

Family and Parenting Support The role of public services

**ESN Survey on Family and Parenting Support
December 2012**



The European Social Network (ESN) brings together people who design, manage and deliver social services in public authorities across Europe. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.



Introduction

European Social Network (ESN) carried out a survey amongst its members working in children services in August 2012 to assess the support mechanisms provided by family and parenting services across Europe, particularly to evaluate the extent to which this support can help reducing child poverty. ESN wanted to focus on this, because it is an aspect of social services that has been underplayed so far in EU policy discussions. In the survey, ESN tried to assess a number of areas; from factors leading to disadvantage through forms of family support to outcomes measurement. ESN received responses from 17 EU countries: Belgium, Bulgaria, Cyprus, Denmark, Faroe Islands, Finland, France, Germany, Italy, Ireland, Poland, Portugal, Romania, Slovenia, Spain, Sweden, and the UK.

The overall picture is that public social services in Europe provide a wide variety of family and parenting support mechanisms –from early childcare to health prevention and health promotion measures in the early years to rights, money and housing advice. Other forms of support comprise pre and post-natal parental support, parents' communication and relationship skills and specific support for some families –mono-parental families and those with economic difficulties. However, ESN members have noted difficulties in delivering comprehensive and coordinated family support with all sectors involved in joint planning and delivery. Furthermore, the threat of public spending cuts that, due to the crisis, have been affecting most preventive services.

Main factors contributing to disadvantage in children

In the survey ESN asked its members what are the **main** contributing **factors** in parents' lives that lead children to be **disadvantaged**. Almost 90% of directors of social services working with children who responded to this survey emphasised alcohol addictions and homelessness as the main factors in parents' lives leading children to disadvantage followed by drug addiction (88%) and mental health problems (78%). A third set of factors ranked as being of moderate importance were: parents' unemployment (32%), a migrant background and having a single parent (30%). Unemployment, inadequate education and lack of community integration were also cited as contributing factors. This reflects the responsibility of public authorities for specialist child protection and social work services.

Forms of parenting support

In almost 80% of the 17 countries represented in the survey, parenting support¹ services are **foreseen by the legislation**. According to most responses (almost 74%), parenting support services are provided **in kind**, that is to say, through training parents on their resources and competences. According to 72% of respondents, these services are **targeted** at those who need them more, such as disadvantaged and poor families. In connection with this, almost

¹ According to the following definition of parenting support services by Daly (2012), parenting support services must fulfil 3 conditions:

- a. Parents are the first line target and focus on their parenting role
- b. Support provide is a service in kind (cash excluded)
- c. Focus on parents' resources and competences

90% of ESN members who answered the survey responded that parenting support programmes take into account that poverty can pose a stress on parenting.

Amongst the support services that public services across Europe provide for disadvantaged families, the **three** most important forms of support are: early child care, universal child benefits, and targeted measures (such as free education materials, free school meals and free access to leisure and culture). In the area of prevention, ESN members who are regional authorities also design preventive health care and health promotion programmes.

The **provision** of parenting services in most countries is designed and planned based on an **evaluation**. Soren Frost, Head of Social Innovation at the city of Aarhus (Denmark), confirms that families are assessed by professionals working in social services, and a family action plan is drawn up stating the responsibilities and actions of family and social services.

Preventive services

In Sweden, parenting support provided by public social services includes **individual** support for mothers during pregnancy as well as family peer groups. Children's social welfare and health care professionals organize themselves in teams and provide counselling to families through family centres.

In the Faroe Islands, support and guidance is provided at **home** through home visits during pregnancy and after the child's birth. ESN's member in the Faroe Islands, Gigni, the Public Healthcare Authority for Children and Youth, tells us that besides home visits, they also provide physical, socio-psychological and health services both for the child and the entire family. Support and guidance services are provided to all parents from the moment the child is born until they leave school and support is extended to day care professionals and teachers. Services are conceived according to the principle of "**progressive universalism**", that is to say, when a family's needs are higher, the service is more intensive.

In Andalusia, Spain, ESN member Regional Ministry of Health and Social Welfare provides a universal programme that monitors **children's health** in the **early years** of their lives. It aims at the prevention of illnesses and promotion of healthy life styles as well as the **detection of risk** factors for children's welfare.

Parenting support services across Europe are aware of the importance of an **integrated approach in the provision** of services, though it is not always achieved. For example, in France multiple services provide parents with help in various ways, whether it is accessing benefits, rights advice, general or specialized health and social services. However, social services at local level are in direct contact with the family and **coordinate** the different actions of all these services for each family according to their **specific needs**.

In Iceland, municipalities are undertaking **interdisciplinary** programmes for parents of young children within public health and social services. One of these programmes is "The New Child", which aims to prevent health and life risks through an integrated set of support forms: psycho-social, medical, guidance and education to promote the right conditions for the development of the child. The idea behind is to get to know the closest relatives, understand their situation and problems, education and motivation. To do so, there is a general examination of health and skills (physical, psychical, social, psychological –

including how genuine is the attachment and sharing of feelings), work and finances, and lifestyles. To achieve this, it is crucial to have mutual trust and close co-operation with the “significant others”, especially parents. Though the central focus is the general health service, there is a big emphasis on interdisciplinary teamwork and close cooperation, particularly with social services. Evaluations have been conducted with over 400 families with a satisfaction rate of 70% to 80% and the project has been acknowledged by the WHO.

Targeted measures

Targeted measures are an important form of parenting support. In Belgium, for example, there are “education shops” where parents go specifically when they have problems with their children’s education. Also in Belgium, since 2010 the Federal Public Service for Social Integration (ESN member) has been providing financial incentives for children of clients of the local public centres for social welfare in order to promote their participation in social, cultural and leisure activities as a measure to reduce child poverty. Some of these measures may be involve educational, psychological or paramedical support.

As highlighted in the introduction, parenting support programmes provided by local public social services also comprise **parents’ communication and relationship skills**. In Cyprus, a programme has been developed specifically to deal with communication matters to prevent violent behaviour within the family. The programme consists of a series of 13 workshops, which are co-ordinated by specially trained professionals. The groups of approximately 20 parents meet in weekly sessions for two hours. This training aims at promoting mental health skills and improving communication within the family as a way to reduce domestic violence.

In Catalonia, Spain, parenting support services include individual activities for parents aimed specifically at improving their **self-control, self-esteem, knowledge of children’s development, assertive communication** and **problem solving** skills. On the other hand, there are activities involving work with children combining real exercises of relationship and care from which practical results and learning can be assessed.

Challenges in providing family and parenting support

Coordination and potential integration of key services has been highlighted in their responses as a challenge by ESN members in Spain, Portugal and Scotland. In Portugal, there is not a co-located/integrated provision of parenting support services. Although services exist, they are provided by different agencies, such as education (in regards to targeted measures like school materials and meals), health or social (housing and cash allowances).

To tackle the lack of integration, the Scottish Government is investing £18m over three years to support Scotland's local authorities in the delivery of comprehensive and co-ordinated parent and family support, with all sectors involved in joint planning and delivery, including the identification of local needs.

In other countries, such as Ireland, local authorities **may not have responsibility** for child safety & welfare, which would be provided at the national level. Therefore, their provision of services would be limited to counselling, advocacy, advice. However, ESN member, Dublin

City Council, participates on committees & multi-agency groups to support children's services to potentially disadvantaged groups in the Dublin area.

Rationale underlying parenting support and outcomes measurement

The main basis for the parenting support programmes designed and provided by ESN members is the **reduction of any potential harm** to children (55%) followed by the need to building parenting strengths (45%).

The **three** main elements that constitute parenting support interventions are: **parents' interaction** with the child (90%), the **improvement** of parents' knowledge of **child development** and the **improvement of parents' problem-solving skills** (in 70% of responses).

Almost 77% of respondents report that the **outcomes** of parenting support programmes are **assessed** both for parents and children:

1. **Improvement** in the **relationship** and the **interaction** between the parent(s) and the child (warmth, attachment, etc.) (70% of responses)
2. **Prevention of child abuse**, neglect and violence (62% of responses)
3. **Improvement of the access to other services** for families who may need more than a single intervention (57% of cases)

In the case of the child, the first and most important assessed outcome is the **improvement of the child's well-being** and the emotional and behavioural development of the child (50% of responses in both cases).

Participation of parents and children

ESN tried to look at whether parenting support programmes provided by our members also foresee the participation of parents and children in the various stages of the programme: identification of needs, strategic planning, design, implementation and evaluation. Over 60% of respondents said that parents are involved in the **identification of needs** and approximately 45% in the **implementation and evaluation** phases. However, their participation in **strategic planning** and **design** is lower (20% and 12% respectively). As for children's participation, the data is very similar with approx. 40% involving children in identifying needs and 35% involving them in the evaluation phase whilst their participation in strategic planning and implementation is poor (20% and 30% respectively) and in design is very poor (just over 10%).

Conclusion

What are the lessons learned from this exercise? Five main conclusions can be drawn:

1. The provision of family and parenting support services is based on an assessment of needs; hence public social services in Europe provide a wide variety of family and parenting support -from early childcare to health prevention and health promotion in the early years to communication and relationship skills development and specific support for families most at risk.
2. In most cases family support is provided under the idea of “progressive universalism” – when needs are stronger, the provision of services is also stronger. However, it has been noted that public spending cuts have affected many preventive services and are also having an impact on universal services.
3. Local public services may have different roles in regards to family and parenting support services, which affects the provision of such services. In particular difficulties have been identified in delivering comprehensive and coordinated family support with all sectors involved in joint planning and delivery.
4. Outcomes of family and parenting support interventions are assessed in most cases, particularly in regards to the interaction between parents and children, child neglect prevention and the improvement of children’s emotional and behavioural development.
5. Local public services try to engage parents and children in family and parenting support programmes, particularly in identifying needs and the implementation and evaluation phases, whilst their participation in strategic planning and design is poor.

Annex: Questions from Family and Parenting Support Survey

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Annex: Questions from Family and Parenting Support Survey

A. Poverty and Disadvantage

According to ESN, the definition of poverty should account for the economic and social obstacles that the most disadvantaged children face such as lack of financial means, social exclusion, disability, mental health problems, alternative care, risk of neglect/abuse, undocumented child migrants/asylum-seekers, Roma and traveller children.

1. On a scale of 1 to 5 where 1 is the least important and 5 is the most important, please rate what factors in parents' lives lead children to be disadvantaged?

Single parents
Large Families
Having a migrant background
Being unemployed
Having a low salary
Being homeless
Poor or insecure housing
Mental health problems
Physical disabilities
A learning disability
A drug addiction
An alcohol addiction
Criminal behavior

2. On a scale of 1 to 5 where 1 is the least important and 5 is the most important, please rate the forms of support that disadvantaged families or families living in poverty have available:

Cash allowances
Health prevention and promotion programmes
Training/re-training programmes
Public work programmes
Universal child benefits
Targeted measures for children (free books and education materials, free school meals, free access to leisure and cultural activities)
Early childcare services for children
Preventive health care and health promotion programmes
Money advice
Individual rights advice (e.g. how to access benefits)
Housing support

3. Are family support services provided:

Separately
Jointly

B. Parenting Support Services

According to the following definition of parenting support services by Daly (2012), parenting support services must fulfil 3 conditions

- a. Parents are the first line target and focus on their parenting role
- b. Support provided is a service in kind (cash excluded)
- c. Focus on parents resources and competences

4. Are parenting services foreseen by legislation?

5. Are parenting support services provided:

In kind (teaching parents resources and competences)

In cash benefits

Open to all

Targeted at disadvantaged/poor families

6. Family centres (i.e. centres coordinating health, social services and education) have been considered a good way of helping to lift children and families out of poverty. Is this the case in your country/region/municipality?

7. a. If Yes, please tick the features of the model you know:

Universal

Targeted

Free

With a fee

8. Do parenting support services take into account if poverty poses a stress on parenting?

9. On a scale of 1 to 5 where 1 is "not at all" and 5 is "to a large extent", please rate the extent to which parenting support services improve parents' ability to cope with poverty

10. What is the main rationale underlying parenting support interventions?

Reduction of harm to children

Building on parenting strengths

11. On a scale of 1 to 5 where 1 is the least important and 5 is the most important, please rate the most important elements of parenting support interventions:

Parents' interaction with the child

Parents' knowledge of child development

How parents view themselves as care givers

How parents relate to their partners

Problem solving skills of parents

12. On a scale of 1 to 5 where 1 is the least important and 5 is the most important, please rate from 1 to 5 the social and cultural factors that parenting support services tackle:

Lack of community integration
Degraded physical environment
Poor housing
Inadequate education
Access to employment
Unemployment

13. On a scale of 1 to 5, where 1 is "not at all" and 5 is "to a large extent", please rate the extent to which parenting support services take account of cultural/religious differences

C. Children's and Parents' participation

14. On a scale of 1 to 5 where 1 is "not at all" and 5 is "to a large extent", please rate the participation of poor or disadvantaged parents in the various stages of parenting support services:

Identification of needs
Strategic planning
Design
Implementation
Evaluation

15. Where 1 is the most important factor and 5 the least, please rank the participation of poor or disadvantaged children in the various stages of development in parenting support services

Identification of needs
Strategic planning
Design
Implementation
Evaluation

D. Assessment of results

16. Are the outcomes of parenting support services for parents and children assessed?

17. On a scale of 1 to 5 where 1 is the least and 5 is the most measured, please rate the outcomes for parents that are measured at the end of parenting interventions:

Improved emotional and mental well-being

Improved parents' supervision skills
Improved parents' negotiation skills
Improved attitudes and feelings RE parenting (e.g. coping/confidence, stress)
Improved parents' knowledge of child development
Improved relationship parent-child (e.g. warmth, attachment)
Improved parent-child interaction
Prevention of child abuse
Improved social network and communication with relatives
Improved access to other services

18. On a scale of 1 to 5 where 1 is the least and 5 is the most measured, please rate the outcomes for children that are measured at the end of parenting interventions:

Improved children's wellbeing
Emotional and behavioural development of child
Child's educational development (school readiness, early literacy, numeracy)
Improved emotional and mental children's health

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