

# Family involvement in child welfare services: The association between socio-economic status and self-reported parenting practices

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## Funding information

Norwegian Directorate for Children, Youth and Family Affairs (Bufdir)

## Abstract

In child welfare policies, as in contemporary society in general, great attention has been given to parenting roles and investing in 'positive' parenting practices. Several studies have suggested that socio-economic factors frame parenting practices. There is broad evidence of a significant correlation between socio-economic inequalities and child welfare intervention rates. Nevertheless, few studies have investigated parenting practices in a child welfare population. The aim of the present study was to investigate the association between socio-economic status (SES) and parenting practices in a Norwegian child welfare population. The study was based on a cross-sectional survey conducted in 2018–2019. The sample consisted of 256 parents (71.5% females). Linear regression analysis, adjusting for potential confounding and intermediate factors, was conducted. Lower SES was associated with higher levels of positive parenting/involvement practices ( $b = 0.146$ , CI: 0.026–0.266,  $P = 0.018$ ), indicating an inverse pattern compared with the general population. When adjusting for symptoms of anxiety and depression, the association was slightly attenuated but remained statistically significant. No significant association was found between SES and inconsistent discipline/other disciplinary practices. The present study offers insights that should be useful in practice and further large-scale studies.

## KEYWORDS

Alabama Parenting Questionnaire, child protection, child welfare, inequality, parenting, socio-economic status (SES)

## 1 | INTRODUCTION

Assessing parenting practices and investing in services to enhance positive parenting are central features of many Western child welfare/protection systems (Berrick et al., 2017; Budd, 2005; Christiansen & Hollekim, 2018; Devaney, 2017; Font & Maguire-

Jack, 2015). This can be understood as part of a broader societal change in which parenting roles have become professionalized. We have never had this much knowledge about how to 'perform upbringing' to support children's development in the best possible way. With this professionalization and instrumentalization of parenting roles, the boundaries for child welfare services have expanded (Christiansen &

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Hollekim, 2018). In Norway, this is evident in the attention given to parenting competencies in child welfare assessments and provision of services meant to improve parental practices (Christiansen et al., 2015; Christiansen & Hollekim, 2018; Krutzinna & Skivenes, 2020; Picot, 2015). Nearly one-third of all services provided by the Norwegian child welfare services during 2020 were aimed at enhancing parenting skills, and the increase in this category was 16.7% from 2013 to 2020 (Statistics Norway, 2022). Despite this, little research has been conducted on how variations in parenting practices are associated with families' contact with child welfare services. Parenting practices can be understood as the behaviours that parents perform in relation to their children and tend to be assessed in terms of the content and frequency of specific parenting behaviours rather than the quality of parenting behaviours (Locke & Prinz, 2002). The concept of parenting practices is closely associated with the term parenting style (Baumrind, 1967). Parenting styles pertain more to the quality and valence of parent-child interactions (Stevenson-Hinde, 1998). In short, parenting practices encompass what parents do (such as spanking and hugging), and parenting style implies how parents do it (e.g. with warmth or hostility). It can also be understood more broadly, referring to the sociocultural strategies parents use in bringing up their children (Darling & Steinberg, 1993; Spera, 2005).

Limited research has examined the nature of the association between socio-economic status (SES) and parenting practices (Roubinov & Boyce, 2017), and this association is complex. Some empirical evidence suggests that the socio-economic context of families may influence parenting practices (Bøe et al., 2014; Callahan & Eyberg, 2010; Doepke & Zilibotti, 2019; Roubinov & Boyce, 2017). Banovcinova et al. (2018) investigated how poverty affected parenting using the Alabama Parenting Questionnaire (APQ) in a Slovakian sample consisting of 188 respondents living below the poverty line. Their results indicated differences between parents living in poverty and parents with a standard rate of income, especially in monitoring and supervision, and in the use of positive disciplinary techniques. They found no significant differences in cooperation between the parents or the use of corporal punishment. This is similar to the findings of Lareau (2011), who illustrated how social inequality is reproduced through the family environment in which the child is raised. Working-class families tend to emphasize discipline in the interaction between parents and children, whereas middle-class parents are less concerned with this. However, other studies suggest that working-class parents' rearing practices have become more similar to the intensive parenting style of middle-class parents (Dotti & Treas, 2016; Ishizuka, 2019). Complex factors at the individual, family and societal levels frame parenting styles. Parenting practices may have different meanings for people from different cultural backgrounds (Bjørknes et al., 2012; Stewart & Bond, 2002), and it is argued that parenting is both gendered and class based, even in egalitarian societies such as Nordic countries (Bjørnholt, 2012, 2019; Elstad & Stefansen, 2014; Endendijk et al., 2016).

According to the family stress model (Conger & Conger, 2002), economic disadvantages and pressure, such as concerns, insecurity about the family's financial situation and material hardship

(Barnett, 2008; Conger & Donnellan, 2007; Gershoff et al., 2007), may influence parenting practices through its effects on parental mental health, such as depression and mental distress (Bøe et al., 2014; McPherson et al., 2009), and differential access to resources (Roubinov & Boyce, 2017). Barnett (2008) emphasizes the impact of stress on parenting, which is part of the everyday lives of families with low SES. Research indicates that high levels of stress increase the risk of punitive parenting (Pinderhughes et al., 2000; Webster-Stratton, 1990), child maltreatment (Haskett et al., 2003; Rodriguez, 2010; Taylor et al., 2009) and low parenting warmth (Belsky, 1984; Lee et al., 2018).

Both children and parents with persistent low income live under stress (Dearing, 2008), and a Norwegian study examining parenting practices in the general population suggested that there is a connection between SES and parenting practices. Bøe et al. (2014) found that in low-income families, there were more parents who used what they labelled as 'negative' and 'strict' upbringing. Stress is identified as a factor in the correlation between a lack of care for children and low income. Stress might influence the execution of the parental role and conditions for care and could have direct and indirect consequences for a child's everyday needs and problems (Repetti et al., 2002). The levels of stress among parents involved in child welfare services are high (Clifford et al., 2015).

In the child welfare population, working-class, unemployed, single and ethnic minority parents are over-represented (Berg et al., 2017; Bywaters et al., 2019; Fauske et al., 2018; Kojan & Fauske, 2011; Stær & Bjørknes, 2015; Storhaug et al., 2012). These factors indicate or are associated with lower levels of SES and physical and psychological stressors (Clifford et al., 2015). Nevertheless, few studies have investigated parenting practices in a child welfare context (Banovcinova et al., 2018; Kohl et al., 2011). In a study on families involved in child welfare services, Rodriguez-JenKins and Marcenko (2014) found that parenting stress differs according to placement status. Across both groups (in-home but under agency supervision and out-of-home placement), parenting stress was predicted by the child's mental health. Parental mental health predicted parenting stress for the in-home group, and food insecurity predicted parenting stress in the out-of-home group. The authors argue that poverty is one of the factors affecting parenting and that social workers who work with low-income families should focus on these aspects of family functioning. This study did not control for parental mental health.

## 1.1 | Research objectives

This study is part of the project 'Poverty, children's caring environment and child welfare' (funded by the Norwegian Directorate for Children, Youth and Family Affairs). The aim of the current study was to investigate the association between SES and parenting practices. According to Hennem (2016), the middle-class ideal might function as a normative standard in child welfare assessments, resulting in working-class parenting practices being more often portrayed as deviant and lacking in child welfare services. Parenting practices that

deviate from what is considered 'normal' have always been a central element of child protection assessments, and it has been argued that the middle-class bias in child welfare service evaluations and decisions has increased (Kojan & Fauske, 2011) and middle-class values are made normative and taken for granted (Vagli, 2009). Considering this research, it can be assumed that when parents with a low SES are in contact with child welfare services, their parenting practices may be considered negative for children's development.

To the best of our knowledge, no empirical studies have investigated parenting practices in a child welfare population according to SES. A more comprehensive and interdisciplinary understanding of parenting under various socio-economic conditions could help inform preventive and effective interventions to support vulnerable families (Rodríguez-JenKins & Marcenko, 2014; Roubinov & Boyce, 2017; Sundsbø, 2018; Zilberstein, 2016).

## 2 | METHODS

### 2.1 | Sample

The sample consisted of 256 parents in contact with Norwegian child welfare services. To obtain a varied sample, the parents in the study were recruited from nine different child welfare service offices in Norway from both rural and small municipalities (under 5000 and from 5000 to 10 000 inhabitants) and from more central and larger municipalities (over 10 000, including two city municipalities with over 100 000 inhabitants). Due to regulations of confidentiality, the child welfare workers in contact with the parents asked the parents if they would participate in the survey. To increase the chance of obtaining a sample that reflects the child welfare population as accurately as possible, the child welfare workers were instructed not to exclude anyone when they were asking for participation. The only exception for exclusion was parents with children where the child welfare services had made an out-of-home placement more than 2 years ago. This group was excluded because of ethical considerations around the survey's emphasis on parenting practices and styles. Consequently, families with children in out-of-home care constituted 9% of our sample and were under-represented. In the general child welfare population, approximately 20% of children have out-of-home care services (Statistics Norway, 2022). The proportion of high-SES parents was relatively high in our sample (30%), which must be understood considering several factors. First, the operationalization includes both managers and professionals. Second, the proportion of individuals with high SES in the Norwegian population is among the highest in Europe (over 50% are managers or professionals; Goedemé et al., 2022). Third, the Norwegian child welfare service stresses prevention, early intervention and support and thus provides more extensive services compared to more risk-oriented child protection services. This might result in a more heterogeneous child welfare population than more risk-oriented child welfare systems (Kojan & Lonne, 2012), which may also influence the proportion of high-SES parents in contact with the child welfare services. Fourth, the fact that

SES is based on the parent with the highest SES influences the proportion of parents categorized with high SES in the sample. In a representative sample of parents in contact with the child welfare services in 2008–2009, the proportion of high-SES parents was 18% (Fauske et al., 2018). It is not clear to what degree the gap between the samples from the 2008 to 2009 sample in the current study reflects a substantial change in the composition of the child welfare population. Hence, it is possible that the proportion of high-SES families is slightly over-represented with regard to high-SES parents in the current sample. Families with a foreign-born background accounted for approximately 25% of our sample and are relatively well represented. According to Statistics Norway (2020), 28% of all children who received child welfare services in 2019 were foreign-born or had a foreign-born parent. Owing to the sampling procedure, the sample is best characterized as a purposive sample (Lavrakas, 2008).

#### 2.1.1 | Completion of the questionnaire

With the aim of not excluding participants systematically and to reduce the possibility of missing data and misinterpretation of the questionnaire, respondents were free to choose between self-report (electronic or paper) and researcher-administered participation (interview by telephone or personal meeting). 78.5% of the respondents completed the questionnaire by self-report, and 18.8% were researcher-administered (information missing in 2.7% of the cases).

#### 2.1.2 | Ethical considerations

Families in contact with child welfare can be viewed as a disadvantaged group in society. They experience social, economic and cultural marginalization more often than others in the general population (Kojan & Clifford, 2018). Moreover, being in contact with child welfare services is associated with ambivalent feelings, ranging from stress, fear and anxiety to relief, hope and recognition (Thrana & Fauske, 2014). According to the National Committee for Research Ethics in the Social Sciences and Humanities (NESH, 2019), people who belong to disadvantaged groups may not want to be the subjects of research for fear of being stigmatized in public. Consequently, we emphasized informing the respondents about the survey in both written and oral forms. None of the respondents answered the survey without being in contact with the researcher and assured of anonymity.

The project team discussed ethical issues related to researching child welfare families' parenting practices from an inequality perspective using quantitative methods. This requires a certain degree of classification and categorization. Gaining insight into the parenting practices of the child welfare population can be valuable from the perspectives of children, parents, families, child welfare systems and society. NESH (2019) states that 'society has a legitimate interest e.g. in surveying living conditions, measuring the effectiveness of social welfare schemes, or charting the paths in and out of destructive and anti-

social behavior' and that 'protecting a vulnerable group is occasionally counter-productive'. The study was approved by the Norwegian Centre for Research Data (NSD; reference number 59086).

## 2.2 | Survey

The survey consisted of approximately 200 questions, including single items and standardized measurement instruments. The completion of the survey took about 40–60 min. The participants were given compensation (a gift card, valued 500 NOK/50 euros). The questions were about the family's household, the parents' birthplace, education, occupation, income and their subjective perception of their economic situation. A section regarding contact with child welfare services including the family's perception of their needs and their experience with services from the child welfare services was also included. There were questions about housing, neighbourhoods and contact with family and friends. Next, questions regarding parenting practices, parenting style, emotional distress and other health factors were provided. The last section of the survey was about the child's situation, including the family's economic situation and stressful situations that the child may have experienced (such as health issues, violence, drug use and bullying).

## 2.3 | Measures

### 2.3.1 | Socio-economic factors

We operationalized SES using the European Socio-economic Classification (ESeC). ESeC is a social class schema based on the concept of employment relations, and it is an international and validated instrument that can be used to measure socioeconomic inequality and 'the relationship between SES and life chances' (Breen, 2005; Erikson & Goldthorpe, 1992; Rose & Harrison, 2010). A class is defined by occupational affiliation, and the degree of routine or independence in the exercise of the occupation and the degree of manual labour are important criteria. In the survey, respondents were asked to provide information about the occupation of the mother and father of the child, and the occupational status of the mother and father was coded using the categories from Statistics Norway's Standard for Occupational Classification (Statistics Norway, 2011), which is based on the International Occupational Classification (ISCO-88; ILO, 2004). Those who were unemployed were separated into another category. These two variables (SES mother and SES father) were recoded to a new variable, namely, SES parents, based on the parent with the highest SES in the household. This procedure has also been used in previous studies (Fauske et al., 2018). Next, the occupational categories were operationalized as a dichotomous variable:

#### 1. High SES

*Managers and professionals* (service relationships):

Large employers, higher-grade professional, administrative and

managerial occupations; lower-grade professional, administrative and managerial occupations; and higher-grade technician and supervisory occupations (e.g. managers, politicians, doctors, lawyers, nurses and teachers)

#### 2. Low SES

*Intermediate and working class* (mixed service relationships/labour contracts): intermediate occupations; small employer and self-employed occupations; lower supervisory and lower technician occupations; lower services, sales and clerical occupations; lower technical occupations; routine occupations. (e.g. construction engineers, radiographers, hotel receptionists, clerks, waiters, cleaners, healthcare assistants, farmers, plumbers, bus drivers, street sweepers)

*Unemployed*: Have never worked; long-term unemployment; students

Dichotomization can decrease the possibility of grasping nuances. However, preliminary analysis (data not shown) indicated that using the ordinal version of the SES variable in the regression analysis provided similar results. In our dichotomization of the SES variable, we distinguished between managers and professionals as one category and the other SES categories. Thus, as far as overall economic status is concerned, managers and professionals are advantaged over the other SES positions. One possible problem with our operationalization is that the intermediate category differs from the other categories, but in our sample, this category contains only three self-employed individuals. The others are craftsmen or have professions in sales and services. Therefore, we classified them together with other low SES categories.

### 2.3.2 | Parenting practices

Parenting practices were measured using the APQ (Frick, 1991; Shelton et al., 1996), originally developed to measure parenting constructs associated with conduct problems in children. The APQ is a widely used instrument currently translated into 16 languages (The University of New Orleans, 2014) and has shown good psychometric characteristics compared to other parenting measures (Hurley et al., 2014). We applied an adjusted APQ instrument used in a major Norwegian study on families (Tracking Opportunities and Problems; Enstad et al., 2017; Nilsen et al., 2017), which measures three subscales: involvement (10 items), positive parenting (five items) and inconsistent discipline (four items). In addition, items on other disciplinary practices were included (seven items). Examples of statements that parents are asked to respond to are 'you have a friendly talk with your child' (involvement), 'you compliment your child when he/she does something well' (positive parenting) and 'your child talks you out of being punished after he/she has done something wrong' (inconsistent discipline). Possible answers were graded on a 5-point Likert scale ranging from 1 (*never*) to 5 (*always*). We also included the option 'not relevant because of the child's age'.

To investigate the most appropriate way to apply APQ in our analysis, we conducted a factor analysis (principal component analysis

with varimax rotation). The Kaiser–Meyer–Olkin was 0.77, indicating that the premises for using factor analysis were satisfactory. Bartlett's test of sphericity was significant at the 0.05 level and further confirmed that the variables were suitable for factor analysis. Several studies, in both the original scale in school-age children and later studies, found that positive parenting and involvement are correlated, and it can be discussed whether the dimensions measure unique constructs (Clerkin et al., 2007; Dadds et al., 2003; Maguin et al., 2016; Shelton et al., 1996). Initial factor analyses revealed the same tendency for our sample; based on this, we performed a confirmatory factor analysis with two factors. Positive parenting/involvement was created by eight items from involvement, four items from positive parenting and one item from 'other disciplinary practices' ('you calmly explain to your child why his/her behavior was wrong when he/she misbehaves'). Inconsistent discipline/other disciplinary practices were created by all items from the inconsistent discipline dimension and five items from 'other disciplinary practices' (such as time-out as punishment, take-away privileges as punishment and ignore the child when misbehaving). Both the positive parenting/involvement and inconsistent parenting/other disciplinary practice dimensions have acceptable internal consistency ( $\alpha = 0.79$  and  $\alpha = 0.75$ ).

## 2.4 | Covariates

### 2.4.1 | Emotional distress

Emotional distress was measured by Hopkins Symptom Checklist-25 (HSCL-25; Derogatis, 1983). HSCL-25 is a self-report measure of 25 questions about symptoms of anxiety and depression over the previous week (Strand et al., 2003). Twenty-four items were included in the survey ('Loss of sexual interest or pleasure' was excluded). Each answer was ranged with a score from 1 (*not at all*) to 4 (*extremely*). An average score of 1.75 or higher is generally accepted as a predictor of mental disorder (Strand et al., 2003). HSCL-25 has shown good psychometric properties in international (Glaesmer et al., 2014; Nettelbladt et al., 1993) and Norwegian studies (Jakobsen et al., 2011; Strand et al., 2003). In the current study, the scale showed high internal consistency ( $\alpha = 0.95$ ).

### 2.4.2 | Norwegian-born or foreign-born background

The parent's background was self-reported, and the options for this variable were (i) Norway, (ii) the Nordic country, (iii) Europe, (iv) Asia, (v) Africa, (vi) Oceania, (vii) North America and (viii) Middle and South America. The variable was computed as a dummy variable, where 1 = *Nordic region* and 2 = *outside of the Nordic region*.

### 2.4.3 | Cohabitation status

Cohabitation status was measured according to the household of the parents who responded to the survey: (i) I live alone, (ii) I am a single

parent, (iii) I live with the child's biological parent, (iv) I live with the child's biological parent and our children, (v) I live with a new partner and mine and/or his/her children, and (vi) Other. This variable was recoded as 1 = *single parent* and 2 = *partner and child*.

### 2.4.4 | Self-rated financial situation

The parents' self-rated financial situation was measured by the item 'how will you rate the economic situation of your household?' with five options: (i) *very good*, (ii) *good*, (iii) *neither good nor bad*, (iv) *not good* and (v) *very bad*.

### 2.4.5 | Previous services provided by the child welfare services

The parents were asked if the child or family had received previous services from the child welfare services. The options were yes or no, and the variable was used as a dichotomous variable in the analysis.

### 2.4.6 | Completion of the questionnaire

The completion of the questionnaire was included as a variable to control for potential bias related to the reporting of parenting practices. The variable was coded as (i) electronically or by paper, (ii) telephone interview and (iii) personal interview. The variable was computed as a dummy variable, where 1 = *self-report* and 2 = *researcher-administered*.

## 2.5 | Statistical analyses

Principal component analysis with varimax rotation was used to determine the dimensions to be used from the APQ, which measures self-reported parenting practices. Cronbach's  $\alpha$  was used to quantify the reliability and internal consistency of the scales. Mean score indices were computed if at least 50% of the items on the scales were answered. Descriptive statistics (means, standard deviations and percentages) were used to describe the sample demographic characteristics and study variables. Independent samples *t*-tests were used to compare continuous variables according to the two SES groups, and chi-squared ( $\chi^2$ ) statistics were used to compare dichotomous variables according to the two SES groups. Multiple linear regression analyses were used to examine the association between SES and parenting practices. SES was used as a dichotomous covariate, and the dependent variables were two dimensions of positive parenting practices measured by the APQ: positive parenting/involvement and inconsistent discipline/other disciplinary practices. First, the crude/unadjusted  $\beta$ -coefficient and adjusted  $\beta$ -coefficient for parental sex were estimated. Parental sex was included as a covariate in subsequent analyses. Next, we performed additional adjustments to

investigate whether possible confounding or intermediating factors influenced the associations between SES and parenting practices by adding the following covariates one at a time: child age, child sex, cohabitation status, self-rated financial situation, symptoms of anxiety/depression, country of origin (mother), country of origin (father), number of children, previous services from the child welfare services and completion of the questionnaire (self-report and researcher-administered). The inclusion of covariates was based on prior knowledge from theoretical frameworks and existing research literature. All analyses were conducted using the IBM SPSS software (Version 27).

### 3 | RESULTS

#### 3.1 | Descriptive statistics and comparison of mean values according to SES

Of the total sample of respondents ( $N = 256$ ), 71.5% were female ( $n = 183$ ), and 28.5% were male ( $n = 73$ ). The mean age was 38.79 years ( $SD = 9.29$ ). Of the total, 60% ( $n = 150$ ) of respondents were living alone (i.e. without a partner), and most of the respondents, including 74.5% of the mothers and 75.9% of the fathers, were born in Nordic countries. Previous services from child welfare services were reported by 41.4% of the respondents. The mean level of self-reported symptoms of anxiety and depression (measured by the HSCL-25) was 1.68 ( $SD = 0.57$ ) on a scale ranging from 1 to 4, where higher values indicate higher levels of symptoms of anxiety and depression.

As presented in Tables 1 and 2, there were no significant differences between the two status groups with regard to age (respondent), child age, symptoms of anxiety and depression, cohabitation status,

country of origin (i.e. born in Nordic countries or not), previous services from child welfare services/child protection services (yes/no) and inconsistent discipline/other disciplinary parenting practices. The mean score on inconsistent discipline/other disciplinary practices was relatively low for both SES groups. The mean level of self-reported positive parenting/involvement parenting practices ( $t_{237} = 2.262$ ,  $P = 0.026$ ) was significantly higher in the low-SES group than in the high-SES group (Table 1). Although the mean difference between the high- and low-SES group on positive parenting/involvement parenting practices is statistically significant, the calculated effect size is relatively small (Hedges'  $g = [4.19 - 4.33]/0.42 = 0.33$ ). Hedges'  $g$  is a measure of effect size, weighted according to the relative size of each sample. Effect size indicates how much one group differs from another, and as a rule of thumb, 0.2 = small effect size; 0.5 = medium effect size; 0.8 = large effect size (Ferguson, 2016).

#### 3.2 | Associations between SES and parenting practices

As presented in Table 3, lower levels of SES were associated with higher levels of positive parenting/involvement practices ( $b = 0.146$ ,  $CI: 0.026 - 0.266$ ,  $P = 0.018$ ). When adjusting for the sex of the respondent (i.e. mother or father), child age, child sex, cohabitation status, self-rated financial situation, country of origin of the mother, number of children in the family and previous services from child welfare services, the association remained largely unchanged. Furthermore, when adjusting for symptoms of anxiety and depression ( $b = 0.132$ ,  $CI: 0.011 - 0.252$ ,  $P = 0.032$ ), the association between SES and positive parenting/involvement parenting practices was slightly attenuated but remained statistically significant. Adjusting for country

**TABLE 1** Descriptive statistics for the continuous variables and comparison of the mean values according to the two socio-economic status groups

Respondent self-reported	Socio-economic status						P-value
	High			Low			
	n	Mean	SD	n	Mean	SD	
Age (years)	73	40.36	9.17	170	38.22	9.22	0.098
Number of children	74	3.20	1.03	175	3.42	1.38	0.192
Child age	71	10.03	4.69	171	9.70	4.52	0.613
Self-rated financial situation <sup>a</sup>	69	2.77	1.15	165	2.85	1.17	0.481
APQ <sup>b</sup> positive Parenting/involvement <sup>c</sup>	67	4.19	0.46	164	4.33	0.40	0.026
APQ inconsistent discipline/other disciplinary practices <sup>d</sup>	67	2.04	0.56	164	2.00	0.53	0.629
Symptoms of anxiety/depression <sup>e</sup>	62	1.70	0.52	148	1.68	0.60	0.852

Notes: High SES: managers and professionals. Low SES: intermediate/working class/unemployed. Total sample = 256. T-tests were used to compare the means.

<sup>a</sup>Range = 1–5, where a high score indicates a self-reported very poor economic situation.

<sup>b</sup>APQ, Alabama Parenting Questionnaire; SD, standard deviation.

<sup>c</sup>Range = 1–5, where a higher score indicates higher levels of positive parenting/involvement.

<sup>d</sup>Range = 1–5, where a higher score indicates higher levels of inconsistent discipline/other parenting practices.

<sup>e</sup>Measured using the Hopkins Symptoms Checklist (HSCL-25), where higher values indicate higher levels of anxiety and depression symptoms.

**TABLE 2** Chi-squared test results for the dichotomous variables

	N	Socioeconomic status				$\chi^2$	df	P-value
		High		Low				
		n	%	n	%			
Respondent sex	249					0.114	1	0.735
Female	178	54	73.0	124	70.9			
Male	71	20	27.0	51	29.1			
Child sex (female)	244					0.416	1	0.519
Female	106	29	40.3	77	44.8			
Male	138	43	59.7	95	55.2			
Previous services <sup>a</sup>	237					0.227	1	0.634
Yes	99	28	39.4	71	42.8			
No	138	43	60.6	95	57.2			
Cohabitation status	248					3.428	2	0.180
With partner	101	33	45.2	68	38.9			
Without partner	146	39	53.4	107	61.1			
Origin <sup>b</sup> , mother	248					0.571	1	0.450
Yes	183	57	77.0	126	72.4			
No	65	17	23.0	48	27.6			
Origin <sup>b</sup> , father	242					0.001	1	0.974
Yes	182	55	75.3	127	75.1			
No	60	18	24.7	42	24.9			
Completion of questionnaire	243					0.157	1	0.727
Self-report	196	60	30.6	136	69.4			
Researcher-administered	47	13	27.7	34	72.3			

Notes: High SES: managers and professionals. Low SES: intermediate/working class/unemployed. Total sample = 256. Managers and professionals are advantaged over other SES positions in terms of overall economic status.

<sup>a</sup>Previous services from child welfare services (yes/no).

<sup>b</sup>Country of origin: born in a Nordic country or not.

of origin of the father ( $b = 0.167$ , CI: 0.046–0.287,  $P = 0.007$ ) slightly strengthened the association. The association between SES and inconsistent discipline/other disciplinary practices was not statistically significant. Adjusting for the completion of the questionnaire (self-report and researcher-administered) did not influence the associations between SES and parenting practices.

## 4 | DISCUSSION

The findings of this study can be summarized as follows. First, both SES groups reported their own parenting practices as positive, with a high degree of involvement. Second, lower SES was associated with higher levels of positive parenting/involvement practices. When adjusting for symptoms of anxiety and depression, the association was slightly attenuated but remained statistically significant. No significant association was found between SES and inconsistent discipline/other parenting practices. Even if the differences between the SES groups are relatively small, the results show an inverse pattern compared to studies in the general population (Bøe

et al., 2014; Elstad & Stefansen, 2014). Parenting practices vary less between different SES groups within the child welfare sample compared with the general population, and parents with intermediate and working class occupations and those who were unemployed reported a higher degree of positive parenting than parents with occupations as managers and professionals. In the following sections, several possible explanations for the results are discussed.

The child welfare context is an important frame for understanding the relatively high degree of positive parenting among the child welfare sample. Our results indicate that there was a larger proportion of parents in the low-SES group who had previous services compared with those in the high-SES group; however, we did not find a statistically significant difference. Nevertheless, even if you do not receive services, contact with the child welfare services might lead to more reflection in relation to the parental role and practices executed in the upbringing of children. The importance of the child welfare context when reporting on parenting practices can be explored in future research that includes a control group and has an experimental design.

**TABLE 3** Association between socioeconomic status and parenting practices, adjusted for potential confounding and intermediate variables—linear regression analysis

	N	$\beta$	95% CI		P-value
			LL	UL	
<b>Positive parenting/involvement<sup>a</sup></b>					
Unadjusted	230	0.146	0.026	0.266	0.018
Adjusted for sex (parent/respondent)	226	0.150	0.029	0.272	0.018
Adjusted for sex and separately for the following					
Child age	225	0.143	0.023	0.263	0.020
Child sex	225	0.154	0.032	0.275	0.013
Cohabitation <sup>b</sup>	225	0.140	0.018	0.262	0.025
Self-rated financial situation	222	0.144	0.023	0.265	0.020
Symptoms of anxiety/depression	225	0.132	0.011	0.252	0.032
Country of origin (mother) <sup>c</sup>	225	0.151	0.028	0.273	0.016
Country of origin (father) <sup>c</sup>	220	0.167	0.046	0.287	0.007
Number of children <sup>d</sup>	226	0.157	0.036	0.279	0.008
Previous services from the CWS <sup>e</sup>	221	0.142	0.021	0.263	0.022
Completion of questionnaire <sup>f</sup>	221	0.146	0.023	0.270	0.020
<b>Inconsistent discipline/other disciplinary practices<sup>g</sup></b>					
Unadjusted	230	-0.039	-0.193	0.116	0.621
Adjusted for sex (parent/respondent)	226	-0.041	-0.195	0.112	0.596
Adjusted for sex and separately for the following					
Child age	225	-0.042	-0.196	0.112	0.539
Child sex	225	-0.042	-0.196	0.112	0.593
Cohabitation <sup>b</sup>	225	-0.014	-0.165	0.138	0.858
Self-rated financial situation	227	-0.049	-0.203	0.105	0.531
Symptoms of anxiety/depression <sup>h</sup>	225	-0.030	-0.184	0.123	0.699
Country of origin (mother) <sup>c</sup>	225	-0.054	-0.208	0.099	0.485
Country of origin (father) <sup>c</sup>	220	-0.046	-0.201	0.109	0.563
Number of children <sup>d</sup>	226	-0.053	-0.207	0.100	0.493
Previous services from the CWS <sup>e</sup>	225	-0.047	-0.201	0.108	0.550
Completion of questionnaire <sup>f</sup>	221	-0.052	-0.206	0.101	0.501

Notes: Independent variables: (i) high SES: managers and professionals; (ii) low SES: intermediate/working class/unemployed. Total sample = 256. Unstandardized  $\beta$ -values are reported.

Abbreviations: CI, confidence interval; LL, lower limit; UL, upper limit.

<sup>a</sup>Alabama Parenting Questionnaire range = 1–5, where a higher score indicates higher levels of positive parenting/involvement and higher levels of inconsistent discipline/other disciplinary practices.

<sup>b</sup>Living with or without a partner.

<sup>c</sup>Born in a Nordic country or not.

<sup>d</sup>Biological and/or adopted children.

<sup>e</sup>Previous services from child welfare services (CWS).

<sup>f</sup>Completion of questionnaire by (i) self-report and (ii) researcher-administered.

<sup>g</sup>Alabama Parenting Questionnaire range = 1–5, where a higher score indicates higher levels of inconsistent discipline/other disciplinary practices.

<sup>h</sup>Measured using the Hopkins Symptoms Checklist (HSCL-25), where higher values indicate higher levels of anxiety and depression symptoms.

Interestingly, we found an inverse association between family SES and positive parenting practices compared to several studies in the general population. One explanation is that different SES groups follow different pathways in their contact with the child welfare service (Kojan & Fauske, 2011). Families with low SES became involved in the child welfare service when their children were young, more

often ahead of the birth of the child and during the child's first few living years. Moreover, parents and child welfare workers more often reported that the problems were related to them and not to the child. Families with high SES contacted the child welfare services at a later stage in their children's lives, and the problems were to a higher degree associated with the behaviour of the child and tended to be

more acute. When the first and initial contact between the family and the child welfare services is established in adolescence or early adolescence, the problems often generate stress and tend to be very complex. In such cases, it is often difficult to assess the role that parenting practices might play in generating the problems and needs of the child (Kojan & Fauske, 2011; Storhaug et al., 2020). However, because the children in high-SES families are older when they enter the child welfare services, it may indicate that it takes longer to identify the challenges in these families, and the problems may be more severe before they are noticed. Low-SES families are more likely to receive services from the child welfare services, and the association with positive parenting could also be interpreted in light of the normalization of parenting practices in low-SES families, according to the middle-class ideal (Donzelot, 1979; Hennum, 2016).

The inverse association between SES and parenting practices can also be interpreted in terms of who the child welfare families are and what they struggle with in their everyday lives. A factor that may explain the pattern of more similar parenting practices across SES in the child welfare population than in the general population is that many of these families have high scores on stress factors related to physical and mental health (Clifford et al., 2015). In the current study, adjusting for mental distress attenuated the association between SES and positive parenting practices. This concurs with previous studies addressing mental distress as an intermediate variable explaining the relationship between SES and parenting practices in the general population (Bøe et al., 2014). Nearly half of the families involved in child welfare services are also single parents; consequently, family structures might play an important role in relation to the experience of stress in everyday life (Storhaug et al., 2012). However, adjusting for cohabitation status only slightly reduced the association between SES and positive parenting in the present study. The ability of a single parent to engage in positive parenting practices may be negatively influenced by the task overload faced by many single parents.

Yet another point that might explain the inverse pattern is the question of whether parenting practices in high-income countries are becoming more similar across various SES groups. Some studies with the general population show that working-class parents' rearing practices have become more similar to the intensive parenting style of middle-class parents (Dotti & Treas, 2016; Ishizuka, 2019). There is a possibility that our study mirrors less class-based parenting practices in high-income countries; however, there are no empirical studies from Norway performed more recently to confirm or disconfirm this.

Adjusting for paternal country of origin strengthens the association between SES and positive parenting practices. One possible explanation could be that the paternal country of origin acts as a suppressor variable. Suppressor effects operate when the inclusion of a predictor increases the predictive power of another variable (Pandey & Elliott, 2010). However, the number of fathers who were ethnic minorities was small, which also raises statistical issues concerning accuracy. Future studies should investigate ethnicity, SES and their interactions regarding potential differences in parenting practices.

Social desirability bias is a well-known methodological problem in survey research (de Vaus, 2002; Krumpal, 2013) and shows that respondents systematically under-report undesirable attitudes and systematically over-report socially desirable behaviours (Krumpal, 2013). Social desirability bias applies to studies within the general population but may have been even more prominent in the present study. In particular, social desirability bias might have implications for the sections in the survey measuring parenting practices (APQ) and emotional distress (HSCL-25) in terms of how measures and questions are designed, the perceived sensitivity of the questions, the degree of privacy in the interview situation and the distribution of the socially undesirable manner in the sample. Socially desirable responses to the APQ were tested in a clinical sample (Shelton et al., 1996), and it was found that socially desirable responses did not substantially influence APQ scores for most scales. However, inconsistent disciplines had a moderate correlation with socially desirable responses. This is in line with research emphasizing that when questions become more sensitive, misreporting increases (Ong & Weiss, 2000). Several studies on the reliability and validity of the APQ have shown that the scales from the APQ seem to be sensitive to interventions designed to change parenting behaviours (August et al., 2003; Essau et al., 2006; Feinfeld & Baker, 2004; Wells et al., 2000).

The degree of social desirability bias in a survey can vary according to the mode of contact (self-administered vs. researcher-administered; Graff, 2005). In a review of the validity of self-reported parenting responses, Morsbach and Prinz (2006) found a striking contrast between the responses given to interviewers and those given via self-administered surveys for sensitive items. In the current study, completion of the questionnaire did not influence the results. However, in direct survey questions about normative behaviour, without the presence of an interviewer, respondents' answers are often influenced by the respondent's ideal self in relation to the norms of the society (Brenner & DeLamater, 2016). Accordingly, research has demonstrated that differences in a respondent's culture may influence social desirability (Graff, 2005). Adjusting for parental country of origin did not influence the association between SES and parenting practices. However, even if the proportion of parents born outside of the Nordic countries is fairly representative of our sample, all of them have lived in Norway for more than 5 years, which may have influenced the results. SES and age may also affect the accuracy of parenting style social desirability biases, which can also be understood considering the respondent's identity work. Previous research indicated that parents who are older and those with lower levels of education or SES have been found to exhibit greater socially desirable responding bias (Heerwig & McCabe, 2009; Ross & Mirowsky, 1984). Thus, despite the effort to decrease the possibility of desirability bias, it is still a probability that the parents with lower SES in our sample, to a greater extent than the high-SES parents, have a tendency for social desirability bias, as shown in previous research. However, social desirability bias is little explored in the context of child welfare, and more research on how patterns of social desirability bias look like in

different SES groups, in the context where power is a central element, is needed. Parents involved in child welfare services may have stronger motivational biases to over-rate their positive parenting practices, especially if they might experience consequences as a function of their reports. The child welfare context and sample of the current survey may have influenced the reporting to a greater extent than Shelton et al. (1996) revealed for the APQ when assessing parenting practices in families of elementary school-age children. The fact that the parents have contact with child welfare services and are recruited via the child welfare workers can affect how they answer questions relating to their parenting roles.

## 5 | STRENGTHS AND LIMITATIONS

We selected a purposive sampling procedure when recruiting participants for this study for two main reasons. First, this procedure was found to be the most efficient for recruiting families via child welfare workers. Second, purposive sampling increased the possibility of reaching 'the hard to reach' families. Both children and parents involved with child welfare services can be difficult groups to recruit due to the everyday challenges that many of these families experience. Despite measures taken to obtain a sample that reflects the child welfare population as accurately as possible, we cannot claim that the sample is a probability sample and representative of the child welfare population in Norway. However, by testing for significance in the analysis, we decreased the possibility of treating all associations occurring in the sample as factual.

By giving the participants different options to answer the survey, it increased the diversity of the sample. For example, we managed to include parents who needed language interpreters and parents who had general reading difficulties. Having an interviewer to ask the questions has the potential advantages of addressing literacy concerns and decreasing the amount of missing data.

In the present study, parenting practices were measured using the APQ, which is a widely used instrument to assess parenting practices. The APQ has shown acceptable or good reliability and validity. However, the factor structure of the APQ has varied in previous studies (Świącicka et al., 2019). To the best of our knowledge, no previous studies have used the APQ in a child welfare population context. Hence, we used a two-factor version of the APQ based on exploratory factor analysis and internal reliability analysis. Exploration of the data using the original scales (involvement, positive parenting, inconsistent discipline and items on other disciplinary practices) yielded similar results to the two-factor structure. Nevertheless, the APQ measures a specific part of parenting practices, and not all items and scales from the APQ were included in the survey. Parenting practices are also complex, and a measure will not be able to capture all nuances. Another possible limitation of this study is that the construction of measures on involvement/positive parenting might not vary by SES as much as they would have with another measure or do not cover more recent trends in parenting practices.

The fact that the current study is focused on a child protection context and some of the parents have received parental guidance as a service could be a possible limitation in applying the APQ instrument. However, we found that whether the families had previous services from child welfare services did not influence the association between SES and parenting practices.

A possible limitation is the lack of data on the age of the child at the entry into the child welfare service. Future studies should include this, as it might influence the association between SES and parenting practices.

Most of the scales in the present study were moderately skewed. Transformations (logarithm, square root and reflected transformations) of the scale variables (the two APQ dimensions and HSCL-25) did not yield distributions closer to normality. Analyses conducted with and without transformed variables generated similar results. Furthermore, in the present study, some of the scale variables had a relatively high percentage (>5%) of missing values. This may cause biased results because the data are usually not completely missing at random. Multiple imputation (MI) is often used to reduce bias and avoid a lower sample size caused by missing data (van Buuren, 2012). We conducted a supplementary analysis (data not shown) with imputed  $m = 100$  data sets, as recommended by Van Buuren (2012). Analyses with and without imputed data yielded similar results. Hence, we chose to present non-imputed data to be transparent about the complete case data.

This study has controlled for the extent to which variations in parenting practices are influenced by parental sex, as some studies indicate that mothers and fathers report adopting relatively different parenting practices, with mothers reporting that they use more positive parenting than fathers (Esposito et al., 2016). Adjusting for parental sex did not influence the association between SES and parenting practices in the present study. However, the fathers were under-represented in the sample. Future studies should use representative samples of the child welfare population.

## 6 | IMPLICATIONS

In Western child welfare/protection systems, there is a distinct emphasis on how parents bring up children in a developmentally supportive way, often referred to as 'positive parenting'. Surprisingly, few studies have studied parenting practices within a child welfare/protection context. There is a discrepancy between the extensive focus on parenting in society and knowledge about the general and more specific populations, such as the child welfare population's actual parenting practices. Although not a main focus of this study, the strong emphasis on parental guidance in Norwegian CWS raises an underlying question about prioritization of such measures compared with other service categories more orientated towards the living conditions of the families (Kojan & Storhaug, 2021).

This study revealed unanticipated findings. We found an inverse relationship between SES and parenting practices compared with

several studies in the general population. Parents who were unemployed or had a working-class and intermediate occupation scored higher on positive parenting practices than parents with manager and professional occupations. The findings from this study need to be carefully interpreted considering the research design, the underlying power issues related to the research context focusing on families in contact with child welfare services and the possibility of social desirability bias in survey research.

Future research should address parenting practices within the child welfare population; there is a need for multiple studies applying quantitative and qualitative methods. Some researchers suggest that reports from children may be more accurate because children are less influenced by social desirability biases (Bornstein & Zlotnik, 2008). Moreover, parenting style in the eyes of children may be more significant. Hence, future research would benefit from using a multi-informant perspective.

Future studies should also assess social desirability bias in child welfare populations to understand its impact on the results. The power of the child welfare service is prominent, and it should therefore be a particularly interesting context for future research on the prevalence of desirability bias. Research on what desirability bias means, why it occurs and methods to prevent it (Brenner & DeLamater, 2016) are topics that should be investigated further in this context. To address the potential effect of child welfare interventions on the occurrence of positive parenting within the child welfare population, large-scale experimental studies are required.

## ACKNOWLEDGEMENT

This work was funded by the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) (2017–2021).

## CONFLICT OF INTEREST

None.

## ETHICS STATEMENT

The study is approved by Norwegian Centre for Research Data (NSD). All participants have given their informed consent to participate in the study.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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**How to cite this article:** Fævelen, M., Fauske, H., Kojan, B. H., & Kaasbøll, J. (2023). Family involvement in child welfare services: The association between socio-economic status and self-reported parenting practices. *Child & Family Social Work*, 28(2), 346–359. <https://doi.org/10.1111/cfs.12966>