

Parents' experiences of participating in health-promoting activities at a family centre for preschool children in Sweden

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In Sweden, the family centre is a meeting place for families in a neighbourhood. It is a place for families to meet and exchange experiences and is a confidence-filled place for preschool children to play and develop. The staff at the family centre collaborate on early prevention strategies to promote health. Since 2014, the Public Dental Health Service in Södra Ryd, Skövde, has been a collaborative partner with the family centre. **Objectives:** To explore and describe the parents' experiences of participating in health-promoting activities at the family centre. **Basic research design:** A qualitative design based on interviews, analysed using a phenomenographic approach. **Participants:** Six focus groups with two to six participants in each group. **Results:** Three themes, all describing parents' experiences of visiting the family centre, emerged in the analysis. The themes were as follows; "Social fellowship", "A secure place" and "A learning environment". Each theme contained three categories, which represent the parents' different conceptions. **Conclusions:** The present study showed that the parents who visit the family centre found that the collaboration is perceived as positive and has many benefits. The participants found that the family centre is an institution that increases social interaction. Furthermore, meeting dental professionals in an arena outside the clinic creates confidence and makes people feel secure. Parents also learn both from the staff and from each other. According to these findings, the family centre is a suitable arena to work on health-promotion activities.

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

Introduction

In Sweden, the family centre is a meeting place for families in a neighbourhood or a community. It offers an open, friendly and secure place for preschool children to play and develop. It is also a place for parents to meet and exchange experiences. The foundation is maternity and child health care, in collaboration with an open preschool and preventive social service, gathered together under the same roof. A family centre employs various professionals such as midwives, paediatric nurses, paediatricians, psychologists, preschool teachers and social workers. The purpose of collaboration is to promote health and to work on early prevention strategies.

Family involvement in the design of the activities is also an important component. Bandura (2004) concluded that belief in one's efficacy to exercise control is a common psychosocial pathway that influences affect health functioning. The long tradition of Swedish maternal and child health care means that the family centre reaches a large proportion of the families living in a catchment area.

Södra Ryd, Skövde, is a deprived residential area with disparities in health between social groups. The municipality strives for equal health, and one of the measurements of health status is the proportion of caries-free six-year-olds. In 2013, caries in the Municipality of Skövde was unequally distributed, with a lower prevalence of caries-free children in Södra Ryd. About 62% of six-year-olds were caries free, while the mean value for other clinics in the Municipality was 82%.

Dental caries impacts on the quality of life in preschool children and affects body weight and growth (Leal *et al.*, 2012; Sheiham, 2006). Early childhood caries is preventable, but it currently affects more than 600 million children worldwide. To reduce the prevalence and burden of early childhood caries worldwide, the IAPD Bangkok Declaration recommends actions such raising awareness of early childhood caries with parents, caregivers, health professionals and other stakeholders (Pitts *et al.*, 2019). Behavioural habits affect both oral health and general health and different professions work in different ways to promote good habits, which reinforce one another.

In 2013, the municipality's public health co-ordinator contacted the Public Dental Health Service in Södra Ryd and staff representing the family centre with the aim of starting collaboration to equalise differences. The family centre in Södra Ryd is relatively small, with approximately five members of staff working there on daily basis. Since 2014, the Public Dental Health Service in Södra Ryd has collaborated with the family centre. A dental nurse is also scheduled at the family centre and participates in activities at the open preschool with the goal of encouraging health, for example, educational activities regarding eating habits and, using playful approaches, teaching the importance of regular toothbrushing habits with fluoride toothpaste. Furthermore, the family centre staff introduce dental health in various ways as part of their standard health message. Behavioural habits affect both oral health and general health and various professions at the

family centre work in different ways to promote good habits, which reinforces the health-promoting messages. Other arenas outside the clinic such as nurseries can be used; the Child Smile project in Scotland showed an improvement in the dental health of five-year-olds and concluded that this was associated with the uptake of nursery toothbrushing (Macpherson *et al.*, 2013). Furthermore, a recent study which also evaluated the Child Smile project showed that dental health support workers may impact positively on health and health behaviours and have successfully reached families in risk groups (Turner *et al.*, 2018).

A recent study evaluated the staff experience of collaboration at the family centre Södra Ryd, Skövde (Alm *et al.*, 2020). Those results showed that the collaborating staff found that the new way of working was positive, because it increased their overall view and that the co-location added value. It also enhanced development through mutual learning and new methods. Nevertheless, there is a gap in knowledge relating to the parents' experiences of meeting a wide range of health-care workers at the family centre.

The aim of this study was therefore to explore and describe parents' experiences of participating in health-promoting activities at a family centre.

Method

A qualitative design based on interviews was chosen. The interviews were analysed using the phenomenographic approach, which aims to describe 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 the variety of experience of a specific phenomenon: parents' experiences of visiting a family centre where the staff collaborate with health-promoting activities.

Six focus-groups comprised two to six participants each (Kitzinger and Barbour, 1999). The interviews took place in connection with regular activities at the family centre's open preschool, some in a nearby kitchen and some in a larger activity room. The family centre is a suitable location as the participants are 'insiders' and anxiety about the possible interview situation could therefore be reduced.

The focus groups were semi-structured and started with renewed information about the aim of the study, followed by the main open interview question. The participants were asked to describe their experience of visiting the family centre. The follow-up questions aimed to capture their expectations, thoughts and emotions in relation to the family centre, the staff and collaboration. To achieve this, the participants were, for example, asked to describe what they usually did on their visit to the family centre, who they usually met, what they talked about and their specific reasons for the visits.

Two authors (GI, MG) carried out the focus groups, together with one of the other authors (TWB) as an observer and co-interviewer. The researchers had some knowledge of the concept of a family centre, as well as oral health promotion, but were not involved in the activities in Södra Ryd. The focus groups were recorded digitally, lasted for an average of 20 minutes (range 8-34 minutes) and were then transcribed verbatim.

The participants were parents visiting the family centre, recruited from the open preschool. They were informed about the study using written information and received a consent form to complete and return if they agreed to participate. Almost all the parents that were offered the chance to participate chose to do so and, in all, 21 parents participated; 19 women and two men. The age of the parents was between 25 and 40 years and each had two to four children. Almost all visited the family centre approximately three times a week and participated in activities more or less regularly for at least four months. The parents predominantly came from a deprived residential area.

The analysis was performed by all the authors according to the phenomenographic approach (Sjöström and Dahlgren, 2002; Wennstam, 2000) in Alexandersson's (1994) four steps. First, the transcripts were read thoroughly several times, in order to obtain an overall impression of the material. The second step was devoted to noting similarities and differences in the material. In the third step, the statements were sorted into descriptive categories of conceptions. In the final step, the categories were reflected upon and the themes emerged, all describing participants' experiences of visiting a family centre.

To ensure correct data analysis and obtain a high level of trustworthiness, all the results were tested by all the authors through group discussions where all the quotations were allocated to the different categories. Moreover, to facilitate the readers' evaluation and enhance the trustworthiness, all the categories are illustrated by quotes.

The participants received written and verbal information about the study and signed consent forms before 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, "Social fellowship", "A secure place" and "A learning environment" with their attendant categories, representing different conceptions of participating in the activities at the family centre, emerged in the analysis (Table 1).

Table 1. Themes and categories in parents' experiences of health promotion at a family centre

<i>1. Theme. Social fellowship</i>
1.1. Breaks down social isolation
1.2. The child develops social skills
1.3. Strengthens the relationship between child and parents
<i>2. Theme. A secure place</i>
2.1. You are seen and acknowledged
2.2. Facilitates equal conversation
2.3. Combined skills and knowledge under the same roof
<i>3. Theme. A learning environment</i>
3.1. Promotes the exchange of knowledge and experience
3.2. Opportunity to ask questions on one's own terms
3.3. Category. Gives structure to people's everyday lives

Theme 1: Social fellowship

The first theme, “Social fellowship”, contains conceptions that deal with the parents’ perspective of visiting a family centre and the role of the staff in making them feel included and seen. The theme consists of three categories “Breaks down social isolation”, “The child develops social abilities” and “Strengthens the relationship between children and parents”.

1.1. Category: Breaks down social isolation

The first category covers conceptions related to parents’ experiences of visiting a family centre. The statements showed that participants felt that social isolation was broken and many new contacts were created; this applies to both children and adults. The participants experienced social fellowship with other visitors at the family centre but also in relation to the staff.

“Fun for both adults and children. Adults meet other adults, talk about other things and get to know other mothers and fathers into the bargain. People need to get out; otherwise, they feel so imprisoned at home...”

1.2. Category: The child develops social skills

The second category contains conceptions about children and their social development when they meet and interact with other children. The participants reflected on the children’s abilities to learn social interactions with other children. Some participants also said that, even if the children were shy at the beginning, they learned to interact and enjoyed meeting both other children and the staff.

“We never play and, if she meets new children, she learns a lot. She knows, for example, that she is waiting to sing and dance and that’s the best thing she knows. They also learn to socialise and not to be so shy. They learn this. The first time I came here, she was really frightened. Every time now, as you can see, she wants me to let her go so that she can start to run...”

1.3. Category: Strengthens the relationship between child and parents

The third category covers conceptions relating to participants’ experiences of learning to know new sides of their children when they interacted at the family centre. The participants said that they appreciated participating in activities together with the children. Furthermore, they said that the visits to the family centre strengthened the relationship between child and parents.

“Then there’s the support I have been given, that I don’t have to go. Many people say that she needs pre-school. But this is what she needs. We do it together. We can do it together rather than my having to leave her and do the same thing but not with us. That’s how I feel.”

Theme 2: A secure place

The second theme consists of three categories; “You are seen and acknowledged”, “Facilitates equal conversations” and “Combined skills and knowledge under the same roof”. These conceptions cover statements related to the participants feeling confident in the staff at the family centre. Furthermore, the environment at the family centre is welcoming and familiar.

2.1. Category: You are seen and acknowledged

The first category covers statements about parents’ experiences of being seen and acknowledged. The participants felt that the staff’s inclusive approach at the family centre provided a secure and welcoming environment. The participants said that a welcoming atmosphere is very important in order to feel comfortable and confident.

“...It feels as though they have become a kind of family when you’re here. Perhaps that’s what I am missing. My family is 200 kilometres away.”

2.2. Category: Facilitates equal conversation

The second category contains conceptions about how a secure environment facilitates equal dialogue. The participants shared experiences that the staff and the environment created the confidence that is sometimes needed for a family to dare to ask their questions. They also described the benefit of meeting dental professionals under equal conditions and in a relaxed environment and said that this reduces dental anxiety. The statements showed that the environment made it easy to put questions to all occupational categories.

“...It’s a totally different environment, it isn’t bare and cold, as it is when you go to the dentist, for example. In this setting, the dentist is one of the group. It’s a better environment for children, as there isn’t that sense of going to the doctor. I think it’s more personal.”

2.3. Category: Combined skills and knowledge under the same roof

Third category covered statements about the participants’ experiences of having the competence that one needs as the parent of a toddler gathered under the same roof. They stated the advantage of having several professional categories and overall knowledge at the family centre. Furthermore, different professions at the same place created confidence, according to the statements.

“If you’re a first-time parent or regardless of where you are on your journey as a parent – first-time, sixth-time or whatever-time parent, everyone has experience. There’s everything from pregnant women who come here to those with four or five children, so there’s everything, the full range of experience.”

Theme 3: A learning environment

The third theme, “A learning environment”, contains conceptions that deal with the parents’ perspective of the exchange of experience and knowledge under equal conditions. The theme consists of three categories “Promotes the exchange of knowledge and experience”, “Opportunity to ask questions on your own terms” and “Gives structure to people’s everyday lives”.

3.1. Category: Promotes the exchange of knowledge and experience

The first category covered conceptions of the opportunity to obtain answers to questions from the profession, at the same time as adults share their experience and knowledge with each other. The participants stated that new knowledge was acquired by listening to other people’s discussions. Furthermore, the participants said that the toothbrushing procedure worked better at home when the children had met the dental nurse who had shown toothbrushing in playful ways.

“At the same time that you can get from a profession, a professional answer, you can also get answers and tips from the group. You can also hear one another’s questions.”

The participants found advantages in sharing experiences with others and pointed out that they are not alone in certain situations. They learned from other people’s questions. Some participants reflected on the opportunity to acquire new knowledge and receive new information that they did not know they needed.

“In the same way that you wouldn’t go to a dietician if you didn’t need something specific, now you can get information you didn’t know you needed, if you understand what I mean. But someone else will, for example, decide to ask something you never thought about.”

3.2. Category: Opportunity to ask questions on one’s own terms

Statements in the second category related to the opportunity to ask questions when they popped up. The participants stated that a balanced relationship with the different professions gave them courage to ask questions. The participants emphasised that a relaxed environment is crucial for an equal meeting with the staff. Additionally, participants appreciated the staff having time to listen and that they could ask questions without time pressure.

“Perhaps you’re in good time, when you meet, when you have an appointment at the Public Dental Health Service, you might have 20 minutes over and they decide to examine your child. You can ask questions, but you don’t know immediately which questions to ask and then, when you’re here, you perhaps think of something after a time and you have the chance to ask – of course, that’s what I wanted to ask! So you have a little more time with them. Everything is more relaxed. It isn’t a question of being exactly in time.”

3.3. Category: Gives structure to people’s everyday lives

In the third category, the participants stated that visits to the family centre facilitated the structure of their everyday lives. This could have been due to parents’ new experiences and knowledge but also to the children being able to meet others and participate in the educational activities. Additionally, the parents said that the children were pleased and tired when they leave the family centre.

“You feel you have done something good for them. They are incredibly tired afterwards. They sleep well. I think all the routines fall into place more effectively when you have a day like this.”

Discussion

The aim of this study was to explore and describe parents’ experiences of participating in health-promoting activities at a family centre for preschool children in Södra Ryd, Skövde, Sweden. The study extends an earlier interview study of staff at the same centre (Alm *et al.*, 2020). Interestingly, the results from both studies appear to strengthen each other, as both studies revealed only positive experiences and somewhat overlapping conceptions.

The method chosen included focus groups. Focus groups have advantages, as the interaction can encourage discussions and encourage participants reluctant to be interviewed on their own (Kitzinger, 1994). The risk of bias

should not be forgotten, but, in this study, the researchers were not involved in the family centre and were experienced interviewers. The phenomenographic approach was considered ideal, as a broad range of experiences were collected (Lepp and Rinsberg 2002). The total number of participants can be regarded as relatively low, but, based on the level at which the interviews were held, there was no reason to question the trustworthiness of the data.

Parents saw many benefits from participating in activities at the family centre for preschool children. These results are in line with the staff experiences. Staff and parent perceptions of collaboration coincided. The parents said that co-location at the family centre created confidence and made them feel secure. The prerequisite for oral health promotion is to create a good environment that makes people more receptive to the message. This is in agreement with the staff experiences, reporting that co-location provided added value for both families and staff and that the family centre was a place that created confidence for everyone involved (Alm *et al.*, 2020). Both staff and parents also revealed that the family centre was a learning environment where parents learned from the staff and from each other.

Lindskov (2010) described the family centre as a social arena for developing personal relations. Additionally, it is a place informally to share experiences and socialising and a playground where children could interact and learn social skills. This is in line with the findings in the first theme in this study, where the participants found the family centre to be an institution that increased social interaction for both children and adults.

The participants also said that they saw the staff as their children’s and their own friends. There were statements regarding the parents’ need for adult contact and these showed that the family centre performed an important social function in society. This is further in line with a study by Lindskov (2010) that showed that parents developed a personal “friendly” relationship with the professionals.

In the second theme, one important finding was the conceptions of the family centre as a secure environment where you are seen and acknowledged. Parents described the benefit of meeting dental professionals under equal conditions and in a relaxed familiar environment. The participants felt that relaxed conversations on an equal level can reduce dental fear and anxiety in both themselves and their children. Gustafsson (2010) concluded that missed dental appointments are common when one exhibits dental fear and anxiety. It is possible to speculate about the benefit of becoming familiar with dental staff at the family centre before the dental visit and that this could reduce the risk of missing dental appointments. The dental staff’s involvement in the family centre could prepare children for dental visits and in the long run reduce dental fear and anxiety. This is in line with the staff’s experience who felt that the families benefitted from building relationships with the staff they would meet later (Alm *et al.*, 2020). Children who miss dental appointments at group level are at risk of developing caries in the shorter and longer terms (Alm *et al.*, 2008, Wigen, 2009). The Public Dental Health Service and Child Health Care collaborate to achieve the best possible health and they therefore also interact to reach families who miss dental appointments.

The third theme deals with the parents' perspective of exchanging experience and knowledge. The participants were very positive about the knowledge gathered from different occupational groups at the family centre. This also supports the findings in a study by Lindskov (2010) where staff were central players at a family centre, and first and foremost, played an expert role in relation to the parents. In the present study, the participants found this made it easy to ask questions in their own terms when they occurred. For the staff, it may be important to seize the chance when parent asks a question about teeth and dental health, for example, and is motivated to receive an answer. This is in line with the strategy of "making every contact count", which shows the advantage of taking the opportunity when the parent him/herself asks and is receptive to health messages (Phillips, 2019).

Many participants appreciated the dental nurse's participation in open preschool. When toothbrushing was demonstrated in playful forms, it made it easier to brush their children's teeth with fluoride toothpaste at home. Public Dental Health's collaboration with the family centre is seen as part of the work of preventing and reducing caries in preschool children. This is in line with the WHO's conclusion stating that the involvement of communities in health promotion and population-directed and individual fluoride administration for the prevention and control of early childhood caries are essential (Phantumvanit *et al.*, 2018).

This model could be transferred to other health-promoting arenas. The results show that oral health promotion does not have to take place in the clinic, as there are several other suitable health-promoting arenas. The model thus appears to be successful, which is positive, as similar approaches have been implemented in several parts of the region. Future research should focus on how these dental health-promoting activities could be even more customised to suit the target group and also on investigating how dental health develops for the children who obtain access to this kind of arena.

To summarise, parents visiting the family centre in Södra Ryd found that the collaboration between open preschool, child health services and the Public Dental Health Service as positive and has many benefits; for example, the health message is reinforced as personnel share the same message. The family centre increased social interaction for both children and adults. Furthermore, co-location gave them confidence and brought advantages of meeting dental professionals without time pressure. The participants found the family centre to be a learning environment where they learned both from staff and from each other. Additionally, the dental nurse became a natural resource in oral health issues that can provide support in how parents care for their children's teeth. The family centre is a suitable arena outside the public dental health clinic to work on oral health-promotion activities.

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