

## SETTING UP A SYSTEM OF BENCHMARKING TO MEASURE THE SUCCESS OF INTEGRATION POLICIES IN EUROPE

**Thomas Huddleston**

*(Migration Policy Group, Brussels)*

Thomas Huddleston, Policy Analyst with the Migration Policy Group (Brussels), presented the study for the European Parliament co-authored with Dr. Jan Niessen, [Setting up a system of benchmarking to measure the success of integration policies in Europe](#). Huddleston discussed the process of developing methodologies for benchmarking in integration, particularly as concerns policy improvement. Huddleston drew on the British Council and the Migration Policy Group's *Migrant Integration Policy Index* as a model of a benchmarking community (see [www.integrationindex.eu](http://www.integrationindex.eu)).



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key tool for all levels of governance and civil society stakeholders to form benchmarking communities together, identify strong integration policies and learn from and with each other. Given sufficient resources, benchmarking communities can strive for superior levels of excellence in the formation and implementation of policies and practices, which set the conditions for successful integration.

Benchmarking breaks down into four basic stages: planning, mapping, analysis and implementation. The key elements include the identification of key areas of improvement, setting standards, the search for and study of “good” practice that best meet those standards and the adaptation of lessons learned from best practices to meet and exceed these standards.

## SINGLE PARENTS DESCRIBE PARENTING NEEDS

**Mary Russell**

*(University of British Columbia, Canada)*

Single parent problems arise in part, from negative social attitudes and punitive social policies that provide meager and grudging support (Pelton, 1989). Single parents are multiply disadvantaged in that they are more likely to be poor, to be on income assistance, and to come to the attention of child protection services than two-parent families (Brooks-Gunn, 1997). Single parents with inadequate incomes, not surprisingly suffer from increased social isolation and depression (Minty, 2005). Children from single parent families suffer from poorer health, lower educational attainment, increased social exclusion and a higher likelihood of out-of-home care (Drunkers, 1994; Kerr & Beaujot, 2002). Analysis of child outcomes indicates that the primary predictor of poor outcomes is poverty, rather than parenting deficits or family structure (Spenser, 2005). However, the parenting burden and resultant stress is clearly augmented when parenting responsibility rests with a sole parent.

A further factor responsible for inadequate family policies has been the lack of parent voices in the discourse of requirements for adequate parenting. Child protection services, in particular, have been remiss in ascertaining parent views regarding their child rearing needs (Marsh, 2002).

The present study sought to give voice to single parents who had been identified as “high-risk” by child protection. Parents were asked to describe what they required to adequately care

for their children. The presents analysis presents the views of 26 single parents, 24 mothers and 2 fathers, who had been referred by a parenting program by child protection services, followed for 18 moths completing in-depth interviews at 3-month intervals.

Results indicated that parents identified inadequate family income as a primary factor in diminishing their parenting capacity. The struggle to meet the family's basic needs was exhausting, frequently demoralizing and resulted in social isolation, and parental depression. Subsidized housing costs and family support served to mitigate the effects of poverty in some families. A further factor influencing parenting capacity was the provision of relief from the burden of continuous childcare through social networks or subsidized day care. Additionally, parenting capacity was influenced by parents' ability to realign relationship priorities, accepting the primacy of their relationship with their children. The majority of parents were determined to provide the best care possible for their children, taking personal responsibility for any deficits, expressing gratitude for assistance provided, and expressing little anger regarding punitive family policies.

Social workers aware of the plight of single parents have a responsibility to amplify their voices, to counter negative public perceptions of single parents, and to influence development of beneficial family policies.

## **LESBIAN AND HOMOSEXUAL CLIENTS IN OUR DAILY WORK**

**Aase Prøitz**

*(Norwegian Directorate for Children, Youth and Family (Bufetat), Family Counselling Office)*

Social welfare and health counselling among lesbian women, homosexual (gay) men, bisexuals and transsexuals (for short LGBT persons) has for the last 15 years been one of my main topics of interest professionally, both as a former journalist and later as a psychologist.

The last years the Norwegian government – and consequently Norwegian health- and social services – have focused on the necessity to know more about the specific needs of LGBT persons, to be able to provide satisfactory service against this group. The Norwegian government specifically underlines that all minority groups preferably will be treated within the ordinary social and health services. Thus there is a need to contribute towards a greater knowledge on social conditions and processes of change within minority groups.

In this regard I have over the years contributed within this field through lectures, workshops, articles, book chapters etc. (See the enclosed list). Unfortunately these publications are all in Norwegian.

I enjoy lecturing and through my work as a former journalist and information advisor and coordinator, and lately as a psychologist, I am used to addressing different audiences.

For the time being I am engaged in a project called Rosa Kompetanse (in English, Pink Competence) within the Norwegian Directorate for Children, Youth and Family (Bufetat). This project is part of a national collaboration between the Norwegian Directorate for Health and Social Affairs and The Norwegian National Association of Lesbian and Gay Liberation (LLH). Rosa Kompetanse aims at enhancing knowledge about LGBT persons among social and health professionals to ensure better and more focused services for this group. I am also a member of the board of references of Rosa Kompetanse.