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Experience of collaboration at a family centre for preschool children in Sweden

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In 2014, the Public Dental Health Service in Södra Ryd, Skövde, started a collaboration at the local family centre with the aim of performing health-promoting activities. Personnel at the family centre can play an important role in promoting children's health, including oral health, by testing preventive guidance. ***Objectives***: To describe the personnel's experience of collaboration. ***Basic research design***: Qualitative interviews with transcripts analysed using the phenomenographic approach. ***Participants***: Seven staff with experience of collaboration. All were female, aged 34-62 and were dental nurses, child health-care nurses, preschool teacher or family centre co-ordinators. ***Results***: Three themes describing personnel's experience of collaboration at the family centre emerged: Collaboration produces an holistic approach, Co-location creates added value and Working methods result in development. Each theme was represented by three to four categories that represent different conceptions of collaboration at a family centre. ***Conclusions***: The staff had found that the way of working was positive, mainly because it gave an increased overall view and that the co-location created added value. It also created development through mutual learning and new methods. However, it took time to establish collaboration and required permissive leadership.

Keywords: *collaboration, family centre, health promotion, phenomenography, preschool children*

Introduction

In Sweden, the family centre is a gathering place for many families with preschool children and is engaged in activities for parents and their children. Its aim is to provide health promotion, family support and early prevention. A family centre should include maternity and child health care, an open preschool and preventive social services and employs various professionals, such as midwives, child health-care nurses, preschool teachers and social workers. Whilst they collaborate to meet the needs of children and their parents, self-efficacy, i.e. the parents' belief in their own capacity, is one of the cornerstones in the spirit of the family centre (Bandura, 1977).

In 2014, the Public Dental Health Service in Södra Ryd, Skövde (Sweden), started a collaboration between different categories of personnel at the local family centre with the aim of performing health-promoting activities. Södra Ryd, Skövde, is a part of Skövde Municipality with low socio-economic status. The distribution of caries in 2013 in Skövde Municipality was clearly skewed, with a higher prevalence of caries in preschool children in Södra Ryd (38% of 6-year-olds) compared to other clinics in the Municipality of Skövde (mean 18%). Different staff categories at the family centre, such as dental nurses, child health-care nurses and preschool teachers play important roles in promoting children's health, including oral health. This is done by providing preventive guidance to children and their parents.

Early childhood caries remains a public health challenge around the world (Phantumvanit *et al*., 2018). Left untreated, dental caries can negatively affect children and their parents (Leal *et al.,* 2012). Healthy teeth in children depend on lifestyle factors such as good oral hygiene with exposure of teeth to fluoride including fluoride toothpaste and good dietary habits (Hooley *et al*., 2013; Östberg *et al*., 2017).

Socioeconomic factors are important risk indicators for caries during the preschool period (Böge *et al*., 2010). Caries prevalence is significantly higher in socio-economically weak areas than in areas with a better socio-economic situation (Brewster *et al.,* 2013).

All Swedish children are entitled to complete dental care, free of charge, including preventive measures. However, the prevalence of caries among preschool children has increased in recent years (Socialstyrelsen, 2019). It is well known that good oral health is founded at an early age (Alm *et al*., 2008, Isaksson *et al*., 2019). As a result, the public dental service is searching for alternative ways and other arenas to meet families for health-promotion messages at an early age.

Parents play an important role in caries prevention in preschool children, and interventions which include the family are believed to be most effective. Azimi et al. (2018) concluded that efforts aimed at improving knowledge and attitudes in parents have a substantial impact on improving the oral health of the next generation.

Several factors may influence the efficacy of family-based interventions. Personnel at the family centre can play an important role in promoting children's health, including oral health, by testing preventive guidance to

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children and their parents. However, there is a lack of knowledge of personnel experience of collaboration at family centres. The aim of this study was therefore to describe the personnel's experience of collaboration at the family centre in Södra Ryd, Skövde, Sweden.

Study population and methodology

Study design and approach

A qualitative design based on interviews was chosen. The interviews were analysed using the phenomenographic approach, which describes the qualitatively different ways a group of people make sense of, experience and understand phenomena in the world around them (Marton, 1981). The intention was to collect and describe the variety of experiences of the specific phenomenon of collaboration at the family centre in Södra Ryd, Skövde.

Participants

Seven staff with experience of collaboration at the family centre were interviewed. The participants were all female, aged 34-62. The occupational categories represented were two dental nurses, three child health-care nurses, one preschool teacher and one family centre co-ordinator (Table 1).

Data collection

Data collection consisted of individual interviews. The workers were invited by mail to participate. Those that agreed were asked to sign and return a consent form. The interviews were held in an office at the family centre. They were recorded and lasted for an average of 47 minutes (range 28-66 minutes). They started with verbal information about the aim of the study, followed by standard questions about each participant's background. The main open interview question was "Can you describe your experience of collaboration at the family centre in Södra Ryd, Skövde?" Additional questions mainly focused on their expectations, thoughts and emotions in relation to collaboration. Two authors (GI, TWB) conducted the interviews and audio files were sent for professional transcription.

Data analysis

The analysis was performed using the phenomenographic approach (Marton, 1981; Lepp and Ringsberg, 2002), inspired by Alexandersson's (1994) four steps. First, verbatim transcripts of all the interviews were read thoroughly several times to obtain an overall impression of the material. The second step was devoted to noting similarities and differences in the material. Thirdly, the statements were sorted into descriptive categories of conceptions. In final step, the categories were reflected upon and the themes emerged, all describing the participants' experience of collaboration at the family centre.

Trustworthiness

To obtain a high level of trustworthiness, the categories must be sound and represent the participants' perceptions. The quotes given in this study are intended to facilitate the readers' evaluation of the trustworthiness of the analysis. To further ensure correct data analysis, the results were tested by all the authors through group discussions. The categories were discussed by the authors to assign the quotations to the "correct category". Agreement was almost unanimous between all authors.

Ethics

The participants received written and verbal information about the study and signed consent forms prior to the interviews. Permission to perform the study was obtained from the Ethics Committee at the University of Gothenburg, Sweden (Dnr: 994-17).

Results

Three themes emerged in the analysis: Collaboration produces an holistic approach, Co-location creates added value and Working methods are conducive to professional development. Each theme is represented by three to four categories that represent different conceptions of collaboration at a family centre (Table 2).

Theme 1. Collaboration produces an holistic approach

The first theme, "Collaboration produces an holistic approach", contains conceptions of participants' experience of how collaboration affects the view of children and families.

The theme consists of three categories; "Produces an holistic view of children and family", "Creates shared messages" and "Increases sense of meaningfulness".

Table 1. Characteristics of the interviewed participants

Participant	*Age (years)*	*Years of professional experience*	*Years working in family centre*	*Profession*
1	60-65	>40	13	Co-ordinator and preschool teacher
2	60-65	>30	13	Child health-care nurses
3	56-60	10-15	13	Child health-care nurses
4	51-55	>30	13	Preschool teacher
5	46-50	5-10	2,5	Dental nurse
6	40-45	10-15	13	Child health-care nurses
7	30-34	5-10	5	Dental nurse

Table 2. Themes and categories that emerged in the analysis

Participant number:	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*Total*
1. Theme. Collaboration produces an holistic approach								
1.1. Category. Produces an holistic view of children and families			X			X		2
1.2. Category. Creates shared messages	X	X	X				X	4
1.3. Category. Increases the sense meaningfulness	X	X	X	X			X	5
2. Theme. Co-location creates added value								
2.1. Category. Increases accessibility for families	X		X	X		X	X	5
2.2. Category. Promotes vast knowledge acquisition in relation to every child and family	X		X			X		3
2.3. Category. Facilitates interprofessional collaboration and consent	X	X	X	X	X	X	X	7
2.4. Category. Creates confidence	X			X	X	X	X	5
3. Theme. Working methods are conducive to professional development								
3.1. Category. Increase reciprocal learning	X	X	X			X	X	5
3.2. Category. Stimulate new methods	X		X	X	X	X	X	6
3.3. Category. Assume permissive leadership and open collaboration, becomes natural over time	X	X		X		X	X	5

1.1. Category: Produces an holistic view of children and families

The first category contained perceptions of how collaboration affects the views of children and families. The participants said that they saw themselves as a team around the families, which contributes to an holistic view. Furthermore, participants underlined the importance of equality in the meeting, so each family is met based on individual needs and conditions. The statements also showed that collaboration meant that the professionals' work areas overlapped. Participants thought of more aspects and perspectives than their own profession and included both dental and general health in their messages.

> *"... It's natural, just like brushing your hair, you also brush your teeth, wash and get ready, make sure you're clean, it's all part of it..." (no 3)*

1.2. Category: Creates shared messages

Statements in the second category showed that the participants felt that collaboration had strengthened consensus and created a context in their work with families. Employees in the various professions becoming the bearers of common messages:

> "*It's like a team, you hear it from many different people, but it's much the same thing as she says, but then she's a psychologist, so it's very relevant. Then there are theme sessions and that kind of thing. Everything from children being naughty or refusing to go to bed, food situations, perhaps the child health-care nurse is really good at that, but sometimes it's good to do it together and show that many different people support it." (no 1)*

1.3. Category: Increases the sense of meaningfulness

Participants expressed the feeling that meaningfulness is strengthened, as they could follow families over time. This gave the opportunity to see the benefits of collaboration in the short and long term. Participants highlighted how the experience of belonging in a larger context increased the sense of meaningfulness, as everyone worked towards the same vision. Furthermore, the meaningfulness was enhanced by meeting the families and by gaining an insight into their lives. Some participants said that the feeling was also confirmed by positive feedback from the families.

> *"... That you have a kind of network, it feels like more of you are working towards the same objective, to put it one way. Family wellbeing feels like something we do together. Everyone makes a contribution. It feels like meaningful work and that you really make a difference..." (no 4)*

Theme 2. Co-location creates added value

The second theme "Co-location creates added value" contains conceptions about participants' experience of the way co-location made it easier for families. This theme contained three categories: "Increases accessibility for families", "Promotes vast knowledge acquisition in relation to every child and family" and "Facilitates interprofessional collaboration and consent".

2.1. Category: Increases accessibility for families

The first category contained statements about the ways co-location facilitated things for families. According to the statements, some participants highlighted the fact that the families could take the opportunity to obtain advice

and put questions to the various professions. Furthermore, it made it easier for the family to question the person they felt safe with and they could either obtain answers directly or be helped to make contact with the appropriate person. Some participants also said that the families participated to a greater degree in the various activities when they were visiting the family centre.

"Well, they can turn up because they have an appointment and they can stop out there and spend time with other parents… my parents can sometimes sit out there, even if they don't have an appointment. They can knock on the door and just say 'I was just going to ask if it's OK'. Of course it is. It's usually fine. They have quick questions and they feel secure. An open door, always inviting. I have told them that, if my door is open, it's fine to come in and ask." (no 6)

2.2. Category: Promotes vast knowledge acquisition in relation to every child and family

In the second category, some participants described the benefit of co-location and how it provided the opportunity to see children and parents in different environments and from different professional perspectives.

"I can just go out and see which family is outside. I haven't seen how this little girl connects when she plays, the interaction with other children. I couldn't see that at the child welfare centre. Perhaps they come to the open preschool at the family centre and then I can go out and check that specific family. Or else I know that this family spends a lot of time at the family centre and I have seen this little boy. He plays really well with the other children and then I can ask if it's OK if I ask my colleagues at the open preschool how things are going with the other children and just get some information… It's worth its weight in gold." (no 6)

2.3. Category: Facilitates interprofessional collaboration and consent

Statements in the third category revealed how participants felt that co-location facilitated interprofessional co-operation. They emphasised that it was natural and easy to ask for consent to sharing information between the professional groups. Furthermore, the co-location also meant that many issues could be resolved easily. The participants also said that the proximity to each other's activities saved time in their daily work. Other statements highlighted how co-location made it easier for them to obtain an insight into the supportive efforts they could offer the families in the various activities at the family centre.

"I collaborate on families when I feel that I need the support of skilled pedagogues. I then ask the family if it's OK for me to talk to the people who work there and say that they could perhaps spend more time at the open part of the family centre. It's usually OK. Then you have interaction when it comes to the way the parents can be supported in their role or to how they should feed their children. The questions may be specific, but I think it works well." (no 6)

2.4. Category: Creates confidence

In the fourth category participants felt that co-location, being under the same roof, created confidence for both staff and families. Participants had found that it created confidence for both staff and families when the person they were going to hand over to or needed to contact was known. They felt that the families benefited from having built a relationship with the staff they would meet later, for example, in a reception room. The statements also showed that relationship building created the confidence that is sometimes needed for a family to dare to ask their questions.

"It creates confidence for the patients because they already know my face before they come to me for the first time. That's so important. 'That's right. I met her at the family centre'." (no 7)

Theme 3. Working methods are conducive to professional development

This theme contained concepts related to learning, flexibility and relationship building but also the importance of permissive leadership. The theme consisted of three categories: "Increase reciprocal learning", "Stimulate new methods" and "Assume permissive leadership and open collaboration, becomes natural over time".

3.1. Category: Increase reciprocal learning

In this category professionals said that they learned a lot from one another and in connection with the other areas of knowledge of the other professions. Learning required openness and for employees to support each other's work. Participants also felt that they learned a lot from the different families they met. Furthermore, they said that there was learning in the families from sharing experiences, as many families repeated the messages they received at the family centre. Participants also felt that working in collaboration benefitted children.

"Then they give one another a huge amount of parental support and see how other people behave with their children in different situations. It's best when they sit and discuss things and you hear that they have started talking about things they think they are the only ones to experience, they think that they're the only ones who don't sleep at night. They see that most people with small children are in the same boat. That gives them a different view. Perhaps being the parents of small children isn't so bad after all. So they combine to give one another so much." (no 1)

3.2. Category: Stimulate new methods

Participants felt that collaboration had affected their way of working in that they had found new ways to carry out their work. For example, they underlined the importance of individually adapting their work. They saw flexibility as the key to adapting to needs to capture the moment when a question or situation arises. Some statements also raised the notion that relationship building was central to the new way of dealing with tasks, as well as creating situations where parents could hear each other's questions and learn from each other. The statements also showed that more, stronger contact pathways were part of the new way of working and, for example, this meant that

the Public Dental Health Service was seen as the 'fifth leg' at the family centre along with maternal care, child health care, open preschool and social services.

"So it feels as if we are constantly developing, so we have almost said that we need to stop for a while. You get a call and you spin it out, even if you were planning to do something else. The same thing applies to the songs. You were perhaps planning something else and you have assembly and then loads of small children turn up and so we'll do this instead." (no 4)

3.3. Category: Assumes permissive leadership/open collaboration, becomes natural over time

Statements in the third category, saw permissive leadership as one of the most important parts of collaboration. Participants saw it as a prerequisite because collaboration, especially at start-up, took time for new methods and working methods to be devised. Participants felt that openness and confidence were required in the working group to test new ways of working and think along new pathways. This was an important prerequisite for daring to try, even something that at first felt unfamiliar and uncomfortable. The statements also showed that collaboration became natural over time, as did the new ways of working.

"No, I think I have to come back to the idea that everyone needs time to interact. The managers have to give us the time and things don't simply resolve themselves. It takes time." (no 1)

Discussion

This study aimed to identify and describe the personnel's experience of collaboration at a family centre. As far as we know, this is the first study to describe the experience of collaboration at a family centre for preschool children in Sweden.

Collaboration was mainly perceived as positive and had added many values. These results are in line with our expectations, as the new working method was mainly initiated by the participants themselves. In addition, experience shows that, when employees are able to participate in the development of methods, ways of working are probably perceived as more positive and meaningful. Another factor that may have affected the sense of meaningfulness could be the poor dental health in the area. Being able to contribute in a socio-economically vulnerable area probably leads to increased satisfaction.

In the first theme, the participants said that, through collaboration, they had a greater overall view of children and families. Working individually with children and families on health issues can be limiting, as different health messages may be seen to conflict or be contradictory. According to the statements, the participants said that collaboration leads to shared messages, which facilitates their work.

Rudback et al. (2005) found that, if health messages are communicated in a pleasant way and with respect for the participant, they will be more effective. The aim of collaboration at the family centre is to provide health promotion, family support and early prevention. Our study shows that health promoting messages should be adapted to individual needs. Collaboration at the family centre has some similarities with the 'making every contact count' strategy that recognises opportunities to talk to people about their wellbeing using the skills of listening and asking (Phillips, 2019).

Some participants said that the new way of working increased the sense of meaningfulness, which could be explained by their experience that the families changed their living habits to a greater extent and that they obtained a deeper/broader understanding of each family's needs.

The second theme describes the value of co-location and acquired additional values. At a family centre, the staff can meet the children in different environments. The participants stated that the families benefited from having built a relationship with staff that they would meet later, in a care situation, for example. Armfield and Heaton (2013) found that children often need repeated contact and recognition in order to feel safe and confident in care. Accessibility aspects are important in safe, secure care. Through the co-location, families indirectly gain access to more professions on each visit. The opportunity to ask short questions directly may reduce the number of visits. This may benefit the families and the staff by allowing them to ask more questions or have more consultations. Our participants experienced this aspect as positive.

In the third theme, the participants described the new working methods as conducive to professional development. Collaboration between various professions developed their professional role and new working methods were acquired. This is compatible with a study where dental nurses described professional development originating from the challenges of working outside the dental clinic (Bergström *et al.,* 2016).

Furthermore, Tucket (1992) discussed trusted partnership in collaboration for public health and stated that mutually responsive relationships allowed people to co-create new things. The participants also described the learning process between the families. Many families repeat the messages they receive at the family centre, which indicates that they have embraced the messages. This is in line with Bandura's (1977) concept of self-efficacy, where the families' belief in their own capacity was an important foundation for health promotion.

It took participants time to get into the new way of working, but this became natural after a while. This may have implications for a family centre with a large staff turnover, but in this case most participants had worked at the same workplace for a long time.

The seven staff were interviewed individually. This relatively small number of participants could be regarded as a weakness, but was the total number of staff. One strength of the study was that the interviewers were experienced and not involved in the family centre. Participants may have been influenced by social desirability bias, as they understood what they were expected to think and say (Marton,1986). However, there are no indications that the participants described their experience in a way that was specially adapted to suit the interviewer. No method is perfect, but in this case the method was appropriate for the aim, as an extensive range of experiences was collected (Lepp and Ringsberg, 2002).

To summarise, the staff who collaborated at a family centre found that the new way of working was positive, because it increased their overall view and the co-location added value. It also enhanced development through mutual learning and new methods. However, it took time to establish collaboration and required permissive leadership along with dedicated employees. These findings were not unexpected, but confirmatory research was nonetheless lacking. Consequently, it seems likely that the findings would be transferable on a larger scale, at least in similar settings. Different family centres will function in slightly different ways depending on the conditions (staff and visitors) and may therefore be experienced differently. As a result of this study, the staff at the family centre have been able to make their voices heard and their experiences can inspire and form the basis for collaboration in more multi professional settings. Further studies should focus on the families' experience of meeting a wide range of health-care workers at the family centre.

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