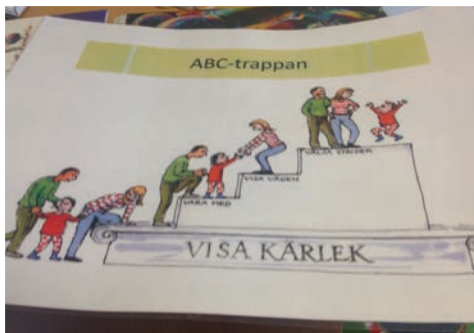
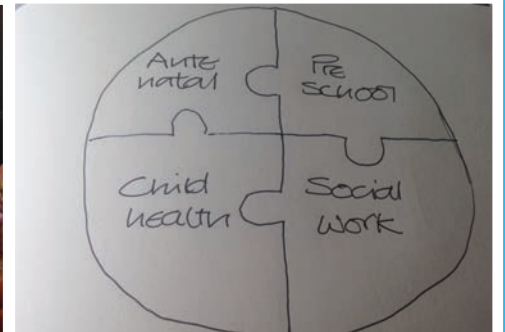


Supporting families in the early years in Scandinavia



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Executive summary

Background

In 2015 I was awarded a Winston Churchill Memorial Trust travelling Fellowship and travelled to Sweden, Norway and Denmark to look at how families are supported through childcare and other means in those countries. This is an account of what I learnt; it is by no means exhaustive and very much depends on the places I visited and the people I met. Nonetheless, I hope that you will find something to interest you in how differently countries support families; one of the key learning points for me was the strength of universal services and how they formed an underpinning support system for families.

Summary

Family centres

I visited a number of family centres in Norway and Sweden. Family centres are said to have four legs: midwifery; child health nursing; early years education; and social work. Services are co-located and parents are able to attend the one centre from the time they know that they are pregnant. Having a familiar place to go that is so family orientated establishes a supportive and preventive environment for family support.

Midwives provide support throughout pregnancy, and shortly afterwards as in the UK. After this, families move on to the child health nurse service, similar to the UK health visiting model, with nurses visiting families at home in the early days of their child's life, and then parents visiting the family centres for a programme of visits. Where this varied from the UK system was that parents saw the same child health nurse establishing an ongoing relationship, and that there was a far greater number of contacts (monthly over the first two years of their child's life) allowing problems to be picked up early. Another difference was that because of co-location, the nurses were able to refer parents onto other services more easily.

Family centres also had an open kindergarten which parents could attend along with their children. Drop in sessions, staffed by early years staff and social workers, supported parents in looking after their children, providing support and help where needed. They also had an important function in enabling parents to come together to meet one another and provide peer support. Sessions were open to children from 0 - 6 but in practice tend to be attended by mothers and fathers on parental leave with younger children. Many of the staff had come from childcare settings and were almost evangelical about open kindergartens feeling that they were far better able to support parents to support their children, and that this had a positive long-term effect. If there were one thing, I could bring back to Scotland, open kindergartens would be it.

More targeted support and programmes

As well as comprehensive universal support, there were more specific support where needed. This could be local groups of parents meeting for peer support or to tackle specific problems such as post natal depression. Many of the familiar commercial parenting programmes, such as Incredible Years and Triple P, were used, as well as more locally devised programmes. I was particularly interested to learn about ABC, a preventive public health programme that had been designed based on the evidence of what works. There is no national directive on which programmes to use and local areas decide for themselves. A Norwegian academic has produced a database which distilled and disseminated the evidence on parenting programmes to assist in choosing

Partnership working

Particularly within the family centres but also within other settings, there was an emphasis on partnership working. While this was achieved more easily in a co-located setting, some of the same issues still persisted: separate budgets; information sharing; culture. I had many discussions with practitioners about this and met an academic who had designed a reflective tool to improve partnership working within centres.

Childcare

Childcare is universally available to families covering the period from when parental leave finishes (generally when the child is about two years old). It is of high quality with well qualified staff and an ethos built on the rights of the child. Child care is heavily subsidised by the state and of low cost to parents. Parental involvement is encouraged.

Fathers

The number of fathers using services was noticeably different to the UK. Although many UK fathers are becoming more involved in looking after their children, many family services struggle to attract fathers. However, in the countries I visited the numbers of men attending general drop in sessions was striking. While this was not the subject of my trip, it was so striking that I had to find out more. In the UK, there is debate about the reasons more fathers do not use family services; the main reasons put forward are around the predominantly female staffing and marketing. However, these factors were very similar in the countries I visited; the major difference was that in the Scandinavian countries parents get more generous parental leave and that in some of the countries a proportion of this is dedicated to fathers.

Poverty

While Scandinavian countries have the lowest rates of inequality in the world and much lower rates of poverty compared to the UK, rates of inequality are rising and there are people living in poverty. Low income is particularly concentrated among single parent families and immigrant and migrant communities. As in the UK there are efforts to tackle the attainment gap and to help families living in poverty.

Children's rights

The Scandinavian countries were among the first to sign up to the United Nations Convention on the Rights of the Child (UNCRC). The impact of a child rights based approach are very visible in services dedicated to children but is also apparent more generally in its approach more widely to other services. Town planning, transport and employment practices are all more child and family friendly, resulting in societies which place children at the centre.

Integrated policy frameworks

The policy frameworks which support families are far better integrated in the Scandinavian countries than in the UK. High quality, intensive midwifery services prepare parents for parenthood; generous parental leave allows parents to form attachments with their child and adjust to their new life together as a family; an intensive programme of child health nursing together with the remarkable open kindergarten system helps parents to find the support they need in the early years; and a comprehensive child care enables them to return to work. Policy responds to the stages of child and family lives in a logical and integrated fashion.

Conclusions and recommendations

My abiding impression from the Nordic countries I visited was that supporting families seemed central to policymaking. It seemed to occupy a different place within government thinking: families were valued and the approach reflected families' lives, children's rights and work patterns. As a result, an extensive system of progressive universalism meets general need; identifies more specific needs; and is able to support families more effectively. My visit showed me that a better way of supporting families is possible.

Recommendations

UK and Scottish Governments

1. To consider more integrated policy frameworks and ensure that they are more joined up

Scottish Government

2. To ensure that universal child health is well-staffed and equipped to support parents in children's early years
3. To ensure that parental involvement is built into the expansion of childcare
4. To develop a fully-integrated family support strategy and model
5. To provide more support to families in children's early years, particularly looking at the open kindergarten model and how it might be applied in Scotland

Local authorities, health boards and third sector

- 6.** To assess whether public health programmes, such as ABC and IPDP, can be applied here as less rigid, less costly, effective support for parents
- 7.** To consider the use of the VIDA programme as one of the options in upskilling early years staff to respond to poverty and the attainment gap
- 8.** To consider the use of partnership skills training

Introduction

The question I started out with when planning to visit Sweden, Denmark and Norway changed as my knowledge of these countries' family support systems grew. My original question was 'How can childcare facilitate family support?'

Childcare provision has already expanded in Scotland and is planned to expand still further in coming years. As well as the proven benefits that high quality childcare can confer in terms of children's outcomes and parental return to employment, it also offers an opportunity to facilitate early identification of difficulties and provide support for families.

Each of the countries that I visited has an impressive childcare system that provides children and families with support; each provides an almost universal, affordable system that starts from an early age. However, even prior to entering childcare, the integration of policy frameworks, the reach of universal health services and collaborative work models mean that prevention and early intervention work with families starts well before children start formal childcare.

So while my original question about how childcare could be used to identify and facilitate family support was certainly answered by my trip to the Nordic countries, my learning was far wider than this, and extended to learning how family support is provided so that asking for help is normalised and made easier, and families get the help they need when they need it. This is the territory I cover in my report.

My travelling Fellowship was funded by the Winston Churchill Memorial Trust. Firstly, I'd like to thank WCMT, both for their funding and their support, which gave me the opportunity to visit the countries I'd heard so much about in terms of good practice around family support. Secondly, I would encourage anyone reading this to apply to WCMT; it really is a chance of a lifetime to widen and deepen your professional boundaries, and to rekindle that vital spark that fuels our passion to support children and families. Thanks are also due to the Wave Trust and Dulverton Trust who co-sponsor the Early Years and Prevention category.

I'd also like to thank the many professionals and parents who gave me their time and attention; a full list of thanks is appended at the end of this report.

Although I learnt a great deal, it represents a snapshot of prevention and early intervention in these countries. It is neither systematic nor exhaustive; rather it is informed by the places and people that I visited (given how locally-devolved decision making is, this matters even more than it would in the UK). I realised continually that I was scratching the surface and had so much more to learn. Each meeting raised yet more questions; many are still unanswered and will need another trip. In spite of these

caveats, I hope that you will find something new here and something you can take away for your own work. For me, the biggest learning was that change is possible and that creating a place where children and families are well supported is not the impossible dream it sometimes feels in a UK pummelled by austerity measures.

Family centres

One of the most impressive features of the Nordic early years approach is the family centre: collaborative meeting places where parents are supported to support their children. Family centres are 'built on the premise that a strong correlation exists between the well-being of parents and the way their children feel.'

Family centres are common in Sweden, and in Norway where they are called the 'Family's House'; few exist in Denmark. Children's centres in the UK have many similar features. However, since they were first initiated in Sweden they are more developed there, and there is more literature and learning from the Swedish experience. On my trip, I was lucky enough to visit several: in Sweden, I visited centres in Orebrö, Stockholm, and Gothenburg, and in Norway, I visited a centre in Tromsø.

As in Scotland, families often have to negotiate several different service providers in order to meet their needs. It is a challenge for the service providers to adequately meet families' needs too as, usually, they are separately financed, and governed by different departments and legislative frameworks. The Family Centre (or House) is an interdisciplinary local service that attempts to address this fragmentation by bringing together their primary healthcare and social functions for children and families under one roof. It provides a comprehensive and supportive service for families, and enables identification of problems and support for children and families as early as possible.

The aims of the family centre are to:

- provide a local meeting place for children and families
- strengthen families' social networks
- support and strengthen parents in their role as caregivers
- work with children and families in a participative way
- identify physical, mental and social challenges for children and families at an early stage
- provide services which are easily accessible at an earlier stage to children and families
- be a centre for knowledge and information

In order to be considered family centres, professionals say that they should have four legs; the four legs or services are:

- antenatal
- child health
- early years education
- social work

In both Sweden and Norway, there are examples where services are co-located but do not have the 'four legs' under one roof. Where this is the case, the centre generally has

strong links to the ‘missing services’, and may also be working towards co-location.

Family centres also have strong links to other workers beyond the centres, such as librarians, psychologists, relationship therapists, counsellors and community workers; and often collaborate with them.

Antenatal services

Usually the point of entry for families is through the health services - the antenatal services or child health services. Similarly to Scotland, a pregnant woman’s first contact is with the midwife; very often, there is no contact with a doctor unless there are problems. As well as a series of individual appointments, parents are invited to join antenatal groups, usually for about four sessions. It’s usual for both mothers and fathers to attend and has been for about 30 years - when I asked midwives if fathers were part of antenatal groups, my question was met with a surprised look and the reply, ‘But, of course’.

Attendance tends to be high at antenatal groups. If midwives identify that families are likely to need extra support after birth, then they work with the child health nurse to enable that to happen.

Child health nurses

In Sweden and in Norway, child health nurses have a very similar role to health visitors in Scotland. However, the programme of child health checks is much more extensive. After home visits in the first days of a child’s life, appointments are weekly for the first month, and then monthly for the first year. Children have their weight and height measured, as well as their developmental milestones (sitting, language development, motor skills etc). It’s a universal service with an incredibly high take-up rate - approaching 98% of parents access child health services (not always in family centres). How parents access the child health service varies from municipality to municipality. In Gothenburg, the kommune has decided to locate all its child health services in family centres, whereas in Stockholm, it has decided to reduce the number of family centres.

The child health nurse in a family centre setting is expected to be very open to the needs of the family. If she detects that parents need additional help, they can refer onto the open pre-school or to preventative social work. Given the co-location of services this is a much easier, more informal and immediate process than when services are separately located.

Open kindergartens

Open kindergartens are a staffed drop-in where parents and children can come together. While they’re open for children between 0 and 6, the main users tend to be

parents on parental leave (all the Nordic countries have very generous parental leave entitlements, often with a dedicated amount of leave for fathers). I was struck, on my first visits to the open pre-schools, by the high proportion of fathers attending, markedly different to, for instance, playgroups in the UK. Open pre-schools are very much child led and underpinned by the United Nations Convention on the Rights of the Child (UNCRC), emphasising the importance of play in a child's development.

The agenda is generally very relaxed and free, and is driven by parents and children. Observing the staff interact with children was a lesson in supportive, unobtrusive practice.

For more on open kindergartens, see page 16 .

Preventative social work

The social worker role in a family centre is viewed as preventative. Social workers in this setting are often referred to as preventative social workers or social work advisers. The child protection system, as in Scotland, is located within statutory services. Consequently, the family centre worker is viewed as less of a 'threat' and with less stigma by families (it reminded me of the perception of voluntary sector social workers in Scotland). In one of the family centres I visited, a social worker expressed the view that by being around in the pre-school, parents regard her just as 'Camilla' rather than as 'the social worker'.

The social worker may take on a variety of activities: facilitating parenting groups, counselling, relationship work and supporting families on a one-to-one basis as needed. Once again, the work is informed by the UNCRC. The UNCRC refers to the role of parents and the family in ensuring a child's rights and to the state's role in supporting parents to do this:

*'the family, as the fundamental group in society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.'*¹

Social workers in family centres work with families to provide that support. They promote attachment, encourage parents to perceive their children as individuals and respond to their needs accordingly. They work on a universal basis responding to individual need, and use targeted interventions where needed. (Neither Sweden nor Norway prescribe specific parenting programmes nationally but devolve this responsibility to kommunes). The social workers who I talked to were very keen to ensure that parents were empowered to see themselves as the experts on their own

¹ Together briefing: Parenting and the UNCRC
<http://www.togetherscotland.org.uk/pdfs/Parenting%20and%20the%20UNCRC%20v2.pdf>

children. The role of connecting parents to one another and enabling peer support was also viewed as critical. Co-location of professionals cuts down the boundaries between services which parents encounter, and makes it easier for support to be delivered in an informal, non-threatening and unobtrusive way.

A preventive and early intervention approach

The co-location of services and universal access for parents enables a preventive and early intervention approach. All families are able to access the universal services (and in Norway and Sweden these services have enviable take-up rates) and to strengthen their social support networks. If families have more complex needs, targeted support is available. It becomes possible, through services being located under one roof rather than in separate locations, for the professionals to more easily facilitate a teamwork approach with the family, and accordingly for families to negotiate what might otherwise be complex systems.

Parents generally enter via the universal health services, and after that can choose which services they wish to access. They can also self-refer within the centre to services including parenting support and programmes. As one of the early years workers, Lina, in Gothenburg, said, 'It's not about their background. If a parent tells me that they need help, then they need help.' Parents with complex needs or who are part of the child protection system can also be referred onto specialist services outside family centres.

Evaluation shows (as it does for children's centres in England) that the centres have a wide demographic reach, serving all sectors of the population and particularly reaching lower socioeconomic groups. The Vastra Gotland evaluation showed that visitors 'accurately reflected the socioeconomic profile of the area in terms of education level, employment rate, country of birth, single parenthood and the child poverty index'. (Abrahamsson, Bing and Lofstrom, 2009). Both Norway and Sweden have a large immigrant population which family centres also serve well, with significant numbers of immigrant parents accessing services; there are particular efforts and initiatives being developed to address the specific needs of immigrant communities.

Parents' voices

During the course of my visit, I talked to parents at the centres. They talked about the benefits of meeting other parents and no longer feeling alone, about normalising their experience, and about receiving the support they needed.

A single mother with twin babies told me that she'd felt very isolated, and by coming to the centre had met other parents and found the support she needed from professionals. She had been a very organised professional, and able to have tight control over her own life. She found it difficult to adjust to the lack of control, but nonetheless, needed to establish a routine with the twins; support workers at the open kindergarten had helped her to find a happy balance, and to accept what was possible.

A young mother talked about how she'd been coming along to the open kindergarten, and how one of the workers had asked if she'd been interested in attending a short parenting course. She said that attending the course had made her feel 'more in touch' with her child and better able to cope.

Another mother talked about how her baby wasn't sleeping, and that she'd felt she was doing something wrong. When she mentioned this to other parents, she realised that her experience was actually quite common and learned some tips which helped from other parents and the centre workers.

Fathers talked about how they'd not known how to look after their children when they took parental leave, and had felt isolated, as they hadn't known other men in the same situation. One man who was on parental leave and attending an open kindergarten told me that it made him realise just how much work his partner did looking after their baby and home, and how this realisation had changed his behaviour and improved their relationship as a family. Another told me about how he'd been the only father at an open kindergarten, and through listening to the women there talking about their partners not doing their share of household chores while on parental leave, had thought more about how much of the housework he took on.

These anecdotal examples come from a small sample of parents. However, they show problems being addressed at a low threshold (possibly averting problems further down the line), that isolation and parental capacity are being addressed via peer support, and that support is being provided when it is needed. For parents, particularly first-time parents, looking after a baby can be an unsettling time: while it's often joyful, there are also many new skills to learn, new knowledge to acquire, and challenges to face. Family centres offer a place where parents and children can come together with professionals in an unthreatening environment to find the support they need: a model of what prevention and early intervention for children and families should look like.

Universal child health systems

In Sweden and Norway (not in Denmark) I met with children's healthcare professionals (midwives and child health nurses). What was surprising initially, was how similar the Scandinavian models appeared to their UK equivalent. On closer examination, the differences became apparent and illuminating.

The professions and their practice are very similar to the UK: both Norway and Sweden have midwives who attend women during pregnancy and for a short period afterwards. Child health nurses take over at this point with home visits followed up by a programme of child health surveillance visits. Similarly, both midwives and child health nurses initially train as nurses, and take on further training for their chosen specialisation.

In both countries, there are overarching national frameworks which outline models of provision including care pathways, frequency of visits and the specific health checks which are required. The national framework is then implemented at municipality level and varies from area to area. So, for example, in Gothenburg and Orebrö, midwives and child health nurses are co-located within family centres along with other services, whereas in Stockholm, they are more likely to be located separately from other services and possibly from each other. In each municipality, both the midwifery and child health nursing teams have regional co-ordinator posts which implement national and local policy at municipality level, inform the workforce of any changes in policy and practice, develop and deliver training, and share good practice and evidence.

When they become pregnant, women in Sweden self-refer to midwives; most contact throughout pregnancy is with midwives rather than GPs or obstetricians (though two visits to obstetricians are part of the antenatal programme). The Swedish antenatal programme was revised in 2000 and generally consists of six to nine two-hour sessions of six to eight pregnant women and their partners; take-up rates are high (in excess of 95%). Both the pregnant woman and her partner are entitled to paid time off work for antenatal appointments. The first half of the session is a shared session in which information is provided and discussed; the second half is devoted to individual examinations. Parent education is part of the programme (though a research study found that parents still felt ill-prepared for the first few weeks post birth)². Where particular problems are identified during pregnancy that are likely to affect parenting capacity, information is exchanged and early introductions made between parent and child health nurse. Often midwifery services and child health nursing services are co-located within the same building which means that when parents visit post-birth there is continuity and a familiarity about where to go.

² [http://www.midwiferyjournal.com/article/S0266-6138\(11\)00100-8/abstract](http://www.midwiferyjournal.com/article/S0266-6138(11)00100-8/abstract)

99% of women in Sweden give birth in hospitals; home births are rare. This tends to mean that women see the same midwife throughout their pregnancy and another when they give birth, then return to their initial midwife in the immediate postpartum period. Immediately after birth, first-time parents are allocated a double room in the hospital together for a few days to make the transition from being a childless couple to being parents easier, and to have help and support on hand. Parents know that when they return home, they can phone the midwife with any queries or for additional support.

In both Sweden and Norway, post-birth (as in the UK), initial home visits are made by midwives; after the first couple of weeks home visiting then passes to the child health nurse. There are several home visits, after which there is a series of regular visits to the child health nurse. Parents visit child health nurses on a monthly basis until their child is two. The purpose of these appointments is to assess the child's development (and share this information with the parent), to screen for diseases, to provide immunisations and to provide support to parents. The programme is much more intensive than in the UK with more programmed appointments. It is usual for the parent to see the same child health nurse, facilitating relationship building and trust. The take-up rates for attendance at child health appointments was quoted to me as above 95%, and child health nurses found it difficult to understand why parents would not attend.

Child health nurses also run groups for new parents. These range from commercial interventions, such as Incredible Years, to public health in-country designed programmes, or simply to local get-togethers, with either a general target group or a theme such as post-natal depression (Blues Mothers). While Swedish family policy has encouraged the use of parenting groups, they have a much lower take-up rate (around 40%) than the universal systems.

How closely midwifery and health visiting services are integrated depends on the model of provision chosen by the municipality. Where I saw it working best, was in family centres where the two services were co-located and worked closely together. This allowed the professionals to liaise well and provide seemingly seamless transitions between services for parents.

As well as these structural differences around frequency of visits, continuity of care and models of provision, other differences emerged as a result of what I call 'stupid questions' ('daft' questions you ask because the cultural context is so different). On my first day in Gothenburg visiting a family centre, I said to a midwife that in Scotland it's difficult to attract teenagers to antenatal classes and that some areas have dedicated services for teenage girls. Both the midwife and early years worker looked incredibly puzzled though their English was fantastic - I wondered if my Geordie accent had hampered their understanding - eventually the midwife replied, 'Well, we had a sixteen year old two years ago'!

The teenage pregnancy rate in Scotland is 26.7% per 1,000 live births whereas in Sweden it's 5.9% per 1,000 live births and in Norway 9.5%³. This makes a tremendous difference in the delivery of antenatal services. There are, it turns out, some antenatal classes specifically for teenage mothers, generally in deprived inner-city areas, but they are relatively few because they are not needed. The Swedish and Norwegian professionals I met were astounded by our high teenage pregnancy figures and quizzed me about the reasons for this.

Another 'stupid question' I asked was whether fathers were included in antenatal classes. 'But, of course', came the bewildered reply, 'Why wouldn't they be?' It turns out that this has been the case since the 1970s; the Swedish midwife I was talking to said that fathers need to prepare for parenthood every bit as much as mothers, and that they are more likely to engage in their child's life from the beginning and support the mother if they've been to antenatal classes. Lina, an early years worker in Gothenburg, told me about a play she and midwives at the family centre had put on to educate fathers about the need for them to support mothers during childbirth. The play was based on incidents they'd observed or had had recounted to them; it included scenes such as the father checking his phone while the mother was in labour- a definite no-no!

³http://internationalcomparisons.org/intl_comp_files/sheet010.htm

Open kindergartens

'It is the open kindergarten that has the primary role in the family centre. It makes the family centre live, smell and sound. Open kindergarten is the beating heart of the family centre.'

Vibeke Bing 2005

In most of the family centres I visited there were open kindergartens; not all family centres have open kindergartens but where they do they are integral to the centre and to the service they offer to the whole family. I visited five open kindergartens: two in Gothenburg, one in Orebrö, one just outside Stockholm and one in Tromsø.

Open kindergartens, staffed by early years educators and health workers, are an open space where parents can come with their children to spend time, meet other parents and find advice and support should they need it. 'The Family House open kindergarten is a health promoting and preventive pedagogical service.' The biggest difference between open kindergartens and other forms of childcare is that parents are present and take part in the work that is aimed at supporting the children.

While being a new parent, is usually a time of joy, it can also be one where parents, especially first-time parents, feel uncertain and lack confidence in their new role. Family centres, and particularly open kindergartens, have an important role to play in validating parents' experience as healthy and normal; identifying times when parents or children require more help, and providing the requisite support; as well as supporting parents to develop skills and knowledge in a non-threatening and inclusive way.

Open kindergartens are open to all parents and provide a low threshold, preventive service. Evaluations show that the centres are used by a demographically representative cross-section of parents in an area, including those from lower socio-economic groups. They provide a gathering place where parents can come together and meet other parents, building networks and creating peer support. Through the presence of cross-disciplinary professional staff, open kindergartens also promote development, health and well-being in pre-school children and their parents. Unlike other forms of childcare, parents or carers stay with their children, and are responsible for their care while they attend the centres.

Like other childcare in the Nordic countries, open kindergartens operate under the principles of the UNCRC, so that its operations are informed according to the best interests of the children and their right to express themselves. Staff were very conscious of the role of the UNCRC in their work, of involving children in the planning and delivery of activities, and explaining to parents why and what they were doing. Supporting parents was seen as part of the UNCRC commitment, in that parents are the

guardian and dispenser of rights to the child, and the state's duty is to support parents in this role. Whereas sometimes in the UK, I have encountered the view that parents' and children's rights are in opposition to one another, here there was a clear understanding informing and permeating the work that the UNCRC is a protective and enabling framework for the whole family.

In accordance with a rights-based approach which is largely child led, sessions at the open kindergarten were mostly unstructured offering lots of time for interaction and informal contact between all attendees - children, parents and professionals. The open kindergartens I visited were divided into specific activity areas as in traditional childcare settings (quiet/reading corner; sand; water). Various activities are on offer at the open kindergarten: these include playtime; reading sessions; singing; sharing food, such as snacks or meals. There may also be visits and talks from allied professionals, for example, local libraries, relationship counsellors and health professionals. Additionally, more targeted activities may be offered, such as parenting programmes; throughout the centres a variety of programmes were offered (see page 22).

However, although structured activities were on offer, the seemingly unstructured setting offered opportunities for contact and for relationship-based work. Staff were skilled at being ever present and available to help while maintaining an unobtrusive presence. On the one hand, this enabled parents to interact with each other, and to form relationships and networks. On the other, it enabled staff to build relationships with parents on a more equal footing which, in turn, allowed them to give information about parenting skills, child-rearing and child development in a less hierarchical and non-judgemental way. The open kindergarten provides a non-threatening, low-threshold way of enabling parents to ask for help and to establish help-seeking behaviour.

Being located in a Family's House, and part of a multi-disciplinary and co-located service meant that parents could access a wide range of services in an informal and non-threatening way, at the earliest identification of need.

While the boundaries around confidentiality have to be maintained, the degree of interaction and collaboration between professions was substantial. The staffing in the kindergartens tended to consist of an early years teacher and a social worker (the social workers referred to themselves as 'preventive social workers' see above, Family Centres). In the open kindergarten, the staff work closely together, as well as drawing upon the other staff located within the family house, and so are able to make timely and relatively informal referrals. Similarly, this worked the other way around, in that, for example, child health nurses were able to inform parents about the open kindergarten, and even accompany them there if necessary. For example, one child health nurse told me about a mother who was experiencing low-level post-natal depression and was very isolated. Over the course of several appointments, she was able to persuade the mother to come along with her to the open kindergarten; simply

having an arm around her as they stood at the reception indicated to the staff that this was someone who required some extra support.

Staff in the open kindergartens were enthusiastic and committed, and believed in the concept of open kindergartens. Some had moved over from more traditional childcare settings, and valued the opportunity it offered them to support the whole family, feeling that given that the family is the child's main caregiver, strengthening parents' confidence and resilience is of primary importance in securing positive outcomes for children. Staff thought that working in an open kindergarten increased the quality of their parent contact, and that they were able to enable parents to strengthen the parent-child relationship.

It was evident that parents valued the open kindergarten approach. They talked of the importance for them of relaxing time out, the chance to meet other parents, and being able to ask informally for advice or support. Several mentioned their experience as a parent being normalised and consequently being validated as a parent. For example, one first-time parent said, 'I thought it was just my baby who didn't sleep'. Knowing that that was not the case was reassuring, and also led her to get advice on sleep from other parents and professionals. Normalising the parenting experience is an important and empowering part of parenting that often seems forgotten in the increasing professionalism of parenting services - enabling parents to see that their experience is normal, increases their confidence and resilience.

Open kindergartens offer a way of working preventively to support parents in their role as caregivers and educators. They do this at the earliest stage of parenting instilling resilience from the beginning, and normalising asking for help. Above all, they do this in a way that empowers parents and allows them to discover and use their own strengths, providing a helping hand along the way, knowing that they are the experts on their own child.

Targeted support and programmes

Each of the countries I visited had a universal child health programme with wide reach, and universal childcare which enabled practitioners to identify families with more complex or specific needs. These were addressed with a variety of programmes as well as customised individual support. Most of the family centres or childcare settings also offered parents to self-refer to programmes. Parenting programmes were not prescribed at a national level but were chosen at local (kommune) level.

There was a recognition that the sooner problems are addressed, the more effective support is and the less likely problems are to develop into crises. It was also recognised that presentation with one problem may indicate that problems are wider than the presenting problem and that holistic support is necessary. Practitioners were conscious that those who do not use services may be those who need them most, and consequently, practitioners were constantly thinking of new ways to improve take-up.

This is a brief outline of some of the targeted programmes in use.

ABC (Alla Barn i Centrum or All Children in Focus)⁴

The ABC was developed from 2009 to 2011 by psychologists at Karolinska University, and has been piloted during its development in twelve municipalities, and in parts of Stockholm, Sweden. It is a universal programme based on a public health approach health, designed as a preventative approach rather than to address emerging problems.

It is a four-session public health group programme for parents which aims to promote parental competence and children's positive development, with the parent-child relationship as the target.

There are four themes or steps:

- show love
- be together
- show the way
- solve conflict

Practitioners told me that parents were very keen to move straight to step 4!

The practitioners I met who delivered this programme were enthusiastic about the programme and its effect on parents. They thought that it was supportive of parents

⁴http://www.researchgate.net/publication/273631815_ABC_for_Parents_Pilot_Study_of_a_Universal_4-Session_Program_Shows_Increased_Parenting_Skills_Self-efficacy_and_Child_Well-Being
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3729493/>

and empowering rather than interventionist. Many programmes address problematic behaviour, whereas the ABC is used earlier to promote positive behaviour. As far as I am aware, the ABC is not widely used outside Sweden, and certainly not in Scotland.

Baby massage

While probably not regarded as a programme and certainly not as a targeted programme, baby massage was widely used in the family centres I visited (as it is in Scotland). It was seen as an invaluable tool for promoting attachment and for identifying where attachment was problematic. Again, this allowed early identification of problems, and an offer of support to be made.

Incredible Years

The Incredible Years programme, which is widely used in Scotland, was in widespread use in Sweden, Denmark and Norway, notably in Gothenburg, which is one of the first places to roll out Incredible Years for Babies. The babies' strand of Incredible Years is intensive consisting of films, activities, talks, group activities with, for example, sessions on sleep, child development, and communication. Currently, Gothenburg is running two groups in spring and autumn for ten parents at a time. An evaluation is in place.

International Child Development Programme ICDP

The International Child Development Programme⁵ is a programme, which was developed in Norway and is widely used throughout the Scandinavian countries: for example, by all pre-schools in Orebrö.

The ICDP approach is premised on the idea that the best way to help children is to provide support to their primary caregivers, their parents, and recognises that, as well as meeting the basic needs for health and food, addressing psychosocial needs is key to positive outcomes for children. The principles of ICDP are facilitating, empowering and building on the positive. It is about support rather than intervention.

Trained facilitators work to deliver the programme with groups of parents, providing them with knowledge about child development as well as allowing them to self-reflect on their interaction with the child. It is widely used throughout the Scandinavian countries and highly regarded by practitioners who regarded it as a good basis for strengthening parent and child relationships. Interestingly while it is in use extensively throughout Europe and has been used in England, it is currently not used in Scotland.

⁵ <http://www.icdp.info/programme>
<http://www.icdp.info/api/media/media/516>

I met practitioners using these programmes, and was impressed particularly with how both the ABC and the ICDP appeared to be preventive and empowering rather than didactic and inflexible compared to commercial programmes. Practitioners told me that they viewed parents as the experts on their children rather than the professionals, and that these programmes used this relational approach. Rather than being viewed as an intervention, the programmes were seen as support.

How much do we need to ‘intervene’ or offer ‘interventions’ to parents? Should we rather be supporting and walking alongside parents?

Choosing programmes - Ungsinn – “Young Mind”

Throughout the Scandinavian countries I visited, programmes were chosen at a local level rather than prescribed nationally. While it is widely accepted that early detection and intervention can lead to more people receiving help, and may prevent escalation to more serious problems, this creates a challenge in choosing programmes.

The Regional Knowledge Centre for Children and Youth: Mental Health and Child Protection at the University of Tromsø has developed a database which provides information on the quality of mental health services for children and adolescents. The database is called Ungsinn (‘Young Mind’). It can be found at www.ungsinn.uit.no. Ungsinn is an information source for strategic work within mental health promotion, prevention and treatment of mental health problems among children and adolescents. It assesses what evaluation of the various programmes has been carried out and how robust this is; the methods must be research based and include conclusions on implementation, effect, cost-effectiveness and user satisfaction.

Childcare

The issues which continue to be at the heart of the UK debate on childcare: quality, affordability and flexibility, and which present considerable challenges for parents trying to find suitable childcare, have been addressed and resolved long ago by the Nordic countries. Though a number of professionals expressed concerns that the childcare provision they take such pride in is in danger of being undermined as the political complexion of governments changes, the childcare that I saw and heard about rivalled the best provision in Scotland, and seemed to be provided at this level on a more consistent basis than in the UK.

There are a number of ways in which childcare can be viewed as providing families with support:

- providing high-quality early learning and childcare to children
- enabling parents to return to work
- identifying and providing family support for vulnerable families

Quality

The OECD's Starting Strong III: A Quality Toolbox for Early Childhood Education and Care (ECEC) has identified five policy levers that can encourage quality in ECEC, having positive effects on early child development and learning. They are:

- setting out quality goals and regulations
- designing and implementing curriculum and standards
- improving qualifications, training and working conditions
- engaging families and communities
- advancing data collection, research and monitoring

Setting out quality goals and regulations

The Nordic countries, while renowned for high-quality childcare, have much less regulation and less enforcement of ratios than the UK. Several people mentioned this to me, and referred enviously to the UK systems, expressing the opinion that our regulatory regime was protective of ratios whereas because their lighter touch approach allowed ratios to be changed more easily.

Quality was high in all aspects in the settings I visited. High-quality childcare has been a political imperative with cross-party consensus in the Nordic countries for many years. However, many of the people I spoke to thought that the changing political complexion of governments was adversely affecting this.

There was concern among parents and workers in Denmark about changes and cuts to budgets which they thought had had adverse results and threatened the quality of their world-renowned quality system. Budgets had been transferred to municipalities rather

individual nurseries, and reduced. In a number of nurseries, this had led to cuts in budgets and reduced staffing. Ratios varied across municipalities with no prescribed ratio. There were also proposals to use parents as volunteers in a few municipalities in order to extend hours at either end of the day and increase flexibility. Parents thought that this would decrease quality; currently nurseries are staffed by highly-qualified staff, which is a significant factor in maintaining quality. Having the same staff, rather than a voluntary rota of parents, means that children are familiar with staff.

Regulation is important in ensuring quality. While other factors matter, regulation ensures that key components of quality are upheld and, in particular, that ratios are maintained. I found it interesting that it was this aspect of the UK's childcare system that the people I met commented on with envy as a way of ensuring standards are maintained and protected.

Designing and implementing curriculum and standards

In each of the countries I visited, national frameworks for the curriculum were set out at national level and interpreted locally at kommune or setting level. The national frameworks are influenced by the UNCRC and by learning through play.

In Denmark, all day-care settings and kindergartens develop their own curriculum according to a national template (learning plan) with six overall themes: linguistic development, nature and natural phenomena, cultural expression, body and movement, diverse personal development, and social skills. Settings must also set out how they work with children with additional support needs.

Norway's 'Framework Plan for the Content and Tasks of Kindergartens' is legally binding and all ECEC settings, whether private or public, must follow it. It takes a holistic view of children and childhood, and their development. Care, play, learning and formation ('Bildung') are at the core of the activities. It emphasises that children learn through experiencing and through interacting with others, and that their views should be taken into consideration. There is a strong focus on outdoor activity.

Similarly, in Sweden, the curriculum has been led by play and by the UNCRC. However, in 2011, the curriculum changed to have more focus on domains of knowledge such as literacy and numeracy. It is still intended that play is the pedagogical concept through which learning is achieved. Nonetheless, professionals expressed concern that there was a move away from play and child-centred learning to a more output-based, school-readiness model.

In each of the countries, people increased concern about increasing pressure to move away from a pre-school curriculum that is child-centred and led with an emphasis on learning through play, to increasing 'schoolification' of the curriculum.

Improving qualifications, training and working conditions

‘Typically, studies report that both the levels of qualification which staff have achieved generally, and the relevance (content) of those qualifications to the sector, are highly associated with quality.’

An independent review of the ELC workforce in Scotland, Shiraj, 2015

In the Nordic countries, over 60% of early years staff are educated to degree standard, usually as pedagogues. Pedagogy is a profession with a wide, holistic view of education; pedagogues are trained to work in settings from early years to early adulthood, though in practice most work in early years. As a profession pedagogy in Scandinavia is more widely valued and better paid than childcare in the UK.

There seemed to be less variation in qualifications and remuneration across childcare providers in Scandinavia than in the UK. Settings, whether public or private, receive the same payment per child, so that pay and conditions, and career progression are more equal across sectors than in the UK.

Workers also are mostly unionised, and with a single powerful union speaking up for them, along with a strong and informed parent lobby. I was in Denmark when elections were taking place, and childcare was a key area of debate.

In each country that I visited, childcare provision was of consistently high quality and was staffed by highly-qualified and committed staff. However, in each country, I heard murmurings about cuts and declining ratios which staff thought were affecting the provision they were so proud of. One early years worker in Sweden talked of how happy she was to be working in an open kindergarten where she thought she was more able to provide quality support to families than in her previous post in a nursery where she thought that declining ratios were compromising quality. In Denmark, I heard of an early years worker with a specialism in autism, who had taken early retirement as she felt it was no longer possible to provide the same standard of support as previously.

Engaging families and communities

Another key tenet that the OECD identified as crucial to improving children’s outcomes through Early Learning and Childcare was the engagement of families and communities.

Parental engagement is a key aspect of the curriculum in the countries I visited, and a legal obligation in Sweden and Norway. Parents are expected to be involved in consultations about childcare frameworks and in local decision-making. On an individual level, parents are entitled to at least one consultation meeting with staff a year where their child’s development and needs are discussed (though there is regular informal interaction). Parents are expected to contribute to activities and to be included in processes.

In Denmark, I spent an enjoyable afternoon and evening with Mariane Beck-Neilson, treasurer of Forældrenes Landsorganisation (Fola). FOLA is a representative body of parents with children in childcare. It works nationally to lobby on childcare (often with BUPL, the pedagogue union) and locally, parents are involved at both municipal and individual nursery level (parents have a legal right to be represented on ECEC boards). FOLA is not a statutory consultee but is a vocal and well-informed lobby for parents' interests and involvement. We don't have an equivalent at early years level in the UK, and it seemed a fantastic model to me.

My Airbnb host in Copenhagen commented that I was talking more about the cost of childcare when the more important issue was quality; when I told him the cost of childcare in the UK he understood why. It struck me that, if costs are reduced and cease to be such a barrier to parents, then they would probably think less about cost, and more about quality and being engaged in their children's education.

Additionally, in all the countries I visited, the visibility and number of childcare settings were noticeable. There was a greater number of settings than in the UK; many were situated as part of new housing provision. My first floor Airbnb apartment in Oslo was part of a large housing development and overlooked a nursery with a large outdoor play area; each day I could see parents both from inside and out of the housing complex dropping their children off at the nursery, and outside nursery opening hours, local children and their families making use of the play facilities. Because childcare is visible in, and available to, the local community, it engages the community both in activity around childcare and in valuing childcare provision.

Affordability

Each of the countries that I visited operates a capping system: the parental contribution to the cost of childcare is 'capped' so that the parent never pays more than a certain proportion of the costs.

UK childcare provision is a mixed-economy model. The Nordic countries have generally followed a model of universal state provision, with the exception of Norway which has had a mixed-economy model with more similarities to the UK and where childcare reform was instigated later than in the other two countries. Now, the countries are moving towards models more similar to the UK as both Sweden and Denmark have opened up their childcare markets to private provision.

However, there remain fundamental differences between the UK and Nordic models. Parents and professionals remarked that although parents would be aware of whether the nursery their child was attending was public or private, there would be no discernible difference in quality, affordability or any other aspect of the provision. The quality aspect is largely accounted for by workforce training and provision, as well as by a recognition of the cost of quality provision. Additionally, in each country the

kommune is obliged to give nurseries the same per capita funding whether they are private or public. Payment from parents and the state through the capping structure means that nurseries receive similar funding, and parents pay more or less the same whichever type of provision their children attend. Also, opening hours are, for the most part, the same across public and private provision.

So whereas in the UK, a parent often has to choose between state provision with free entitlement and shorter hours, and private provision with higher costs but longer hours that would enable them to work, in the Nordic countries, the presumption is childcare has the dual function of enabling parents to work as well as providing high-quality early learning and childcare for the child. In the UK, there has traditionally been, and to some extent, continues to be, a perception that there is a tension between the right of the child to a high-quality early learning experience and the need of the parent to affordable childcare to enable them to work. In the Nordic countries these have been viewed as overlapping demands and have largely been resolved.

Flexibility

In the UK, flexibility remains an issue for many parents in being able to obtain the hours of childcare that they need in order to work. While the situation is not perfect in the Nordic countries, it is far better than in the UK. Nurseries are generally open between 8am and 6pm. In Sweden, there is a legal entitlement to flexibility, with an entitlement to provision from 8am to 8pm. This is a national entitlement with the flexibility being provided differently from one kommune to another. One of the kommuner I visited used a model where most nurseries had opening hours of 8am to 6pm, but to provide the additional flexibility required by law, several nurseries opened until 8pm and children were transported to these centres if the additional hours were required. Because kommuner generally are smaller than UK local authorities and operate as childcare hubs, providing flexibility in this way is easier.

Beyond childcare, the integration of parental leave and flexible working policies with childcare policy gives an additional layer of flexibility to childcare provision. For at least the first year of a child's life, parents can take parental leave which enables them to stay at home with their child, adjust to life with a child, and build the attachment so crucial for a child's development. Beyond this, there is an acceptance in the Nordic countries' work culture that both mothers and fathers may leave work earlier, or at variable times, to pick up their children from nursery.

The combination of flexibility enshrined in childcare provision as well as in employment practices results in a level of flexibility for parents that far exceeds what is currently on offer in the UK.

Partnership working

In Scotland and in the rest of the UK, partnership working has long been posited as the answer to a number of problems, whether it's to extract the best from scarce public sector resources or to respond holistically to families' problems. While partnership working can seem like an obvious solution and a good way of working, it is not something which falls easily into place without working through its tensions.

My work in Scotland is as part of a partnership of voluntary organisations working together to address parenting issues, so observing partnership working in the Scandinavian countries I visited was fascinating. As in the UK, partnership working between agencies for the benefit of families is seen as the way forward. Norway has a Coordination Act which requires agencies in municipalities to work together for the benefit of children and families. Family houses are set up with collaboration at the heart of their ethos and practice, so it was interesting to see and hear at first hand how they worked and where the areas of tension and success lay.

To an outside eye, family houses were a model of co-operative practice. The staff I met in family houses were enthusiastic about working in family centres and spoke passionately about them as a model for change in work with families. While they do work well for children and families, and staff work well together for the benefit of families, there are nonetheless tensions and difficulties to be worked out. Many of these will resonate with practitioners in Scotland and the UK. Some of the obstacles that staff identified were confidentiality and data sharing, separate budgets, differing work cultures, and the need for collaboration at strategic level. There are challenges at the macro level of planning, commissioning and budget setting, and at a micro level in terms of the facilitation of everyday practice and collaboration between practitioners. In order for practice to be enabled at an everyday level, barriers need to be addressed in the structure and management of the various agencies.

If a municipality decides to initiate family centres in its area, then staff are compelled to work there if asked to. In a family centre, staff are employed and seconded from different agencies - health, education, social work and so on. Budgets follow staff accordingly. This can result in a number of difficulties - deciding on which budgets generic family centre expenditure should come out of, differing ability to pay for ongoing training. While staff worked round these on a day-to-day basis, for example, by those with adequate training attending training courses and cascading the learning to colleagues, they thought that issues about budgets needed to be resolved at a higher level. Similarly, staff dealt with confidentiality and data-sharing on a daily basis by obtaining parental consent to share information but thought that these issues remained unresolved and required strategic solutions. A number of staff observed that they were following the progress of Scotland's integration of health and social care with interest, because if integration could be achieved anywhere, it could be achieved in a small country like Scotland!

I was struck by the physical environment of the centres and the time that staff were able to spend together. Partnership working requires not simply staff to carry out their work together but also to be able to talk and to reflect on it together. There were dedicated staff rooms where staff met and often ate lunch together. After many of the open kindergarten sessions, staff would have a debrief session to share their observations and reflect on what had happened during the session. While this could seem unremarkable and simply a matter of common sense, having seen staff space and time so diminished in the UK in recent years, the difference was palpable. It's an essential tool for reflective practice and if we want partnership working to work, then time and space for staff to come together is essential to the process.

In Stockholm, I met Agneta Abrahamsson, an academic from Kristianstad University, who has been working on evaluation of family centres, and has developed a reflective tool to aid partnership working in family centres.

Family centres, as multi-professional and multi-agency spaces, face challenges in daily practice. While co-location offers improved opportunities to better meet the needs of children and families, in order to fully optimise these, professionals need to be able to co-operate to meet the differing needs of parents and children who come through the door of the family centre.

Agneta talked about the concept of 'professional compliance' in which rather than working to comply to the demands of their profession, professionals are led by, and work in response to, the needs of children and families (Abrahamsson & Samarasinghe, 2013). Generally, the concept of compliance is used to refer to patients' obedience to health advice. The concept of professional compliance reflects the move towards making services more 'person-centred' in contrast to more traditional service models in which service users navigate their way around services to meet their needs.

Often staff come to work in family centres looking forward to working collaboratively, and are surprised by the challenges that inter-agency and inter-professional working present. Agneta talked about a number of staff saying to her: 'It was not as easy as we thought it would be'. 'Inter-disciplinary and inter-professional work at co-located facilities of family centres requires skills of fluently co-operating in every-day work around the families (Abrahamsson, 2007).'

Having worked in one agency or field, staff are often unaware of the 'baggage' and preconceptions that they carry with them.

Researchers identified 'an invisible wall' within family centres. On one side were the midwives and child health nurses, and on the other, the early years educators and social workers. The differences stem mainly from their respective professional and organisational backgrounds: health staff start from a more strictly evidence-based medical model, whereas education and social work come from a more psycho-social

basis. On a day-to-day basis, health staff have to follow a more prescribed programme with families, operating with 'ordinary' families from a public health perspective; education and social work operate with more focus on social prevention and on addressing needs of vulnerable families.

To fully realise the opportunities offered by co-location, the differences between agencies and staff need to be recognised and reflected on so that parents and children's needs can be met in a multi-professional and co-operative approach with families at the centre. Agneta has developed a tool to enable professionals working in family centres to reflect on their practice to improve their co-operation.

This reflective tool is designed to help practitioners within a centre improve collaboration and performance rather than to evaluate or measure outcomes in centres. The tool is intended to be used on an annual basis.

It consists of 27 topics relating to practice in family centres categorised into:

- universal activities
- early support to parents
- accessibility
- learning
- early support of professionals
- equality
- collaboration

Each topic is subdivided into a series of statements which professionals reflect on and rate individually. Then the professionals come together, reflect on the ratings of the statements, and work collaboratively to rate how well the centre performs against the statements. They then choose areas for improvement which they work on together.

Table 1: Topics and statements in the tool of reflection.

Topics	Statements
General work at the family centre	<ol style="list-style-type: none">1. Health promotion arena2. Children's rights (UNCRC)3. The family centre as a resource in the community
Early support to parents	<ol style="list-style-type: none">1. Group dynamics at open pre-school2. Acknowledgement of parents by staff3. Parents as resources for each other4. Bonding work with all parents (universal)5. Bonding work addressing more vulnerable parents and children (targeted)
Accessibility	<ol style="list-style-type: none">1. Getting parents over the threshold of the open pre-school2. Achieving quality by using each other's competence in the house
Learning among parents	<ol style="list-style-type: none">1. Children and parenthood2. Interaction with the child3. Language learning4. Cultural exchange between social groupings (social & ethnic)
Early support by staff	<ol style="list-style-type: none">1. Universal and early support2. Midwives identify3. Midwives refer4. Nurses identify5. Nurses refer6. Social workers are visible at open pre-school7. Pre-school teachers pay attention to parents and children with more needs
Equality – parents	<ol style="list-style-type: none">1. Both parents get information2. Both parents are encouraged to participate in activities with their child
Co-operation	<ol style="list-style-type: none">1. Professional pre-conditions for cooperation are well-known and respected by each other2. Common objectives are formulated3. The common objectives are regularly followed up4. The managers on the steering group are actively involved in following up shared objectives common

Children's rights

The UNCRC has a central role in how families are supported in the Nordic states.

The Nordic countries were among the first to embrace the UNCRC and to implement its principles and provisions in law and practice. Norway, Denmark, Sweden and Finland were among the first countries to ratify the treaty soon after its inception in 1989. They have done so variously: Norway is the only one of the countries I visited to have fully incorporated the UNCRC. Sweden ratified the treaty in 1990, and in 2014 announced its intention to fully incorporate the UNCRC into domestic law. Denmark ratified the UNCRC in 1991.

The high level of implementation of the UNCRC in the countries I visited seemed apparent in policy and practice, and through this, in everyday life. National policy supported both children and families in a wide variety of spheres: there was a wide range of universal support for parents, including generous parental leave for both mothers and fathers; reduced working hours for parents of young children; comprehensive early years child health programmes; universal childcare; and national strategies to provide support and assistance to parents. In all the countries I visited, physical punishment of children was against the law. In childcare settings, it was very clear that practice was led by the UNCRC and the needs of children. This could be seen in how the day evolved, in the curriculum, and in responses to child and parent. In day-to-day life, the higher proportion of fathers involved in their children's lives, the greater numbers of nurseries, play parks and so on, and the greater child-friendliness of transport and public buildings seemed to be the result of constructive family policy and valuing children and families above corporate interests.

In every location I visited, children's rights were mentioned, as part of the structure and of what informed childcare settings. Staff in these settings had a very high degree of awareness of the UNCRC, and saw it as leading their practice. This was evident in their work with children, but also with the wider family; professionals viewed supporting the whole family as part of their rights promoting work. The UNCRC confers rights on children' parents must these rights on behalf of their children and the state should support families in this.

The UNCRC was widely known by both parents and professionals in early years settings. Professionals based their practice around it, guiding parents on how to bring up their children recognising their individuation from themselves and respecting their rights. While this sounds conceptual, in practice it led professionals to work with parents to enable them to stand back from their child, see their behaviour more clearly, and to react more appropriately. In an unobtrusive way, practitioners were quietly educating parents about attachment and child development.

Parents are informed about the UNCRC by professionals and are given information about it and how it affects them and their child. In Sweden, all parents are given a book about the UNCRC when their child is two.

Formal school-based education does not start until children are six or seven in the countries I visited; until then most children attend childcare. Practice in childcare settings was led by children. The emphasis was on play and where necessary, guiding parents on how to play with their children. In some centres, staff asked parents to leave their mobile phones in a basket at the door so that they could focus on their child.

However, there was concern among some practitioners in each of the countries that the right to play, which had led practice, was gradually being replaced by a move towards early learning and 'schoolification' of establishments and of the curriculum.

Sweden was the first country in the world to make physical punishment of children illegal, and to give children the same protection from assault as adults; physical punishment of children became illegal in Sweden in 1979. Since then, a further 24 countries have followed suit, though the UK remains an outlier (one of only three EU countries), with the recent UN report on the state of UK compliance to the UNCRC recommending that the UK comply with the UNCRC ban on physical punishment of children.

The professionals I met in Sweden, Denmark and Norway were astounded that physical punishment of children was still legal in Scotland - several asked me to clarify this as they weren't sure that they had heard correctly! For most professionals, it was simply accepted as the way that things were now. I didn't speak about this with parents directly. However, professionals told me that there was a high public awareness among parents of the ban, and a low incidence of smacking. Practitioners reported that, within the safe environment of the family house, parents would often ask for help when they felt frustrated and on the verge of hitting their child. They knew that physical punishment was illegal and ineffective, and wanted to learn about alternative approaches. This enabled practitioners to provide support through one-to-one help or a parenting programme.

Fathers

One thing evident in visits to all three countries was how much more men seemed to be involved, both in using family services and more generally in looking after their children. While there have been changes in Scotland and the UK in the role of fathers, men seemed much more visible as fathers in Scandinavian society. So what did I learn about the differences, and the reasons for them?

Inclusion in services

Throughout my visit to Sweden, Denmark and Norway, the presence of fathers in services and generally in society was noticeably higher than in the Scottish context. This was particularly true in Sweden and in Norway, which both have a proportion of parental-leave allocation reserved for the father.

On my first visit to an open kindergarten (a staffed drop-in centre for parents and their children) in Sweden what immediately struck me was the ratio of fathers to mothers: perhaps a third of the parents attending. Compared to playgroups and nurseries in Scotland, where fathers' attendance is more unusual, it was noticeable. While Swedish open pre-schools are open for parents of children from 0 to 6-years-old, in practice, they're mostly used by parents on parental leave.

Parental voices

One father at a Swedish open kindergarten, who was on parental leave, told me a little about his experience. He and his wife had decided before the birth of their child how they wished to divide the parental leave. They'd decided that she would take the early months so that she could breastfeed, and he would then take his full entitlement of paternity leave later. It had been important for him and his wife to both spend time with their children and he felt that he had bonded better with his children than colleagues who had taken less parental leave.

Research (<http://rsa.revues.org/456>) bears out his views. It also made him appreciate how much work childcare actually was. He said he realised that, as well as looking after his son, he should be doing the housework, and that the obvious time to do that was when his son took an afternoon nap, but that by then he was too shattered and needed to go and have a lie down himself!

He said that it was much more common for middle-class men to take parental leave, and that 'white collar' professions and companies still tended to look more favourably on men taking parental leave.

Another father in a Norwegian childcare setting told me he hadn't taken the full quota of paternity leave with his first child, but encouraged by his wife, had done so with his

second child. He thought that it had made a huge difference to how he had bonded with his daughter, and had also improved the relationship between him and his wife.

One family worker told me that they'd had a father attending open pre-school sessions who had been the only father in the room. He told her that just sitting quietly and listening to the women made him realise what his own wife was experiencing, and how much more of the childcare and housework she took on.

Discussing this with another Swedish woman, she told me that her daughter and her son-in-law were trying very hard to be equal in how they raised their children. While her son-in-law tried to do his share, she could see that, in the planning ahead and organising, her daughter took on the lion's share of the work.

So what's the difference?

There's been much debate in Scotland about how to attract men into family services and about what puts them off from being involved. Specifically, there is discussion about whether:

- service publicity with predominantly female imagery deters men from becoming more involved
- the fact that children's services are mostly staffed by women deters fathers from becoming involved
- there should be groups specifically for fathers

Certainly, these factors were also the case in the Scandinavian countries - most publicity material depicted women and children; the vast majority of the workforce was women; and most groups were open to both parents.

Staff in pre-school settings are overwhelmingly female in Scandinavia (Denmark sits at 8% and Norway at 10%). To an extent, this shows that childcare is still viewed as a female domain. However, the largely female environment doesn't appear to have an impact on getting fathers through the door.

What seems to make the bigger difference, is the significantly more generous paternity leave. This sends a signal that looking after children is the work of both parents; allows fathers more involvement in the early years; and gives them the time to bond and form an attachment with their child.

Parental leave

The Nordic countries which I visited all work on a dual-earner model, that is the assumption that both parents work. This is less so in the UK, though recent social attitude surveys indicate that there is more acceptance of this.

(http://www.bsa.natcen.ac.uk/media/38457/bsa30_gender_roles_final.pdf)

Fathers' access to paid parental leave is shared, to different degrees, throughout the Nordic countries. In both Sweden and Norway, fathers are legally entitled to a specified

period of the total parental leave granted for a child (the ‘daddy quota’). While fathers can take part of the parental leave in Denmark, it is not reserved as it is in Sweden and Norway. This has a significant impact on take-up of the leave.

Some background

It’s clear that dedicated parental leave for fathers does make a difference – the visibility of fathers looking after their children and in childcare settings compared to the UK is self-evident. However, it’s also clear that this doesn’t produce equality overnight. While take-up of paternity leave in Sweden is 89%, women are still likely to take the lion’s share of the parental leave: in 2012, men took about 24% of parental leave.

It’s also unevenly spread – it’s much more common

(<http://www.tandfonline.com/doi/abs/10.1080/13668800601110835>) for men to take paternity leave if they are white and middle class, and if they live in a city⁶. Some of this is due to traditional gender stereotypes persisting, and some to the pay gap: men tend to be the breadwinners and higher earners making it less attractive to lose out on 20% of the larger salary.

Conclusion

The process of change is slow. While social policy initiatives can drive and facilitate it, attitudinal changes take longer, and achieving gender equality will take time. As Elisabeth, a social worker in one of the Gothenburg family centres and my guide for the day, said ‘In terms of gender equality, we’re on a journey, and we still have a long way to go.’ And if Sweden, the world leader in gender equality has a way to go, how much further do we have to travel?

⁶ ‘DIFFERENT CLASSES, DIFFERENT FATHERS?’, Community, Work & Family, 10:1, 93 - 110

Poverty

In Scotland, and in the rest of the UK, poverty is increasingly a defining issue for many parents. It impedes their attempts to give their children the best start in life, with poverty affecting children's inclusion, education, life prospects and health. While income is more equitably distributed in the Nordic countries, there are still families living in poverty. As a visitor, looking from the outside with knowledge and experience of poverty in the UK, society seemed more equitable, housing more mixed, and the physical environment more generous. However, the Nordic countries have all seen shifts to the right in the political complexion of their governments, which are leading to an increase in poverty for some sections of the population, and to rising rates of income inequality.

I met Tove Samzelius, policy adviser for Save the Children in Sweden. Tove met me in Vällingby, a 'new town' suburb of Stockholm where she lives. Until recently, Tove had lived in Bristol and worked as the deputy director of Single Parent Action Network. We drove down to the park, talking all the way, to pick up her mother and her children and take them home. Vällingby is one of Sweden's first planned new towns, and has a small shopping centre, mixed housing and recreational facilities. Today, it still stands up to its enlightened town planning, and provides a great environment for families. The housing is a mix of public and private, rented and owned, standing next to each other and indistinguishable by tenure, unlike Scotland, where so often housing is zoned and the design of social housing picks it out from other housing.

Tove talked about the perception that poverty doesn't exist in Sweden. While Sweden is one of the most equal countries in the world, changing policies meant that last year, Sweden had the most rapidly rising inequality rate in the world in 2014. From 1992 to 2008, while families across all classes saw a rise in disposable income, the top fifth of income earners received more redistributive income every year. Tax cuts have benefited those in the top income brackets, while disadvantaging those at the bottom by cuts to the level of welfare benefits. In 2010, 242,000 children (12.7% of children) in Sweden were living in poverty; the equivalent figure for Scotland in 2010 was 26%.

Sweden's social security system is contribution-based. As labour has become increasingly 'casualised', more and more people are unable to access the equivalent of unemployment benefit (the contributions-based element) and, instead, have to rely on the equivalent of income support (non contributions-based support). A third of unemployed people are not eligible for unemployment benefits. The försörjningsstöd ('living support') was intended as a last resort and a short-term solution between periods of employment. Increasingly, the försörjningsstöd is being used long-term, and commentators argue that it is too little to support families. Increasingly, landlords are refusing to take people on försörjningsstöd, and the rate of homelessness has risen sharply in recent years.

Like many other Western countries, poverty is particularly prevalent in certain groups: black and minority ethnic groups and single parents are much more likely to be living in poverty. The increase in child poverty (2007-8) disproportionately affected families from ethnic minorities with a rise of 29.5%. The incidence of poverty in single-parent households is 24.7% compared to 8.1% of those living in two-parent households. 49% of children of ethnic minority single-parent families live in economic poverty in comparison to only 2.3% of children to Swedish-born parents. Families living in poverty are also much more likely to be living in cities rather than suburbs or rural areas.

While figures seem low compared to the UK, for families living in poverty, the statistics are not what's important: they face the same problems and issues as parents living in poverty in the UK. Arguably, living in poverty in a society which is mainly affluent, brings with it different problems of social exclusion, particularly when poverty is so disproportionately concentrated in certain sectors of the population.

In Stockholm, I visited a project that aimed to engage immigrant groups living in poverty. The principles of the work seemed very similar to UK approaches – home visiting, close working between services and relational working.

One of the top political priorities in Scotland at the moment is addressing the attainment gap - the educational gulf that exists between our richest and our poorest children. In Denmark, in spite of a world-acclaimed high-quality universal childcare system, 20% are not achieving the same educational outcomes. In Copenhagen, I met Bente Jensen and her colleagues who are involved in trying to tackle this problem, and improve outcomes for 'socially disadvantaged' children.

Bente leads a research project which looks at how Denmark's universal childcare system can improve socially-disadvantaged children's opportunities in life, and examines the efficacy of two types of pedagogical interventions in improving the learning and well-being of socially-disadvantaged children with the overall goal of stimulating children's well-being in personal, linguistic and social competences.

The research project is testing two models of intervention, and works with 7,000 children in 120 childcare centres across four Danish municipalities. The participating child care settings are divided into three groups:

- Those receiving the original VIDA intervention
- Those receiving the original VIDA intervention plus parental involvement
- Those receiving childcare as usual, that is, a control group

The VIDA model consists of training childcare workers with the evidence of poverty and effective interventions and responses. It is based on three elements: knowledge, reflection and action. Initially, managers and early years staff gain the knowledge of the VIDA material through a course plus individual study. They then use this knowledge

to reflect on existing practice, and thirdly, act on the knowledge to improve existing practice. This three-part learning cycle continues as the actions are reflected upon, and in turn become part of the cycle of learning, reflection and action. Initial evaluation has provided promising results.

Previous research by Bente and her colleagues at Aarhus University about children living in poverty, has shown the importance of parental involvement. Accordingly, this latest research involves a group in which, in addition to the existing VIDA model, staff are trained in involving parents in engagement in their children's learning. This research is current with an iterative evaluation running alongside it.

With child-poverty levels increasing, and likely to go on increasing, in Scotland, and the planned expansion of childcare, it will be useful to monitor the results of Bente's VIDA project and to gauge what would be applicable to a UK context.

On my return to the UK, a colleague asked me, as I waxed lyrical about the family support I'd seen in the Nordic states, whether we did anything better here. Sadly, my answer was that I thought possibly our response to poverty was better – I think because our rates of poverty are so high and seemingly so intractable, our responses have been honed over time to provide more support and what professionals in the Nordic countries viewed as innovative approaches, seemed all too familiar.

Integrated policy frameworks

It was noticeable how family policy frameworks related to each other and were interlinked the countries I visited compared to in Scotland and in the UK. In the UK, we have policies on family support, on childcare and on parental leave, but they appear to be formulated separately and are not sufficiently related or integrated, coming from different policy departments. In Sweden, Denmark and Norway, these policies have more of a relationship and share a policy framework. Each country works to a dual-earner model and policies reflect this, designed to follow the pathway that families take.

Initially, there is generous parental leave entitlement with parental leave for both parents (in both Sweden and Norway a proportion of this is reserved for fathers). This reflects evidence about attachment, so that parents can form a bond with their child before returning to work. It is unusual for children under two to attend childcare as the generous parental leave for both parents mean that they tend to look after their children at home until the age of two. During this period, there is extensive family support available both through the universal health system, through open kindergartens and through more targeted support if needed or desired by parents, enabling the parent-child bond to be nurtured. At the end of the parental leave, a system of high-quality universal childcare is available, integrated with a family-friendly working culture. These systems work together to provide high-quality support to families in the early years. In addition, public services such as libraries and play facilities are widely available and of high quality. All in all, these combine to create a society which is more friendly to families, and in which families are more valued.

In Norway and Denmark, I spoke to civil servants who told me how their policies were developing. They said that, in spite of a long-term universal approach, about 20% of the population were left behind. New policies were emerging to address this: on early intervention and prevention, working intensively with disadvantaged families. A wide-reaching universalist system allows them to afford universal protections while identifying those at risk, and to provide extra help. Norway has a high divorce rate, as indeed do Denmark and Sweden. A civil servant at the Norwegian Government, talked about providing more support earlier to support the adult relationship: an emerging policy area for them. Unusually, this seemed to be a relatively neglected policy area in the countries I visited compared to the UK.

State provision is so extensive in the Nordic states that the third sector has a relatively low presence. However, in Oslo I met with staff at Homestart Norway which provides similar services to Homestart in the UK: volunteer-based services to vulnerable parents in their homes. It is contracted by local kommuner to provide services, and reported that its services are seen as early intervention and as non-threatening by parents allowing it to provide services at an early stage. Because of the dual-earner model and

high employment rates, unlike Homestart services elsewhere, volunteers are often retired people. Otherwise, it provides similar services to its UK counterpart, providing early support to parents in their homes.

Conclusions and recommendations

My abiding impression from the Nordic countries I visited was that supporting families seemed central to policymaking. It seemed to occupy a different place within government thinking: families were valued and the approach reflected families' lives, children's rights and work patterns. As a result, an extensive system of progressive universalism meets general need; identifies more specific needs; and is able to support families more effectively. My visit showed me that a better way of supporting families is possible.

Recommendations

UK and Scottish Governments

1. To consider more integrated policy frameworks and ensure that they are more joined up

Scottish Government

2. To ensure that universal child health is well-staffed and equipped to support parents in children's early years
3. To ensure that parental involvement is built into the expansion of childcare
4. To develop a fully-integrated family support strategy and model
5. To provide more support to families in children's early years, particularly looking at the open kindergarten model and how it might be applied in Scotland

Local authorities

6. To assess whether public health programmes, such as ABC and IPDP, can be applied here as less rigid, less costly, effective support for parents
7. To consider the use of the VIDA programme as one of the options in upskilling early years staff to respond to poverty and the attainment gap
8. To consider the use of partnership skills training

Appendix 1: Itinerary

		Contact/visit
Wed 27th May	Fly to Goteborg	
Thurs 28th May	Goteborg	Visit to Goteborg family centres
Fri 29th May	Goteborg	Visit to Goteborg family centres
Sat 31st May	Goteborg	
Sun 1st June	Travel to Orebro	
Mon 1st June	Orebro	Visit to Orebro family centres
Tues 2nd June	Travel to Stockholm	
Wed 3rd June	Stockholm	
Thurs 4th June	Stockholm	Meeting Agneta Abrahamsson
Fri 5th June	Stockholm	Visit to Stockholm family centre
Sat 6th June	Stockholm	
Sun 7th June	Stockholm	
Mon 8th June	Stockholm	
Tues 9th June	Travel to Copenhagen	
Wed 10th June	Copenhagen	Visit to early years centre, BUPL
Thurs 11th June	Copenhagen	University of Aarhus, Bente Jensen Visit to Early Years Centre
Wed 17th June	Copenhagen	Visit to early years centre
Thurs 18th June	Copenhagen	Meeting FOLA
Fri 19th June	Copenhagen	Meeting Danish Government officials
Sat 20th June	Copenhagen	
Sun 21st June	Travel to Tromso	
Mon 22nd June	Tromso	
Tues 23rd June	Tromso	Visit to early years centre
Wed 24th June	Tromso	Visit to university
Thurs 25th June	Travel to Oslo	
Fri 26th June	Oslo	Homestart Norway
Sat 27th June	Oslo	
Sun 28th June	Oslo	
Mon 29th June	Oslo	Norwegian Government
Tues 30th June	Oslo to Bergen	

Appendix 2: Thanks

Thanks to all the people who generously helped me, gave me their time and shared their passion for early years work. The people below are the key contacts who organised visits for me; I'd also like to thank the other staff at the centres (the midwives, pre-school teachers and child health nurses at the centre who gave so generously of their time and knowledge). And, especially, the parents and children, who welcomed me into their space.

In Sweden

Lena Liedberg, Molndahl Family Centre

Elisabeth Larsson-Svärdh, Lindome Family Centre

Agneta Abrahamsson, Kristianstad University

Camilla Granat, Brandbergens Family Centre

Tove Samzelius, Save the Children

Martin, Lucy and Ruaridh Burns, a Scottish family living in Stockholm

In Denmark

Jens E Jørgensen, Skt. Markus Sogns Børnehus

Stig Lund, Senior Adviser, BUPL, Union of Pedagogues in Denmark (The Danish Union of Early Childhood and Youth Educators)

Marianne Beck-Nielsen, FOLA (Parents Association)

Bente Jensen, University of Aarhus

Niels Rosendal Jensen, University of Aarhus

Ms Mette Larsen, Nybrogård Daginstitution

Nanna Høygaard Lindeberg, National Board of Social Services

Emilie Normann Hovgaard, National Board of Social Services

Ruth Mottram, Scottish parent living in Copenhagen

In Norway

Tromsø

Monica Martinussen

Oslo

Line Moldestad

Homestart Wenche Heimholt Isachsen

Norwegian Government, Wenche