

PSYCHOSOCIAL PROFILE OF SPANISH AND PORTUGUESE FAMILY PRESERVATION USERS: AN ANALYSIS OF NEEDS AND INTERVENTION CLUES

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ABSTRACT

At-risk families live under circumstances that hinder their parenting competences, compromising their ability to fulfill their children's needs appropriately. The complex and multiple-source nature of the adversities that they endure makes family preservation interventions challenging. Because their efficacy largely depends on the extent to which interventions fit participants' needs and characteristics, the aims of this study were to draw the sociodemographic (individual, family, economic, labor, and child-related variables) and psychosocial profile (negative life events, parenting stress, and psychological distress symptomatology) of Spanish and Portuguese family preservation users while testing the inter-country differences. The results showed that the majority of participants had a low educational level, were unemployed, and were poor. Spanish and Portuguese participants had suffered an average of 5 and 4 negative life events over the past 3 years, respectively, with a high emotional impact. The most common were labor precariousness and economic hardship. Clinical levels of parenting stress were found in 48.1% of the Spanish participants and 39.1% of the Portuguese participants. An important proportion of the participants had clinical levels of psychological distress (Spain = 71.9%; Portugal = 45.8%), indicating the presence of mental health problems. Families' support needs are discussed and guidelines for interventions aimed at improving parents' and children's well-being are outlined.

Keywords: At-Risk Families, Psychosocial Profile, Negative Life Events, Parenting Stress, Psychological Distress, Family Preservation, Child Welfare Services.

JEL Classification: I30

1. INTRODUCTION

Despite the major demographic and societal changes that Western countries have undergone since the beginning of the twentieth century, family still remains the main context for human development. A family can be characterized as a union of people who share a project of common living, with strong feelings of membership, intense and intimate bonds, reciprocity, and dependency. A family promotes and supports children's and adults' development, helping children to build their self-esteem and sense of identity, to face challenges, to take

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responsibilities, and to make commitments. It is also a safety net that remains available when everything changes and the sense of personal continuity is in jeopardy. Caregivers guarantee the survival and healthy growth of their children, give them love and support, encourage them to interact competently with their environment, and promote children's socialization (Palacios & Rodrigo, 1998).

Unfortunately, some family contexts fail to fulfill children's basic needs; therefore, children's development and well-being as well as their accomplishment of age-appropriate developmental tasks are hindered (Rodrigo et al., 2008; Sandler, 2001). Factors like single parenthood, a low educational level, poverty, labor precariousness, and living in a dangerous neighborhood hamper parenting and add further stress to the normal hassles of being a mother or a father (Rodrigo et al., 2009). At-risk families are defined as those that face several adversities that compromise their parenting competence without reaching a severity threshold that requires child out-of-home placement (Hidalgo et al., 2009; Rodrigo et al., 2008).

Over the last three decades, interventions with at-risk children and their families have progressively shifted from a deficit-focused, welfare perspective to one of family strengthening and preservation (Hidalgo et al., 2009). Transnational mandates highlight the need for an intervention philosophy with at-risk families that focuses on strengthening their resources while supporting them through a broad range of services that must deliver assistance beyond financial or material resources. Interventions must aim to improve family functioning, prevent child maltreatment, and promote family and child well-being (Bagdasaryan, 2005; Rodrigo et al., 2012a). Thus, the action lines recommended by the Council of Europe have materialized into Recommendation 19 on Policy to Support Positive Parenting (Committee of Ministers of the Council of Europe, 2006). The purpose of this recommendation is to urge member states to create and support actively Child and Family Protection Services in each country to assist families declared to be at risk. Furthermore, Recommendation 12 on Children's Rights and Social Services Friendly to Children and Families posits that "social services for children and families should ensure the protection of children from all forms of neglect, abuse, violence and exploitation by preventive measures as well as through appropriate and effective interventions. These should aim for the preservation of family strength and unity, especially in families facing difficulties" (Committee of Ministers of the Council of Europe, 2011). The Committee of Ministers of the Council of Europe (2013) has also exhorted state members to invest in children and families and to evaluate how political reforms affect the most vulnerable, adopting measures to reduce their possible negative effects.

In Spain the legal concept of risk was introduced in 1996 by the Law of Child Legal Protection (*Ley Orgánica de Protección Jurídica del Menor 1/1996*). This law establishes that the best way to ensure child protection is to promote the satisfaction of children's needs within their developmental contexts of origin. According to this law, in risk situations – meaning those in which the harm for the child is not severe enough to justify the child's separation from his/her family – interventions must aim to eliminate the risk factors. Subsequently, these aims expanded towards a philosophy based on family strengthening and child well-being (Rodrigo et al., 2008).

Portugal was one of the first countries in the world to have a child protection law, with the first legal act dating back to 1911, after the implementation of the First Republic (Ministério da Justiça, 1911). However, it was not until 1976 that the fundamental rights of children and youths were enshrined in the country's Constitution. The law that currently regulates interventions for at-risk children (*Lei 147/1999*) guarantees the promotion of their rights and protection, ensuring their well-being and optimal development through the Commission of Children and Youths Protection (*Comissões de Protecção de Crianças e Jovens, CPCJ*). This legal

act establishes that interventions must be made at an early stage, be proportional, be carried out in a timely manner, and be exerted exclusively by the essential institutions to warrant their effectiveness. Among its principles are parental responsibilities for their children and family preservation.

There are many similarities between the Spanish and the Portuguese child protection laws: both claim to prioritize family preservation and children's best interests; the type of situations that require public powers' intervention (i.e., when children's safety, health, education, or development are hindered); the state obligations to protect and support families so that they can fully assume their parental responsibilities; and the priority given to alternative care and family placement when child out-of-home placement takes place. Furthermore, in both countries the laws stipulate individual interventions to eliminate risky situations and the adoption of preventive measures to avoid child vulnerability.

Nonetheless, there are also significant differences to be noticed. The Portuguese laws do not distinguish between risky and maltreatment/neglect situations; they only mention children and youths in danger without explicitly differentiating the level of severity of dangerous situations. In addition, they do not overtly declare that institutional placement should be a last resort: a temporary action that should have as short a duration as possible. Unlike the Spanish child protection laws, in Portugal the public administration does not guarantee the objectiveness and impartiality of its protective actions and public powers do not have the obligation to prevent child institutional maltreatment. It thus seems that there is a legal void once a child is placed in an institution. Lastly, in the Portuguese laws, there are no references to state actions aimed at promoting protective factors of the child and his/her family. Therefore, there are still many improvements to be made in child protection legislation, namely in terms of reducing institutional dependency and valuing family as the most adequate environment for children's development. Institutionalization has deleterious effects on child well-being, and calls for expediting and facilitating alternative family placement and adoption measures in cases in which children cannot safely stay in their families of origin have been repeatedly made without success (Olías, 2014; Palacios, 2010).

Not only do the child protection laws in Portugal and Spain present important differences, but also the way in which family preservation services are organized is quite different in each country. In Spain Community Social Services, which have been centralized in the Autonomous Communities since 1987, are responsible for the interventions with at-risk children. In Portugal the enforcement of child protective measures is shared among the CPCJs, Juvenile Court, Social Services, and Health and Education Services. This fragmentation of services hinders comprehensive family care because each institution tends to focus on its own perspective, thereby segmenting the interventions aimed to reduce the problems faced by this population (Matos & Sousa, 2004, 2006).

In addition to gaps in child protection legislation and organizational challenges, the European recommendations regarding family support and national legislation concerning children's rights are not being enforced. Both in Spain and in Portugal, the austerity measures applied after the global financial crisis of 2008 have caused a marked increase in short- and long-term unemployment rates, child poverty rates and working poor rates (i.e. people whose work income is not enough to protect them from poverty) (Caritas Europe, 2013). According to Callan et al. (2011), the austerity measures have impoverished the most vulnerable sectors of the population and homes with children have been particularly affected.

With rates of child poverty that have been persistently high for many years and were well above the eurozone average before the global financial crisis (Caritas Europe, 2013; Gradín & Cantó, 2011), the data about family poverty in Portugal and Spain after the 2008 financial collapse are shattering. The austerity measures and structural reforms included

cutbacks in the health and education areas, salary reductions, freezing pensions, reducing or eliminating social benefits, augmenting VAT and taxes, as well as privatizing basic services in the energy and communication sectors, among others. According to the Caritas Europe report (2013), Spain is the EU country with the second-highest rate of child poverty and had a child at-risk-of-poverty rate of 30.5% in 2014, more than 10 points above the EU27 average (20.2%) (Eurostat, 2015). Likewise, Portugal's child at-risk-of-poverty rate has been above the EU27 average rate since at least 2005 (when comparable data are available from Eurostat). The 2013 rate is 24.4% (more than 4 points above the EU27; Eurostat, 2015). One must bear in mind that these rates are calculated as the share of persons with a disposable income below the risk-of-poverty threshold (set at 60% of the national median). As the tendency in both countries is an income decrease for the majority of the population, the poverty threshold is becoming lower, which means that people below the threshold one year may not be considered to be at risk of poverty the next year. In addition, as the national median of income in Portugal is lower than that in Spain, in two households with the same income, a Spanish child can be considered at risk of poverty whilst a Portuguese child can be considered not to be at such risk.

Additionally, it is very likely that the child poverty rates are underestimated. This is due to the time lag in the availability of data on comparable poverty measures across Europe and the fact that figures are only available in Portugal up to the 2013 period. According to Caritas Europe (2013), "the human cost of the crisis is impossible to assess fully at this stage as its impact is still unfolding with wave after wave of ad-hoc crisis driven measures and a series of structural measures being implemented in each country."

With this scenario in mind, we can safely state that Southern European families are not being supported to fulfill their children's basic needs and to exert positive parenting and that measures are not being taken to reduce the negative effects that have arisen from austerity measures on children and families, contradicting the European recommendations. These findings are worrisome, since poverty and unemployment have consistently been associated with an increase in child maltreatment incidence (Azar, 2002), and material deprivation has long-term damaging effects on development (Brooks-Gunn & Duncan, 1997; Magnuson & Duncan, 2002).

Therefore, it is not surprising that scholars from Spain and Portugal have expressed a growing interest in these families in the past years (Ayala-Nunes et al., 2014; Ayala-Nunes et al., in press; Byrne et al., 2013; Hidalgo et al., 2010; Jiménez et al., 2009; Matos & Sousa, 2004, 2006; Menéndez et al., 2010; Nunes & Ayala-Nunes, 2015; Nunes et al., 2014; Rodrigo & Byrne, 2011; Rodrigo et al., 2012b; Sousa & Ribeiro, 2005; Sousa et al., 2007). These studies have shown that the majority of at-risk families are headed by parents with a low educational level, precarious jobs, and severe financial hardship. The high percentage of single-parent and blended families is also noticeable. For the aforementioned reasons, they tend to have considerable dependence on social services as income sources (Rodrigo & Byrne, 2011). Furthermore, the mothers in these families report having experienced numerous negative life events (NLEs) with a high emotional impact. These factors are stressful for parents, and often their children suffer the consequences of parenting stress, given that the amount and the quality of the resources available to cope with stressors will determine whether dysfunctional parenting will occur (Farkas & Valdés, 2010). If being a parent under normal circumstances is a difficult task, due to the heterogeneity of children's characteristics, the complexity of developmental processes, and the constant demands that the caregiver role implies (Crnic & Low, 2002), it is expectable that parenting stress is more intense and burdensome when parents face environmental adversities (Anderson, 2008). In fact, studies conducted mainly with North American samples have shown that experiencing high levels of parenting stress is one of the main psychological characteristics that define at-

risk families (Anderson, 2008; Raikes & Thompson, 2005). Parenting stress has also been associated with concurrent family conflict, exposure to violence, and other NLEs (Whiteside-Mansell et al., 2007).

Furthermore, the relationship between low economic status and elevated incidence and prevalence of mental illness has become increasingly apparent (Murali & Oyebode, 2004). Psychological distress is more prevalent in less affluent populations, given that individuals of low socioeconomic status address NLEs more often and have fewer resources to cope with those events (McLeod & Kessler, 1990). Santiago et al. (2011) observed that poverty-related stress not only was directly related to symptoms of depression and anxiety but also interacted with prior symptoms, contributing to worsening the symptoms of delinquency, attention problems, somatic complaints, and anxious/depressed symptoms. The available data showed that at-risk parents tend to have life trajectories with many negative and stressful events, such as child and adulthood maltreatment, substance and alcohol abuse, health problems, emotional disorders, and antisocial behavior (Rodríguez et al., 2006). The deleterious effects of parental mental health problems on child development via negative parenting behaviors have been extensively reported, especially the detrimental impact of maternal depression on children's attachment formation, cognitive abilities, psychopathology, and behavioral and social problems (Carter et al., 2001; Cummings & Davies, 1994; Dix & Meunier, 2009; Goodman, 2007; Goodman & Gotlib, 1999; Goodman et al., 2011; Gross et al., 2008; Kessler et al., 1997; National Research Council and Institute of Medicine, 2009).

In Portugal studies have focused mainly on the skills and strengths that characterize at-risk families as well as how they use social welfare services. These studies have shown that the majority of these families had a precarious socio-economic profile (Matos & Sousa, 2004, 2006; Sousa & Ribeiro, 2005; Sousa et al., 2007). Therefore, research has suggested that beyond cultural peculiarities, at-risk families from both countries tend to share some significant characteristics, mainly socioeconomic hardship and intense and prolonged contact with social services.

Nonetheless, in both countries there is a significant dearth of evidence about the psychological characteristics that define at-risk families besides socioeconomic hardship. Most existing investigations have focused on the description of their sociodemographical profile, but little is known about other individual and family psychological features (e.g., their history of NLEs, how they experience the demands of parenting, mental health problems). Therefore, obtaining evidence about the psychosocial dimensions of at-risk families is essential to design and implement suitable interventions based on their specific needs. This is an important aspect, since the effectiveness of professional actions depends in part on how they adapt to participants' needs and characteristics (Hutchings & Webster-Stratton, 2004).

The aim of this study was threefold: 1) to characterize at-risk families' profile regarding individual and family sociodemographic dimensions; 2) to determine at-risk families' number, emotional impact, and type of NLE, parenting stress levels, and psychological distress symptomatology; and 3) to compare the sociodemographic and psychosocial profiles of Portuguese and Spanish families.

2. METHOD

Participants

The sample consisted of 249 caregivers (73.5% women) with at least 1 child receiving CWS, 52.6% of whom lived in Portugal and the remaining 47.4% of whom lived in Spain. In most cases (96.0%) the caregivers were the children's biological parents; therefore, the

term “parents” will be used throughout the article. The Spanish mothers’ average age was 36.24 years ($SD = 9.19$) and fathers’ average age was 44.20 years ($SD = 9.03$), while the Portuguese mothers’ average age was 37.90 years ($SD = 7.92$) and fathers’ average age was 42.81 years ($SD = 9.67$). In exceptional cases (2.4%), children were living with the other parent due to a separation but the respondent maintained a close relationship with the child. Only 5.8% of the families had experienced previous child placement.

Measures

Negative life events: To assess this dimension, the Stressful and Risky Life Events Inventory (SRLEI, Hidalgo et al., 2005) was used. It comprises a list of 16 negative events (e.g., economic pressure, unemployment/labor instability, divorce, domestic violence, substance abuse, etc.), allowing researchers to calculate both the number of stressful situations that the individual or people in their immediate environment have experienced and the emotional impact (1 = low affectation to 3 = very high affectation) of these situations on the participant over the past 3 years. The average emotional impact of each negative life event is calculated by dividing the emotional impact score by the number of NLEs that the individual or people in his/her close environment have suffered.

Parenting stress: For parents of children who were 12 years old or younger, we used the short version of the Parenting Stress Index (PSI-SF) by Abidin (1995), a 36-item self-report questionnaire anchored on a 5-point scale (1 = strongly disagree to 5 = strongly agree). The PSI-SF assesses 3 dimensions of stress that are associated with the parenting role: parental distress, parent–child dysfunctional interaction, and the perception of the child as a difficult child. The higher the score on the PSI-SF, the greater the distress associated with the function of parenthood. The parental distress subscale (PD) quantifies an individual’s feelings of discomfort with the parenting role (e.g., “I feel that I cannot handle things”). The parent–child dysfunctional interaction subscale (PCDI) evaluates the extent to which the parent feels that the child meets the parent’s expectations and how the interaction makes the parent feel (e.g., “My child doesn’t giggle or laugh much when playing”). The difficult child subscale (DC) focuses on the child’s characteristics and behaviors that facilitate or restrain the mother (e.g., “My child cries or fusses more often than other children”). The minimum and maximum possible scores on the PSI-SF are 12–60 for each subscale and 36–180 for the PSI-SF total score. This instrument has been widely used in at-risk populations and has been shown to be reliable and valid (Anderson, 2008; Haskett, Ahern, Ward, & Allaire, 2006; Whiteside-Mansell et al., 2007). In our study the reliability indexes for the 3 subscales were PD $\alpha = .83$, PCDI $\alpha = .81$, and DC $\alpha = .88$ for difficult children in the Spanish sample and PD $\alpha = .82$, PCDI $\alpha = .80$, and DC $\alpha = .89$ in the Portuguese sample. The Cronbach’s alpha coefficient for the total PSI-SF was .91 and .92 for the Spanish and Portuguese samples, respectively.

Because the PSI-SF can only be used with parents of children up to 12 years old, for parents of adolescents we used the Stress Index for Parents of Adolescents (SIPA; Sheras, Abidin, & Konold, 1998). The SIPA is a 112-item self-report questionnaire that reflects the parenting stress levels experienced by parents of adolescents. It offers scores in 4 distinct domains: adolescent, parent, adolescent–parent relationship, and life stressors. The first domain assesses the level of stress experienced by the parent as a result of his/her adolescent’s characteristics (e.g., “My child has sudden changes of feelings or moods”) and includes subscales on moodiness/emotional lability, social isolation/withdrawal, delinquency/antisocial behavior, and failure to achieve or persevere. The parent domain measures the stress levels that the parent suffers due to the restraints posed by the parenting role on

other life roles, his or her spouse relationship, social isolation, and the parental sense of competence (e.g., “Since my child became a teenager, my spouse/partner and I don’t spend as much time together as a couple as I had expected”). The subscales included in this domain are life restrictions, relationship with spouse/partner, social alienation, and incompetence/guilt. Lastly, the third domain explores the perceived quality of the parent–adolescent relationship through indicators such as communication and affection between them (e.g., “My child comes to me for help more than to other people”). Due to the conceptual overlap of the life stressors domain with the SRLEI (Hidalgo et al., 2005), it was not used in this study. The remaining 90 items are anchored on a 5-point scale (1 = strongly disagree; 5 = strongly agree). The reliability indexes for the first 2 domains were satisfactory for both samples (Spain: adolescent $\alpha = .92$, adolescent–parent relationship $\alpha = .91$, parent $\alpha = .87$; Portugal: adolescent $\alpha = .92$, adolescent–parent relationship $\alpha = .88$, parent $\alpha = .92$). To allow comparisons between the parenting stress levels of parents of children and parents of adolescents, the scores of each subscale were divided by the number of subscale items. The minimum and maximum scores for both scales were 1 and 5, respectively.

Psychological distress symptomatology: We used the General Health Questionnaire 28 (GHQ-28; Golberg & Williams, 1996), a self-report questionnaire of 28 items that aims to detect current psychological problems from participants’ reported symptoms in the last weeks. The items are grouped into 4 subscales with 7 items each: somatic symptoms (SS; e.g., “Have you recently been getting any pains in your head?”), anxiety and insomnia (AI; e.g., “Have you recently lost much sleep over worry?”), social dysfunction (SDY; e.g., “Have you recently felt that you were playing a useful part in things?”), and severe depression (SDE; e.g., “Have you recently found that the idea of taking your own life kept coming into your mind?”). Each item is answered on a 4-point scale, on which higher scores correspond to a greater presence of symptoms. To calculate the GHQ-28 scores, 3 alternative methods can be used, 2 of which were followed in this study: 1) the Likert score correction system, assigning values of 0, 1, 2, and 3 from less to more frequently experienced symptoms, and 2) the GHQ score correction system, which aims to determine the number of symptoms present, assigning values of 0, 0, 1, and 1 to responses. The minimum possible score for each subscale in the Likert correction system is 0 and the maximum is 21. The questionnaire showed satisfactory internal reliability indexes in this study (Spain: SS $\alpha = .87$, AI $\alpha = .90$, SDY $\alpha = .73$, SDE $\alpha = .89$; Portugal: SS $\alpha = .84$, AI $\alpha = .86$, SDY $\alpha = .72$, SDE $\alpha = .90$).

Socio-demographic data: We designed a socio-demographic questionnaire to collect data on participants’ gender, age, academic level, and immigrant status; family size and structure; employment status; and family income and income sources. In addition, data on the target children’s age, gender, history of school failure, existence of a learning disability, and diagnosis of psychological disorders, as well as previous child placement, were gathered.

Procedure

This study was part of a larger research project aimed at assessing child well-being in at-risk families. Approval from the Ethics Board of the participating universities was obtained prior to data collection. Rural and urban region-representative child welfare agencies in the Algarve (south of Portugal) and Andalusia (south of Spain) were contacted by letter and subsequently by telephone and asked to collaborate in this project. As a result, 7 agencies from Portugal (Commissions for the Protection of Children and Youth) and 15 from Spain (Community Social Services) participated. The participants’ selection criteria were 1) being enrolled in CWS for family preservation reasons for at least 3 months; 2) having a medium risk profile (i.e., no child out-of-home measures were to be enforced), and 3) not being at a

critical moment of the intervention. The participants who fulfilled these criteria participated voluntarily in the study and were given an appointment for an interview in CWS facilities by their case manager. Prior to the interview, the participants signed an informed consent form specifying the voluntary nature of their participation, the anonymity and confidentiality of their answers, and the option to leave the study at any stage without receiving any negative consequences. The participants were also informed that the interviewer was external to the agency and that their answers would not be revealed to the personnel of the agency. No monetary incentives were offered. The total administration length of the 4 questionnaires was on average 40 minutes. Confidentiality was a major concern throughout the study to preserve response veracity; therefore, workers from the participating agencies did not have access to participants' responses.

Statistical analysis

For the descriptive statistics, the percentage distribution of the qualitative variables and the mean and standard deviation of the quantitative variables are presented. The variables were standardized as *Z*-scores before calculating Pearson correlations to analyze the associations between scale variables. The independent *t*-test for scale variables and the Chi-square test for nominal variables were used to calculate the inter-country differences, with *p* values lower than .05 being considered statistically significant. When significant differences between the groups were observed, Pearson's *r* coefficient was used to determine the effect size for the scale variables and Cramer's *V* was used for the nominal variables. Pearson's *r* coefficient is considered small if $\pm .1$, medium when $\pm .3$, and large if $\pm .5$. Cramer's *V* is considered negligible if $V < .10$, small if $\geq .10 V \leq .30$, medium if $> .30 V \leq .50$, and big if $V > .50$. The statistical analyses were performed using IBM SPSS Statistics ® v-20.

3. RESULTS

Individual and family sociodemographic data

As displayed in Table 1, the educational level was mainly low in both countries: the majority of the participants had not completed school beyond compulsory education, with Portuguese parents having a lower educational level than Spanish parents: $\chi^2(3) = 9.50, p = .023$, Cramer's *V* = .20. Only a minority of the sample in each country were immigrants. Regarding the family structure, the participants had on average three children; households consisted of approximately four people, two of them being underage children. The family structure was generally quite similar in the two countries: the majority of families were stable (i.e., the household composition had not undergone recent changes), two-parent, blended, and nuclear in both countries. However, there were significantly more unstable families in the Spanish sample than in the Portuguese sample: $\chi^2(1) = 32.76, p = .000$, Cramer's *V* = .36.

Concerning respondents' labor situation, the majority of the Spanish sample were unemployed, while in Portugal 55.5% of the sample had a job when the interview took place, and this difference was statistically significant: $\chi^2(1) = 26.16, p = .000$, Cramer's *V* = .32. On average, unemployed participants had been in this situation for more than two years, and less than a fifth were receiving unemployment compensation. The great majority of employed respondents had jobs that required low skills, and a significantly higher proportion of Spanish participants' jobs were unstable: $\chi^2(1) = 18.27, p = .000$, Cramer's *V* = .41 (Table 1).

The economic situation was mostly precarious: the vast majority of the Spanish sample lived below the national poverty threshold, and a great proportion of the Portuguese participants were at risk of poverty as well, although the proportion of Spanish families

living in this situation was significantly higher: $\chi^2(1) = 25.38, p = .000$, Cramer's $V = .32$. The monthly family income was quite low in both samples, and welfare payment was the only source of family income for a third of the Spanish sample and almost a fifth of the Portuguese sample, with significant differences emerging: $\chi^2(2) = 17.45, p = .000$, Cramer's $V = .27$ (Table 1).

Table 1. Sociodemographic parent, family and child variables by country

	Spain % / M (SD)	Portugal % / M (SD)	χ^2 / t-test
Parent and family			
Educational level \leq primary school	68.7%	81.7%	9.50*
Immigrant	11.9%	17.6%	1.59
Nr. children	2.49 (1.20)	2.42 (1.11)	0.45
Nr. people household	4.03 (1.48)	4.00 (1.44)	0.22
Nr. children in household	1.83 (1.07)	1.91 (0.94)	-0.57
Stable	63.5%	93.1%	32.76***
Two-parent	52.5%	62.6%	2.57
Blended	54.8%	52.4%	0.08
Nuclear	76.5%	80.9%	0.71
Unemployed	66.4%	40.5%	26.16***
Time unemployed (months)	35.17 (35.70)	31.35 (21.91)	0.72
Receives unemployment compensation	11.1%	15.1%	1.88
Low skills job	77.5%	68.3%	1.34
Unstable job	65.0%	23.5%	18.27***
Below national poverty threshold	89.5%	61.2%	25.38***
Family income/month (€)	704.41 (542.77)	898.69 (624.50)	-2.58*
Welfare as only income source	33.3%	19.4%	17.45***
Children			
Boys	59.6%	70.0%	2.87
Age	9.33 (4.22)	11.03 (4.91)	-2.90**
School failure	40.2%	69.7%	18.27***
Learning disability	33.6%	35.4%	0.17
Diagnosed psychological disorder	20.5%	21.3%	0.99

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Regarding the target child of each family, in both countries they were mostly school-aged boys, although there was a great variance in the children's age. The proportion of children who had failed at least one year in school was significantly higher in Portuguese families, $\chi^2(1) = 18.27, p = .000$, Cramer's $V = .30$, with almost 70% of children having experienced

school failure at least once. The proportion of children with a learning disability and a diagnosed psychological disorder in the two countries was very similar: nearly a third of children showed a learning disability according to their parents and nearly a fifth had a diagnosed psychological disorder (Table 1).

Psychosocial profile

The Spanish and Portuguese participants had suffered nearly five and four NLEs in the past three years, respectively, with the Spanish sample having experienced significantly more NLEs, $t(239) = 3.28, p = .001, r = .21$, than the Portuguese sample. The average emotional impact of these events was high in both samples. In both countries people in the close network of the participants had suffered on average one more negative life event than the participants had, and once again the Spanish participants' close environment had experienced significantly more NLEs than that of the Portuguese participants: $t(240) = 2.92, p = .004, r = .18$ (see Table 2).

Regarding parenting stress, the dimension with which parents of children from both countries reported more difficulties was parental stress and the one with higher scores for parents of adolescents from both countries was the adolescent domain (Table 2). It is worth noting that an important proportion of the participants from both countries had clinical levels of parenting stress (PSI Total ≥ 90 , Abidin, 1995): 48.1% and 39.1% for the Spanish and Portuguese samples, respectively.

The dimensions of psychological distress symptomatology with the highest scores in both countries were somatic symptoms and anxiety and insomnia, with the Spanish participants reporting a higher frequency of symptoms for almost all the subscales: SS = $t(237) = 5.09, p = .000, r = .3$; AI $t(238) = 4.49, p = .000, r = .28$; SDY = $t(216.08) = 3.37, p = .001, r = .22$ (Table 2). We evaluated the percentage of participants who surpassed the clinical cut-off point of the GHQ-28 using the GHQ correction system, which is 7/8 symptoms according to the most conservative criterion found in the literature (Revilla et al., 2004). The descriptive analysis showed that 71.9% of the Spanish participants and 45.8% of the Portuguese participants had clinical levels of psychological distress.

Table 2. NLE, parenting stress and psychological distress symptomatology by country

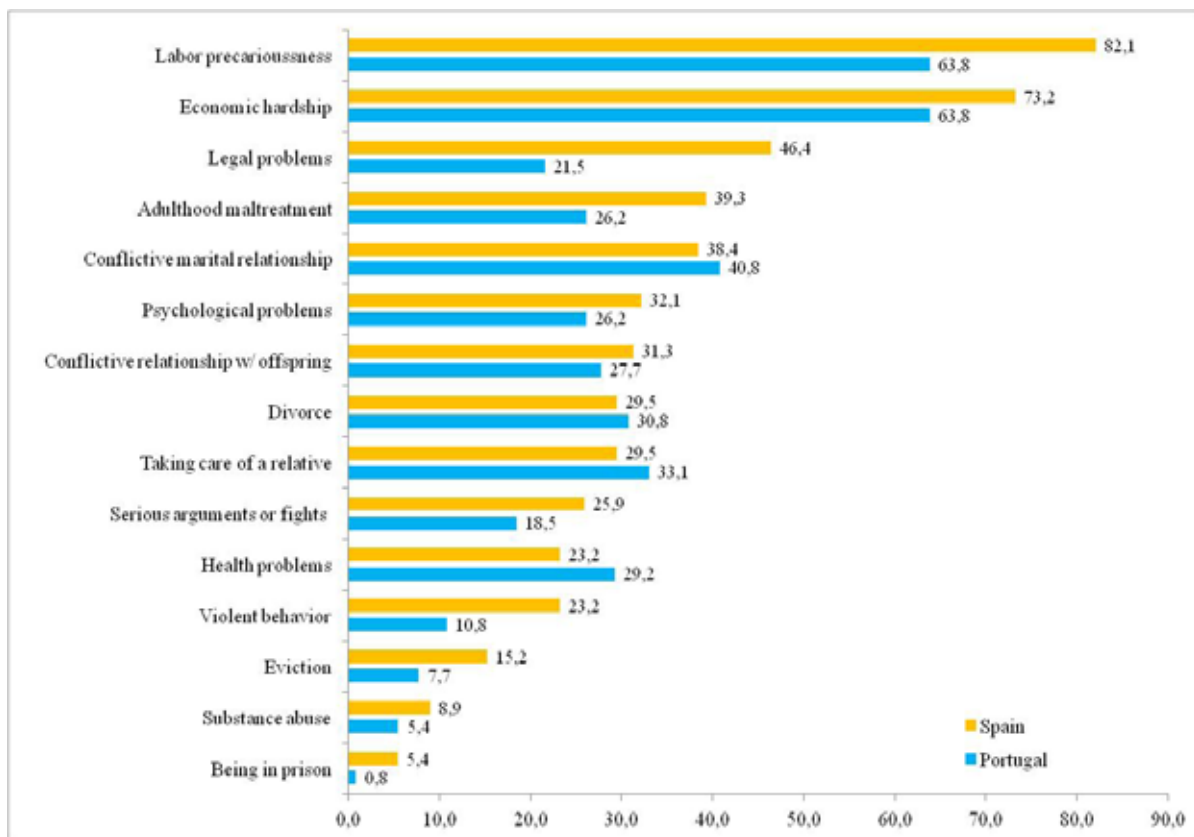
	Spain M (SD)	Portugal M (SD)	t-test
NLE			
Number (self)	5.05 (2.37)	4.06 (2.30)	3.28***
Emotional impact (self)	2.68 (0.41)	2.60 (0.47)	1.35
Number (others)	5.75 (2.96)	4.69 (2.67)	2.92**
Emotional impact (others)	2.49 (0.53)	2.50 (0.49)	-0.24
Parenting stress (children)			
Parental distress	2.73 (0.86)	2.56 (0.77)	1.28
Parent-child dysfunctional interaction	1.99 (0.71)	1.92 (0.68)	0.61
Difficult child	2.53 (0.92)	2.41 (0.91)	0.80
Parenting stress (adolescents)			
Parent	2.35 (0.58)	2.30 (0.63)	0.25
Adolescent-parent relationship	2.52 (0.94)	2.17 (0.68)	1.73
Adolescent	2.87 (0.73)	2.83 (.67)	0.27

Psychological distress symp.			
Somatic symptoms	10.62 (5.74)	7.03 (5.16)	5.09***
Anxiety and insomnia	11.70 (6.06)	8.39 (5.35)	4.49***
Social dysfunction	8.04 (3.69)	6.58 (2.95)	3.37***
Severe depression	5.92 (5.71)	4.59 (5.29)	1.87

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

A qualitative analysis of the NLEs that the participants had endured in the past three years showed that for both countries the most common events were labor precariousness and economic hardship. The third most common event was legal problems in Spain and a conflictive marital relationship in Portugal. The least frequent events that participants from both countries had experienced were eviction, substance abuse, and being imprisoned (Fig. 1).

Figure 1. Negative events in the past three years (self) % by country



In Table 3 the correlations between the psychosocial dimensions for both countries are displayed. For the Spanish participants, the number of NLEs that they had experienced in the past three years was positively and significantly related to two dimensions of parenting stress for parents of children (parental distress and parent-child dysfunctional interaction) and several subscales of psychological distress symptomatology, namely somatic symptoms, anxiety-insomnia, and severe depression. In addition, the emotional impact of the events that the participants had suffered was related to somatic symptoms, anxiety-insomnia, and social dysfunction, while the emotional impact caused by the NLEs that close people had experienced correlated positively with somatic symptoms and anxiety-insomnia.

Positive, statistically significant relations were also observed between some of the parenting stress dimensions (for parents of children and adolescents) and psychological distress symptomatology. Specifically, parental distress was related to somatic symptoms, anxiety–insomnia, social dysfunction, and severe depression, the difficult child subscale correlated with somatic symptoms, and the adolescent–parent domain of the SIPA corresponded to social dysfunction (Table 3).

The Portuguese participants' number and emotional impact of NLEs were, in turn, significantly related to parenting stress for parents of children and of adolescents and to psychological distress symptoms. Furthermore, all the dimensions of parenting stress were correlated with psychological symptomatology dimensions, both for parents of children and for parents of adolescents (see Table 3).

Table 3. Correlations between life events, parenting stress and psychological distress symptomatology by country

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Number NLE (self)	-	.21*	.22*	.22*	.28*	-.06	.02	.45	.37	.31	.34***	.34***	.17	.32***
2. Emotional impact NLE (self)	.10	-	.11	.23*	.16	-.12	-.01	.11	.29	.13	.32***	.40***	.19*	.19
3. Number NLE (others)	.43***	.111	-	.11	.01	.01	.07	-.43	.02	-.06	.17	.18	.04	.02
4. Emotional impact NLE (others)	.17	.33***	.146	-	.04	-.16	.04	-.22	-.09	-.11	.29**	.39***	.14	.09
5. PSI Parental distress	.29*	.06	.07	-.09	-	.40**	.44**	na	na	na	.46***	.34**	.30**	.47***
6. PSI Parent-child dysf. int.	.27*	-.24	.03	-.20	.53***	-	.66***	na	na	na	.16	.10	.16	.18
7. PSI Difficult child	.15	-.27*	.017	-.13	.46***	.75***	-	na	na	na	.25*	.17	.21	.16
8. SIPA Parent	.14	.42**	-.18	.40**	na	na	na	-	.56*	.42	-.06	-.00	.35	.53
9. SIPA Adolescent-parent rel.	.00	.24	-.01	.06	na	na	na	.66***	-	.69***	-.04	-.14	.40*	.23
10. SIPA Adolescent	.25	.25	.23	.34	na	na	na	.62***	.72***	-	.16	-.01	.20	.21
11. Somatic symptoms	.27**	.14	.09	.18	.59***	.29*	.19	.33*	.18	.35**	-	.79***	.44***	.54***
12. Anxiety-insomnia	.37***	.27**	.20*	.25**	.57***	.32*	.35**	.45**	.32*	.48***	.74***	-	.45***	.57***
13. Social dysfunction	.10	.11	-.02	.15	.45***	.34**	.37**	.14	.39**	.37**	.47***	.48***	-	.48***
14. Severe depression	.28***	.12	.10	.10	.71***	.40***	.33**	.29	.03	.17	.58***	.59***	.46***	-

Note. Spain scores on upper-right section and Portugal scores on lower-left section. * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. na: Non applicable.

4. DISCUSSION

The first aim of the study was to characterize at-risk families' profile regarding individual and family sociodemographic dimensions. The third aim was to compare the sociodemographic and psychosocial profiles of Portuguese and Spanish families, which will be undertaken throughout this section while presenting the main findings. The results showed that this is an especially vulnerable group because these families live in precarious economic, employment, and educational conditions. These factors may hinder the access to social rights that guarantee full participation in society (Raya, 2004). The low education levels, high rates of long-term unemployment, low-qualified jobs, job instability, poverty, and high rates of dependency on welfare payments among this population constitute serious risk factors that jeopardize the development and well-being of children growing up in these families and demands attention from political decision makers and civil society. This profile of a low educational level, economic hardship, and labor precariousness replicates the previous findings from studies conducted with at-risk families. Specifically, Rodrigo and Byrne (2011) found that around 70% of the at-risk mothers in their study were unemployed, and Arruabarrena and De Paúl (2002) and Menéndez et al. (2010) found similar rates of welfare dependency. As a consequence of these economic and labor difficulties, nearly 90% of the Spanish sample and 60% of the Portuguese sample lived in objective conditions of poverty, largely exceeding the poverty rates of the general population in both countries (29.1% in Andalusia and 19.5 in Portugal). While the educational level of the Portuguese participants was significantly lower than that of the Spanish participants, the latter had significantly higher proportions of unstable families, unemployment, unstable jobs, at-risk of poverty rates, and welfare payment as the only income source.

However, some positive characteristics regarding family structure and size were also observed: households had a moderate size (around four members) and families tended to have nearly two children. Additionally, the majority of the families were stable, two-parent, and nuclear. Family stability is one of the strengths found for the sample in this study, showing that a great proportion of the families have remained stable despite the risky and adverse circumstances in which they live. Although the majority of the families had a two-parent structure, it must be noted that an important number of the participants (between 40% and 50%) headed one-parent households, a percentage that exceeds the 9.9% and 8.6% estimation for the total population in Spain and Portugal in 2011, respectively (OCDE, 2015). The substantial presence of one-parent living arrangements in these families is a distinctive feature of at-risk contexts and has been reported previously (Arruabarrena & De Paúl, 2002; Menéndez et al., 2010; Rodrigo et al., 2008, 2009, Rodríguez et al., 2006). Additionally, the fact that the majority of families were blended shows that many parents and children have lived through couple dissolutions, which threaten continuity in child rearing and parent-child relationship quality (Wilson & Gottman, 2002).

The analysis of the child-related variables showed that these contexts of precariousness had taken a toll on children's academic, cognitive, and mental health outcomes: around 40% of the Spanish and 70% of the Portuguese participants' children had already experienced school failure, nearly a third had a parent-reported learning disability, and approximately a fifth had a diagnosis of a psychological disorder. There is abundant evidence on the deleterious effects of poverty and low parental education on children's socioemotional and cognitive functioning as well as on their academic achievement (see McLoyd, 1998 and Bradley & Corwyn, 2002 for a review). Furthermore, low-SES children manifest symptoms of psychiatric disturbance and maladaptive social functioning more often than children living in more affluent circumstances (Brooks-Gunn & Duncan, 1997; McCoy et al., 1999). According to Brooks-Gunn and Duncan (1997), poor children have 2.0 times higher risks of

grade repetition and high school dropout relative to non-poor children, 1.4 times higher risk of learning disability, and 1.3 times higher risk of a parent-reported emotional or behavior problem, among other negative outcomes. It is known that high-SES families afford their children an array of services, goods, parental actions, and social connections that potentially redound to the benefit of the children, whilst many low-SES children lack access to those same resources and experiences, thus putting them at risk of developmental problems (Brooks-Gunn & Duncan, 1997). One of the most cited linkages between SES and well-being is access to resources, namely to proper nutrition, quality health care, housing, cognitively stimulating materials and experiences, parent expectations and styles, and teacher attitudes and expectations. The significant difference in the rates of school failure between the two samples may be explained by the fact that the Portuguese children tended to be older and because in Portugal school dropout is a motive for reporting to the CPCJ. The effects of risk accumulation tend to manifest increasingly with age, and it has previously been found that children living in adverse contexts fall further and further behind their peers as they progress through the school years (Gutman et al., 2003).

The second aim of this study was to determine at-risk families' number, emotional impact, and type of NLEs, parenting stress levels, and psychological distress symptomatology. We found that Spanish and Portuguese participants had suffered on average 5 and 4 NLEs in the past 3 years, respectively. Those events had exerted a high emotional impact on the participants, as the average affectation scores were slightly above 2.5 on a 3-point scale. In both countries people in the participants' close network had suffered on average one more negative life event than the participants had. This finding is worrisome, since it suggests that the members of participants' network may be unable to provide them with social support due to living under similar strains and thus probably lacking the necessary resources to offer help to their significant others. Additionally, the number of NLEs that the participants in this study have suffered is higher than the number reported by Menéndez et al. (2010) for a sample of family preservation users from Seville and similar to the one reported by Nunes et al. (2013) for a sample of at-risk families from the Algarve. Significant differences between the two samples were detected in the number of NLEs that the participants and people in their immediate environment had endured in the past 3 years, with the Spanish participants reporting a higher number than the Portuguese participants. This means that in general family preservation users from Spain may live in a more difficult context and have a higher accumulation of adversities to cope with than Portuguese family preservation users. When analyzing the type of events that the participants had experienced in the last 3 years, the most frequently reported were labor precariousness and economic hardship for both countries. In contrast, the participants in Menéndez et al.'s (2010) study reported that the most frequent NLEs in their recent past were conflictive relationships with their offspring and spouse. The socioeconomic changes that occurred during the last years in Southern European countries may be the underlying cause of this shift in the type of NLEs that at-risk families experience.

These findings are consistent with the fact that the dimension of parenting stress in which participants with children had the highest score was parental distress. This suggests that the dimension of parenting with which participants struggle the most concerns personal and contextual problems that are not directly related to the child's temperament or the parent's relationship with the child. Also worth noting is the high proportion of parents of children with clinical levels of parenting stress. This replicates the previous findings from recent studies conducted with at-risk populations from Portugal and Spain (Ayala-Nunes et al., 2014; Pérez, 2014) as well as from Anglo-Saxon countries (Bloomfield & Kendall, 2012; Vallotton et al., 2012) and corroborates that parenting under contextual and personal adverse circumstances puts additional strain on the parenting role (Anderson, 2008). Nonetheless,

the parents of adolescents reported more stress in the adolescent domain. This means that the most taxing aspect of the parenting role for them was their adolescents' characteristics, such as mood changes, social isolation, delinquent behaviors, and failure to achieve. It is widely known that parenting an adolescent can be a stressful experience due to the changes in the child-parent relationship, the increasing autonomy and risk exposure of adolescents, and the developmental challenges associated with the transition to middle age that parents undergo (Anderson, 2008). Furthermore, during initial and middle adolescence, youths' hostility towards their parents, problem behaviors, and school failure tend to increase sharply, especially for adolescents from deprived neighborhoods (Ingoldsby et al., 2006).

Regarding psychological distress symptomatology, the dimensions with the highest scores in both countries were somatic symptoms and anxiety and insomnia. An extremely high proportion of the participants surpassed the clinical cut-off of the instrument, even using the most conservative criterion in the literature (7/8 symptoms). These results partially corroborate the previous findings from other studies analyzing psychological distress in parents who accumulated many elements of psychosocial risk. Studies with at-risk populations in the USA have found an incidence rate that ranges from 58% in Early Head Start participants (Chazan-Cohen et al., 2007) to 37.8% in mothers of Head Start preschool children (Coyne & Thompson, 2011). Therefore, the Portuguese participants' scores fall within that range (around 46%) and the Spanish participants' scores surpass it (around 72%). Both samples largely exceed the prevalence rates reported in national studies with data from the community population (24.6% prevalence for women and 14.7% for men in Spain (Bones et al., 2010) and 22.9% in Portugal (World Mental Health Surveys Initiative). Bones et al. (2010) found that in Spain people who were divorced or separated, had adverse socioeconomic conditions, and were unemployed had a higher prevalence of psychological distress symptoms. However, the higher rates of psychological distress symptoms in the Spanish sample found in our study do not replicate the tendency found in an international survey conducted by the World Mental Health Surveys Initiative (2013). In this study Portugal was, together with Northern Ireland, the country with by far the highest prevalence of psychiatric disorders in Europe, whereas for Spain the prevalence was 9.2%. It is possible that these differences mirror the higher rates of lone parenthood, poverty, and unemployment found for the Spanish participants. Another possible explanation lies in the different characteristics of the family preservation services in the two countries. Typically, in Portugal a denouncement of child neglect and/or maltreatment made by schools, health centers, the police, neighbors, or a member of the extended family (among others) is the trigger to open a case in CPCJ. This allows virtually any citizen's child to have an open case in CPCJ, although the tendency to underreport child maltreatment in middle-class wealthy parents also exists, as they have less contact with social agencies than poor families and it is easier for them to conceal signs of child maltreatment or neglect because they have the social and economic means to do so. In the case of Spain, in general parents enter the Community Social Services on a voluntary basis, frequently with the aim of obtaining financial aid or other resources, then are eventually referred to family preservation services if the practitioners detect that the children may be at risk of negative outcomes. This favors the overrepresentation of unemployed and economically deprived families in family preservation services in Spain, and therefore the socioeconomic characteristics that we found in both samples do not necessarily reflect the trends for the general population in Spain and Portugal.

This difference in the entry procedure and scope of the services in the two countries constitutes the main limitation of this study, although generally the sociodemographic and psychological profiles of the two samples were quite similar. One of the main strengths of this study is that we included fathers in the sample, since an overwhelming majority of the research conducted with at-risk families in southern European countries has centered

exclusively on mothers (e.g., Ayala-Nunes et al., 2014; Menéndez et al., 2010). Another strength is related to the high number of child welfare agencies sampled in each region, both in rural and in urban areas, which contributes to the representativeness of the sample. Future studies should aim to include other individual and family dimensions, such as parental personality and a child problem behavior checklist, as well as other informants (e.g., children, child welfare practitioners, teachers) and alternative measurement instruments (such as observations of parent–child interactions).

From our findings, it is possible to draw some conclusions regarding at-risk families' needs that might be useful for family preservation interventions. Firstly, it is evident that the situation of material deprivation in which these families live jeopardizes adult and child well-being. Therefore, policy makers should promptly recognize and remediate this situation of social exclusion, enabling services to respond adequately to families' needs in terms of economic support. This support does not solely include financial aid but also guarantees children's access to an adequate amount of nutritional meals, clothes, housing conditions, educational assistance, cognitive stimulation, toys, learning tools, medical care, and child-friendly environments in which they can safely play.

Parents' low educational level is an obstacle to finding medium-skilled, better-paying jobs; therefore, investing in adult education and vocational training is warranted. Accessible and quality child care services should be available to lower-income families to allow both parents to work and thereby secure a higher family income. It is highly advisable that in Portugal child welfare agencies merge with social services to offer families the support that they need to fulfill their parental responsibilities.

Our results have also shown that both parents and people from their close environment have experienced an important number of NLEs in the recent past that had a high emotional impact on them. Thereby, it is not surprising that many parents reported a high number of symptoms of psychological distress. The links between parental mental health problems and poor child care have been solidly established (see Goodman et al., 2011 for a review); therefore, child welfare agencies are compelled to address this issue. A careful, detailed assessment of parents' life history and psychological assessment thus seems necessary to refine family preservation interventions. Including specialized mental health services, such as individual and family psychological therapy in child welfare agencies, is warranted to tackle parents' psychological distress.

Parenting stress has been one of the most targeted dimensions in parent training group interventions (e.g., Bloomfield & Kendall, 2012), which have been proved to be an effective intervention form with at-risk families (Rodrigo et al., 2012b). Therefore, the delivery of evidence-based, culturally adapted psycho-educational group interventions aiming to improve parenting stress and child-rearing practices is highly advisable for parents in family preservation services. Successful accounts of such interventions have already been reported in Seville (Hidalgo et al., 2014), and their implementation in the Algarve is desirable. These interventions in parenting stress must be sensitive to the age of the children, since our results show that the dimension of parenting with which parents of children report more difficulties is parental distress, while parents of adolescents struggle more with the negative characteristics that they perceive in their sons and daughters.

5. CONCLUSIONS

At-risk families receiving family preservation interventions are a vulnerable group with a profile of marked educational, economic, and labor shortcomings. These should be addressed by policy makers and service managers to support parents and guarantee child well-being.

The elevated presence of NLEs both in participants and in their close environment as well as the high proportion of participants with clinical levels of psychological distress symptoms call for specialized psychological services, whilst the high parenting stress levels should be improved through psycho-educational parenting group interventions. Taking into account not only parents' sociodemographic profile but also psychological individual and family features allows a deeper understanding of family dynamics and support needs, thereby refining interventions and augmenting their possibilities to improve families' lives successfully.

ACKNOWLEDGMENTS

This paper is financed by National Funds provided by FCT- Foundation for Science and Technology through project UID/SOC/04020/2013.

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