently decided together with the professionals connected to the House that Stage One (interviews with professionals) should form the baseline and starting point of the research. Purposive sampling, which is very common in qualitative studies, was the type of sampling used in this part of the study (Patton 2002; Ritchie, et al. 2003a). According to Patton (2002), this kind of sampling is about selecting information rich cases for study in depth. Information rich cases are those from which one can assume to learn much from concerning issues of essential importance to the purpose of the research. It was then decided, in a collaborative process, that three groups of professionals all connected to the provision (staff working regularly and part-time at the centre, leaders from the municipality and county council and other key persons who were involved in the planning of the House; former project leader, a public health officer and a recreation leader), in total 19 participants, should be interviewed to improve the likelihood of acquiring different perceptions on the area of study. The only selection criteria used was that the respondents should have different professional roles in connection to the House and that they gave their informed consent (see Appendix H). The professionals' age ranged from about 30-60 years of which two were men and seventeen women. All of them had a Swedish background and much experience within their respective professions.

A conversational interview guide was used, which covered themes to meet the research aim and to ensure that all relevant issues were covered (see Appendix D). To elicit narrative answers, the interviews started by asking the participants to freely associate on the basis of some opening questions. The following questions formed the basis of the interviews: *Tell me about the Family House? What wishes do you have for the provision of the House? How do you want parents to view the House? Tell me about an ordinary day in the Family House?*The

participants were also asked to reflect upon their responses in order to deepen the answers.

All interviews were audiotaped and lasted between twenty minutes and two hours (although most interviews lasted over one hour) and occurred at the participants' workplaces. Data was collected by me, just before or during the first month, when the Family House had opened its practice. Thus some of the professionals had no or only very short time to experience the practice. Staff collaboration was naturally also in its initial phase. This means that that the professionals' perceptions of the practice primarily refer to their ideas, expectations and aspirations for the House and for the future. In total, data collection took four months.

4.5.2 Participants of the study and data collection: Stage Two

The planning of the interview study with parents was accomplished in a collaborative process with the staff of the House. Purposive sampling was, once again, considered to be the most appropriate type of sampling for acquiring information rich cases (Miles and Huberman 1994; Patton 2002; Ritchie, et al. 2003a). Our aim was thus to get in touch with a heterogeneous group with respect to ethnic background, age, gender and education, to improve the possibility of obtaining different perceptions of the practice. No other inclusion or exclusion criteria were used. Miles and Huberman (1994) find that in-depth studies are time consuming and complex and state that: "*With high complexity, a study of more than 15 cases or so can become unwieldy.*" p. 30. The authors thus indicate that numbers of participants should be decided upon while taking into account the researcher's own limits of his/her time and means. Within the time frame and means available for the research project, the number of 10-15 participants was the aim. As the study was conceptual rather than numerical, I estimated that the sample size of sixteen parents seemed sufficiently comprehensive in breadth to support the variations of perceptions of the Family House.

In the beginning, the sample was selected by the staff of the Family House who approached people in order to tell them about the research study. If individuals were willing to participate, the staff passed on a participant information sheet, translated in several languages about the research (see Appendix F). However,

there was a possible bias only letting the staff approach potential participants. Perhaps the staff only would lean towards contacting people who were thought likely to give a positive account of the practice. Accordingly, the sample has been complemented with me asking parents already interviewed to identify other people they know, so-called snowballing or chain sampling (Ritchie, et al. 2003a). Thereafter, I have personally contacted the participants by telephone and asked if they were willing to participate. Before the interview started, they also signed a consent form agreeing to be interviewed (see Appendix H). It was up to the parents to decide where they thought it was most convenient to meet me for an interview. In most cases, I was invited to the parents' homes, but in two cases the interviews took place at the University College of Kristianstad and one in the Family House.

The sample consisted of 16 parents (two men and 14 women) with ages ranging from 19-40 of whom seven were Swedish-born and nine had a foreign background. The second group were born in former Yugoslavia (n=3), Somalia (n=2) Iraq (n=2) and Kurdistan (n=2) and their length of residence in Sweden varied from 6-16 years. Every interviewed parent had completed nine-year compulsory education. Five out of 16 interviewed had further education training at university level.

Finally, all of the eventual interviewed participants had experience of maternal and child health care in combination with parent education. Only six parents did not attend the open preschool. The majority, 14 persons, lived in the neighbourhood Näsby Gamelgården and the remaining outside the residential area. The majority of parents (n=12) had received their first child while four parents had children before. Three parents lived alone with their child/children.

A conversational interview guide was used that covered themes to meet the research aims and to ensure all relevant issues were covered (see Appendix E). To elicit narrative answers, the interviews started by asking the parents to freely associate on the basis of one opening questions: *Please tell me, what does the Family House mean to you and your family?* The participants were further encouraged to "tell more", to be concrete and detailed about their experiences of the practice.

In order to deepen the answers, I posed questions such as: *What do you do when you visit the Family House? Who do you meet? What kind of support do you receive?* All parents agreed to tape record the interviews and they lasted between 30 minutes to two hours (only one interview took 30 minutes while most lasted over one hour). All the parents were more or less able to communicate fluently in Swedish. In some cases, the parents received information translated into the relevant language and an authorised interpreter was offered, but they declined the offer. Data was collected by me after the House had been run for over a year, which means that all of the participants had experiences of visiting and using the different provisions of the Family House. The data collection was performed for seven months.

4.5.3 Aspects of the interview situation

My intention was to view the participants of the study as collaborators in the sense that I relied on their involvement. This notion emphasises the interview as a reciprocal relationship between the researcher and participants with a dialogical intention (Reason 1988), avoiding the researcher being the “expert” with authoritarian characteristics.

From my educational and professional background as a social worker/counsellor, I have been influenced by Carl Roger’s client centred therapy in which the client is the expert of one’s experiences and living circumstances (Rogers 1951). Three interrelated attitudes, on the part of client centred counselling, can be transferred to the interview situation; *unconditional positive regard, empathy* and *congruence*. *Congruence* or genuineness refers to not hiding me as a person behind a professional or researcher role, of course without letting my views or experiences coming in the foreground. For example, when the participants talked about experiences of being a mother/parent, I could acknowledge and confirm them in relation to my own experiences of being a mother/parent. *Unconditional positive regard* implies creating a non threatening atmosphere without judgement, so the participants may go as deep in narrating their stories as they wish, without being afraid of saying something wrong. The third element is *empathy*, which means that I tried to view the world as the participant did to the extent it was possible. The interviews had consequently a conversational dialogic style, which provided the participant and me

the opportunity to raise questions of relevance that occurred during the interviews.

This way of performing the interviews does not mean that I claim to have received deeper access to the participants' perceptions; it is more an expression of an ethical relationship that I find important. This means that the way we know and what we know and the relationship with the participants are expressions of both ethics and epistemology (Lincoln and Guba 1985) and have, obviously, a direct line to the philosophical foundation of participatory research, where I as a researcher am an integral part of the family centre, co-creating with professionals and parents their perceptions.

From another angle, the interview may also be explored as "role playing and impression management" (Dingwall 1997) with issues of power at stake, which have to be acknowledged (Alvesson 2002; Fontana and Frey 2005; Kvale 1996). This calls for an appreciation of the local nature of interview talk. For instance, how did I as researcher affect the interview situation, being middle class white woman? It can be discussed that immigrant parents perhaps felt they had to be culturally adapted; presenting themselves as well-integrated citizens, not daring to express ethnic identity in the interview situation (Ehn and Löfgren 2001). Furthermore, the participants may have felt that they had to present appropriate answers, trying live up to the norms in creating a sufficient family centre practice. Also, the researcher, being a representative of the University College of Kristianstad, could have created a situation where the participants felt as if it was an examination where they ought to provide "answers by the book." The parents might have been afraid of having negative accounts of the Family House since the results should be presented to the staff. Finally, the immigrant parents choose to speak Swedish in the interview situation. One can, however, speculate that it may have been easier to speak freely in their native language, where their vocabularies would have been expansive thus proving them with more confidence in expressing what they mean to say.

Even if the researcher tries to establish an equal relationship to the participant, it is the researcher who to some extent steers the conversation by his/her questions and has also selected the participants of the study. However, the participant is not totally powerless as the researcher might also feel that he/she is in a

weak position since the participants can withdraw at any time of the study or refuse to answer a question (Thomsson 2002).

4.5.4 Transcription: From talk to text

A tape recorder was used to fully concentrate and engage in the conversation during the interviews. This procedure misses facial expressions and the interaction between the interviewer and the informant (Kvale 1996). Therefore I have tried, as much as possible, to be aware of my own experiences and associations from the interviews and also to the non-verbal communication that took place, in order to ensure that these issues also could help with later interpretations of the data.

The professionals and parents have taken their time and effort to tell me about their perceptions of the Family House. Thereafter, I alone transcribed the material and the participants' stories are transformed into a text. Two important questions arose in that process: 1. How do the voices of the professionals and parents survive the analytic phase of the research? 2. How can I as a researcher mediate their stories, doing them justice?

In phenomenography the use of quotations is essential and shows the participants' contribution to the text. Focus on variation is also important since it enables different voices to be acknowledged in the text material. The notions of one participant can be heard although other participants do not agree. Every statement of the participants is thus of equal value.

I have been cautious during translation of quotes from the interviews, so as to not alter the original meaning. However, it is important to do justice to the participants of this thesis. Sometimes it is inevitable to alter some quotations in order to make them understandable Kvale (1996). The meaning of the text has therefore been in focus not the exact wording. I have in some cases tried to imagine how the participants would have liked to see their speech in the written text. This was especially necessary concerning the immigrants, who do not possess the same fluency of Swedish as a native speaker. It is also a challenge translating Swedish into English so as to not alter the original meaning. One of the core issues was to present vague Swedish concepts and expressions in direct

English. I have therefore discussed, mainly with my supervisors, to assure that the quotes conveyed the meaning as adequately as possible.

4.5.5 Phenomenographic analysis

Polkinghorne (2006) stresses that qualitative methods have tended to emphasise the method like a recipe, following specific steps, instead of acknowledging the creativity of the researcher in the analysing process. Similarly, with phenomenography there are no rigid steps to follow in performing analysis. I have thus tried where I could to adopt a creative approach.

When analysing empirical material, phenomenographers do not have any specific by forehand given theory of the interpretation of the phenomenon (Larsson 1986). The author explains this issue by providing an example from the psychodynamic tradition. Here, the researcher analyses the answers from the background of the childhood. Consequently, what people say is a reflection on the surface of their minds and has thus a latent content. Phenomenographers, on the other hand, take their primary field of interest to be the manifest content of people's accounts to understand their views (*ibid*).

In this study, phenomenography has been used as an analytic way to reach a dialogue with the data material; to capture the variety of perceptions and the multi-faceted characteristics of the Family House. The categories of description are thus built on the manifest content of the interviewees accounts. Usually, in a phenomenographic approach the categories of description would have been the final result. However, I have taken a further step in the analytic process, away from a strict phenomenographic view, since I have placed the categories in a theoretical frame work, using concepts of modernity to additionally understand the data.

The interviews were transcribed verbatim by me. Performing the transcription was a step in the familiarisation process (Lepp and Ringsberg 2002) of the material. The analysis then proceeded by reading and again listening to the interviews, in order to obtain an overall impression of the content. Each time when I read the transcripts, new impressions of the stories told by the participants occurred. The multiple readings and listening were important since it is a way to

gain openness to different perspectives of the material, not just “holding on” to the first impressions emerging from the readings. Of significance, is that reading individual transcripts has occurred from the perspective of identifying differences and similarities amongst transcripts as entirety. Afterwards, I used Atlas which is a computerised working tool (Scientific Software Development 1997), to arrange and sort the data. I identified statements in all the transcripts which described perceptions of the practice. I worked from the starting point: **What does the transcript tell me about the professionals’ perceptions of the House** (Stage One) and then **parents’ different ways of perceiving the practice of the Family House** (Stage Two). The statements found to be of interest were in that way selected and marked and formed the basis of the so-called data pool (Marton 1986). I looked for what the crux of the professionals’ and parents’ attention was and how he or she described his or her way of relating to the House. Successively, I identified different themes that were the basic topic that the narrative was about. I then tried to construct a set of categories which I felt encompassed my perceptions of what the professionals and parents were trying to express. It was with the help of the themes that the categories were constructed and the variation of the professionals’ and parents’ perceptions became visible. It is thus the variation of meaning content of the themes that differs between the categories.

The last phase of a phenomenographic analysis is to examine the internal relationship between the categories, constructed by the researcher. Above all, the relationship between the categories can differ from two perspectives (Alexandersson 1994). There may be a hierarchal relationship between the categories in that one category may be judged as more comprehensive and developed than other categories. To illustrate the relationship between the categories, Alexandersson uses a metaphor of Chinese boxes where the first rests inside the second which rests inside the third etc. However, the results/outcome space can also be constituted by only the categories having an equal relationship to each other, indicating that no perception is more important than another (ibid). This was the case for the present study. Lastly, each category was defined in terms of its core meaning, which was done by assigning a metaphor to each category of description. Noteworthy is that the categories describe the researcher’s creation of a pattern of different ways the professionals and parents perceived the func-

tion of the practice. The individual professional or parent cannot be linked to only one type of category, he/she may move between different categories.

It was important to adopt a reflexive relationship throughout the analytic process; to remain open-minded and be prepared to question my interpretations. This means that I attempted to view the Family House from different angles, avoiding privileging a favoured one (Alvesson 2002). This reflective approach has, probably, facilitated the possibility of adopting the strongest or most interesting interpretation (ibid). As an aid to scrutinise the analysis and to develop reflexivity, I met my second supervisor, on several occasions, to discuss the categories.

4.6 Dialogue sessions as empirical data of the study

The action research project was professionally run in collaboration with me and the senior researcher. During the five year period, in which the action research project lasted, in total of 8 sessions with a dialogic character were conducted with professionals connected to the House. Moreover, in between there have been 14 extra meetings for planning, educational study visits, information, and feedback to the steering group. The collected data from the dialogue sessions stem mostly from the staff members working regularly and part-time at the House (social counsellor, district nurses, midwives, an assistant nurse, a pre-school teacher and a child psychologist). However, the initial dialogue sessions during Stage One included all participants of the interview study, which meant that besides the staff of the House also leaders from the municipality and county council, former project leader, a public health officer and a recreation leader came to reflect upon the interviews and plan further research. The meetings occurred frequently during Stage One and Two and then occasionally intermittently during Stage Three, since there was a break due to pregnancy and maternity leave. Also the decision to use a theoretical stance meant that I for a period withdrew from interaction with the staff, in order to learn to know a new knowledge field and apply it to the data.

The staff decided where and when the meetings were convenient to take place. Most of the sessions occurred at the Family House, but some at the University College of Kristianstad and at a conference centre. The sessions lasted from 45

minutes to three hours due to the specific issues discussed and reflected upon. The senior researcher and I were present and together facilitated the majority of sessions. During dialogue sessions, the categories with their themes were used as a working tool and the starting point for sharing thoughts and opinions, and planning further steps of research. At the final dialogue sessions, the theoretical perspective lay at the heart and starting point, which placed the House in a societal context to be reflected upon.

The dialogue sessions have not been tape recorded. Instead, the senior researcher and I have taken notes during and after these meetings. In addition, the professionals taking part in the dialogue sessions, during Stage One, wrote down their essential comments and submitted them to me. I later wrote down the issues discussed as soon as possible as I could. This was done in handwritten form and on my computer. Discussions with the senior researcher about her impressions of the meetings have also been held. The data from all sessions were then summarised with their key points. In this process, the data was treated as *whole group analysis*, without delineating individual contributions (Ritchie, et al. 2003b). This indicates that the whole group became the unit of analysis and therefore the individuals are not identified personally. As mentioned, the staff of the House read the summaries of the dialogue sessions of Stage One, Two and Three in order to comment, add, develop or correct the content of the text. Noteworthy is that I have not used any particular qualitative method to analyse the data. However, the data from dialogue sessions have, at a later analytic stage, been discussed in parallel with the interviews in relation to concepts of modernity.

Sometimes gathering data from groups have been criticised by researchers for not taking into account of the impact of group or team relations (Krueger 1995; Morgan 1995). The results are thus often presented with no connection to the social context where the data was gathered (Morgan 1995). I will try to comment on the social context in which the dialogue sessions took place. The staff of the House was a heterogeneous group due to their various professional backgrounds, but they all had started their jobs in the House during the same period. Some of the staff (mainly the health care personnel) knew one another since they had worked together before in the prior organisation. In most of the meetings, it can be speculated that it was important that the managers of the Family

House did not attend, which otherwise could have meant inhibition of an open discussion. As researchers, we were neither close to management. One often-mentioned feature of group dynamics is the so-called “one member dominance” where a significant individual leads the discussion (Twinn 1998). By contrast, my impression from the sessions was that there was no tendency for one member to become dominant and there were no silent members who did not participate at all. Therefore, no single participant seemed to control the contribution of the group. As a whole, they seemed willing and brave to offer their different ideas, opinions on the Family House. From my point of view, it appeared as if they did not disguise or hide challenges and tensions which they met in their work.

My role as facilitator or consultant was, during the initial dialogue sessions, characterised by insecurity. I have previously stated in this chapter (section 4.3.2), I purposely held myself back, was silent and passive in discussions to avoid imposing my concerns on them. All of this most likely contributed to a sense of insecurity, which affected the group interaction in the sense that it was a bit slow and expectant at the beginning of the research process. However, as I integrated the epistemology of action research, I received the insight to also view myself as an active part in the group. My role as a facilitator has developed to be interactive and I attempt to be one contributor of many in the creation of knowledge. From my perspective, once this development began, it seemed as if the members started to actively describe and share their opinions and experiences with me.

4.7 Trustworthiness

Acquiring trustworthiness through the whole research process in a qualitative design is one of the most important elements of establishing the research findings (Lewis and Ritchie 2003; Lincoln and Guba 1985; Patton 2002). Put in other words: “*How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?*” (Lincoln and Guba 1985) p. 290. To be able to understand trustworthiness, it is of value to examine the concepts of knowledge and truth. Kvale (1996) writes: “*In the Post modern era, the foundations of true and valid knowledge in a medieval absolute God or a modern objective reality have dis-*

solved. The conception of knowledge as a mirror of reality is replaced by knowledge as a social construction of reality. Truth is constituted through a dialogue; valid knowledge claims emerge as conflicting interpretations and action possibilities are discussed and negotiated among the members of the community.” p. 239. From this follows, there is no absolute truth or knowledge claims because the philosophy of constructivism is non-realistic, which presumes a principle of critical subjectivity, that the relationship between researcher and social phenomena is interactive in creating research findings (Kvale 1996).

There are special criteria in order to acquire trustworthiness fitted for constructivist research, proposed by Lincoln and Guba (1985). These criteria consist of four aspects as follows:

Credibility (internal validity): The plausibility and integrity of the thesis.

Transferability (external validity): Whether results might be transferred to other contexts than the Family House.

Conformability (neutrality): Where the outcomes of the study are demonstrated as drawn from data.

Dependability (reliability): Where research processes are transparent, clearly defined and open to scrutiny.

4.7.1 Credibility

It is essential to assess the credibility of the findings from the perspective of the study participants, but also from peer debriefing. According to Lincoln and Guba (1985) peer debriefing; “... is a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only explicit within the inquirer’s mind.” p. 308. The peer debriefing for this study was performed during interaction with the supervisors. With them, I reflected throughout the course of the study, discussing methodology, data and the theoretical framework of the study. In addition, the work was also presented and scrutinised at doctoral seminars during the entire research process.

Member checking is a process through which participants verify data and the interpretations (Lincoln and Guba 1985). This was performed in three ways. First, I tried to clarify participants' perceptions of the Family House during the interviews by encouraging them to reflect on their answers. This was done by follow up questions, which gave me a possibility, as much as possible, to further understand their experiences (Mishler 1986). These reflections contributed to the interpretations that were later used in the development of categories of description. Second, each participant was offered to receive a copy of the interview transcripts, to verify and clarify the accuracy of their descriptions. Third, the participants (which happened to be solely professionals associated with the House) were engaged in dialogue sessions to verify significant experiences, features and elements identified.

Lincoln and Guba (1985) view member checking as an important issue of acquiring credibility of a study. It must be discussed in relation to constructivist's relativist ontology in which the world is assumed multi-faceted and constructed. If the world is seen from this perspective, it is not self-evident that participants come to the same conclusions concerning interpretations and results as the researcher, since they just like the researcher interpret the findings from their contexts and experiences. I have approached the interview transcripts from my experiences and there has been an interaction between me and the text. The categories that I have constructed, on the basis of the transcribed text, have to a large extent been in accordance with the participants' views in the dialogue sessions. The participants must although not from a constructivist perspective, in every detail, share the researcher's interpretations.

Peer debriefing and member checking helped me to reflect critically and maintain awareness of my personal influence on research. It has also been important to be open about my own pre-assumptions to gain credibility since they shape the whole research process. In chapter 1, I therefore presented my personal research journey with the dual roles of being a social worker and mother with experiences of early childhood institutions. These roles and experiences have had an effect on the research process, but my attempt to be transparent in it contributed to the trustworthiness of the study.

4.7.2 Transferability

Transferability is to what extent the findings can be transferred to other contexts. However, if a reader of this thesis shall be able to make judgements of transferability, the researcher has to provide adequate information about the inquiry (Lincoln and Guba 1985). In order to make transferability judgments possible, thorough description of the context of the Family House and the neighbourhood, theoretical assumptions as well as method for the study are presented.

4.7.3 Confirmability and dependability

Confirmability is concerned with showing that the researcher's data analysis and the creation of the thesis are based upon the participants' statements, while dependability concerns the adequacy of research procedures and outcomes (Lincoln and Guba, 1985).

According to Lincoln and Guba (1985), both dependability and confirmability can be determined through an audit trail. Although I did not conduct an external audit to establish dependability and confirmability, I did discuss all steps taken during the entire research process with the supervisors, who reviewed the data, methodology, theoretical framework and analysis processes for consistency and applicability. However, to illustrate confirmability and dependability, a transparent record of the inquiry process has been undertaken. Copies of all taped interviews and transcriptions of interviews, handwritten field notes and computer notes from dialogue sessions have been maintained so that an audit trail can follow the process from data gathering to interpretations. Confirmability has also been achieved by including statements from raw data, which support interpretations and conclusions made by me as a researcher.

Data can never be gathered in a neutral way. It is always a value-laden situation, which I have been aware of and included during the whole research process. Working in a participative way, which intended to decrease the distance between the participants of the study and me, also implies that neutrality/objectivity is not possible. Consequently, confirmability also concerns that the influence is described and made allowance for.

4.8 Ethical considerations

Ethical considerations have been followed in accordance to Swedish ethical guidelines (Gustafsson, et al. 2005). The study was also reviewed granted permission from the Ethics Committee, Liverpool John Moores University.

Research ethics acknowledges, to large extent, codes and principles of conduct concerning informed consent, confidentiality and protection from harm. These concerns are important to maintain, but once they are accomplished it does not mean that we have fulfilled our moral duties as researchers. Today there is therefore a growing discussion on contextual and social ethics that moves beyond universal codes (Christians 2005). Smith (2005) concludes: “...*research ethics is at a very basic level about establishing, maintaining, and nurturing reciprocal and respectful relationships...*” p. 97. This means to be sensitive about power issues, various perspectives, experiences and structures that occur during the entire research process. From this follows also that the researcher has to constantly pay attention to his/her own behaviour, actions, hopes and fears. All this was accomplished by continuous discussions during research seminars and supervision in which we reflected on difficulties and sensitive situations we encountered. Basically, it was about becoming aware of ourselves as actors in the research process and seeing other perspectives and solutions in terms of ethical issues.

Below follows a discussion in relation to informed consent, confidentiality and harm.

4.8.1 Informed consent

The participants of the interview studies were provided with both written and verbal information before agreeing to participate. The information concerned the purpose of the studies, confidentiality and that they could withdraw from the study without any repercussions. They were also informed that the interviews would be recorded and used for developing the practice and for the academic community by my written thesis. They had the opportunity to ask questions and before the interview started they signed a consent form. In Stage Two (interview with parents), immigrant parents received the opportunity to acquire an infor-

mation letter translated into their language. An interpreter was also offered to the immigrant parents.

Regarding the entire action research project, it is not possible to acquire fully informed consent since it was a developing process with no pre-planned direction of research (Löfman, et al. 2004). Even if the staff of the House, constituting the primary working group of the action research project, gave verbal consent to take part in action research, they as well as the researchers could not predict where the process would lead them (Williamson and Prosser 2002). For this reason, continuous negotiations are important with participants concerning the research process and in this project the direction of research was performed in collaboration with the staff of the Family House.

4.8.2 Confidentiality

The participants were given assurance that there would be no personal details in the written findings and that their particular information would be combined with that of other participants. Verbatim quotations would be used in the text, but the source would remain hidden. The anonymity of the parents was guaranteed and it was impossible to identify the answers of individual parents after the data had been analysed. The findings were also presented by reporting the findings as a whole concentrating on the perceptions and not at an individual level. The participants also received the opportunity to read their transcribed interviews.

All information has been kept in a secure, locked and private place and has not been accessible to others than my supervisors. The data from dialogue sessions was treated as a whole, which means that individual group members cannot be identified.

However, confidentiality in the entire action research project raised an important question: To what extent is it possible to guarantee confidentiality? Other people know of the project and the identification of the professionals taking part in the project is therefore a reality. This was taken care of by sharing the findings with the professionals so they could comment on them. It was also, at the end of the project, decided in collaboration with the staff that the research setting

should not be disguised in the thesis. The staff also received the opportunity to read extracts from the thesis concerning the writings about the Family House, Näsby Gamlegården and the professionals' and parents' categories of descriptions with the summaries of following dialogue sessions of Stage One, Two and Three. In that way, they could comment on and have more insight on how their words were given meaning and how the practice of the Family House and the community Näsby Gamlegården was described.

4.8.3 Harm

It is not possible to predict if harm will arise during a study. The harm issue might also be related to the topic of the study. To tell stories about a family centre was not considered to be a sensitive topic. It was not the intention to intrude into people's emotional lives. If the participant did not wish to continue, he or she could finish the interview, but this never happened since they all seemed willingly to participate. The participants also answered to open-ended questions and could therefore to some extent lead the direction of the interview. However, notable is that there is a risk in focusing too much on vulnerability and harm, viewing oneself as a protector of the participants, implying underestimation of participants' ability to resist power and harm (Löfman, et al. 2004).

I have not focused on change due to ethical dimensions. It has to be acknowledged that issues coming up during a research process may not always be welcomed by superiors (Williamson and Prosser 2002) and sometimes the participants do not have the mandate to perform change in the organisation. Furthermore, as Meyer claims: "*The researcher also has the power of not being a full member of the staff and knows whatever change occurs it will not permanently affect them.*" p.1070. Change can mean large emotional and social demands on those involved and must thus take place from the participants' needs and in their pace (Löfman, et al. 2004). Forcing change may be an extra burden on participants beyond their daily work (ibid). These issues indicate that this way of performing research puts extra pressure on participants and expose them to a greater risk of harm than in more planned and predictable research (Meyer 1993). It is therefore, in my opinion, important not to become a change agent as a researcher. I have therefore left the change element of the project to the participants, not imposing it on them.

4.9 Summary

This chapter presented information on epistemological and ontological foundations of the constructivist research paradigm, according to Lincoln and Guba. Action research as a methodology and phenomenography as a method to approach data collection were presented and how they fit with the constructivist research paradigm. In addition, this chapter provided information on research participants of the study. Finally, trustworthiness and ethical considerations were presented.

Chapter 5 presents the empirical data from Stage One as well as a theoretical discussion in relation to concepts of modernity, a Swedish welfare perspective and the broader research literature on family centres and family support.

Chapter 5: Professionals' perceptions of the Family House

5.1 Introduction

The focus of this chapter is twofold and thereby divided into two sections.

- Section 5.2 presents the research findings from the professional interview study with following dialogue sessions.
- In order to understand the empirical work, section 5.3 provides a discussion with the help of concepts of modernity, a Swedish welfare perspective and the broader research literature on family centres.

In this thesis, the research consisted of three stages and was a part of a broader action research project (chapter 4, section 4.3.1). The interview study with professionals, associated with the Family House, was therewith a part of Stage One and the starting point and baseline of the entire research project. I analysed the interviews, according to the phenomenographic approach. In keeping with the collaborative research paradigm, I presented the categories with their main themes to the professionals taking part in the interview study, so they could enter into a dialogue about the findings. The subsequent dialogue session was then only held within the primary working group (staff and researchers). The result in section 5.2.4 will be presented as a summary of all sessions, taking place during Stage One.

The phenomenographic approach was chosen in order to examine the variation of how a phenomenon appears to a group of individuals in different ways. In this case, the interviews with professionals had the purpose of studying their ways of perceiving the practice that was to be provided and arrive at a wide variation of family centre-perceptions (chapter 4, section 4.4.1).

As mentioned before (chapter 4, section 4.5.1), the interviews with professionals were conducted just before or during the first month of the Family House opening its practice. Thus some of the professionals had limited experience of the practice. The collaboration between the staff was consequently also in its initial phase. This means that that the professionals' perceptions of the practice primarily refer to their ideas, expectations and aspirations for the House and the future.

In keeping with the phenomenographic analysis, the categories of description in the next section describe a pattern of different ways the professionals perceived the whole idea of the practice. The perceptions should not be seen as categories to classify the professionals expressing them, but as categories representing the different ways in which ideas of a family centre can be conceptualised. The individual professional cannot be linked to only one type of category, he/she may move between the categories, altering between them depending on the specific issues discussed.

5.2 Categories of description

The data showed that the way professionals perceived the House fell into three descriptive categories, that is, as a *professional service*, the provision of an *informal meeting place* for families with young children, or as a *broad community-based centre*.

Four themes were identified in the data as an entirety: **Prevention work, relationship between professionals and parents, professional collaboration and cultural aspects**²¹. The themes are the basic topics of the narrative, but the meaning content of the themes differs between the categories. It was with the help of the themes that the categories were constructed and the variation of the professionals' perceptions became visible (chapter 4, section 4.5.5).

²¹ The term cultural does not comprise all its meanings and the concept was thus limited in the analysis to be viewed primarily from an ethnic perspective (social class, gender, different environments or organisations are therefore not acknowledged).

To elucidate the content, in some of the quotations, I have made some comments enclosed in brackets. The quotes are typed in italics from the rest of the text, to facilitate differentiation between quotes and description. If a part of a quotation is considered not to be of relevance, it is divided and removed and marked in the following way: (...)

The figure below provides a summary of professionals' categories of description with their themes, which shows three varying perceptions of the practice of the Family House.

| Categories Themes | Professional service | Informal-meeting place | Community-based centre |
|---|--|--|--|
| Prevention work | Professional expert guidance, targeting families at risk | Parents and young children acquire new acquaintances. Parents learn from each other about parenthood | Participation in various activities by the whole community |
| Relationship between professionals and parents | Expert/client | Facilitator/expert | Collaborators |
| Professional collaboration | Distinct boundaries between professionals | Linking professionals together | Focus on collaboration with users and clubs |
| Cultural aspects | Cultural sensitivity in the professional role | Cultural encounters between parents | No visible consideration to cultural backgrounds |

Figure 4. Summary of professionals' categories of description

The three categories of description as well as their themes are explained in further detail below. Each is supported by representative quotes from the interviews with professionals.

5.2.1 The Family House as a professional service

In this category, prevention work was primarily described from the perspective of providing guidance to individual parents with young children with an extended sense of professional responsibility to give information and advice. To solve problems in families, at an early stage, was viewed as important as well as avoiding interventions from the social services.

Well, you know working there means that you give knowledge, tips and advice to the people coming there. So, if there's a problem with a child you discuss it and maybe you prevent that the problems, from ever, arriving at social services. Maybe it never gets that far, instead you handle it early. (...) I.6

The practice was thus seen foremost from a problem-orientated perspective, where the professionals would like to concentrate their prevention work on targeted families at risk and thereby influencing their future in a beneficial way, which would give them a better chance in life.

This is the type of area that really has many families with severe difficulties in different ways and at different levels at the same time, so it's for them it (the House) is what it is supposed to be. I.5

(...)We have to take care of all our children at risk; we can tell how society feels already by the early symptoms seen in school and preschool. When that became clear, I thought, how will this generation feel in the future? They are, so to speak, prejudged and don't stand a great chance. If you don't have the social support and network, how are you supposed to manage? Strengthening the parental role for the custodian of the child will be good for the future (...). I.9

The relationship between the professionals and parents was described in terms of an expert/client relationship with distinct boundaries and limited accessibility to the provision.

I want them (the parents) to view it as a qualified resource in the area, and I want them to view it with a kind of respect for the knowledge, support and help you can find there, because it is not just a recreation centre, so it can't be a type of open house where you just come by to have a cup of coffee. I suppose if you have a certain issue you may receive help with your issue. (...) I.7

(...) As personnel you should be accessible, but not to the extent that you feel eaten up in that people just show up without an appointment (...) I.15

In professional collaboration, on the basis of the problem orientated approach, the social counsellor, representing social services, was described as having an important position by supporting the other professionals in their work with socially vulnerable families. If necessary, the social counsellor was also a chain to improve collaboration with the social services. It was a novel role and a complement, which was viewed as the missing link in the prior traditional organisation. Before the opening of the Family House, health care personnel worked alone with these families, which being perceived as a complicated and challenging task.

We have been lacking a social counsellor to help us. We have many families, multi problem families. There are children with psychological problems, developmental delays and parents drinking and it's abuse and poverty, in addition there is also the immigrant issue. Thus there are families with many problems. With regard to social services it has been very hard to get them to intervene, then you don't get to find out what they do. So it has been very difficult, because it becomes a burden for us being constantly in it and it is hard to cope with it, so it's tough. I.5

The professional roles were described as demarcated from each other in that they first of all would manage their own part of the practice. Collaboration between different professionals was principally described as referring parents to another profession, in order to help them acquire adequate professional help. It

was therefore important to define the respective responsibilities of different professionals.

(...) Learning to see limitations, what's my profession, what's my job here and when shall I hand it over to someone else? (...) I.15

Cultural aspects, in relation to immigrants, appeared largely through the professionals reflecting on to what extent they should be culturally sensitive in their professional roles. (The following quote concerns when immigrant families come to provisions outside opening hours for receiving visitors, which colluded with what is regarded as routine Swedish procedure.)

(...) to teach patients (immigrants) that this is our routine about opening hours and therefore they have to leave because we've actually closed (the service). This is hard to say when you are in the situation, called to the waiting room. I've been there many times, with the question what shall we do? Shall we take care of them? I.7

The question they dealt with is about if they should, as someone said, " *treat them like everyone else*" or should they have a cultural lens, paying attention to cultural diversities in the encounters with immigrants in the House. Consequently, there is an implied challenge of mastering the two standpoints in this category.

5.2.2 The Family House as an informal meeting place

In this category, the Family House was characterised by the notion of an *informal meeting place* for families with small children. The focus of prevention work was to provide, at a group level, opportunities in a "homelike" environment for families to develop social acquaintances and extend their social networks. Facilitating children's play and in addition interaction between adults and children was also considered important.

(...) I see a space which is blooming with play, children of different ages, different languages, mothers and fathers and there is a grandmother and grand

father reading fairy tales in a corner and where they also feel as if they are at home (...). I.8

In contrast to the *professional service*, prevention work was here described as less structured and formal in design. Targeted activities for specific groups were viewed as counteracting the open approach, having an excluding effect.

(...) a meeting place, where you can come, feeling welcomed and just stop by when you have a couple of minutes to spare. You are also welcomed if you want to stay there the whole afternoon (...). I.10

(...)I don't believe that it must be too organised, because then someone may feel that they don't belong. I want the House to be open for anyone who wants to come here. I.9

A focal point of their descriptions was parental ability to support and help each other with minor involvement of professionals. Parents therefore became experts on their own matters in this category.

(...)Perhaps, a group of parents can support each other. You arrange groups and maybe the staff helps them to do that, but they (the groups) may be run without help. Thus they become a kind of supporting self-help groups or something like that. The staff is not supposed to lead the groups; instead they arrange some group activities. I.6

Consequently, in the relationship between professionals and parents, the professional expert role was toned down. The goal was to decrease the distance and boundaries between professionals and parents.

(...) you should bring them (the parents) into the discussions; they should participate, showing interest in them. How did you do this and that at home? You obtain a dialogue and discussion, to get them on the track. In that way they feel that I am actually interested in them, how they do things. (...) I.19

When people come here, I want to offer a welcoming atmosphere, no matter what, and relaxed, all of us will be at the same level. We, as professionals are

not superior to the patients, looking down at them. That is, however, often what happens in health care (...) I.12

Professional collaboration was viewed as being promoted by regularly acquiring opportunity to get to know each other in an informal way on a daily basis in a common physical space. In this category, they also aspired to become a united staff rather than individual professionals working in separate fields of skill, i.e. crossing occupational boundaries.

(...) I think it differs quite a lot because if you sit far away from each other then it's not the same thing; it's much more difficult to collaborate. You almost need someone next door to whom you can go right in and say: This person has been here and what can we do? Otherwise, you just can't make it. (...) I.6

(...) I don't like when each one does their bit and then hands it over. As a matter of fact it is the same person you are supposed to support and then it is about (for professionals) to resonate together to not make decisions that is in direct contradiction of each other. Otherwise people get weird messages (...) I.11

However, it was also described that different professionals have various opportunities to interact and collaborate. Health care personnel described their desires to come together in a more informal way, but saw there might be limitations since they are caught up in daily routines such as medical examinations and check-ups. It was also acknowledged that it could be a challenge to break the influence of medical tradition.

(...) I tried to cut down on these routine check-ups to a minimum of what's needed and instead use the time to some kind of teamwork or psychosocial work. That's what I've been thinking of for a long time; however it has not before been possible to do so. Since the old days, child health care and these check-ups are regarded as a little bit holy. (...) I.14

In contrast, the social counsellor and preschool teacher described the prospect of an opportunity to more freely interact in the House. As a result they did not view themselves as occupied with daily routines as extensively as the health care personnel indicated.

I picture myself in the kitchen with mothers/parents who talk with me about a lot of things (...) but I also see myself together with the others (staff of the House). I.2

Cultural aspects are set in a prominent position of this category. Intercultural interaction was considered as occasional, but through the *informal meeting place* integration between people with different ethnic backgrounds could be facilitated. This goes with aiming to prevent segregation between Swedes and immigrants in the House.

(...)They (immigrants) don't meet Swedes at all and therefore the Family House would be a great chance to actually create meetings where one can take part and learn from each other's cultures. I believe many Swedes would find it rather exciting too, if they got the possibility to sit down and talk to immigrants. I.18

(...) but our goal isn't to separate (groups), instead we want a meeting place for everyone, both Swedes and immigrants. It mustn't be like immigrants come in the morning and the Swedish families in the afternoon. (...) I.19

Just as they wanted to increase understanding of cultural differences, they also emphasised similarities in people's anxieties notwithstanding cultural diversity concerning pregnancy and parenthood.

(...)First, there were three to four Swedish mothers, then a Somali mother came who looked a little bit shy, then a woman from Lebanon came. A man waited for his wife undergoing a gynaecological examination. Then there was another worried person: What's the matter, why do you look so? We don't know if we are pregnant or not. Yes, but please come and have a cup of coffee. And then, people started to talk to each other. I felt you're sharing. Then, some of the Swedish girls said: We have so much in common to be nervous about; not being pregnant or we are nervous about being pregnant. I.16

In this respect, the professionals found that parents' similar concerns in these matters could become a bridge or possibility to bring people together. On the whole, desires for integration between immigrants and Swedes were considered to contain two elements; exploration of both universal similarities and of diversities related to ethnic background.

5.2.3 The Family House as a community-based centre

In this category, prevention work was described as a way to stimulate the whole community in which parents with small children are parts, joining them in various activities.

I believe that if you start to think from the purpose of promoting health and well-being (for users of the House), an important part is that they become involved, feeling a sense of being needed. (...) I.2

All kinds of clubs and associations should receive the opportunity to use the House for their purposes and needs. Maternal and child health care, social services, open preschool as well as professional roles are consequently not set in the foreground of this category. The choice of activities and opening hours were also described as extensive.

Well, I view it as a broad field. For example, you could start a fishing club. (...) During the winter you can sit in the Family House and tie flies (...) thus you expand (the provision). It's not only a question of maternal health care and child health care. I think there should be many activities in the House than just these parts, because the Family House must be open for everyone starting from the inhabitants' own suggestions and participation. I.4

(...) I think the Family House should be open seven days a week, it's not an institution, instead you have access to the Family House in different ways (...) I.4

The relationship between professionals and users was described as collaborators, working together preparing new modes of activities. All inhabitants in the area should thus be actively involved in their own concerns and alternative activities should be discovered through participation, rather than being imposed

by professionals. The category thus shows ideas about de-professionalism and de-institutionalisation of the practice towards control by users.

(...) It's an open House, together the staff and people living in the area decide how it shall develop or, in all cases, show the way. Also every club in the area is connected to us in one way or another I.2

(...) then it's a service that is very open in that people living in the area feel it's their service, having the opportunity to influence it in one way or another. It mustn't be clinical; in that way it's vibrant. (...) I.3

Professional collaboration is not visible in this category. Instead, emphasis was put on collaboration with users and clubs in the area. The House was therefore described as belonging to everyone in the community without considerations to particular groups like for example immigrants, so cultural aspects are not the category's primary focus.

5.2.4 Summary of dialogue sessions of Stage One

During the initial dialogue sessions, the categories with their main features were presented as a starting point of the discussions. The professionals asserted that the practice was family-orientated in the sense that it was not exclusively directed at the child, but towards the family as a whole. Consequently, interaction between parents and children was put forward as crucial. It was also considered that children should receive the possibility to act and play for their own purposes, thus not constantly involved in planned activities. The concept of interventions was emphasised by offering a universal service as in the *informal meeting place*, starting from families' needs and experiences, providing a place where families could extend their social networks. They expressed desires to tone down the problem-orientated approach in prevention work, but it was still an important task for them to recognise and support families at risk. In this respect, the House was also found to be a source of strength for the professionals; to share the difficulties in working with exposed families. Collaboration with social services, as in the interviews, was also mentioned as important in these cases.

It was observed that integration occurred through encounters taking place in the House between immigrants and Swedes. However, the professionals saw integration as not solely being a matter from an ethnic point of view. It was also, for example, a question of gender and social background and all these matters were often found to be intertwined in complex ways. In that respect, the professionals wanted to attract all parents with small children in the community and not direct the practice towards any specific group.

Furthermore, collaboration was seen from two perspectives by the staff of the House; external and internal. External collaboration considered that they wanted to invite actors outside the House such as social clubs, associations and public agencies such as the library, to use the locations and to develop more activities.

Internal collaboration considered, primarily, that the staff wanted to avoid building a wall in the House, where one side of the wall would consist of midwives and nurses and on the other side the preschool teacher and the social counsellor. However, it was indicated that there could be differences in the extent to which it is possible to intervene in collaboration, since the different mother organisations have a strong influence on the actors and expected that they would perform their work as they always have. An example of this issue, further expressed as in the interviews, was that health care personnel must pay attention to more daily-specified and obligatory routines as developmental and medical check-ups, which could limit their practical time and possibilities for collaboration and developing the House to the *informal meeting place*. In contrast, the social counsellor and preschool teacher described their work as not being caught up in daily routines. This meant that they could utilise their work more freely, facilitating social relations, playing and picking up needs, occurring in everyday situations among the families.

To conclude, the discussions resulted in that they aspired to develop the more informal open access character expressed in the *informal meeting place* and the *community-based centre*, starting from the needs and experiences of families' visiting the House.

5.3 Theoretical discussion

The following section provides a discussion of the professionals' categories and following dialogue sessions informed by concepts of modernity, a welfare perspective and the broader research literature on family centres. Based upon the data, I have identified five aspects which are discussed in relation to the theoretical perspective. The aspects are intertwined but to facilitate reading they are separated and they are as follows:

- **Prevention work**
- **Family support and child protection**
- **Children's perspective**
- **Integration**
- **User orientation**

5.3.1 Prevention work

A striking theme of the data is the professionals' commitment to prevention work, which was described from various viewpoints. In the *professional service*, they described prevention from a problem-orientated risk perspective with methods of intervention such as counselling and the provision of professional knowledge and guidance. In the *community-based centre* and *informal meeting place*, the interventions were intended to start from resources and needs of families with methods of intervention concerning network building and participation in different activities. Working from both a "risk" and "need" perspective thus seems to be at heart of their accounts about prevention work.

Starting with risk, professionals were not directly asked about them, but encouraged to talk about their perceptions of the House and these accounts revealed risk-related elements in relation to prevention work, particularly in the *professional service*. Working from a problem-orientated perspective implied management of risk i.e. identifying families at risk, so that both harm to children and unwanted interventions in families could be avoided. Thereby, the idea of early intervention, to ensure that problems for the future never occur in the first place, was an essential element of their accounts. This explicit focus on risk and future of the category can be interpreted as if the professionals are imbued by risk society; a climate of risk assessment and risk anxiety (Beck 1992; Giddens

1991). From Giddens' and Beck's perspectives, the *professional service* can be a result of the simple modernist project built upon a dream of control and prediction; a way to "colonise the future" (Beck 1992). Prevention work in a risk context becomes an effort to dominate the future by planning it with the consequences that an uncertain future with hopes and fears dominate the present. Noteworthy is that although prevention work in itself has orientation towards the future, I have found that they were not entirely occupied with simple modernity's preparation for later life. In the *informal meeting place* and *community-based centre*, the descriptions of interventions aimed at being a part of the families' daily lives, paying attention to their agendas and needs, mirroring late modernity's trend of questioning the prospect to control nature and future (Beck 1992) and the questioning of professional authority (Giddens 1990; 1990; 1998).

Prevention work in the House also has an element of normalisation and regulation. With the help of Foucault (1979), one can see that the very moment people visit an agency they come under the public eye, which has the inevitable function of normalisation i.e. separating what is good from what is bad, to maintain a certain order in society. The House can, in that sense, be viewed as a modern "panopticon" (Foucault 1979) (the all-seeing tower), being a chain of power exercise in the local community. This perspective pays special attention to surveillance and regulation as an inherent feature of the provision in relation to families, but there is also another side of the coin. Prevention work in the House is thus not one-sided regarding control; it also embraces the notion of self-realisation. In the *community-based centre* and *informal meeting place* the professionals aspired towards working in partnership with users, from their needs with the aspiration, to increase their agency. Moreover, the simple modern vision of expert guidance to control and predict the future, coming to the forth in the *professional service*, can be interpreted as the intentions to help families solve their social and medical problems in order to shape their lives.

One can thus conclude that there is an inevitable managing of tension between control and self-realisation possibilities, which is the key feature of modernity and its institutions (Giddens 1990; 1991). Professionals, in that sense, provide self-realisation possibilities to users of the House, but at the same time they are the servants of society, implicitly having a control function.

As a whole, their ideas of prevention work with families was influenced by both a risk and need perspective, which under the surface reflects the thinking frames of both simple and late modernity; to control the future with the help of professional knowledge and guidance, combined with a “here and now” perspective, starting from families’ needs.

5.3.2 Family support and child protection

The concepts of “risk” and “need” lie at the heart of prevention work, which can be linked to the relationship between child protection and family support. Earlier studies by Pinkerton and Katz (2003) and Manktelow (2003), there are tensions between child protection and family support that also can be found in the relations between the categories. In the *professional service*, the treatment of families related to risks and collaboration with social services come to the surface, reflecting underlying features of child protection. On the other hand, the categories *informal meeting place* and *community-based centre* mirror the underlying values of family support with emerging needs and desires, coming from the families themselves. Following this, the professionals’ perceptions of the practice represent a cross road of support versus protection. In their work with families, it means that they have to combine the duality of providing consensual caring support with assessment of risk, containing a suspicious element with the inherent professional duty to report, sometimes without the parents’ consent, severe family dysfunction to social services.

Child protection is also found to be influenced by risk society. Ferguson (2004) finds that child protection in contemporary Western society is imprinted by a “permanent state of emergency”, largely coming from an increased sense of risk and danger. In simple modernity, child protection was characterised by a sense of legitimacy and optimism, that practitioners had the ability to secure children’s safety. During the 1970s, experts lost their authority with the consequence that: “*Expertise is targeted not only as a source of solution to problems, but also as a cause of problems.*” p. 120. This development has led to that every decision can be questioned and is open for evaluation and inquiry.

Uncertainty is therefore at the heart of late modern child protection. Total protection is not possible and this painful insight has led to a “blame culture” which sometimes holds professionals responsible for not discovering and intervening

adequately in child protection cases (ibid). Taking Ferguson's perspective, professionals' accounts lend some empirical support to that child protection is connected to risk influence. However, the co-coalition means a possibility for the professionals to share the difficulties in child protection cases and to increase legitimacy working in a risk context. The inter-professional collaboration and the notion of the social counsellor as a "bridge" to the social services may thus symbolise, from Giddens' vocabulary (1991), a "protective cocoon"; to handle the inescapable anxiety coming forth in the encounters with exposed families and the "blame culture", infusing uncertainty of not taking the right decisions in these cases.

The inter-professional collaboration within the House and, in particular, with social services can also be suggested to be an attempt for the staff to colonise an uncertain future (Beck 1992; Giddens 1991) with a form of mastery i.e. to plan and coordinate strategies to assist exposed families in order to protect children. Risk, has in that respect, opened up for new solutions of collaboration concerning child protection and family support in the House.

5.3.3 Children's perspective

Based upon the analysis so far, the professionals' commitment to prevention work consciously intended to pay attention to children; to protect and support them. However, in the categories, children were viewed foremost and implicitly in relation to their parents or family. From a broader level, this result can be understood as influenced by a modernist perspective. In short, children have gained visibility in our society, largely, from an encompassing encounter with adulthood accompanied by that fate and religion, to some extent, have lost their explanatory function in parenting and been replaced by parental agency, psychology and professional interventions (Beck and Beck-Gernsheim 1995). Moreover, parents have to a large extent become visible in the individualisation process in the sense that children do not belong to the wider kinship in general anymore, but primarily to their parents (Beck-Gernsheim 2002; Beck and Beck-Gernsheim 1995). Parenting is nowadays a distinct skill and it may thus be suggested it is at this complex background that the focus on parents/family in the professionals' accounts can emerge.

Does this mean that the practice of the Family House can be criticised for being too adult-centred, not taking account of a child perspective (Batchelor, et al. 1999; Cannan 1992; Murphy 1996). That would be to draw a conclusion too hasty. Their children's perspective does not only embody the simple modern vision of controlling the future only directed at the child concerning the performance of for example developmental and medical check-ups. The professionals also embodied a view where the child exists through its relations and in interaction with their family/parents and the community at large. Children, in the professionals' accounts, were consequently not mentioned to any great measure because they implicitly were seen as a part of their social context. Therefore, it can be inferred that the children's agency, or being their own actors in the Family House, takes place by their location in relation to adults (parents/professionals). In other words, the social world of the child in the Family House is largely bound up and dependent on adult relations. This perspective also came forth during dialogue sessions where interaction between adults and children were emphasised.

Looking at the interview material as a whole, it was found that there are two coexisting images of the child based upon simple and late modern values. One, which indicates the "child as future" infused by risk awareness with planning and controlling human life foremost visible in the *professional service*, and another image of the "relational child"; playing and interacting for its own sake with a smaller sense of preparation for later life, coming to the surface primarily in the *informal meeting place* and during subsequent dialogue sessions.

5.3.4 Integration

Professionals saw the House as a meeting place for Swedes and immigrants. These meetings, according to integration aspects, were twofold containing ideas of both universalism and diversity. In the category *community-based centre*, ethnic aspects were not visible at all, which can be viewed as an expression of integration from a universal manner; to promote social inclusion despite class, gender and ethnicity. Diversity was valued in the *informal meeting place* in that the professionals wanted to stimulate immigrants and Swedes to learn from each other's different backgrounds, but they also commented on that there can be universal needs and anxieties in relation to pregnancy, notwithstanding eth-

nic origin. It was also considered in the *professional service*, to what extent ethnic diversity should be acknowledged in the professionals' encounters with immigrants, or if they should “*treat them like everyone else*”, which may imply the professionals articulated the inherent interplay between universalism and diversity of Swedish multi cultural integration policy; to treat people equal but at the same time having respect for immigrant culture (Schierup 1994).

As I showed in chapter 3 (section 3.3.1), promoting diversity in a welfare context have challenges. One important point is that ethnic groups are not homogenous. Some people in an ethnic group may plead for ethnic interaction while others want to preserve their ethnic identity and therefore find statutory support for diversity desirable (Johansson 1999). Emphasising diversity in welfare agencies can be perceived as cultural stereotyping, colluding with the individual's interests to be non-ethnic and moreover, it can create boundaries between different groups leading to exclusion (ibid). Drawing on Johansson's discussion, the professionals' perception of the House as an *informal meeting place* emphasising the open access character of the House, not having any targeted group activities, may thus be contested by families. The challenge of Johansson's discussion concerning creation of boundaries between ethnic groups is also highlighted by the professionals. For instance, in the *informal meeting place*, the professionals attempt to tone down targeted activities to counteract exclusion, which can be illustrated by the following quote “*...but our goal isn't to separate the different (groups), instead we want a meeting place for everyone, both Swedes and immigrants.*” This finding also corresponds with an evaluation of a Swedish family centre performed by Holmer Andersson et al. (2003) in which they discuss whether group activities, directed towards one ethnic group at a time, are a part of the ambition of integration or if it leads to the opposite, namely, segregation between groups.

During dialogue sessions, integration was further problematised and not only presented in ethnic terms. Differences between families are not only seen as a matter of ethnic or cultural background. There are also other aspects of human life such as social conditions, gender etc. that can be markers for diversity. Every meeting in the House is thus imprinted with diversity, but the professionals also tried to find out what is universal for human beings, especially in relation to pregnancy and parenting.

In summary, the Family House can be viewed, based upon the data, as a microcosmos of the inherent ongoing balance act of Swedish multi cultural society of “treating everyone the same” within the framework of paying attention to diversity. The data reflects that professionals tried to incorporate the late modern condition of understanding and exploring diversity with finding out what is common for human beings.

5.3.5 User orientation

From Giddens’ vocabulary (1990; 1994; 1998), the *informal meeting place* and *community-based centre* can be viewed as representing late modernity’s questioning of expertise with devolution of professional power to users. However, the professionals’ work was also framed within simple modernity’s binding nature of providing expertise in the *professional service* category. These results can be seen as representing a degree of ambiguity among the professionals.

Such ambiguity is also recognised by Mishler (1984; 1986) in the two alternative ways of understanding and speaking in health care; “the voice of medicine” referring to technical and scientific knowledge and the “voice of life world” regarding knowledge coming from every day lived experiences. The professionals, in this study, carry these two voices with them in their expressions of the practice. They feel the duty to provide professional knowledge “voice of medicine”, but the “voice of life world” is also in present as an alternative to develop the practice into a more informal user-based character. Consequently, there are two orientations of the House; a **professional orientation** and **user orientation**.

During dialogue sessions, it became moreover obvious that they wanted to tone down the **professional orientation** in favour of developing the provision from the users’ needs and goals. However, developing the practice towards **user orientation** had its challenges. It was found that the staff, to varying degrees, was anchored in their respective knowledge fields with different obligations and demands in their daily practice. This means that they had different scope for developing the **user-orientated approach**. Although the health care professionals expressed a profound will to work in another way, they simultaneously felt an obligation to simple modernity’s future-orientated scientific endeavour in

health care or in Mishler's words (1984; 1986) voice of medicine, performing medical check-ups and examinations. The findings also correspond with that of Hyde Roche and Roche-Reid (2004), who interviewed midwives about their role in the Irish maternity. They saw that although midwives tried to start from the women's perspective, their work was also determined by the scientific expert side of modernity. From a broader level, in a society occupied with safety and risk (Beck 1992), it can also be suggested that medical inspections and obligations with an attempt to secure, as much as possible, that nothing goes wrong with the children or/and pregnancy have become intensified. Just as increased risk awareness has led to progress in developing systems to improve security, it can also be speculated that it means that health care professionals of the House have become more anchored in a scientific rationality to control the future. In contrast, the social counsellor and preschool teacher did not express such a future-orientated obligation in their work, since they mentioned space for acting more freely in the present "here and now", playing and picking up needs occurring in every day situations among the families visiting the House.

The two orientations can also be discussed in relation to private-public responsibility. In a historical context, in the landscape of the People's Home, it can be speculated that the practice of the House would be probably foremost expressed as a **professional-orientated** provision with an obligation to provide transmission of expert knowledge to parents/families. In other words, a welfare arena as being the duty of society. However, this study also comprised **user orientation** with different degrees of devolution of control to parents/users, emphasising their knowledge skills and experiences. This can be argued to be a sign of late modernity's strong individualisation process, leading to increased individual responsibility (Beck-Gernsheim 2002; Beck 1992; Beck and Beck-Gernsheim 1995). Similarly, Hallberg et al. (2005) find in their exploration of official documents on Swedish child health care that the level of responsibility has changed from public to parental responsibility with a radical turn from the 1990s since: "*It was no longer considered either effective or appropriate to adopt a top-down approach telling parents what to do; instead, the desirable approach was that the parents should do what they themselves thought to be right.*" p. 201.

Nevertheless, despite the individualisation process of contemporary society and its welfare institutions, it can be said that the categories give voice to both a public and private duty to take care of children. The idea that parents should, primarily, manage on their own has not imbued the professionals' accounts, and there is still a notion of families having the right to be cared for in a public arena. Responsibility for the well-being of children, under late modern conditions, thus seems to be shared between parents/families and professionals of the House.

Comprehensively, the three categories of description reveal a continuum of simple modernity's **professional orientation** at one end with professional duty, and late modernity's **user orientation** with a de-institutionalised and user-led character of the practice with a higher degree of individual responsibility at the other end, illustrated in the figure below.

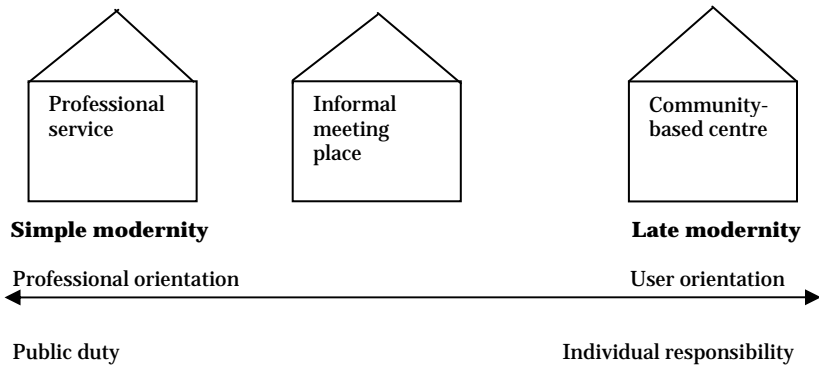


Figure 5. The categories on a continuum of **professional orientation** and **user orientation**

The development, to consult users of the House, requires that they re-evaluate matters of expertise regarding control and power in relation to service users, also suggested by Batchelor et al. (1999) and Cannan (1992). Noteworthy is that a high degree of professional state interventions into family life has a long ideological tradition in Sweden (Salonen 2001). The encounter between state and family is viewed as something natural and families are used to be taken cared of in the public system. Accordingly, through the lens of the Swedish Scandinavian

welfare model, an implementation of the Family House as a user-led *community-based centre* would probably be of particular challenge.

Another particular challenge, as a part of the **user orientated** approach, is the participation of children. As I mentioned in section 5.3.3, children were implicitly a part of the social context in the Family House. Although children are dependent on adults, it does not mean that children could not have had their voices heard in the professional aim towards the **user orientated** approach. Interestingly, neither did I as researcher nor did the participants, during dialogue sessions, acknowledge what it would have meant to involve children in the development of the practice. This is not coincidental; to promote younger children's participation and rights in society and welfare agencies is found by Lansdown (2005a; 2006) to be a far greater challenge than involving older children since their daily life contains less influence on how their lives are managed. It is important to consider involvement from younger children's perspectives in family centres and explore what issues and challenges are at stake in that process. This issue will, accordingly, be further explored in chapter 7 (section 7.4.3).

5.4 Summary and conclusion

In chapter 5, three qualitatively-different categories *professional service*, *informal meeting place* and *community-based centre* with their themes were presented as well as the result from following dialogue sessions, to receive a deeper understanding of the practice through professionals' perspectives. Thereafter, the theoretical discussion revealed that the professionals' accounts unavoidably reflected features of both simple and late modernity. Of significance, the data as generally raised expressions, which indicated that the House was situated in a risk context with an inherent ambiguity between simple modern control and late modern self-realisation. On one hand, there was tendency for professionals to see the practice of the House with capacity for self-realisation for partnership with users, possessing an active agency; on the other hand there was a view of the practice concerned with controlling the nature through professional knowledge and orientation towards the future. This ambiguity runs like a red thread through the data and can be traced in prevention work, child protection and family support, view of children and in their aspiration for the development of the practice. It was also obvious that the staff of the House, to varying degrees,

was obliged to work from simple modernity's professional orientation, which was found to be particularly challenging in developing the *informal meeting place* and *community-based centre*. Moreover, late modern individual responsibility was accompanied by simple modern professional responsibility. Finally, their accounts on integration mirrored the complex management of both diversity and universalism; to treat families equally but with respect for diversity.

Chapter 6 presents the empirical data from Stage Two as well as a theoretical discussion in relation to concepts of modernity, a Swedish welfare perspective and the broader research literature on family centres and family support.

Chapter 6: Parents' perceptions of the Family House.

6.1 Introduction

The focus of this chapter is presented and organised into two sections.

- Section 6.2 presents the results from the interview study with parents and the following dialogue sessions with staff of the House.
- In section 6.3, the empirical work is discussed with the help of concepts of modernity, including a Swedish welfare perspective and the broader research literature on family centres.

The interview study with parents and the following dialogue sessions was a result of the collaborative process of Stage One and composed Stage Two of the research. However, the categories with their main themes were only, as mentioned before, presented and reflected upon by the staff of the Family House together with the researchers (chapter 4, section 4.3.2) in keeping with the collaborative research approach. The purpose of the sessions was to have a dialogue about the findings as aid in understanding and developing the practice. The results in section 6.2.5 provide a summary of all these sessions, taking place during Stage Two.

As in the previous interview study with professionals, the phenomenographic approach was chosen to examine parents' ways of perceiving the practice and arriving at a wide variation of Family House-perceptions. As mentioned before (chapter 4, section 4.5.2), interviews with parents were conducted after the practice had been run for over a year, which means that all of the participants had experiences in visiting and using the different services of the Family House.

The categories describe a pattern of different ways the parents perceived the practice of the House. The individual parent cannot be linked to only one type of category, he/she can move between different categories, gliding between them depending on the specific issues discussed. Thus the categories in many cases mirror different voices inside the individual person.

6.2 Categories of description

The analysis of the data demonstrated that the way parents perceived the practice of the House, fell into four descriptive categories, namely, as a *professional reception*, the provision of a *study circle*²² for parents, as a *playground for children*, or as a *living room* for social acquaintances. Three distinguishing themes were identified in the data: **The main feature of the practice, the relationship between parents and professionals** and **cultural aspects**²³. The themes are the basic topics that the narrative was about, but the meaning content of the themes differs between the categories. The themes were used to construct the categories and make the variation in the parents' perceptions visible (chapter 4, section 4.5.5).

To elucidate the content, in a few of the quotations, I have made some comments enclosed in brackets. The quotes are typed in italics, apart from the rest of the text, to facilitate differentiation between quotes and their description. If a part of a quotation is considered not to be of relevance it is divided, removed and marked in the following way: (...)

The figure, on the next page, provides a summary of parents' categories of description and their themes, showing four varying perceptions of the Family House

²² A study circle is a common Swedish concept where people meet in small groups to learn from each other about a topic; it is often arranged through an association or club.

²³ The term cultural does not comprise all its meanings and the concept was thus limited in the analysis to be viewed primarily from an ethnic perspective (social class, gender, different environments or organisations are thus not acknowledged).

| Categories Themes | Professional reception | Study circle | Playground for children | Living room |
|---|--|--------------------------------------|--|---|
| Main feature of the practice | Expert guidance | Parents share parenthood experiences | Social training for children Preparation for school | Social acquaintances for parents |
| Relationship between parents and professionals | Client/expert | Expert/facilitator | Children's activities planner | Guest/hostess |
| Cultural aspects | No consideration of cultural backgrounds | Cultural comparison | Immigrant children learn Swedish traditions | Grouping and meetings between Swedes and immigrants |

Figure 6. Summary of parents' categories of description

The four categories as well as their themes are further described below. Each category is supported by representative quotes from parent interviews.

6.2.1 The Family House as a professional reception

In this category, the Family House appeared to the parents as a traditional professional-orientated practice, providing individual guidance and advice through maternal and child health care, social services and the preschool. The personnel were thus described as the central players in this version of the House, having foremost an expert role in relation to the parents.

(...) as a matter of fact, the staff is very important. If they don't know their job and if you don't get on well with them, then the House won't work at all. (...) I.

11

Well it's important for my family and me, because there's a midwife and my district nurse; you go there to check that the baby is gaining weight and that everything is normal. I.10

I've talked to her (the social counsellor) and I thought the one I talked to was very good. At that time, I had many questions about my (social) situation and she was able to get me to think clearly. I.3

The parents trusted in the staffs' expertise, which provided them with a sense of security and positive feelings about having and using the practice.

(...) You feel secure; if there's a question I just call them (...) I.11

(...) The whole world is about the child and thus it's very nice to go there and talk to the staff about the child since that's what it's all about. They are the pros. I.3

Moreover, trusting professionals was experienced as something natural incorporated into parents' daily life. Sometimes, the staff of the House was also described as a substitute for the individual's kinship.

(...) I often ask them, for example, if she can eat yoghurt or drink ordinary milk or if she has blisters on her face, well different things, so there's a lot of help. Besides, I don't have my own family here, my mother and my sisters; therefore, it's important (...). I.1

Parents also developed a personal "friendly" relationship to the professionals with feelings of being noticed and confirmed as individuals. It was therefore important that the staff showed concern, wished them well and cared for them.

*Kind treatment is very important, (...) if the staff treat you well and you have good communication with them then you can go on and become like friends or pals (...)*I.7

*(...)They provide positive treatment and in some way, when you're there, they have an eye on you. Thus, if you understand what I mean, they quickly pick up on things, they are certainly like real psychologists, they notice the smallest things if you're not well. Once I was tired and they wondered: Have you worked too much? They immediately catch things, not only the small one, it's also a lot of other things. They are positive and cheerful, they are wonderful people, fantastic, nice. Not just like that kind of stiffed-legged thing: I am only here to work (...)*I.12

On the whole, parents' relationships towards the professionals can be said to contain two ingredients; a specialist-orientated part, "*to check that the baby is gaining weight and that everything is normal*", and a personal part with a kind of intimate depth in the relationship, "*become like friends or pals*".

Notable is that cultural aspects are set in the background of this category. To acquire professional support and to be confirmed and recognised by the professionals were described as important, whatever a parents' cultural background.

6.2.2 The Family House as a study circle

The main feature of the practice was characterised here by the notion of parents exchanging experiences with each other concerning parenthood. The House had therefore a clear purpose with focus on learning in interaction with other parents in a planned and organised way

*Well, when I started I didn't know so much about what to do if something happens (to the child), you learn a little from books but that's not so much, but if you have a question you can ask the ones who already have children; like what to do if they don't sleep, what can you do about it? (...)*I.14

The professionals were described as facilitators supporting parental groups, but not dominating or steering the meetings with their expertise. Instead, parents

described themselves as active, sharing views and giving advice to each other grounded in their own experience and knowledge, thereby being their own experts.

(...) a lot of talking and chatting, not talking rubbish really, but about the children, how we live or what he eats, so we get a lot of suggestions from each other too, you say: That's good so you can test it, so I say: I've tested that one too, it was good. We exchange experiences, it actually helps. I.16

Cultural aspects are essential in this category. Both immigrant and Swedish parents thought that cultural diversities existed concerning views on child birth and parenthood with inherent challenges and tensions of colliding needs that has to be acknowledged.

(...) In the beginning (after pregnancy), it's a lot of focus on the body and daring to ask about intimate things requires that people feel comfortable in the group. After all, I think it's easier for us Western people to be like that, but you're not interested in being, maybe, the only one talking (about intimate things), while two poor people sit there feeling very embarrassed. That's not nice for anyone (...). I.15

However, they also expressed need and curiosity for comparing parenthood from a cultural perspective.

(...) In different cultures we've different views on bringing up children; you want to exchange and listen to opinions. I.6

I think it's very good, because sometimes I tell a little about the perceptions of my culture and about children, and then they tell how it's here (in Sweden) (...)
I.13

The category consequently reflects a sense of parents' cultural awareness with the inherent complexities in meeting diversity concerning a mixture of both curiosity and exchange, but also challenges when it comes to tensions between different needs and opinions.

6.2.3 The Family House as a playground for children

In this category, parents primarily went to the Family House for the sake of their children; creating a community-based connection for them by developing children's mutual interaction in parallel with possibilities for them outside the home becoming accustomed to adults.

You notice, he finds it, of course, very nice to meet other children and adults, it's not only mummy and him at home, he notices that other people can tell him if he does things he's not supposed to do. However, I believe, for him, the most important thing is to meet other children (...) I.8

Activities like singing, painting and listening to fairy tales, organised by the professionals, was an important part of this version of the House. In that sense, the professional role was described as a children's activities planner, but parents also conceded the possibility for children to act freely and play without adult interaction.

(...) it's good there's a place where children can play not feeling locked in at home all the time, and they also meet other children to play with. It's a joy there's such a place, I think this is very important. I.14

In line with familiarising children to other adults than their own parents, the House was considered as a way to prepare children for day care and school. On one hand, it was about at an early stage of childhood developing acquaintances to prevent exclusion and, on the other hand, to prepare children for future separation from their parents.

(...) Children have not yet started at the day care centre and therefore they actually need other children. Then when they go to day care centre and school they won't feel left out, it's a good thing to meet different children now, then they don't say: Who's that? It's really good to be acquainted when they are young and therefore they can hang out when they go to school. I.14

(...) it's a good step (to come to the Family House) before you come to the day care centre. Children get used to this place, so when they are left later at the

day care centre they won't be sad and miss (their parents). I think it's a good step. I.6

Cultural aspects appeared foremost in the immigrant parents' views in the sense that they wanted to offer their children opportunities to learn about Swedish traditions.

It's important to sit together with the children. For instance last week we made Christmas crackers and such things. Thus they know it is New Year and Christmas, so they know this and that has to be done for the celebration. We usually bake "Lucia cats"²⁴ and gingerbread biscuits together with the children. I.7

The quotation shows ideas of immigrant parents' integration strategy for their children. With support from the activities, parents accustom their children for also being a part of Swedish culture.

6.2.4 The Family House as a living room

The main feature in this category was to view the House as an informal "home-like" arena for creating relationships between parents. They underscored the opportunity to come and go as they pleased, not feeling any pressure to participate in activities if they did not want to.

(...) I think it's rather nice that you can go there without having any demands on you because if it would be like: Today we paint and now we sing. I think people wouldn't go there to the extent they do, because that would be more like a kind of institution. Today you can just go there to see each other. I believe that's what people need most of all. You don't have to make a big deal out of things (...) I.4

The House was therefore described in an informal and non-organised way, less of an institution; a public sphere developing into a private sphere, where the parents created close relationships with one another.

²⁴ Lucia cats are buns or bread with raisins and saffron, typical of Sweden, baked before Christmas to celebrate the Italian Saint Lucia.

How can you describe it? Well, in a way, it's almost a second home, because when you come, everyone cheerfully says hallo. It becomes like a little family down here (...) and if newcomers arrive then there's just another family member, the family gets bigger (...) I.9

The informality of this category implied anxiety concerning meeting a group of parents for the first time. The first encounter was imprinted with fantasies and anxieties in what way they would be accepted and included as members of the group.

When you go there, for the first time, you really don't know what kind of people will be there. That's what I felt. It's about, what kind of strange people will I meet now? (...) Here I come alone and you think there's a group, where the members already know one another and thus it could be hard to fit in (...) I.8

In light of parents' initial encounter with the House, the role of the staff became particularly important and was described like a "host/hostess" with the purpose inviting parents and making them feel comfortable and welcomed to the group. The relationship to the professionals became thus the "entrance gate" for the development of relationship to other parents.

She's so natural; it's really the right person at the right place. It's like, without her it wouldn't be the same. Because, she's this positive person, sparkling and she easily attracts people with tentacles reaching a long way out, she's good at creating and drawing in newcomers, which is what she did with me too. Then once having a relationship you dare (...) I.15

Cultural aspects are set in a prominent position in this category since parents expressed expectations of the House to facilitate social encounters between families having different cultural backgrounds.

You don't go home to someone knocking on their door: May I come in and see what you're up to? You don't do that; instead it (the Family House) could be an entrance gate to get to know some other people too. I.8

The House was also for some immigrant parents an opportunity to develop Swedish language skills in an informal way which mirrors integration thoughts; to become a part of Swedish society.

Well, it has, indeed, meant a lot to me because I've got more friends. I've received more contact with Swedes, because I've needed more contact with Swedes to learn the language and such things. I.7

By contrast, it was also expressed that there were barriers depending on cultural and linguistic diversities with an implied need of feeling similar; to understand each other both culturally and verbally without language problems. These barriers became most visible in that immigrants and Swedes sometimes preferred to stay in separate groups instead of mixing them together. From different perspectives, the following quotations illustrate this situation.

However, I think they (immigrants) feel rather uncomfortable too, I mean we all sit there together and we've become a close united group, we sit on the floor and the children play around us, and perhaps they don't like that at all. There are crashes all the time. You notice it when we have a cup of coffee; they can't eat this and then they can't drink that and now it's time for fasting, so it's a lot of things. I.4

You know, all the Swedes have their friends and they sit together, sometimes Somalis also sit by themselves. If there are many women, coming from my home country, we sit together too. It's almost like as if they are divided into groups, but maybe it's better because we understand each other, we come from the same culture and have the same dialect, so we are close. It's nearly, in a way, the same thoughts when we talk about child rearing (...) I.16

The category mirrors a certain ambiguity regarding social encounters at the House, implying interplay between the search for similarity and diversity. The parents expressed curiosity about parents' diverse cultural backgrounds, but there were also needs to meet and socialise with parents from the same cultural and linguistic background.

6.2.5 Summary of dialogue sessions of Stage Two

During dialogue sessions with the staff of the House, the categories with their themes were used as working tools and starting points of discussions. Basically, the professionals of the House found it important to explicitly explore the question: Is the Family House targeted towards all families adopting a mainstream approach, or is it supposed to provide social interventions to families at risk and to immigrants? They came to the conclusion that the House attempts to reach a majority of families, and to combine a protective side of professional support with parents' own mutual learning and growth. The open access way of working was considered attractive from several dimensions; providing a non-stigmatising approach also embracing "needy" families who did not wish to be singled out, and a way to be a part of the local community with a minimum of restricted accessibility. Actually, they found that their aspirations corresponded with the parents' accounts concerning blending specialist guidance, as expressed in the *professional reception*, with the informal approach in the *living room* and *study circle*.

They also admitted the absence of parental expressions in the interviews about engaging in the development of the provision. In that respect, they turned back to the image of the *community-based centre* and problematised what it would mean to have a user led practice. They found that although they still wanted to involve parents, it was not something obvious in itself or like someone put it: "*Can we take it for granted that parents want to engage in the development of the practice and if so how and to what extent?*"

Based upon the parental interviews, they also commented on their contributions as staff in creating a supportive and positive atmosphere and milieu in the House. Obviously, their professional roles were complex with a broad role spectrum; from being an expert to facilitator/host(ess). They tried to move between these roles in their daily work. Yet, as in the previous dialogue sessions, it was further conveyed that the staff was more or less anchored in time-consuming demands of routines and obligations, implying hindrances to find a common time for discussing practice development and inter-professional collaboration.

The exploration of their professional roles, during dialogue sessions and other regular meetings in the House, had resulted in reasonable expectations of inter-professional collaboration. The ideal picture of everyone being a part of one another's work was toned down. Collaboration concerning exposed families, and the sharing of difficulties in these cases was prioritised among the staff, which created a sense of stability and supportive environment for them. It was acknowledged that they, in the prior organisation form, had felt obliged to manage these families on their own without the now current possibility of inter-professional collaboration. Collaboration with social services was considered to have increased much due to the asset of having a social counsellor. External collaboration had extended to include clubs and other agencies in the area, which also was an attempt to strengthen the community-based approach of the practice.

In line with the parental accounts, the professionals of the House found there were several challenges to overcome concerning groupings between Swedes and immigrants, language barriers and cultural clashes. The social counsellor and preschool teacher saw that one essential part of their jobs was to manage these issues, which could not be swept under the carpet. Their roles under these circumstances were to be "sounding boards" for parents; stimulating reflection, negotiation and conversational dialogue and therewith not coming with universal pre-packed solutions.

In summary, offering professional guidance was not viewed as phasing out the informal possibilities for parents to gather and share mutual support and advice. It was rather to combine and balance these ingredients that were the inherent strengths of the Family House, according to the staff.

6.3 Theoretical discussion

The following section provides a discussion of parents' categories and dialogue sessions informed by concepts of modernity, a welfare perspective and the broader research literature on family centres. Based on the data, I have identified five aspects which are discussed in relation to the theoretical perspective. The aspects are related but in order to facilitate readability they are separated and they are as follows: **The House as a sounding board, trust and per-**

sonal affection, control and legitimacy of state interventions, view of children and diversity.

6.3.1 The House as a sounding board

The data demonstrates that parents used the House in conscious ways for different purposes, which according to Giddens (1990) can be interpreted as reflexive acting. In the *professional service* category, parents asked for professional advice and support in different situations, in that way it seemed as if they took interest in planning and manoeuvring their lives. In addition, sharing experiences of parenting with other parents in the *study circle* category, acquiring social acquaintances and relaxing in the *living room*, and engaging their children in play and activities in *play ground for children* seemed to be active choices to belonging to a larger community of parents and children. In this respect, the four categories may illustrate the House as a sounding board, from different angles, for parents to shape and make their daily life with their children. As mentioned in Chapter 2 (2.2.3), Lash (1994) raises important issues to the surface concerning people's ability to be reflexive under the structure of poverty and exclusion. This needs to be discussed in relation to the findings "...just how 'reflexive' is it possible for a single mother in an urban ghetto to be?" p. 120. From his view, the parents of this study can be viewed as "reflexivity winners", but there are presumably other parents not covered in this study, having different abilities and possibilities to use the House in reflexive ways. Moreover, from Lash's view one may question the value of family support if other support systems with the intention of reducing poverty and social exclusion are not acknowledged in statutory welfare policies. Ferguson (2003) on the other hand, finds that although poverty is a major dimension that needs to be reduced in families' lives, counselling and individual support are also required in social policy. In his empirical study of child and women protection, he demonstrates that especially women subject to poverty and psychological injury used welfare services in creative ways, to critically engage in life planning to find healing and safety and thus "*Reflexive life planning is categorically not simply something that is open only to those who have the material resources to do it. Welfare is also constructed from below, as active citizens help to define needs by seeking support, justice and healing.*" p. 214. To conclude, from Ferguson's perspective, the support provided by the Family House may thus be rewarding at

an individual level for parents to seeking support and advice, but the structural level of poverty and social exclusion still have to be counteracted by other kinds of welfare provisions like for example financial support systems for families and a universal child care system.

6.3.2 Trust and personal affection

Trust in the staff and their expertise was an important feature, particularly, in the *professional reception* category. This result is not coincidental from Giddens' perspective (1990). In a phase of late modernity with reflexive life planning and heightened risk awareness in combination with that there are no evident truths available; trust in experts has become an important issue. In narrower psychological terms, parents' investment of trust in professionals can also be discussed in relation to the connection Giddens (1991) demonstrates between trust, fateful moments, ontological security and a protective cocoon. Having children provokes existential anxieties and is thus likely to be a particularly challenging "fateful moment" (Giddens, 1991). It is a time when the professionals in the Family House were consulted and trust in them seemed to be needed. Parents were open to acquire support and advice in their present situation, which also appeared to be a natural part of their lives. For example, the *professional reception* category expressed language of "they have an eye on you", "I need them really often" and "You feel secure; if there's a question I just call them" can, from Giddens' vocabulary (1991), be an expression of a need to create ontological security, and one alternative of using the support of the House as a protective cocoon in an event of life that at a deeper level is unpredictable. Essential is also that the protective cocoon, which the parents received from the professionals, is a parallel process to what they themselves in turn are supposed to construct for their children. It can therefore be argued that feeling cared for by the professionals in the Family House is a way for parents to be nurtured, so they can manage to give their children basic trust in life i.e. what Giddens (1991) calls emotional inoculation. This result echoes that of Fernandez (2006), who found in an exploration of family centre interventions that professionals' interaction with families provided a holding environment for parents, so they in turn could provide emotional containment for their children.

From another viewpoint, parents' trust in experts can also be a part of the so-called "professionalisation of parenting", leading to dependency. The information and advice offered by professionals can decrease parents' own confidence in themselves, which also has been frequently mentioned in the literature (Furedi 2001; Furedi 2004; Killén 2000; Lasch 1995). Of merit, is that although trust in professional knowledge and advice was an essential part of their accounts, parents also learned from each other with roots in their own experiences, mainly shared in the *study circle* and *living room*. Thereby, they set trust in their own and others' experiences of pregnancy and parenting, which can be interpreted as a reflection of late modernity's admission of lay knowledge Giddens (1990; 1994). An important result of the study is thus that they blended simple modern professional knowledge with late modern lay knowledge.

The results can also be connected to the transformation of intimacy, which has come in focus in the constitution of both public and private spheres (Giddens, 1992). In the *professional reception* category, parents described the importance of the staff having ability to develop personal commitment in relation to them, resembled with a friendship. In the *living room* category, parents used particularly expressive language of intimacy such as "*almost a second home*" and "*a little family*". These expectations of personal affection may be explained according to Giddens' (1992) concept "pure relationship", in which people strive towards rewarding intimate relationships. There is thus some empirical support for that the relationship between professionals and parents are not being fixed in terms of simple modernity, where parents presumably would have subordinated themselves in relation to the professionals with a lower expectation of companionable relationships. Giddens (ibid) also emphasises that the relationships primarily exist for the rewards they deliver and can therefore be constantly evaluated. Although the results of this study show that parents perceived the relationships with professionals and other parents as rewarding, it has to be acknowledged that since relationships are not stable and fixed, they can be subjected to questioning and dissolution.

6.3.3 Control and legitimacy of state interventions

Trust in professionals of the House played a significant role of parents' accounts, but as Giddens (1984) finds, it is an ambiguous project because trust in experts also means new relationships of control and surveillance. Drawing on Giddens' perspective (1991), the control element is inevitable, but parents are not caught up in it, reflexive utilisation of the House was possible. Parents described, a dynamic relationship in which they also had the ability to use the House in different ways, to shape their daily lives. Interestingly, no parent in the present study has commented on the control dimension. Yet, it can be postulated that inter-professional collaboration under the same roof and the local provision of the practice compared to centralised forms, could have meant increased sense of surveillance and regulation at the local level. Moreover, the professionals saw the importance of still having an informal drop-in approach, but the informal character of the practice can also be interpreted as promoting greater surveillance and control as professionals meet families in other circumstances than solely from the individual professional orientated approach. This was, however, not either noticed or commented on by parents. Similarly, the control element from parental views has not arisen in Swedish evaluations of family centres at any large extent (Enell 2007).

To understand why the control dimension appears invisible in this study, I utilise two perspectives. First, from a narrow perspective, the parents' perceptions of the homelike environment and the development of close relationships to the staff may lead parents away from the authoritative side of the practice, with the implication that the control element is not acknowledged. Second, from a broader perspective, scholars argue that one essential feature of modernity is that control and discipline has become increasingly invisible, individualised and internalised (Beck 1992; Foucault 1979; Giddens 1990; Rose 1999). In that sense, parents do not talk about the control element since they early on in their lives of contemporary society are trained to discipline themselves in relation to different expert systems. Given this, they adapt to the existing norms of the Family House as a natural part of their lives.

Accordingly, linked to control, there were no visible objections in the parents' accounts against increased insight into private family life. The lack of comments

on encroachment into family privacy can also be understood from the ethos of the Swedish welfare state. In the light of Esping Andersen's Scandinavian welfare model and the People's Home (Dahlberg, et al. 2007; Pringle 1998; Salonen 2001), the family/individual and the state are not separated and opposed to each other compared to more liberal welfare policies, maximising the privacy of families. In that respect, there was no clear distinction between parents and the professionals of Family House, since obtaining care and support was probably viewed as something natural without questioning its intrusion into privacy. The parents' accounts thus lend some empirical support to that there still being a collective notion of children and parents having the right to be cared for by child welfare agencies. These results also corresponds with the Danish sociologist Lars Denick (1989), who twenty years ago stated that there was a triangular relationship between state, child and parents in the Scandinavian societies. This means that children do not solely belong to the family; they are also a part of professional domains like preschools/day care centres and schools.

The professionals stressed, in the Stage One interviews and during following dialogue sessions, the importance of sharing responsibility and collaborating with families in the development of the practice. Yet, it seemed to be difficult to find a way to engage them. Moreover, parents did not either mention any outspoken will, in the interviews, to participate in the family centre development. Therein stays the challenging question: To what extent do parents want to have user involvement (Cannan 1992)? If the Family House would develop the practice into a more user-driven practice, the implication of that could be that individuals and the community would be obliged to be more active and responsible for the provided activities, both for carrying them out and their outcomes. The professionally-driven Family House could, in the light of the results, be seen to be a relief from responsibility in providing a service for families without expecting contributions from them. This is done by offering a place where parents can relax, having a cup of coffee, but also the opportunity to discuss child rearing and parenting with other parents and the professionals. It can therefore be argued that parental involvement is not something that can be taken for granted. The challenge of user involvement can partly be understood from the previously-mentioned welfare perspective. Since parents set trust in state interventions, being a natural part of their lives, it can be speculated that they therefore expected professionals to develop the practice, and did thus not see themselves as

a natural part of that process. This is not implicating that user involvement is impossible or not advisable in family centre practice, but it has to be discussed and problematised and cannot be taken for granted.

6.3.4 View of children

The findings show that the parents used the House consciously; as a sounding board to manoeuvre their lives with children, which can be interpreted as one way to take responsibility and care for their children. In the category *playground for children*, children were described as central actors, enjoying participating in activities, playing with other children and in interaction with adults. In that way, parents' view of children has similarities with the professionals' descriptions of the "relational child" where children's agency takes place in relation to adults.

The category also mirrors a socialisation theme with simple modern future orientation as the House was described as an opportunity to prepare children to later on be absorbed into the school and day care system. Similarly, immigrant parents indicated opportunity for their children to learn about Swedish culture and traditions. These results resonate with that of Gunilla Halldén (1991), who finds that there is an idea in parents' beliefs to perform socialisation work with their children, so they become proper adults in the future and to act " *...as introducers and as a kind of bridge between the home and the outside world.*" p. 342. Moreover, Swedish children are in general away from home and family many hours a day taking part in preschool activities, which has led to that children's socialisation processes nowadays at least partly take place outside the home (Liljeström 1992).

From Liljeström's and Halldén's perspectives, it is not surprising that parents mention in *playground for children*, the importance for children to go outside their homes and gradually adapt to day care centres and schools. The environment of the open preschool with playrooms, toys and organised activities like singing and painting have obvious similarities with that of Swedish day care centres. The Family House can thus be suggested to provide an arena, among other things, for parents' socialisation work, to adapt their children to routines and what is expected of them in public institutions. From Hallden's vocabulary

(1991), the House becomes a bridge between the home and the public outside world.

Parents' socialisation work of the category *play ground for children* may also be discussed from the radicalised late modern trend of individualisation accompanied by psychology (Beck-Gernsheim 2002; Beck and Beck-Gernsheim 1995). In this scenario, socialising children is to a large extent the duty and responsibility of individual biological parents. However, the account "*he notices that other people can tell him if he does things he's not supposed to do*" reflects a contrasting picture to the individualisation trend where the House seems to be viewed as a place for a collectivist approach in that adults, other than the child's parents, are allowed to be involved in the socialising process. The House becomes an arena for provision of additional adults who may serve as sources of support for children's upbringing.

On the whole, the simple and late modern perspectives form a useful basis, which shows a dual nature with regard to children in the parents' accounts. The parents indicated they considered children both as being in need of socialisation for the future, but also as social actors who actively enjoyed playing in the present through interaction with other children and adults.

6.3.5 Diversity

As parents searched for relationships, they encountered the range of diversities that the "other" constituted for them in the House. Basically, from the notion of a multicultural environment meeting the "other" contained many ingredients, which became particularly visible in the *study circle* and *living room*. In general, meeting diversity has one underlying question: To what extent are we prepared to receive other people's beliefs and values and thus challenge our own beliefs and identities (Melucci 1996). This question becomes especially poignant concerning groupings between Swedes and immigrants in the *living room*. The gathering with other parents, assumed to be similar to themselves in terms of ethnicity and language, can be an expression of search for security and avoidance of being challenged with diversity. In many ways, this result can also be understood with the help of Giddens (1990; 1991) concerning his concepts routines, reflexivity and ontological security. Being a parent is, as discussed, a fate-

ful moment when people confront existential questions and strive for security. To form a group, based upon similarity as expressed in the category *living room*, can be a way to create some sort of stability and order, which leads to a sense of ontological security in the group, and broad-based in the parents' lives. Another thing to note is also that immigrant parents can be assumed to be in an exposed situation, facing a series of stress-producing events and might therefore have good reasons to gather with their own compatriots, to create a sense of stability and security in their new country of residence. From another angle, the search for similarity, sometimes leading to groupings of immigrants and Swedes, can be linked to an "othering process" with inclusion and exclusion. By sitting in separate groups, it can be suggested, from Grove's and Zwi's perspectives (2006), that there is a construction of "us" and "them", or who is "in" and who is "out" within the group. Yet, it is important to not ascribe this process in solely cultural terms (Ålund and Schierup 1991), since there may be other markers for inclusion and exclusion in a group, like for example age, gender and class etc. However, there were also clear signs of reflexivity in the meetings between Swedes and immigrants since there was a will and curiosity to open up, interact and learn from each other, going beyond stability and security, implicitly being prepared for change in light of new influences.

In summary, the parents' accounts can be viewed as a dynamic interplay between reflexivity concerning possibilities for change, and search for similarity, stability and security. Meeting parents with other beliefs and values was from one perspective viewed as enriching where they looked to acquire new influences in parenting and child upbringing with possibilities to pick up something and learn from each other. Groupings between Swedes and immigrants may increase "othering processes" with boundaries for the "other", but it can also be suggested that there is decrease of this process, since parents in parallel searched for connections and bridges to each other.

6.4 Summary and conclusion

In chapter 6, four qualitatively different categories *professional reception*, *study circle*, *playground for children* and *living room* with their themes, as well as the results from following dialogue sessions with professionals, were presented to receive a deeper understanding of the Family House. Thereafter, a theoretical discussion revealed that the parents' accounts reflected concerns of both simple- and late modernity. Of significance, parents place trust both in the staff of the House and in their own experiences, thus not being totally locked into the simple modern client role where experts know best. The House can, in that light, provide a blend of both professional support and mutual parental exchange, in order for parents to enhance some mastery of the world, or a protective cocoon. There is also some empirical support for the distinction between private and public being blurred, since parents did not comment on encroachment into family privacy, and also used the House as a social arena in their striving for developing personal and intimate relationships with other parents and the professionals. Moreover, parents indicated that they regarded children not only in need for socialisation for the future, but also as individuals who actively enjoyed playing in the present and in interaction with other children and adults. Finally, parents faced diversity from a multicultural point of view with challenges and tension as well as possibilities for enriching encounters and connections between people.

Chapter 7 addresses the basic points of the research and, particularly, looks at the challenges and possibilities they indicate for the Family House as well as for family centre practice in general, in the light of the concepts of modernity. It also presents the final dialogue sessions of Stage Three with the staff of the House, and reflects further on the strengths and limitations of the study. The study is then completed with the provision of a summary with some conclusions.

Chapter 7: Reflections

7.1 Introduction

In this thesis, I have used concepts of modernity outlined in the model of chapter 2 (section 2.2), to understand family centre practice through professionals' and parents' perceptions of a Swedish family centre. In that sense, the practice was conceptualised in a context of individualisation and risk (Beck 1992; Beck and Beck Gernsheim 1995), a Swedish welfare state perspective (Esping-Andersen 1990; Salonen 2001), reflexivity and self-realisation (Giddens 1990) and a new kind of transformation of intimacy (Giddens 1992).

Chapter 1 explained how the research developed, presented the action research project, the Family House and its neighbourhood. In chapter 2, I provided information on concepts of modernity, while chapter 3 gave background information on Swedish family centres placing them in a modern welfare context. I also presented a literature review on family centre policy and practice from both international and Swedish points of view. Chapter 4 furnished information on research paradigm (constructivism), methodology (action research), method (phenomenography), participants of the study as well as trustworthiness and ethical considerations. Chapters 5 and 6 presented professionals' and parents' perceptions of the Family House and the dialogue sessions, followed by the theoretical discussions.

In this final chapter, I will summarise my basic points. The chapter starts by presenting the Family House at the intersection between simple and late modernity. Thereafter, I map challenges and possibilities for the Family House and what that can indicate for family centre practice in general. Chapter 7 also provides information on the final dialogue sessions with the staff of the House that constituted Stage Three within the action research process, and then presenting the study's strengths and limitations. Lastly, a summary with some conclusions finalise the thesis.

7.2 The Family House at the intersection between simple and late modernity

The analysis of the two interview studies led to the identification of seven different categories of description; from interviews with professionals in Stage One; *professional service*, *informal meeting place* and *community-based centre* and from interviews with parents in Stage Two; *professional reception*, *study circle*, *play ground for children* and *living room*.

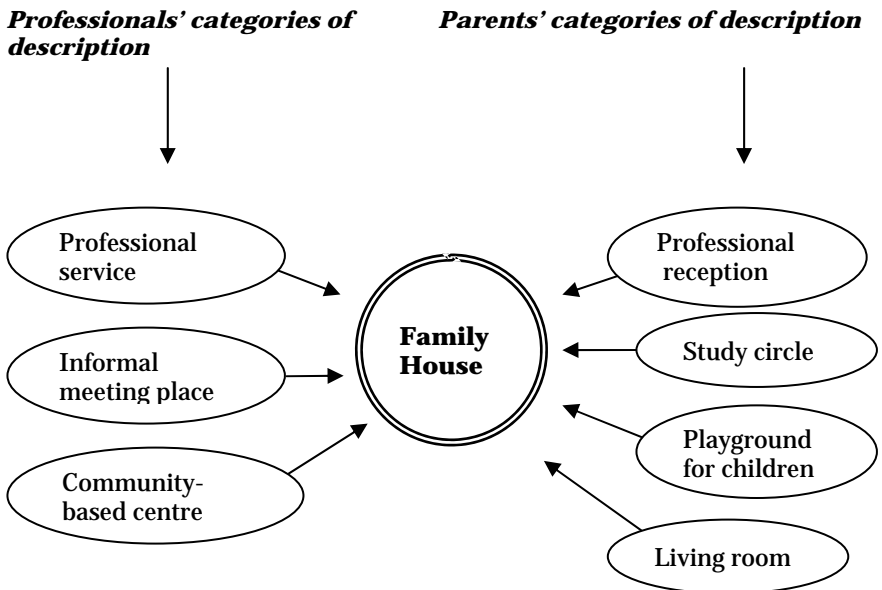


Figure 7 shows a comprehensive overview of the categories of description of the study.

With the help of the model in chapter 2 (section 2.2), I have found that the practice of the Family House, as expressed in the categories of description above, can be viewed as an expression of both simple and late modernity's concepts, manifesting themselves at an interesting crossroad. In particular, I demonstrate how the Family House can be perceived as caught up in the tension between simple modern endeavour to control the nature and future through expert knowledge,

and late modern self-realisation where people can shape their own lives with creativity and agency.

In a number of respects, the Family House in the *professional service* and *professional reception* expressed correlation with facets of simple modernity with application of expertise to master the world, while the categories *community-based centre*, *informal meeting place*, *living room* and *study circle* reflected features of late modernity with decreased senses of expert knowledge, embracing the idea of self-realisation (Beck 1992; Giddens 1990; 1994; 1998). In these latter-mentioned categories, what was best for the parent/family was not evident and did not have to come from professional expertise. What follows from this is that neither parents nor professionals were bound up in the traditional simple modern static expert/client role. Particularly, parents' accounts reflected late modern goal for pure relationship (Giddens 1992), reflecting a negotiable and intimate side of relationships between parents and professionals in the House. It was also in the context of decreasing demarcation between experts and lay people with an emphasis on parents' own skills and experiences that the professionals' call for user involvement might arise. This indicated that the radicalised trend of individualisation (Beck 1992) imbued the practice with notions of parents' individual responsibility for children's well-being following in its wake. However, despite this the results demonstrated that there was a mix of simple modern public/professional duty, and late modern individual responsibility for children's welfare in the Family House. Moreover, the dialectic relationship between simple modern control with future orientation and late modern self-realisation also appeared with regard to children. Children were naturally viewed as subjects for the future accompanied by becoming their own social actors, playing and interacting in the present within their social context. In terms of integration between different ethnic groups, the results from the professional interviews indicated that there was mediation between simple modern ideas of universal social inclusion, and late modern aspiration to promote cultural blending and diversity.

One core finding of this thesis is thus that Swedish family centre practice is not locked into the straitjacket of simple modernity with rationality, control and expertise. Rather, as in the figure on the next page, family centre practice can be viewed as a balancing act for those involved in negotiating and manoeuvring

issues of both simple and late modernity; control/self-realisation, expert knowledge/lay knowledge, expert relation/companionable relation, professional responsibility/individual responsibility, children as future/as their own actors, and last but not least universalism/diversity in relation to integration.

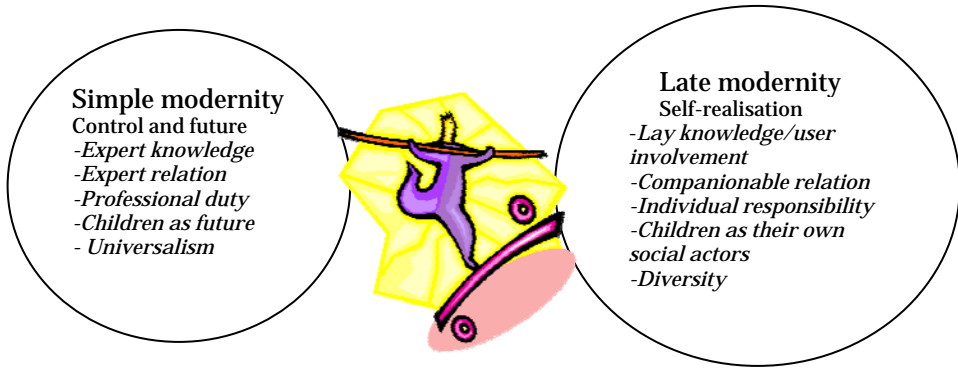


Figure 8 shows the balancing act between aspects of simple and late modernity, based upon the findings.

7.3 Reflections on possibilities and challenges for family centre practice

7.3.1 Control and self-realisation

As I have shown it can be argued that family centre practice contains a balancing act of simple modern control and late modern self-realisation, which now will be further discussed from different vantage points.

The results showed that the practice provides self-realisation possibilities in which parents had the ability to use both expert and lay knowledge in creating their lives with children. This so called reflexive (Giddens 1990) utilisation of the House can also be said to be a “protective cocoon” (Giddens 1991) around families, which help them to manoeuvre a world where risk and uncertainty have moved to the centre. However, one must not forget that the House, just as it provides self-realisation possibilities for parents, has the function of the observing eye or the “panopticon” (Foucault 1979), watching families so they follow the norms and standards of the practice. Consequently, family centres provide two

simultaneous functions at the same time; a panopticon (Foucault 1979) to control families, and a protective cocoon to enhance parents' mastery of the world supporting, in some sense, a stable and trustful worldview under uncertain late modern conditions. With this double-sided picture of family centres it becomes evident that prevention work, lying at the heart of the practice, is not solely a question of control processes of normalisation. It is also about life planning and colonisation of the future, to provide some sense of structure and stability around families

Notwithstanding the contemporary trend of self-realisation, emphasising children as their own actors, there are challenges to overcome. In a society with heightened risk awareness there could be tendencies for undermining the protective side with orientation towards the future at the expense of children as their own actors. The findings showed that children were protected and prepared for the future; parents viewed the House as an arena to socialise their children to later on blend into the school system, and professionals carried a risk perspective with them to prevent unfavourable development for children. However, in parallel there was also the notion of the "relational child". Given this, family centres can probably move beyond the "child as future" within a risk perspective, to also include a provision for other opportunities where children can play and use the House for their own sakes, as a part of their current lives and context.

Moreover, self-realisation is a result of the radicalised individualisation processes, which emphasises individuals' responsibilities. This scenario can indicate that the economic and material structures of society play a subordinated role (Beck 1992). However, from my view, the material circumstances are vital components of families' lives from which they never can be abstracted. Even if today's Swedish welfare system is characterised by an increasingly individualistic development, indicated in chapter 3, family centres are still situated in a context where the state takes responsibility (Salonen 2001), and where child welfare is more than its individualised familial and psychological/medical aspects (Dahlberg, et al. 2007; Pringle 1998). Child welfare, as a whole, is consequently also about counteracting structural inequalities such as poverty, unemployment and racism, which to a large extent affect upon children's and families' well-beings. In a nutshell, the Family House and family centre practice in general

cannot overcome poverty and unequal circumstances on their own, but the practice is one way to respond to needs at an individual level. The practice could be regarded as a complementary recourse of a broader spectrum of public child welfare provision, which is vital to maintain under individualistic late modern conditions.

7.3.2 Multiple roles for professionals in family centres

In a context of simple modernity, from Giddens' perspective (1992; 1994), professional authority would probably have been the unambiguous role for the professionals. However, under the influence of late modernity data showed that there were also expectations on the staff, both within the professionals themselves and from parents, to develop a negotiable and companionable side of their relationships. This can be suggested to require new demands where staff constantly has to be prepared for change and alteration between multiple role positions, indicating a new kind of professionalism not solely built upon expertise. Yet, even if it is not necessarily the case, I venture myself to speculate that the informal friendly character of the practice and the relationships in the practice can sometimes be a challenge within the framework of professional duty. As parents open up and talk "free and easily" about their problems in the friendly informal atmosphere, they can forget the professionals' role in relation to child protection. Then, if a professional is obliged to report or transfer a family for investigation to social services, the parents can feel lured by the homelike atmosphere that "made them talk", and betrayed by the professionals who they foremost considered a friend and not as a professional with public duties. This issue also resonates with that of Ferm (2002), who finds that the environment of the family centre in regard to its open character can in some sense become "seductive" for parents to tell more than they actually want (in Enell 2007). Professionals might also sometimes hesitate to confront a family about their problems, so as not to disturb the friendly relationship they have developed. From an opposing view, the trustful and companionable relationships between parents and professionals could also be speculated to become a source of strength to lean on, facilitating the motivation for families to obtain additional support. It could be suggested that the strong personal bonds, built up between staff and parents in a family centre, become the springboard for development and change. Yet, based

upon the findings, parents' emotional investments in the staff can also put a special effort and burden on the professionals to live up to these expectations.

The findings, additionally, showed that the House was a common social space where tensions occurred between groups, having different demands and expectations. From that perspective, another part of the professional role in family centres is to be prepared to manage intergroup relationship aspects; to open up for negotiation and open-ended engagement between parents having different social and ethnic backgrounds.

To sum up, working in a family centre could require that professionals possess many different roles with different demands and challenges. Particularly, when discussing the companionable informal side of family centres, there could be an issue about clarity concerning professional boundaries and roles considering the families.

7.3.3 Children's participation in family centres

Data revealed that there were notions of simple modern "child as future" and late modern "relational child" with less sense of preparation for later life. Yet, there were no outspoken goals to involve children in the development of the practice. In addition, performing research and discussing the practice were in this research process viewed as an adult task, especially when it came to younger children, 0-6 years of age. The lack of children's participation in the development of the Family House can, probably, arise from a Swedish welfare perspective with a strong belief in state interventions to support and care for children's upbringing. Children take part in predetermined public welfare services constituted, mainly, from professional and adult perspectives, which could indicate that they have smaller opportunities for acquiring their own engagement and innovation. Moreover, it is not easy to think outside the frames of adult and professional responsibility in our eagerness to protect and care for younger children. The tension between participatory rights and children's need for protection are also somewhat highlighted in the literature, since many authors find it important to consider and balance this tension (Lansdown 2005a; Pridmore 2000; Sinclair 2004; Skivenes and Strandbu 2006; Sylwander 2001).

The House is designated as a welfare arena for both children and adults, whose relations were intimately intertwined. What follows from this is that participation has to acknowledge the quality and nature of relationships between adults and children (Lansdown 2005a; Lansdown 2005b; Lansdown 2006; Mannion 2007). However, one important question arises in regard to the adult-child relationship: How do children's voices account in relation to adults (Sinclair 2004)? Traditionally, adults have an authoritative position which can make children insecure in raising their voices. Therefore, adults have responsibility in helping children to express themselves, and to balance between giving too much or too little adult guidance (Pridmore 2000). In many ways, it is also a question of developing activities with children without imposing participation on them or expecting devotion to task (ibid). Otherwise, participation become an intrusion into privacy, being a part of the regulatory agenda to increase control over children's lives (Moss 2006). Furthermore, the concept of participation has to be clarified. Quite often, it simply means to be listened to or consulted implying a passive form, which stands in contrast to active participation for change (Sinclair 2004). There is also a slight risk that only a limited number of children are engaged and they are often well-articulated compared to those whose needs maybe greater (Sinclair 2004). This suggests such involvement rather becomes a tokenistic inclusion of some children. Charting and analysing which children and adults should be included are thus the heart of any involvement project in family centres.

Another important issue is how to communicate young children's views in family centres. The Mosaic approach (Clark and Moss 2001) is one fitting proposal of procedure for family centres to work with participation. It is developed for younger children (three and four years olds), but also adapted to work with children under the age of two, with immigrant children and with key workers and parents. It is a participatory process where children's views are brought together with those of family members and staff, enabling them all to be involved in "meaning making" together. It is also a multimethod approach with combination of visual and verbal techniques in which children's own photographs, tours and maps can be joined to talking and observing, to gain deeper understanding of children's lives in family centres.

7.3.4 Integration

The results of the research showed the Family House represented an aspiration to support integration between Swedes and immigrants. There were, however, different images about what integration should be built upon; one promoting simple modern ideas of universal social inclusion despite class, gender and ethnicity, and one supporting the late modern aspiration of cultural blending and diversity. These two perspectives also implied managing cultural autonomy and commonality, so that the former does not lapse into segregation or the latter to minority assimilation in the mainstream Swedish culture (Bons, et al. 2003; Eriksen 1997; Johansson 1999).

There is no easy resolution of this tension and consequently integration of family centres pose issues of power concerning whose culture counts and if it is possible to develop shared values in relation to, for example, parenting and child rearing. Yet, both professionals and parents, in this study, aimed to connect with each other, but with respect to both cultural diversity and similarity. In other words, they were prepared to manage and live with both searching for similarity and diversity. Integration in family centre practice can therefore be said to concern understanding of the nature of connections between people, but with respect to diversity.

The ambition of a homogenous family centre built upon similarity is probably difficult to achieve, but the practice can offer an arena to facilitate open-ended and unprejudiced engagement in diversity and similarity, supporting negotiation between people around these issues. As a result, family centres play an important role in the development processes of a multiethnic society, providing a place for cultural encounters and intercultural exploration with the attempt of avoiding segregation and boundaries. However, there is a subtle dialectic relationship between people's need to demarcate cultural uniqueness and their attempt to bridge these borders. This dialectic relationship seems to be an inevitable challenge and something that family centre practice has to acknowledge and live with.

7.4 Summary of dialogue sessions of Stage Three

The research project consisted of three stages of research; Stage One, professionals' perceptions of the Family House with following dialogue sessions, and Stage Two, parents' perceptions with following dialogue sessions. Finally, Stage Three consisted of reflecting and having a dialogue with House staff concerning the theoretical analysis, to inform and further develop understanding of the practice. I presented a verbal summary of the theoretical discussion in chapters 5 and 6, the before mentioned balancing act of aspects of simple and late modernity, and the possibilities and challenges I have found family centres must live with. Afterwards, I asked them to begin a dialogue to reflect upon the findings and how the findings connected with their experiences. With the help of the theoretical feedback, the staff contextualised their experiences of their own issues and saw the House as a multi-faceted phenomenon where they manage or balance risk assessment/need assessment, protection/support, professional responsibility/parental responsibility, diversity/similarity, children as future/as their own actors in interaction to their social context, and control/self realisation. One result of this process was that the staff discovered, although there were complexities and challenges of working in the House, they had obviously managed these challenges over the first five years. This, including their aspirations for the House coincided with parents' perceptions of the practice, fostered their sense of being a community "on the right track", which created hopes for future challenges and development.

The broad role spectrum was an important issue for the staff to reflect upon. Someone painted a picture of the possession of different roles as going through diverse rooms in the House, which contained different demands; being a collaborator, facilitator, friend or expert. This was perceived as positive and enriching, creating creativity in their professional roles that had not been possible in the prior separated organisation form. However, as someone noted: "*Now I understand why I also sometimes becomes tired, drained of power, it is many expectations to live up to.*" It was also described that they as a team could alternate between different roles in relation to a family; agreeing that someone took the expert role and someone else the collaborator or friend role. A member of the staff challenged the group by saying: "*How convenient is it that we become friends and besides what are the boundaries in a professional relationship?*"

Therefore, they also found it important to consciously discuss and reflect on the informal side of the House, and what it could lead to with consideration to the families. Yet, parents' emotional and trustful investment in them as professionals were in most cases viewed as some of the primary sources of strength in their work; a sign of success in building well-established and continual relationships with the parents and their children. A well-established relationship with the parents/family meant a sense of attachment and confidence to lean on in times of conflict and problems occurring. For the most part, the staff found the positive bonds to a family did not break, even if they had to report the family to social services for further support or/and investigation. Thereby, they could still continue to be a resource for the family, who often continued to use the House as they always had.

Together we concluded the House had been solely examined from adult perspectives with adults choosing what should be under examination. This insight led to a shift in the discussions. One issue for future development of the House could thus be to find ways to ensure that children's voices regarding the practice are heard. It was not only about seeing children as users of the practice, but also as actors who could give opinions to shape the practice of the House; telling what kind of needs that the practice should address from a child's perspective. From another angle, children's involvement could be a way for the staff to gain additional learning about their relationships to both children and parents in the House. They also acknowledged there was a group of children that in a way had grown up in the House as a natural part of their family lives and the question arose: "*How do they, through their own eyes, perceive the House?*" However, involving children raised other questions among the staff: "*How can we work with both children and adults in these matters in joint coalition without losing the children's voices? What would child-adult involvement mean; does it mean consultation or decision-making and change?*" Lastly, involvement can never be taken for granted so people are forced into participation. There were no answers to the questions, but as we had learned from the action research process, involvement takes time and has to be carefully thought through. If children's involvement in the House should be launched in the future, it was important to secure time and space for this work. The dialogue session was a starting point for discussing children's involvement in the framework of an adult context.

7.5 Final reflections on the study's strengths and limitations

Demonstrated in this thesis, family centre practice and its interaction with the consequences of broader societal development are overlooked in previous work on family centres, particularly, in the Swedish context. The most essential strength of this thesis is that it fills a knowledge gap, providing a theoretical exploration using concepts of modernity, in order to understand the underlying ideas and thinking frames of family centre practice through professionals' and parents' perceptions.

The data was collected without the theoretical perspective of modernity that presently prevails in the thesis. This brought strength to the study, since otherwise there may have been some bias with me asking leading questions associated with concepts of modernity. Instead, the interviews were conducted to inspire the participants to talk freely about their perceptions of the House.

One important part of this thesis is that I did not ignore myself as a person in the research process. The research was consciously affected by the experiences I had during my pregnancy and this influenced the way in which I analysed the data. This seemed to have its drawbacks, when I went back to the categories during Stage Three, to go one step further in the analytic process; there was a slight tendency to recognise issues that correlated with my own personal experiences of risk and trust. However, with time, reflection and supervision this bias was reflected upon and some distance was obtained. Thereafter, I went through the data once more so that I could include other issues. Yet, my personal experiences of risk and trust deepened the understanding of the data and led me to a theoretical stance using concepts of modernity, which perhaps another researcher without the same experiences as mine could not have done. In terms of supervision, it was an advantage having a British Director of Studies with whom I discussed and reflected, particularly, on the different welfare systems of Sweden and Britain and how their underlying ideological assumptions affected the constitution of child welfare services. With the help of supervision, I broadened my perspective of understanding the complex context of which family centre practice is a part. Also in dialogue sessions with the staff, I received the opportunity to test and validate my thoughts and became aware of myself in the research process. One can thus conclude that the above-discussed practice of re-

flexivity i.e. being aware of my self and critically reflecting, both alone and together with others, contributed to the strength of the study. This reflexive turn also corresponds with the nature of constructivist and participatory-orientated approaches in that researchers' experiences are part of the creation of the research process (Denzin and Lincoln 2005; Greenwood and Levin 1998; Hart and Bond 1995; Lincoln and Guba 1985; Lincoln and Guba 2005).

The empirical data was collected through interviews with professionals and parents and through subsequent dialogue sessions. Verbal responses may or may not, however, match with what the participants of the study do in the Family House. Given this, I could have combined interviews and dialogue sessions with observations to find out what actually happens in the House, which could have brought further strength to the study. However, to explore parents' and professionals' perceptions of the House required first and foremost a verbal conversation. Observations were therefore considered inappropriate for the method of research. Phenomenography brought strength to the study in that it helped me to capture the variation and the inherent complexity and thinking frames of the House. It was also a helpful tool, in working with the professionals during the dialogue sessions, to learn more about aspects of the House and their roles in it (Sandberg 2000; 2001; 2005; Larsson 2007). During dialogue sessions, the professionals of the House were willing to discuss potential controversial topics and challenges in their work, which brought breadth in the data obtained. Unfortunately, I did not use a tape recorder during the dialogue sessions, as I did in the interviews, so important information may have been left out or forgotten.

The interviews showed that parents whether they were immigrants or Swedes used the House in similar ways; to acquire expert and lay knowledge and to develop social acquaintances. Yet, it has to be acknowledged that acquiring help and support from a public institution is not always from an immigrant perspective experienced as something evident, since different kind of problems and issues are expected to be managed by the extended family (Almqvist and Broberg 2000). One can thus ask how immigrants and Swedes with less or no contact with the House would have perceived the practice. The sampling did not include individuals who had dropped the possibility of using the House, which could have further broadened the perceptions and the understandings of the

practice. Moreover, the lack of participation of children could also be a critique of the research process, since the House was solely examined through an adult perspective. In conclusion, the lack of children's perceptions of the House and the fact that I have not reached so called "dropouts" of the practice are drawbacks of the study, but might be interesting topics for further research on family centres.

The methodology of action research has brought strength to the study from many angles. First of all, the approach supported that both professionals and I as a researcher received the opportunity to explore differences and similarities in dialogue, to mutually learn about different views of the Family House (Carr and Kemmis 1986; Greenwood and Levin 1998; Morrison and Lilford 2001). The approach also minimised the distinctions between those researched and myself as we were all actors in the same research act (Heron and Reason 2001; Reason 1998). However, a limitation of the study is that I did not receive the opportunity, in joint coalition with the interviewed parents of Stage Two, to further explore their views of the practice (chapter 4, section 4.3.2). I also found that the PhD nature of the study affected the action research process. As a doctoral student, I was obliged to take part in research courses, seminars, conferences and writing up the thesis etc. All this led to in combination with pregnancy and maternal leave that I for long periods of times was away from the Family House. Perhaps these interruptions disturbed the interactive process with the professionals of the House, distancing me from them. The positive side was, however, that I did not become too involved with them, which provided me with extra space for thinking and reflection.

It is often discussed that the strength of action research is its ability to influence change (Greenwood and Levin 1998). Some might therefore raise the objection that there is no measurable effect of change in this study. The critique can concern that practical knowledge grounded in daily experiences has played a subordinated role in favor of dialogical and theoretical reflections without pragmatic problem solving. I am sympathetic to this objection, but would like to put forward the strength of action research in this study lies not in the degree of affecting change, but in the attempt to open up to new ways of understanding the practice through participation and collaboration. As support for this argument, there is currently a distinction between two orientations of action research; a

pragmatic orientation with focus on praxis and practical knowledge development, and a critical orientation with more room for critical thinking and reflection (Johansson and Lindhult 2008). It is towards the latter orientation that this action research project developed. The staff and the researchers became a critical community that did not urge to solve immediate practical concerns, but to engage in exploring issues of the practice and to find out what we needed to know for future development. One example of this was the recognition that children's voices were lacking and needed for future development of the House.

In terms of using interpretive frameworks in action research, I agree with Walker (1996) who finds that theorising does not stand in contrast to the idea that our understandings of the world are only generated by practical experiences and critical reflections on them. Following her reasoning, the understanding of the Family House is shaped by practical experiences in interaction with theory in the current action research community. The theoretical exploration helped the staff to make sense of their experiences of working in the House over the last few years, and in parallel viewing the practice through new lenses. The theory route is thus not far from practice, but engages and interact with practice (Walker 1996). To sum up, the overall strength that the methodology of action research brought to this study is the dialectical process of moving between theory, practical experiences and research to understand and explore the challenges and complexities of the Family House.

Both Giddens and Beck have been criticised for not having anchored their work in empirical studies (Lupton 2000). A significant strength of this study is thus that it puts concepts of modernity from their perspectives under empirical scrutiny. Comprehensively, this scrutiny showed that the concepts *individualisation*, *increased risk awareness*, *reflexivity/self-realisation and control*, *striving for trust/ ontological security* and focus on *pure relationship* had relevance and utility, since they were reflected in professionals' and parents' perceptions of the practice. Going one step further, the professionals also recognised themselves in the interpretations through help of this framework. This indicates that the theories lend some credence of being heuristic (Shoemaker, et al. 2004) as they showed the ability to mirror interesting angles of approach for the current research study, nurturing the understanding of family centre practice. I would like to, especially, point out how Giddens' concepts of trust and reflexivity seemed to

fit the Swedish context. One may thus ask: How does that come about? I venture myself to speculate on this issue from a welfare perspective. A welfare system built upon just comprehensive distribution of welfare through state interventions has led to a relatively high proportion of equality. People do not have to worry about putting food on the table, having reasonable rents, receiving medical care and acquiring access to the child care system. Since these needs seem to be at least relatively fulfilled, in the landscape of the Swedish welfare system, it can be postulated that parents of the study had possibilities for reflexive utility of the House. Yet, the study can be criticised for analysing parents and professionals of the House as primarily autonomous creative individuals, not acknowledging how power and oppression may work behind their backs. In hindsight, I agree to some extent with this critique and find that I partly have favoured recognising reflexive parents and professionals, given precedence to agency and self-realisation perhaps at the cost of structure. The critique could also consider that concepts of modernity, from Beck's and Giddens' perspectives, paint a picture of society from a Western monocultural point of view, not acknowledging cultural diversity to any large extent. This could indicate that the theories did not either help me pay attention to these issues and that I therefore have put my own culture and society in the centre of my interpretations of the Family House. Thus a complement with an analysis of class, gender and ethnicity to consider to what extent people are free respective limited to act in the House would have been appropriate.

The study concerns, primarily, family centres from a Swedish point of view in the light of modernity. This means that I have not acknowledged the practice from, for example, a British context and in what way the concepts of modernity are reflected there. In chapter 3, reference was made to children's centres (section 3.4.4) and as a suggestion for further research is that the study could be replicated in that context, to undertake some cross cultural comparison.

7.6 Summary and conclusion

One of the core conclusions of this thesis is that Swedish family centre practice contains a balancing act of manoeuvring aspects of both simple and late modernity. In this respect, family centre practice can be viewed as responding to the societal changes of simple modernity regarding belief in experts to control the future, but also to late modernity concerning radicalised individualisation and risk awareness with increased self-realisation, questioning of authority and transformation of intimacy following in its wake. In this scenario, it is also suggested that the practice contains an intersection of both public/professional duty and individual/parental responsibility for children's welfare, and there is no clear distinct boundary between private and public.

I have also captured some of the challenges and possibilities that characterise family centre practice in the light of modernity. Particularly, the tension between the aspirations for individual self-realisation and control lies, inevitably, at the heart of the practice. Family centres do exercise power and control over families, but they also provide a protective cocoon for families to master their daily living with children. The simple modern vision to create an orderly manner of the world, to assist people with life-planning with the help of experts is an important possibility of the practice in combination with present concerns and parents' mutual exchange of personal experiences. With this, family centres could be welfare arenas for children not just in need for future socialisation, but also as their own social actors within their social context. Family centre provision should be viewed as one part of a broad welfare spectrum to support families, but cannot overcome poverty and social exclusion on their own. Professionals, working in family centres, also have to handle a broad role spectrum, especially, the simple modern expert role within the framework of late modern circumstances with claims of intimacy and companionable relationships. In addition, another challenge for family centres is to address children's and adults' participation in planning and developing the practice. Family centre practice is also suggested to play a role for open-ended engagement in managing diversity and similarity in intercultural encounters in Swedish multi-ethnic society.

Finally, the categories of description with their main features could be seen as representing different ideas of the practice from the position of expert guidance

to a user-owned arena with many shifting activities. These varying pictures of the practice also coincide with the literature on family centres in which some argue in favour of the traditional expert orientated family centre with referred clients, others want to make the family centre more customer-orientated, while yet another group wants to dissolve the family centre into a community-based service owned by the users away from professionalism. The fact that family centres can take many forms with different ideas of the service provision could be seen as a typical expression of late modernity. By contrast, in a simple modern context, the expert orientation of the practice with referred clients would, probably, constituted the most evident form of service provision. However, to find certainty, absolute truths and stability of the world was a simple modern dream, which was impossible to fulfil. This means that it is, probably, under late modern circumstances hard to achieve consensus of what constitutes the ideal family centre provision. The complexity and different ideas of the practice is inevitable and form the condition for today's family centre practice. The practice depends on local context and how the practice is perceived by the people involved and in what kind of action and choices they are willingly to take part.

SVENSK SAMMANFATTNING

Bakgrund och syfte

Familjecentraler har växt fram i Sverige sedan mitten av 90-talet med syfte att främja barns (0-6 år) och föräldrars hälsa. Basen i verksamheten består i regel av barn- och mödrahälsovård, socialtjänst samt öppen förskola, alla samlade under ett och samma tak. Gemensamma mål för verksamheten är att skapa en mötesplats för barn och föräldrar, stärka det sociala nätverket runt familjen samt ge stöd och rådgivning på ett lättillgängligt vis (Gärdsmo Pettersson & Zeime 2000). Familjers delaktighet i utformningen av verksamheten är också en viktig komponent. Den långa traditionen av svensk mödra- och barnhälsovård innebär att verksamheten når en stor del av de familjer som bor i ett upptagningsområde.

Den aktuella familjecentralen i studien är Familjehuset Näsby som var det första av sitt slag att starta i Kristianstad. Totalt arbetar åtta personer på Familjehuset, en förskolelärare, en social rådgivare, tre distriktssköterskor, två barnmorskor och en undersköterska. Även en distriktsläkare samt en barnpsykiolog är knutna till verksamheten. Personalen är anställd av sina respektive moderorganisationer dvs. Region i Skåne samt Kristianstads Kommun. De har stöd av en styrgrupp som består av chefer från region och kommun. Den gemensamma visionen för verksamheten är, med utgångspunkt i varje familjemedlems behov, att främja barns och föräldrars hälsa och gemenskap i området. Människor med olika ursprung och bakgrund skall kunna lära känna varandra och på så vis skapa egna sociala nätverk (Kristianstad Kommun 2002). Gamlegården (en del av Näsby), där Familjehuset är beläget, kan beskrivas som ett mångkulturellt område. Nära hälften av besökarna i Familjehuset (45 %) har invandrarbakgrund. De största invandrargrupperna kommer ifrån Irak, forna Jugoslavien och östra Afrika (Lindskov 2005).

Redan i planeringsstadiet av Familjehuset inleddes kontakt med Forskningsplattformen för utveckling av Närsjukvård. Ett forskningsteam bestående av en senior forskare samt en forskarstuderande bildades för att stödja och utveckla verksamheten. Forskningsplattformen är en del av ett samarbetsprojekt mellan

Region i Skåne, kommunerna i nordöstra Skåne samt Högskolan Kristianstad. Plattformens uppdrag är att utveckla och stödja pågående projekt eller verksamheter inom vård och omsorg inom nordöstra Skåne. I samarbete med verksamheter utvecklas forskningsprojekt med ansatsen aktionsforskning som innebär att brukare och/eller medarbetare involveras.

Den aktuella studien var en del av ett större aktionsforskningsprojekt som bestod av två forskningsområden:

1. Professionellas och föräldrars uppfattningar av verksamheten
2. Personalens interna och externa samarbete samt deras mål för verksamheten

Avhandlingen relaterar endast till det första forskningsområdet. Personalen på Familjehuset tillsammans med forskarstuderanden och den seniora forskaren utgjorde den primära arbetsgruppen som var involverade i forsknings- och utvecklingsarbetet. Som tidigare nämnts, består Familjehuset av olika verksamheter som är lokaliserade tillsammans, men istället för att undersöka de enskilda verksamheterna, som t.ex. barnhälsovård eller öppen förskola, har forskningen istället tagit fasta på att undersöka professionellas och föräldrars uppfattningar av verksamheten som helhet.

Det övergripande syftet med avhandlingen har varit att förstå familjecentralen genom professionellas och föräldrars uppfattningar av verksamheten i förhållande till modernitetsteoretiska utgångspunkter.

Teoretisk grund

Begreppet modernitet är mångfacetterat och kan ges olika betydelser, men många forskare inom samhällsvetenskapen anser att de stora förändringar som skett i det västerländska samhället gällande sekularisering, urbanisering och industrialisering har haft konsekvenser för utvecklingen av välfärdinstitutioner, människors levnadssätt och deras världsbild (Heaphy 2007). I sin enklaste form kan alltså modernitet beteckna framväxten av det moderna samhället (Giddens 1998). Ett viktigt antagande i den här avhandlingen är att familjecentraler och hur människor ser på verksamheten skapas i interaktion med de förändringar och trender som kännetecknar det moderna samhället. I avhandlingens littera-

turöversikt konstateras att relationen mellan den samhälleliga utvecklingen och hur den manifesterar sig i människors uppfattningar av familjecentralsverksamhet är ringa undersökt, speciellt i ett svenskt sammanhang. Avhandlingen skiljer sig därför i förhållande till andra arbeten om familjecentraler då den med hjälp av modernitetsteoretiska utgångspunkter ytterligare försöker förstå verksamheten.

I utvecklandet av ett teoretiskt ramverk har inspiration främst hämtats ur sociologerna Anthony Giddens, Ulrich Becks och Elisabeth Beck-Gernsheims arbeten. Resultaten diskuteras också i relation till ett svenskt välfärdsperspektiv som här ses som en del av modernitet.

Modernitet delas ofta in i olika faser. Beck (1992) kallar perioden från den industriella revolutionen till 1970-talet för tidig modernitet (*simple modernity*). Denna första fas av modernitet präglades av stark tro på att kunna kolonisera/kontrollera framtiden med hjälp av vetenskap, rationalitet och expertkunskap. Barn sågs i stor utsträckning som en investering för framtiden (Beck & Beck-Gernsheim 1995). Med begreppet senmodernitet (*late modernity*) (Giddens 1991; 1990) avses en utvecklad fas av tidig modernitet som beskriver de senaste årtiondena och framåt. Det senmoderna samhället karaktäriseras av skepticism gällande tidig modernitets dröm om att förutsäga och kontrollera den sociala världen samt ett ambivalent förhållande till vetenskap och modern teknologi som anses skapa både möjligheter men även risker. En annan framträdande aspekt är den ökade individualiseringsprocessen som medför att alltmer ansvar läggs på individen; att reflektera över sig själv i ljuset av mångfacetterad information och varierande valmöjligheter för att forma och planera sitt liv (*self-realisation, reflexivity*) (Giddens 1990; 1991; 1998). Även intimsfären dvs. familjeliv, äktenskap och andra nära relationer har förändrats i det senmoderna samhället, vilket av Giddens (1992) kallas "intimitetens omvandling" (*transformation of intimacy*). Människor, i dagens samhälle, ställer i allt större utsträckning krav på känslomässig närhet och jämlikhet i sina relationer. I takt med den radikaliserade individualiseringsprocessen har även synen på barn förändrats, från tidig modernitets framtidsorientering till att också omfatta idén om att de är egna aktörer på egna villkor i sina liv.

Det moderna samhället brukar också beskrivas som ett risksamhälle (*risk society*). Beck (1992) menar att välfärdsinstitutioner och människor i sina dagliga liv alltmer sysselsätter sig med att hantera och administrera olika risker. Människor i risksamhället strävar efter att skapa "ontologisk trygghet" (*ontological security*); upplevelse av trygghet och tillit till omgivningens förutsägbarhet (Giddens 1991). Den tillit som människor skapar till sin omgivning kan liknas vid en "skyddande kokong" (*protective cocoon*) och blir som ett skydd emot livets utmaningar. Människors liv präglas likväl både av ökad riskmedvetenhet och av "avgörande tidpunkter" (*fateful moments*) som t.ex. att bli förälder, skilja sig, få en sjukdom eller förlora en nära anhörig (a.a.) Dessa händelser kan få en avgörande inverkan på människors fortsatta livsplanering och aktiverar existentiella frågor såsom; vart är jag på väg i livet, vad är viktigt i livet? I dessa sammanhang är det inte ovanligt att människor vänder sig till olika experter där de kan få råd och stöd i att hantera sina problem och livsval (Giddens 1990; 1991).

Välfärdsutveckling

För att undersöka familjecentralsverksamhet krävs en förståelse av den moderna välfärdsutvecklingen med fokus på den svenska situationen. En sådan förståelse utgör bakgrund till familjecentraler i avhandlingen. På bred basis kan det europeiska välfärdsprojektet på 1900-talet sägas innehålla grundelementen av tidig modernitet dvs. stark tilltro att med hjälp av vetenskap, teknologi och experter kunna frigöra människor från förtryck avseende klass, kön och etnicitet. Barnen blev hoppet för framtiden och därmed växte olika välfärdsinstitutioner fram (Frost & Stein 1989). Välfärdsinterventioner blev ett sätt att investera i barns framtid för att på så vis skapa välintegrerade medborgare som ansågs nödvändigt för samhällelig framgång och utveckling (a.a.). Olika välfärdsmodeller utvecklades med syfte att relatera till och påverka familjers liv. I Sverige utvecklades den skandinaviska eller socialdemokratiska modellen (Esping-Andersen 1990). Signifikativt för denna modell är dess universella inriktning, vilket innebär att staten på bred basis förväntas hjälpa familjen genom olika stödsystem. Solidaritet och jämlikhet mellan olika klasser i samhället understryks också. Offentlig inblandning i familjen anses alltså vara något naturligt i den svenska modellen, vilket kan jämföras med den mer liberala välfärdsmodellen som betonar familjens privatliv och föräldrars egenansvar för barns välmående.

Den moderna välfärdsutvecklingen är ofta beskriven som ett tveeggat projekt med en pågående konflikt mellan individuell frihet och övervakning/kontroll. Olika typer av expertsystem, i det moderna samhället, har fått allt större insyn och kontroll över människors liv, samtidigt som människor också tar hjälp av dessa expertsystem för att påverka och forma sin livssituation. Giddens (1990; 1991) argumenterar för att just spänningen mellan kontroll och självrealisering är ett grunddrag i modernitet. Många forskare menar också att kontrollelementet har förändrats i takt med dagens alltmer individualiserade och liberala samhälle. Det individualiserade samhället leder till att människor har börjat utveckla en inre självregering och disciplinering (Beck 1992; Foucault 1979; Giddens 1990; Rose 1999). Individerna skall nu i allt högre grad göra sina egna välinformerade beslut i olika situationer och frågor. Ändå är det så att klass, kön och etnicitet fortfarande i hög grad påverkar vilken makt och vilka valmöjligheter människor har.

Sedan 1970-talet har det svenska välfärdssamhället antagit den multikulturella synen på integration, vilket innebär alla medborgares lika rättigheter, men med respekt för kulturella skillnader (Schierup 1994; Westin 1996). Den multikulturella synen föreslås innehålla ett samspel mellan tidig modernitets jämlikhetstanke, där etniska skillnader skulle försvagas och ersättas av medborgaranda och universella värderingar, samt senmodernitetens individualistiska inriktning; att ge människor möjlighet till att vara olika och utifrån heterogena impulser utveckla sin kulturella egenart.

Studiens design

Aktionsforskning tillämpades som en övergripande ansats, där forskare tillsammans med deltagare involveras i forskningsprocessen (Greenwood & Levin 1998). Studiens empiriska del var kvalitativ och fenomenografi (Marton 1986) användes som metod för att fånga människors olika uppfattningar av verksamheten.

Forskaren genomförde semistrukturerade intervjuer med 19 professionella (personal på Familjehuset, chefer i Kristianstad Kommun och Region Skåne och andra nyckelpersoner knutna till verksamheten), samt med 16 föräldrar med olika etnisk bakgrund. Dialogsessioner, med främst personalen i Familjehuset,

genomfördes så att de och forskaren gemensamt fick möjlighet att reflektera kring resultaten av intervjuerna. Data har även samlats in från dessa möten.

Professionellas uppfattningar av Familjehuset

I analysen av intervjuerna med de professionella framkom tre kategorier som beskriver Familjehuset utifrån olika utgångspunkter. Kategorierna belyser olika uppfattningar en grupp människor kan ha. En och samma person kan i sin berättelse om Familjehuset inneha aspekter som finns i alla tre kategorierna.

I kategorin *professionella mottagningen* framkom starkt fokus på förebyggande arbete, beskrivet utifrån att de professionella ville ge samlad individuell rådgivning genom de olika basverksamheterna; mödra- och barnhälsovård, öppen förskola och social rådgivning. Arbetet skildrades till stor del utifrån ett risksce- nario och ett problemorienterat perspektiv, där det var viktigt att fånga upp barn i riskzon för att kunna förebygga problematisk utveckling. Relationen mellan professionella och föräldrar framställdes främst som en expert/klientrelation. Kulturella aspekter framkom genom att de professionella reflekterade över i vilken utsträckning de i sin professionella roll kunde vara kulturellt sensitiva i förhållande till de invandrarfamiljer som besöker Familjehuset; skall invandrar- familjer behandlas som vilken svensk familj som helst, eller skall personalen bära med sig en lins som tar hänsyn till kulturell olikhet?

I den andra kategorin karaktäriserades Familjehuset som en *informell mötes- plats* för familjer med små barn. Fokus för det förebyggande arbetet var att, på främst grupp-nivå, ge möjligheter för familjer att utveckla sitt sociala nätverk och för föräldrar att utbyta erfarenheter och stödja varandra i föräldrarollen. Att främja barns fria lek och deras interaktion med andra vuxna och barn i Familje- huset var också en viktig del i arbetet. Kulturella aspekter hade i den här katego- rin en framskjuten position. De professionella betonade att de ville främja för- ståelse för kulturella olikheter, men också att det kunde finnas universella likhe- ter för människor, oavsett kulturell bakgrund, som handlade om oro inför för- äldraskap och graviditet. De professionellas expertroll var i jämförelse med kategorin den *professionella mottagningen* nedtonad och liknades istället vid en handledarroll, alltså att personalen underlättade och stöttade olika möten i Familjehuset.

I kategorin *Allaktivitetshuset* vände sig Familjehuset inte bara till familjer med små barn, utan till alla boende i området. Verksamheten beskrevs med stor öppenhet. De professionella ville att Familjehuset skulle vara tillgängligt både kvällar och helger för de boende i området och för olika föreningar och klubbar. Det förebyggande arbetet framställdes med fokus på att aktivera vuxna och barn utifrån deras egna uttryckta behov och intresseperspektiv. De betonade att Familjehuset inte borde vara professionellt styrt. Istället var det de boende i området, tillsammans med personalen, som utövade inflytande över verksamheten.

Teoretisk diskussion

Förebyggande arbete skildrades utifrån både ett riskperspektiv och ett behovsperspektiv. Dessa perspektiv kan ses influerade av idéer hämtade ur både tidig modernitet och senmodernitet; att kontrollera framtiden med hjälp av professionell kunskap för att undvika problematisk utveckling (*professionella mottagningen*), parallellt med ifrågasättande av professionell auktoritet i kategorierna *informella mötesplatsen* och *allaktivitetshuset*, där istället det förebyggande arbetet utgår ifrån föräldrarnas egna uttryckta behov och medverkan i verksamheten. Familjehuset är, utifrån tolkningen av de professionellas beskrivningar, en välfärdsarena som bygger på frivilligt samarbete med familjerna, men det finns också en underliggande skyldighet att skydda barn utifrån ett riskperspektiv, där de professionella får bära med sig ett vakande öga av misstänksamhet i mötet med familjen. Dessa två ingredienser av å ena sidan riskbedömning med ett visst mått av misstänksamhet och å andra sidan frivilligt samarbete med familjer skall balanseras och hanteras i det dagliga arbetet.

Resultaten från studien visar också att det finns två samexisterande bilder av barnet som kan baseras på modernitetsteoretiska utgångspunkter. En bild som indikerar "barn som framtid" influerad av riskmedvetenhet, synligt i kategorin den *professionella mottagningen*, och en annan bild av det "relationella barnet" med en mindre känsla av förberedelse för framtiden, där barn leker och agerar för sin egen del i interaktion med sitt sociala sammanhang (*informella mötesplatsen*, *allaktivitetshuset*)

Utifrån resultaten kan Familjehuset ses som ett mikrokosmos av det ständiga samspelet mellan likhet och olikhet som finns i den multikulturella synen på integration; att behandla alla lika, men med respekt för olikhet. De professionel-

la försöker införliva förståelse av kulturella olikheter med att finna ut vad som är gemensamt/lika för människor, oavsett kulturell bakgrund.

I analysen av kategorierna framkom två orienteringar av verksamheten; en **professionell orientering** med fokus på att ge expertrådgivning till föräldrarna (*professionella mottagningen*), och en **brukarorientering** med utgångspunkt i föräldrarnas egna erfarenheter och delaktighet i verksamheten (*studiecirkeln, allaktivitetshuset*). De två orienteringarna kan diskuteras i relation till individuellt och samhälleligt ansvar. I ett historiskt sammanhang hade förmodligen Familjehuset främst beskrivits som **en professionellt orienterad** verksamhet med ett markerat ansvar att ge expertkunskap till familjer/föräldrar. Med andra ord, en välfärdsarena som samhällets ansvar för familjers välbefinnande. I kontrast till detta kan **brukarorienteringen** ses som en spegling av senmodernitetens individualiseringsprocess, vilket innebär att föräldrar förväntas bli mer delaktiga i Familjehuset, men också att de skall ta ett större individuellt ansvar för verksamheten och för sin familj. Sammantaget visar emellertid kategorierna ett delat ansvar mellan professionella och föräldrar. De professionella ger uttryck för att föräldrarna har rätt att få stöd och hjälp av personalen på Familjehuset, men i kombination med föräldrarnas egenansvar.

Föräldrars uppfattningar av Familjehuset

Föräldrarnas uppfattningar av Familjehuset har delats in i fyra kategorier. Som tidigare nämnts, belyser kategorierna olika uppfattningar en grupp människor kan ha. En och samma person kan i sin berättelse om Familjehuset inneha aspekter som finns i alla fyra kategorierna.

I kategorin *mottagningen* kom föräldrarna primärt till Familjehuset för att få individuell professionell rådgivning genom de olika verksamheterna; barn- och mödrahälsovård, socialtjänst och öppen förskola. Personalen beskrevs som experter och tillit till deras kompetens var essentiellt. Förutom att personalen beskrevs som en kunnig expert, förväntade sig även föräldrarna att de hade möjlighet att utveckla en nära och personlig relation till personalen.

I kategorin *studiecirkeln* besökte föräldrarna Familjehuset för att dela erfarenheter kring barnuppfostran och föräldraskap tillsammans med andra föräldrar. Detta skedde i olika gruppverksamheter som arrangerades av personalen. För-

äldrarna skildrade sig själva som sina egna experter på föräldraskap. Personalens roll var främst att underlätta att gruppträffarna kunde komma till stånd.

I kategorin *lekplats för barn* besökte föräldrarna Familjehuset för att främja sina barns möjligheter till socialt umgänge med andra vuxna och barn. Detta ägde rum genom lek och andra aktiviteter såsom sång och pyssel. Personalens roll skildrades främst utifrån att de förväntades arrangera olika aktiviteter som barnen kunde delta i. Familjehuset ansågs också som en möjlighet för barn att förberedas och vänjas vid att vistas på daghem och för att senare gå i skolan.

I kategorin *vardagsrummet* stod social kontakt och umgänge i fokus. Det var viktigt för föräldrarna att kunna besöka Familjehuset utan att behöva delta i någon på förhand strukturerad aktivitet. Atmosfären skildrades som hemlik och familjär. Personalens roll beskrevs utifrån en värdinneliknande karaktär, som hade till uppgift att bjuda in och slussa in föräldrar i verksamheten. I den här kategorin uttryckte föräldrarna att Familjehuset gav möjlighet för svenskar och invandrare att lära känna varandra, men samtidigt fanns det också dilemman som t.ex. handlade om språksvårigheter och grupperingar mellan invandrare och svenskar.

Teoretisk diskussion

Ett slående resultat i undersökningen är att föräldrarna i så hög grad förlitade sig på personalen och deras kompetens. Ur ett brett samhällligt perspektiv är dessa resultat inte tillfälliga. I det senmoderna samhället, med krav på ett reflexivt förhållningssätt till livet och en ökad riskmedvetenhet, har tillit till experter alltmer växt sig starkt (Giddens 1990; 1991). Från ett snävare perspektiv är barnafödelse och småbarnstiden en så kallad "avgörande tidpunkt" (Giddens 1991), som kan kännas oförutsägbar och osäker för föräldrarna. Föräldrarna söker sig därför till personalen för att skapa "ontologisk trygghet", där relationen till personalen blir som en "skyddande kokong". Föräldrarnas ansats att skapa trygghet och känna tillit till sin situation med hjälp av personalen är dessutom en parallellprocess till det som de själva skall ge sina barn. Från ett annat perspektiv, kan tilliten som föräldrarna investerar i personalen innebära att ett beroende skapas som underminerar föräldrarnas tilltro till sin egen kompetens. Resultaten visar dock att föräldrarna inte enbart var fast i en klient/expertrelation då de även i kategorin *studiecirkeln* värderade sina egna erfarenheter av föräldraskap.

Föräldrarna blandar på så vis sina egna erfarenheter/lekmannakunskap med professionell kunskap.

I kategorin *mottagningen* försökte föräldrarna utveckla personliga och nära relationer till personalen. Dessutom beskrevs atmosfären i kategorin *vardagsrummet* utifrån en familjär och hemlik utgångspunkt. Dessa resultat kan diskuteras i förhållande till "intimitetens omvandling" (Giddens 1992). Enligt Giddens (1992; 1998) finns det idag krav på att i intimsfären utveckla emotionella relationer där man förväntas kunna "öppna sig" och "komma nära varandra". Denna utveckling har även, enligt Giddens, spridit sig till den offentliga arenan, vilket föräldrarna i studien gav uttryck för. Om däremot intervjuerna hade ägt rum för ca 30-40 år sedan, så hade förmodligen personalens auktoritet som experter stått i centrum, med ett mindre fokus på att utveckla personliga och nära relationer.

Ett intressant resultat ifrån studien är att föräldrarna inte kommenterade Familjehuset som en kontrollstation i området med syfte att övervaka och fånga upp familjer i risksituationer. Det kan emellertid antas att samlokaliseringen av de olika verksamheterna kan bidra till att föräldrar känner sig mer övervakade än när personalen, som i den tidigare organiseringen, satt skilda åt. Den informella karaktären av verksamheten kan också leda till ökad övervakning av familjerna, eftersom personalen ser dem i andra sammanhang än i det individuella professionella mötet på det egna mottagningsrummet. För att förstå varför kontrolldimensionen inte var synlig eller kommenterades i intervjuerna tas hjälp ifrån tre perspektiv. För det första kan den nära relationen, som föräldrarna strävade efter i förhållande till personalen, leda iväg från kontrolltänkande. För det andra, ur ett svenskt välfärdsperspektiv, är spänningarna mellan det privata familjelivet och offentliga/statliga interventioner inte så framträdande som i mer liberala välfärdssystem. Av gammal hävd och tradition har professionella en stark legitimitet i det svenska samhället. En möjlig tolkning är att föräldrarna ser personalen som en självklar del av sina liv och uppfattar dem därför inte som kontrollanter eller övervakare. Till sist, som tidigare nämnts, präglas det senmoderna samhället av att människor utvecklat en allt större inre självregering eller disciplinering (Beck 1992; Foucault 1979; Giddens 1990; Rose 1999). Från det perspektivet kan det antas att föräldrarna inte nämner kontrollelementet eftersom de har tränats i att anpassa sig till olika expertsystem.

Föräldrarnas syn på barn är influerat av tidig modernitets framtidsorientering med Familjehuset som en socialiseringsarena; att vänja barn vid det offentliga institutionslivet som skola och daghem innebär. Familjehuset verkar därmed användas av föräldrarna som en övergång mellan det privata hemlivet och det offentliga livet. Även senmoderna tendenser av barn som egen social aktör framskymtade i deras uttalanden.

Att komma till Familjehuset innebär att möta olikhet, vilket främst skildrades utifrån kulturella aspekter. Att möta olikhet sågs som berikande av både svenskar och invandrare, men det fanns också utmaningar som t.ex. berörde språksvårigheter och grupperingar mellan invandrare och svenskar. Sammantaget kan tolkningen göras att det finns två parallella processer i Familjehuset; en process där föräldrar bygger broar och hittar samhörighet över kulturella gränser, men också en grupperingsprocess som medför att det pågår ett konstruerande av "vi" och "dom" (Grove & Zwi 2006) mellan invandrare och svenskar. Dessa processer pågår samtidigt och verkar vara en del av de interkulturella skeendena i Familjehuset.

Konklusion

En av avhandlingens huvudkonklusioner är att familjecentralers verksamhet innehåller en balansakt där de involverade hanterar olika aspekter av modernitet. Både professionellas och föräldrars uppfattningar av verksamheten får näring av idéer grundade på tidig modernitet gällande tillämpning av expertkunskap med ett strakt professionellt ansvar för att kontrollera framtiden, men också av det som karaktäriserar senmodernitet avseende ökad individualisering och självrealisering med förväntningar på föräldrars delaktighet och ansvar för sin livssituation. De professionella förväntas hantera ett brett rollspektrum som innehåller tidig modernitets expertroll inom ramarna för senmodernitetens förväntningar på att utveckla nära/personliga relationer. Specifikt kan föräldrarnas strävanden efter personliga relationer indikera familjecentralen som en social arena, där gränserna mellan det personliga/privata livet och det offentliga livet suddas ut.

Figuren visar, baserad på resultaten, balansakten mellan olika aspekter av tidig modernitet och senmodernitet som de involverade i verksamheten gav uttryck för.

Tidig modernitet

- Kontroll och framtid
- Expertkunskap
- Expertrelation
- Professionellt ansvar
- Barn som framtid
- Likhet



Senmodernitet

- Självrealisering
- Lekmannakunskap/delaktighet
- Personlig relation
- Individuellt ansvar
- Barn som social aktör
- Olikhet

Spänningen mellan kontroll och självrealisering är, som tidigare nämnts, en oundviklig inneboende konsekvens av modernitet som också finns i familjecentralverksamhet. Professionella har en kontrollfunktion i relation till familjerna som besöker verksamheten, men samtidigt erbjuder de också en möjlighet för föräldrarna att skapa en skyddande kokong; att med hjälp av verksamheten hantera sitt dagliga liv med barn. Vidare kan tidig modernitets vision av att kolonisera framtiden med hjälp av expertkunskap ses som en viktig del av verksamheten i kombination med aktuella angelägenheter och föräldrars ömsesidiga personliga erfarenhetsutbyte. Familjecentralen föreslås också vara en arena där barn inte enbart ses som framtid i ett riskperspektiv, utan också som sina egna aktörer i interaktion med sitt sociala sammanhang. Verksamheten är viktig för familjer på en individuell nivå, men parallellt måste det även finnas andra typer av allomfattande stödsystem som motverkar fattigdom och socialt utanförskap. En utmaning är att tillvarata barns och vuxnas delaktighet i utveckling och planering av verksamheten. Verksamheten kan också spela en roll för förutsättningslöst engagemang i liket och olikhet i de interkulturella processerna som äger rum på familjecentralen.

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APPENDIX A: Neighbourhood pictures

- Residential district in Old Näsby



- Large-scale settlement of council houses in Gamlegården



APPENDIX B: Outside the Family House



APPENDIX C: Inside the Family House



APPENDIX D: Interview guide professionals

To gather reflections on their perceptions and expectation of family support provided by a FC.

PRESENT CIRCUMSTANCES

Age?

Work/education?

THE FAMILY CENTRE

Tell me about the Family House?

What wishes do you have for the development of the House?

How do you want parents to view the practice of the Family House?

Tell me about an ordinary day at the Family House?

CLOSING THE INTERVIEW

What is the most important of your replies during the interview?

Comments on being interviewed

APPENDIX E: Interview guide parents

To gather reflections on their perceptions and expectation of family support provided by a FC.

PRESENT CIRCUMSTANCES

Age?

Work/education?

Where born?

How long in Sweden?

MEETING THE FAMILY HOUSE

What does the family centre mean to you and your family?

What do you do when you visit the Centre?

Who do you meet? What kind of support do you receive?

How was it when you came to the FH for the first time?

New friends?

Obstacles to come to the FH?

Most important issue with the practice of the House?

Contact with Swedes/immigrant families

CLOSING THE INTERVIEW

What is the most important of your replies during the interview?

Comments on being interviewed

APPENDIX F: Information letter to parents

Kristianstad

PARTICIPANT INFORMATION

To be able to develop the service of the Family Centre in Näsby it is important to get knowledge about your expectations, and experiences about the service.

Hereby you are asked if you want to participate in a study. You will be interviewed and the interview will last approximately 60 minutes. The interview will be tape recorded. You can decide where we can meet. I can come home to you if that is what you wish.

The participation in the study is on voluntary basis and you can withdraw whenever you want. All individual personal information will be aggregated and reported in such a way that your individual answers can not be identified.

If you are interested in participating in the study, please tell the staff of the Family Centre that has left you this information. Then I will contact you to make an appointment for the interview.

The results of the interview study as whole will be presented to you and then with your approval to the staff of the Family Centre in order to help the development of the service. The results will also be included in my doctoral thesis.

Kindly Regards

Cecilia Lindskov
Research student
044- 20 85 60

Agneta Abrahamsson
Senior lecturer
044- 20 40 50

Jane Springett
Professor
044- 20 85 52

* Will be translated into following languages; Somali, Arabic, Bosnian, Kurdish, Albanian

APPENDIX G: Agreement of collaboration

Kristianstad 21-09-05

Agreement of Collaboration

The Family Centre at Näsby in Kristianstad agrees to collaborate with the Research Platform at the University of Kristianstad.

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Coordinator of the Family Centre at Näsby

APPENDIX H: Consent form for interviews

The purpose of the interview is to get your opinion about the Family Centre at Näsby. The interview study is conducted by the Research Platform of Nearby Care at the University College of Kristianstad. The Research Platform aims to contribute to the development of health and social care services, and is cooperation between the region, the municipalities and the University College of Kristianstad in the South of Sweden. The interview study will be used as a part of the development of the service and in a scientific study.

Your participation in the study is on voluntary basis and could be withdrawn

All recorded information and transcribed material will be kept in a secure location

All individual and personal information will be aggregated and reported in such a way that no participant can be identified

You will get the opportunity to read the transcribed interview

Hereby I note the above mentioned points and agree to be interviewed.

Kristianstad date:

If you want more information, please contact us:

Cecilia Lindskov
Research student
044-20 85 60

Agneta Abrahamsson
Senior lecturer
044- 20 40 50

Jane Springett
Professor
044-20 85 52

* Will be translated into following languages for parents; Somali, Arabic, Bosnian, Kurdish, Albanian