POLICY PROGRAMME
for Sweden's Youth Centres

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POLICY PROGRAMME

PREFACE

This policy programme has been drafted by a working group at the request of Föreningen för Sveriges Ungdomsmottagningar – FSUM (Swedish Society for Youth Centres). FSUM was established in 1988 and is an association for youth centres, UM, in Sweden.
FSUM' s first policy programme was written in 1992 - 1993. Reality is quite different for many centres today compared with how it was earlier, since the build-up phase has now become a development phase. Discussions about the content of activities, the approach of staff and the view of youth and sexuality need to be continually updated.
This new policy programme therefore contains a description of the specific work carried out at UMs, partly as a support for activities in discussions with responsible authorities and clients and partly as inspiration and guidance for the centres that feel a need to develop their work.

There are still a number of factors that lead to activity at UMs being far from self-evident and secure. Clear objectives are often lacking and long-term planning is made difficult by few centres having their own budget and budget responsibility. Moreover, resource levels vary considerably and are seldom related either to the size of the youth population, visitor frequency or the assignment given.
There is a need for more knowledge about UMs among decision-makers, politicians and managers.
Greater clarity about the assignment and resource allocation can deepen and develop the quality of activities.
Internationally, there is a great interest for the unique activity of UMs and a version of the policy programme in English will be produced.

THE HISTORY AND DEVELOPMENT OF THE YOUTH CENTRES

The first youth centre was started in Borlänge in 1970 at the initiative of the child and adolescent physician, Gustav Högberg. In his daily work, he realised that young people had a great need to discuss existential questions. His idea was to deliberately combine matters relating to body and soul and to integrate these with sex education and matters relating to interpersonal relationships. A small number of centres were started around the country based on this model.
When the new abortion legislation came into effect in 1975, work to prevent abortions had a natural place at UMs. Many centres started during this period were based on collaboration between maternity care and the social services. The focus of activity was to prevent undesired pregnancies and to maintain reproductive health, in particular for girls and young women. Midwives with the right to prescribe became the most common category of professional at UMs.

In the early 1980s, the STI, Sexually Transmitted Infections panorama changed. HIV had been discovered and it became possible to diagnose and treat chlamydia infection. This led to testing for and prevention of STI becoming an integrated activity at UMs. In this way, boys and young men as well, became an obvious target group for UMs to a greater extent than before. Specific efforts targeted on them were started at a number of centres.
Government funds for contraceptive advice in the early 1970s and HIV funds in the 1980s made

it possible to increase the number of UMs.
At many places, the area of activity was gradually broadened, in particular as regards the psychological and social issues and many centres both increased and developed outreach preventive work, individual visits and work with groups.
In recent years, awareness of mental ill health among young people has increased and there is a high level of demand from young people for support and help. This has led to an increased need for psychosocial expertise at the centres.
From having been an activity that was often on the margin of other activity, UMs have developed into independent units that are now taken for granted by young people.

HEALTH-PROMOTION WORK

Not all of the causal connections relating to the incidence of ill health are known but we now have a sufficient base of knowledge to undertake preventive measures.
In recent years, equality, both between groups in society and between the sexes, has come to the fore as being fundamental for successful health promotion work.
For instance, according to "*Hälsa på lika villkor"* SOU 2000:91 (Health on equal terms, Swedish Government Committee Report),
"There are strong arguments for inputs at an early state from the social, humanist, medical and economic perspectives. Reinforced health promotion and preventive measures with the focus on mental health contains a considerable potential for societal and economic savings.
And according to objective 11 in the "National objectives for public health":
"Preventing health risks associated with sexual behaviour is primarily about strengthening the individual's identity and self-respect." It also states that expert advice on sex and interpersonal relationships can promote health, if provided in the right way.
In this area, research and a number of practical examples convincingly show that problems can be prevented by engaging in broad public health work, which can consist of both health promotion and preventive work.
The method of work of UMs includes both these levels.

BACKGROUND

Teenage development
Youth is perhaps the most dynamic and progressive period of a person's life.
The major physical and mental changes give young people a lot to think about and can be worrying. These changes do not always take place in harmony with one another which can lead to a great need of confirmation and support.
The young person has to build up an identity of their own to be able eventually to function as an adult in the community. Parental influence is reduced and the influence of friends and society becomes greater. The process of liberation can create a feeling of loneliness and exclusion and self-respect can be turbulent.
Youth is an intensive period of development, characterised by a process of search where there are great opportunities to become aware of and work through earlier experiences and possible conflicts. Crises during this period are frequent although they provide an opportunity for growth and should therefore not be regarded as pathological.

Sexuality
Young women and men develop their identity during youth, where sexuality including desire and curiosity play a key role. This development is also an important driving force in becoming independent of one's parents and in becoming an adult.
Attitudes towards young people's sexuality and their right to find their way in different relations have become more permissive.
Openness about bisexuality and homosexuality and the rights of homosexuals have increased.
STI and undesired pregnancies are still a reality. Work to promote good reproductive health is therefore very important.
Problems with sexual assaults and the negative consequences of sexuality have to be brought to attention and discussed so that young people who have been exposed to these can receive the help and support they need. This entails a need an opportunity for discussions about sexuality and its consequences. Young people also need to talk about their expectations and experiences.

The development of society
Images and concepts of how men and women are have a great impact in youth culture. Many of the ideals of men and women in the mass media create images of reality that do not facilitate the development of young people.
The multi-cultural society is a reality today. Some immigrant youth experience a conflict between the norms of their culture and the norms they meet among their peers, which makes increased demands on knowledge, tolerance and openness among the staff at UMs.
Equality between the sexes is one of the more important issues in contemporary society.
UMs must work actively for a more equal society where the value of men and women is not determined on the basis of their sex.

OBJECTIVE

The overall objective for UMs is to promote physical and mental health, to strengthen young people in the development of their identity so that they can deal with their sexuality and to prevent unwanted pregnancies and sexually transmitted infections.

TARGET GROUP

UMs should be open for all young women and men. The upper age limit is to be adapted to local needs and should be between 23 and 25. No specific lower age limit should be set but it should be based on the needs of young people.
With an upper age limit of 25, it is of the utmost importance that resources are available, so that it does not have consequences for the reception of younger people.

IDEOLOGICAL BASIS

Holistic view
UMs work on the basis of a holistic view of young people included physical, mental and social development. This holistic approach means that young people are treated and understood in the light of

their social and cultural contexts. The personnel at UMs therefore need to have a broad knowledge and experience of the medical, psychological and social disciplines and knowledge of and openness for culture-related issues. A multi-professional method of work and respect for the competence of different professions is essential and facilitates a holistic view. The prerequisite for guaranteeing this is an even distribution of resources between the medical and psychosocial competencies.
Work at UMs assumes that the staff have a strong commitment for young people and considerable demands are placed on flexibility and improvisation capacity.

Social perspective

The personnel at UMs must be well informed about current developments in society to be able to help young people according to their environment and the problems they encounter in their everyday lives. All people exist in a broader context, which affects their opportunities for development and making choices. It is important to see the interaction between the individual and society to understand the life environment of the young people and the prerequisites for development and health. Applying a societal perspective to young people can, in many cases, lead to psychosomatic symptoms being regarded as comprehensible reactions to psychosocially unhealthy environments.

Youth perspective

A fundamental principle of the activity is that it takes place on a voluntary basis. Young people generally take the initiative to contact with a UM. The activity is to be based on young peoples' situation and initiatives with respect for their adultness in their development.
In their work, UMs apply a youth perspective where they create an arena for meetings by treating young people with respect and understanding. At these meetings, they endeavour not to judge or evaluate what young people tell them but to create the conditions for understanding and growth by dialogue. It is important to show young people the opportunities to make active choices and, in this way, strengthen their taking of responsibility and ability to act.

Sexuality

It is essential that those working at UMs have the competence to respond to questions relating to sexuality in a non-moralising way and that they are open for conversations and discussions.
Sexual identity and sexual expression take different forms among young people and everyone has the right to respect for their feelings and fantasies.
UMs should work to

- strengthen young people in their natural curiosity about desire and pleasure in sexuality
- support young people's self-respect and integrity
- have an open attitude to homosexuality and bisexuality
- be aware of young people with disabilities, ensure that their right to knowledge and support in matters relating to sexuality and interpersonal relations are met and their specific need of help and assistance in these issues.

Young people from different cultures

UMs should endeavour to provide young people with different cultural and religious backgrounds with the knowledge and assistance that corresponds to their specific needs. UMs should support young people in their life choices in its work with individuals. Sometimes, this work comes into conflict with young peoples' culture. UMs should support young people to find ways of dealing with this.
UMs have developed in a Swedish historical context. The sexual and gender policy work that resulted in

current legislation and work in the field of sex and interpersonal relations is specific for our culture and sometimes the Swedish view conflicts with the view and traditions of other cultures.
Immigrant parents, refugees, immigrant associations and religious denominations are examples of groups to which bridges should be built and to seek a dialogue with in work with sexuality and interpersonal relations.

Gender equality

In contact with young men and women, personnel at UMs should be informed about and be attentive to negative gender roll patterns. UMs shall actively contribute to increasing equality among young people and apply a gender perspective in its work. The personnel shall furthermore have an awareness of the crucial importance of social differences for public health and work for mutual respect and dialogue between the sexes and between young people from different social environments.
It is important to develop a method of work to reach more young men to a greater extent than at present. Young people shall be able to meet personnel of both sexes.

THE CONTENT OF ACTIVITY

For many young people, the UM is the first place where they attempt to obtain help on their initiative. For many of them, it can be sufficient with one visit to obtain an answer to questions and confirmation about their own development. Other need regular contact for a long period. UMs are engaged in broad preventive work, are easily accessible and have a good, respectful approach to young people. Individual contacts take place on a voluntary basis and the basic view among personnel is a salutogenic perspective, i.e. health promotion and not focused on illness.

This work consists of individual conversations, investigation, treatment, group activities and outreach work.
The activity should include the following areas but this can vary according to local needs and levels of competence.

<u>Sexuality and interpersonal relations</u>
Sexual development
Relationship to partner
Gender roles and equality
Sexual desire and lack of desire
Contraceptives
Pregnancy and abortion
Sexually-transmitted diseases
Gynaecological, andrological and venereological questions
Sexuality and disabilities
Sexual assaults
Sexological problems

<u>Psychological and psychosocial questions</u>
Identity development
Mental health and ill-health
Relationships and networks

Culture-related issues
Cultural encounters and cultural conflicts

Lifestyle issues
Physical ideals
Issues relating to alcohol, narcotics and tobacco

General medical issues
Physical development
Health-related issues

Work focused on the individual

It is common for young people to need assistance in a number of the above areas, regardless of whether they have initially sought advice on a particular issue. For instance, a young person may come to discuss contraceptives while at the same time needing to discuss their relationship to their partner.
For individual visits, young people can either come to the open house, the "drop-in centre" or make an appointment. The contact can be short or long and it can involve infrequent or frequent contacts. The young person's individual contact with a UM can sometimes lead to discussions with couples or families.
Group treatment for problems such as sexual lack of desire, eating disorders or sexual assaults can be an alternative or a complement to individual discussions.

Young men have to date been a minority at UMs. Measures are being taken to reach more. Some UMs have special clinics for young men, often with male staff and at special times, while others have integrated reception times. However, it is important for work with sexuality and interpersonal relations that both men and women are there to meet young people.
UMs can also assist in providing contact with other community institutions. Part of the work is to motivate the young person to contact, to establish contact with the institution in question and to provide support in transferring the person there.

Young people in groups

UMs shall also engage in outreach work with young people in groups. This work includes study visits by school classes at centres, information in schools and being a complement to teaching in schools on sexuality and interpersonal relations. Besides information about what UM is and where it is located, a lot of work is carried out on young people's attitudes, norms and values. UMs can also work with targeted group activity, for instance, groups of young men and girl, young people with disabilities or immigrant youth.
The outreach activity is as important as the clinic activity.

Knowledge bank

Young people generally have considerable confidence in the personnel at UMs and, through their accounts, provide the adult world with a continuous picture of what it is like to be young today. UMs are therefore well-informed about the situation, health and needs of young people. UMs are responsible for providing information and have a social responsibility where the goal is to create positive conditions of life that promote the development and health of young people, to spread knowledge about how young people live and the consequences for young people of structural

changes. UMs can therefore serve as a local knowledge bank, to which the surrounding world can turn to obtain information, education and consultation in youth-related issues.
In the longer term, the knowledge obtained should be developed into a specialist field. This knowledge serves as a good basis for research at UMs. The personnel at UMs are to be encouraged in this direction and to be provided with the time, competence and financial resources required.

Collaboration

On the basis of local conditions and needs, UMs work together with other bodies to create a local network of units that come into contact with young people. The UMs' network of external contacts includes schools, social service, women's clinics, health centres, STI clinics, infection protection units, leisure centres, police, child and adolescent psychiatry and adult psychiatry.

PREREQUISITES FOR THE ACTIVITY

UMs have been built up to a varying extent in different parts of Sweden. There are also considerable differences between municipalities and neighbourhoods. However, young people can a similar need of the services of UMs wherever they live. The following points are important conditions for all centres to be developed optimally as regards the level and quality of the service.

Responsible authority

The responsible authority for a UM can be the county council or the municipality, either separately or jointly, or also private organisations and trusts. It is important that the role of the responsible authority is clarified. If responsibility is jointly exercised, there should be a written agreement on the division of responsibility, which also clarifies financing and resource levels. The responsible authority has the ultimate responsibility for ensuring that activity and the individual centre complies with the set goals.

Management and budget

There is to be a person in charge of activities at each UM in accordance with section 29 of the Health and Medical Services Act. It should also be clearly stated who bears the medical responsibility at the centre. There is to be a local unit manager with operational, staff and budget responsibility. It follows from this that each UM is to have its own agreement and its own budget for the whole of the centre's activity.

Basic competence

To use the name UM, a centre must have at least the following personnel: a midwife with the right to prescribe, a social worker and/or psychologist and a doctor. In addition to this, centre can have access to other categories of staff according to local needs and conditions.

Level of resources

In order to achieve a reasonable basic level of service and quality for a population of 3500 young people, each UM should have at least one full-time midwife and a full-time social worker and/or psychologist, and a doctor in attendance for 10 hours per week. Additional resources may sometimes be needed depending on local needs and additional assignments.

At many places with upper secondary schools and higher education institutions, there are a lot of young people who are not registered as residents and other means of calculation must be used, for instance reasonable waiting times and a maximum number of individual and group visits per member of staff.

Competence requirements

All personnel at an UM are to have adequate training and should be offered continuous competence development within the framework of their work, which should be specified in the budget. All staff should have external counselling.

Accessibility

UMs should have functional, easily accessible and centrally located premises separate from other activity. The opening hours should be adapted to young people's needs and in accordance with local conditions. If possible, UMs should be open full-time and have telephone hours every weekday. It should be possible to receive young people for acute visits. Visits to UMs are to be free of charge for young people.

Documentation

The individual visits are to be documented in accordance with the legislation on case records for the respective profession.
The activity is to be documented in its entirety. This can take place, for instance by reports on activities which are checked in relation to the set goals and assignments.
Visitor surveys, to measure the view of young people on the treatment they meet with, waiting times etc. can be useful for evaluation and quality work.
The recorded statistics are to be compiled and reported at local and national level.

Co-ordination

The responsible body is to ensure that there is scope for co-operation at regional and national level between UMs.

LEGISLATION AND REGULATORY DOCUMENTS

General regulatory documents

General regulatory documents for personnel are the UN Convention on the Rights of the Child, the Secrecy Act, the Parental Code and the Social Services Act.

The body responsible for UM shall clarify the legislation that employees are subject to. Who one is employed by and in which post and the laws that control activity determine the nature of reporting, documentation and responsibility.

According to Chapter 14, section 1, of the Social Service Act, all personnel who work with children have a duty of notification.

The Children's Convention

Sweden has given an undertaking in international law to abide by the provisions in the

"Convention on the Rights of the Child". This means that all public activity concerning children and young people is to be based on this convention.

The Secrecy Act
Chapter 7, section 1, of the Secrecy Act applies in the health service, unless it follows otherwise from section 2 for information about the state of health of the individual or other personal circumstances, unless it is evident that information can be disclosed without harm to the individual or those close to him.

The Parental Code
Chapter 6, section 11, of the Parental Code states that the custodian as a rule has the right and duty to determine on matters concerning minor's personal circumstances. This right of custody becomes more attenuated as the child grows older.
The above shall be considered in relation to the Secrecy Act and a consideration of confidentiality shall be made pursuant to Chapter 7, sections 1 and 4, of the Secrecy Act, as regards young people in their lower teens. The consideration of confidentiality is to be entered in the case record.

Undertakings by the health service

Activities by health service personnel at UM are subject to the Health and Medical Services Act, the Secrecy Act, the Parental Code, the Communicable Diseases Act, the Abortion Act and the Patient Case Records Act.

The Health and Medical Services Act
Section 2 The objective for the health service is good health and health on equal terms for the whole population.
§ 2 b The health service shall work to prevent ill health.

The Abortion Act
Section 6 Abortion prevention measures.
Section 6.1 The responsibility of the county councils: The Health and Medical Services Act makes the county councils responsibility for abortion prevention activity.

The Communicable Diseases Act
§ 3 Serious infectious diseases are notifiable.
§ 5 Each county council is responsible for ensuring that the necessary measures for the prevention of communicable disease are taken within its area.
§ 10 Every physician is in the course of his or her health care and medical activities to be observant of the occurrence of serious infectious and other notifiable diseases and take the measures which can be reasonably demanded.

Health service personnel are to keep case notes in accordance with the Patient Case Record Act of the Health and Medical Services Act.

Municipal undertakings

Activities of the municipality's staff are primarily regulated by the Social Services Act, the Secrecy Act and the Parental Code.

Social Services Act

In the case of the municipality, the activities of UMs are governed by Chapter 2, section 2, Chapter 3, section 1, section 4 and section 5 and Chapter 5, section 1 of the Social Services Act.
Chapter 2, section 2: The municipality is ultimately responsible for ensuring that persons residing within its boundaries receive the support and assistance they require. This responsibility does not imply any restriction of the responsibilities incumbent on other authorities.
Chapter 3, section 1: The duties of the social welfare committee include the following:
To familiarise itself with living conditions in the municipality
…by means of outreach measures and in other ways to help facilitate good living conditions, to ensure that care and service, information, advice, support and care, financial assistance and other assistance are rendered to families and individuals in need of the same.
Chapter 3, section 4: In the course of its outreach measures, the social welfare committee is to disseminate information concerning social services and to offer its assistance to groups and individual persons. Where appropriate, the committee is to co-operate in this connection with other public authorities and with organisations and other associations.
Chapter 3, section 5: The measures taken by the social welfare committee on behalf of the individual are to be framed and conducted together with him and, if necessary, in conjunction with other public authorities and with organisations and other associations.
Chapter 5, section 1: The social welfare committee shall endeavour to ensure that children and young persons grow up in good and secure conditions.

Social workers employed by the social services have a duty of documentation pursuant to the Social Services Act.

DESCRIPTIONS OF PROFESSIONS

It is important that there is a broad range of categories of personnel at UMs. The strength of UMs is that representatives of the social, psychological and medical competencies work together.
At UMs, there are many examples of well-functioning combinations of specialities. The following pages present the most frequently occurring professional categories.

The role and responsibilities of the midwife

The midwife works with sexuality and health, and with preventing undesired pregnancies and preventing the incidence and spread of sexually transmitted diseases.
The work of the midwife involves meeting young women and men in conversations on sexuality and interpersonal relations, pregnancy and abortion. The young person’s life style, life situation and any problems become clear in the discussion situation.
The midwife carries out investigations, pregnancy tests and some STI diagnosis and makes a preliminary assessment of gynaecological and andrological complaints, in the event of concern or sexual problems, and refers the person to a doctor if required.
A young woman’s first gynaecological investigation is usually carried out by a midwife at a UM and is a unique opportunity to disseminate knowledge and confirm normality. This also applies to young men who consult a UM for an initial examination of their genital organs.
The midwife can be delegated authority to be responsible for tracing contacts of STI which are subject to the Communicable Diseases Act.

The preventive and activation work is framed and carried out together with other staff and includes information visits to schools, study visits in groups to the centre as targeted group activities.
The midwife shall be able to consult a gynaecologist, venereologist or GP to ensure high quality medical care.
The midwife should have training in sexology and conversational methods and may also have further training in, for instance, psychotherapy.
The midwife can participate in research and development work.

The role and responsibilities of the social worker

The task of the social worker is to carry out psychosocial work with individual young people and sometimes with their families and, together with other personnel, to find forms for health promotion and outreach work. The work at individual and group level involves meeting young people's experiences and needs and to offer suitable measures on this basis. The social worker can provide group conversations, psychosocial consultation, supportive and ego-supporting conversation, crisis processing, family conversations, couple conversations and sometimes individual psychotherapy.

The content of the individual conversations often covers such areas as relations, identity issues, and sexuality. The group-focused work often concerns sexuality, lifestyle issues, gender issues, culture issues and group climate.

A number of social workers have further training in sexology, conversation methods and psychotherapy and can therefore offer treatment based on their special expertise. The social worker can be delegated responsibility for contact tracing of STIs covered by the Communicable Diseases Act.

An important task is collaboration with local co-operation partners and to have local knowledge. The health promotion and outreach work of the social worker includes information to schools, receiving study visits in groups at the centre and outreach group work. The outreach work takes place in collaboration with other staff at the centre.
The duties of the social worker extend over a broad field of work and the different measures that can be included can be described in a scale from pedagogic to specific therapeutic measures. Measures can be generally focused, group-focused or individual.

The role and responsibilities of the physician

The doctor has the medical responsibility at a UM. The work includes establishing routines for the medical work. The doctor's duties include making diagnoses and treating different illnesses and making an assessment of any deviations.
Knowledge about the physical and psychological development in of young people and on psychosomatic problems is important for the doctor's work at a UM.
The doctor is to be familiar with the method of work and professional knowledge of other categories of staff and act as a functioning and integrated link in the reception of young people by a UM.
The doctor can be responsible for some medical further training within the work group.

General medicine specialist
The general practitioner is competent to assess a non-selective panorama of illnesses. Work at UMs consists of meeting young men and women with questions about physical development and providing assistance in many different kinds of problems such as acne, eating disturbances, and in psychosomatic and mental problems.

Child and adolescent medicine specialist
The adolescent specialist is responsible for the medical assessment and investigation of somatic and psychosomatic symptoms. He or she must in this connection assess deviations in the development of puberty, assess somatic problems in eating disturbances, investigate states of pain of various kinds, investigate complaints from the digestive system and treat acne.

Gynaecologist
The work of the gynaecologist includes dealing with complicated questions relating to contraceptives, menstruation problems, genital infections, and genital pain conditions. Deviant development of puberty, hormonal disturbances and eating disturbances may require co-operation with other specialists. The gynaecologist is an important link between the specialist clinic and UMs.

Dermato-venereologist
Work at a UM consists of taking care of sexually-transmitted illnesses, genital dermatoses, and sexually-related issues, among both young women and young men. The venerologist established routines for dealing with STIs in collaboration with the gynaecologist.

The role and responsibilities of the psychologist

Psychological treatment measures at UMs can take the form of shorter or longer therapies of crisis, support and/or insight-focused character.
Good youth therapies are a way of breaking destructive life patterns which have perhaps existed for a number of generations.
The work of the psychologist is aimed at supporting young people to see their own potential, use their resources, develop self-reliance and transform hopelessness into hopefulness.
A lot of the individual therapy work involves working through earlier traumatic experiences, which have caused barriers to development.
The ease of access to UMs means that even young people with a difficult and severe mental problems turn to UM. It is then particularly important for these young people that there is access to a psychologist, since advanced diagnostic assessments often have to be made if they are to receive adequate help.
Together with the other staff, the psychologist also has an important role to play in outreach work.

The role and responsibilities of the nurse

The role and duties of the nurse vary depending on young people's needs and the other personnel at the centre. One field of work is to provide advice and help to young people who consult the centre because of general somatic complaints. The nurse works with issues about diet and exercise and with the risks of the use of tobacco, alcohol and narcotics. The nurse is often responsible for work with young men
The nurse also works with outreach work and with groups of young people together with other

staff.
The nurse can be delegated to be responsible for contact tracing of STIs which is subject to the Communicable Diseases Act.

The role and responsibilities of the assistant nurse

The assistant nurse is often the first person that young people meet at a centre.
For many young people, it is particularly sensitive and difficult to contact a UM and the first meeting can be crucial for whether the young person continues to visit the centre.
The duties of the assistant nurse also include taking blood samples, assisting doctors in examinations, providing some advice, and take care of administrative tasks, for instance, dealing with case notes.
The assistant nurse can also work with groups according to competence and interest.

The following people have been involved in the working group which produced the policy programme 2000 - 2002:
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THE SWEDISH SOCIETY FOR YOUTH CENTRES (FSUM)

Aims
The society was established in 1988 with an interim board.
The rules were adopted at the annual meeting in Stockholm in September 1989 at the same time as the election of the society's first ordinary board.
FSUM is an association of youth centres in Sweden.
The tasks of the association includes stimulating the development of the activity of the existing youth centres by endeavouring to ensure that a broad range of categories of professionals are represented and a high level of knowledge.
The society shall moreover provide support and guidance to newly started centres, collect and disseminate information, stimulate and facilitate exchange of experiences between youth centres, and participate in further training in relevant fields. The goal is that youth centres should work with the highest quality in the best interests of young people.

Rules

§ 1

The society is an association of youth centres (UMs) in Sweden.

§ 2

The society is intended for specialised units for young people. These units are to make possible measures of a medical, social and psychological nature, characterised by a holistic view of young people and their problem formulation.

§ 3

The task of the society is:

a) to safeguard the interest of the youth centres

b) to stimulate the development of the youth centres by endeavouring for these to have a broad representation of professions and a high level of knowledge

c) to provide support and guidance to start youth centres

d) to endeavour for youth centres to be a decentralised unit with a substantial right of decision about their own activity

e) to collect and disseminate information and to stimulate and facilitate exchange of experiences between youth centres

f) to monitor and stimulate research about young people, socially, culturally, psychologically and medically, and to work for Nordic and international collaboration

g) to initiate conferences and courses within relevant areas

h) to act as a referral body within the sphere of operations of the association

§ 4

The activities of the society take place through

a) meetings of the society, of which one is an annual meeting, each unit having one vote

b) the board of the society

c) committee work in special questions

§ 5

Membership of the society can be applied for by units according to clause 2.
Application is made to the board of the society.

§ 6

Resignation from the society is to be notified in writing to the board.

§7

The size of the membership fee and the period of validity are decided by the annual meeting.

§ 8

A member who has failed to pay the fee for a year can be excluded from the society by a decision by the board of the society. The missing payment shall be drawn to the attention of the member before exclusion takes place.

§ 9

The highest decision-making body of the society is the annual meeting. An annual general meeting is to be held before the end of May. Each member has the right to take part in decisions and has one vote. In decisions on matters concerning the responsibility of the board, a member may not be represented by a person who is a board member or a deputy board member. The annual meeting decides by a simple majority unless otherwise provided for in the rules.

§ 10

The following items shall be on the agenda of an annual general meeting as well as election of those officiating at the meeting (chairperson, secretary, two persons to verify the minutes, and vote counters):

a) registration of the number of participants entitled to vote

b) consideration of the report on activities and the audit report
c) election of the chairperson for a year
d) elections to the board, three members for two years each year
e) election of two deputy members for one year
f) appointment of two auditors and a deputy auditor for one year
g) election of an electoral committee
h) setting of the membership fee
i) consideration of matters which have been notified to the board at the latest 60 days before the annual meeting. The board shall prepare notified items of business and make a statement on them when the documents of the annual meeting are circulated in accordance with clause 11. Only items of business on the society's list may be taken up for decision.

§ 11

Notification of the annual general meeting is to be sent to the members by the board at the latest 90 days prior to the meeting. The annual meeting documents are to be sent to the members at the latest fourteen days before the meeting.

§ 12

The board of the society is in charge of the day-to-day management of the society in accordance with these rules. The board consists of a chairperson and six ordinary members and two deputy members. The board appoints from its members a deputy chairperson, treasurer and secretary. Board meetings are called by the chairperson and otherwise when at least half of the board members so request. Minutes shall be taken at board meetings. The board has a quorum when at least four of the members are present. The board decides by a simple majority. In the event of a tie, the chairperson has a casting vote. Ties in elections are decided by the casting of a lot. The board should consist of different categories of professionals, representing the medical, psychological and social fields of activity.

§ 13

In addition to what has been mentioned above, the duties of the board include:
a) keeping an up-to-date list of members
b) drawing up a report of activities each year which is distributed to all members
c) to be responsible for the association's finances

§ 14

There shall be an election committee to prepare elections at the annual meeting. It shall consist of three members, one of which act as convenor and two deputy members. The election committee shall submit a full list of proposals for officials for the coming year of operations at the annual general meeting. The election committee is responsible for ensuring that the representation on the committee accords with the society's objectives and goals.

§ 15

The accounts and management of the board are examined by two auditors.
The year of activities and financial year of the society is to be the calendar year.
The auditors submit an annual audit report on the administration of the board.
This is presented at the annual general meeting together with the report on activities.

§ 16

Decisions on changes to these rules are made by the annual meeting.
Changes to the rules require at least a 2/3 majority of the votes cast at two consecutive annual meetings.

§ 17

A decision to wind up the society requires a 2/3 majority of the number of votes given at two consecutive annual meetings. Disposal of the society's current assets is decided by the annual meeting.