Original Article

Do Co-Operative Working Practices and Empowerment in Management Support Employees in Family Services to Reinforce Parental Empowerment?

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Abstract

Background: Reinforcement of parental empowerment is a guiding principle in family services. It is shown that more empowered employees are more likely to empower their clients, which, in turn, produces better service system outcomes.
Objective: This study examined how employees reinforce parental empowerment, and how co-operative working practices in family services and empowerment in management support employees in empowering parents.
Methods: The study was conducted using a cross-sectional survey design. Data were gathered using postal surveys from employees working in health care, social welfare and education settings. In total, 457 employees responded.
Results: Employees reinforced parental empowerment rather well. We found a positive relationship between co-operative working practices, empowerment in management and employees possibilities to reinforce parents' empowerment in their work.
Conclusions: Empowerment in management and co-operative working practices, like well-functioning cooperation and employee awareness of available services, are key elements for supporting employees to reinforce parental empowerment.

Keywords: parental empowerment, co-operative working practice, empowerment in management

Introduction

The concept of empowerment has been studied since 1980. It manifests as attitudes, knowledge, feelings, and behaviour (Koren, DeChillo & Friesen 1992) varies with the individual, context, and time. Empowering is a core value in family services. It is a collaborative process, by which families access knowledge, skills and resources that enable them to gain positive control over their lives. It can promote the participation of people and communities to towards goals of increased individual and community control and improve quality of life. (Wallerstein 2006.)

Reinforced empowerment improves parents' self-efficacy (Wakimizu et al. 2011) and welfare (Benson & Kersh 2011), and migrates stress levels (Nachshen & Minnes 2005) depressive symptoms (Martinez et al.

2009). It also improves family cohesion, relations, and function (Scheel & Rieckmann 1998), and helps parents develop the ability to make healthy choices (Koelen &Lindström 2005), solve problems in the family (Farber & Maharaj 2005), and take better care of their children's health (Martinez et al. 2009). It seems to be better among highly-educated women (Singh et al. 1997), in families with fewer children (Wakimizu et al. 2011), and in families participating in peer support groups (Banach et al. 2010). Various factors, including age, quality of life, socioeconomic status, or illness affect parents' ability to become empowered via family services (Law et al. 2011).

By reinforcing empowerment, we are able to increase equality and social justice. (Wallerstein 2006.) Strategies for empowering are diverse. It is shown that management, culture and professional advocacy are all associated with it. Also, equal relationship, advocacy, a focus on strengths, support of active participation and decision-making, provision of information, and skill development are all relevant and connected. (Cawley & McNamara 2011)

Co-operative working practices and empowering in management in health and social services has been linked to client empowerment. Organisational factors such as working culture (Axelsson & Axelsson 2007), trust and client awareness of services and other professionals (Axelsson & Axelsson 2009) seems to produce better client empowerment. Furthermore, it is shown that more empowered employees are more likely to empower their clients, which, in turn, produces better service system outcomes and societal health (Lanchinger et al. 2010, Cawley & McNamara 2011).

Thus, reinforcement of parental empowerment, co-operative working practices, and empowerment in management have been studied quite extensively, yet to our knowledge, no studies have examined how these things are related to each other, or whether they are. All this is essential, given that reinforcement of parental empowerment is the core value in family services (World Health Organization 1986, 2005, European Union 2007, Ministry of Social Affairs & Health 2010).

Co-operative working practices help employees to work together toward a common goal or aim. In this study, this means that employees are aware of other's services, the cooperation functions well between services and there are shared co-operation practices. (Kanste et al. 2013.)

Empowerment in management can be understood as a process that, if employees are given information, resources and opportunity, they will be more empowered to empower parents. That includes employee's opportunities to make decisions at work and to get supervisory support. (Ugboro & Obeng 2000, Räikkönen et al. 2007.)

In Finland, substantial developments in the family services have occurred over the last decade. For example, extensive health examinations in prenatal and child health care clinics and school health care have been statutory since the year 2011. The aims have been to reinforce family empowerment and to ensure well-functioning cooperation between all service providers (Vuorenkoski, Mladovsky & Mossialos 2008).

To achieve these aims we examined:

1. How do employees in family services reinforce parental empowerment within a) the family, b) the service situation, and c) the service system?

2. How are a) co-operative working practices (awareness of services, functionality of cooperation, shared cooperation practices) and b) empowerment in management (opportunities to make decisions at work, supervisory support, fairness of treatment) related to reinforcing parental empowerment?

Methodology

Design

The study was conducted using a cross-sectional survey design. Previously developed scales (Karasek & Theorell 1990; Moorman 1991; Räikkonen, Perälä & Kahanpää 2007; Vuorenmaa et al. 2014) as well as scales developed for this study were used. (Table 1.).

Reinforcement of parental empowerment was measured by the personnel version of the Family Empowerment Scale (FES) (Vuorenmaa et al. 2014) which had three subscales and 32 items (10 on family, 12 on the service situation, and 10 on the service system). The 10 items on the family subscale refer to how employees reinforce parents' ability to manage everyday life with their children. For example: *"Service personnel inform parents of the procedures implemented when a problem occurs with their child."* The 12 items on the service situation subscale refer to how employees reinforce parents' ability to obtain and influence the services required for their own child's needs from the service system, for example: *"The employees ensure that parents have information about the services their child needs access to."* The 10 items on the service system subscale refer to how employees reinforce parent's advocacy for improving services for children in general. For example: *"The employees ensure that parents have a clear understanding of how social services function in relation to their child"*. Measurement is based on the original FES -scale of Koren et al. (1992), which measures parents' own sense of empowerment within the family, service system, and community.

Co-operative working practices were evaluated with three separate scales developed for this study. The 18-point *Awareness of service* scale was used to assess the employees' awareness of the services available to families. Such services included: psychological support or special education services, parish or charity services, private sector services, and various forms of financial support such as income support or disability allowance.

The *Functionality of cooperation* scale was used to assess cooperation between service providers, including the flow of information during the 12 months prior to the survey. This scale covered a total of 31 different service providers, 15 from education or social settings (teachers, social workers, day care workers), and 16 from health care settings (nurses, doctors, dentists or physiotherapists).

A 30-item tool consisting of six statements was used to obtain information on *Concurrent cooperation practices* from employees. The six statements within the measure evaluated written agreements of shared goals and joint practices, commitments to common goals, information flow, and agreements on joint monitoring and evaluation. We evaluated cooperation occurring within sectors, between sectors, between municipalities, and with third sector and private providers.'

Empowerment in management contains three subscales. *Opportunities for employees to make decisions about their work* were evaluated by Karasek and Theorell's (1990) Job Content Questionnaires. Six items assess the employees opportunities to make decisions about their work, work tasks and procedures, pace, established working methods, division of labour, as well as the procurement of any tools and learning materials needed in their workplace.

Support received from managers was evaluated with the 12-item Supervisory Support scale (Räikkonen, Perälä & Kahanpää 2007), which is divided into empowering or competence-improving support. Empowering support, such as the opportunity to develop, receive feedback and be evaluated, or to make an impact on decision-making processes affecting the workplace, was evaluated by six items. Competence in consolidating support, such as the opportunity to enter training, stay in touch with new techniques and working practices, participate in performance reviews, receive support relating to professional development and education, and the opportunity to take part in job rotations and mentoring, was assessed by seven items.

Fairness of the treatment (Moorman 1991) was examined with regards to the employee-manager relationship. The employees' perceptions of treatment by and interactions with their managers, including their opinions of whether the relationship was equal, honest, and open, was assessed via seven items. Item, "*My line manager includes subordinates in decision-making processes*" was added to Moorman's original set of six and worked well in the present study.

The background variables included employee age, education level, and managerial position, as well as working sector, workplace location, and amount of population in the municipality. (Table 2).

Data collection

Data were gathered with a postal survey that was sent to Finnish municipalities (n=332) in 2009. In Finland, municipalities are obliged to provide health, social, and education services for families either independently, jointly with others, or by purchasing services from other service providers (Vuorenkoski, Mladovsky & Mossialos 2008, European Commission 2011).

In each municipality the survey was sent to five units: prenatal and child health care clinics, school health care, day care, pre-schools, and primary schools. In municipalities with more than 4,000 inhabitants (n=209), the survey was sent to all five operational service units (n=1,045). In municipalities with fewer than 4,000 inhabitants (n=123), 35 of each type of service unit were randomly selected to participate. A total of 1,220 surveys were sent to participating units. A total of 457 employee returned fully completed surveys. The response rate was 37%.

Data analysis

The data were analyzed and processed statistically using the SPSS (statistical software package) for Windows 21.0 program and described using frequency and percentage distributions. Means and standard deviations were used to characterise the participants and summarise the data. Sum variables were formed according to the theoretical categories. The reliability of sum variables was measured by Cronbach's α coefficient (Table 1). Comparisons of groups were made using the one-way analysis of variance or the independent samples t-test.

The associations between reinforcement of parental empowerment, co-operative working practices and empowering management were estimated by multiple linear regression (MLR). All the predictive variables used in the MLR were continuous. The assumption of no multicollinearity was verified before performing the MLR. Variables were entered into the MLR if the results from the previous phase (Table 4) indicated that there were statistically significant associations between the variable in question and reinforcement of parental empowerment.

The results are reported here in terms of the effect size, the largest of which was Cohen's d value, which is achieved when the mean differential is standardised to the standard deviation of the comparison groups. The effect size is deemed to be great if Cohen's d=0.8-2.0, average if Cohen's d=0.5-0.7, and small if Cohen's d>0.2. (Cohen 1988)

The level of statistical significance was set at $p<0.05$ in all of the analyses. The range of preference for Cronbach's alpha values was between 0.70 and 0.90. (Nunnally 1994) (Table 1.)

The study was part of a larger research project for which the appropriate sample sizes were calculated with a power analysis. The desired effect size, significance, and power of the data set were pre-determined. After calculating the differences in mean values, we determined a summed score of 0.5 for the effect size, which in practical terms can be considered to be the differential in the implementation of reinforcing parental empowerment. The effect size was converted into a standardized, non-metric independent variable by dividing the aforementioned term in half. The actual effect size was 0.8, which corresponds to a large effect. A power analysis was conducted for the t-tests. A 95% confidence interval (alpha=0.05) was accepted for the study, along with the generally accepted power of 80%, which corresponds to 20% probability with false negatives. Accordingly, in order to achieve 80% power, a 95% confidence interval was required for a sample size of 23 groups (Faul et al. 2007).(G*POWER) The power analysis showed that the data was adequate relative to the methods of analysis.

Ethical considerations

Ethical approval was obtained from the ethics committee of the National Institute of Health and Welfare. The surveys were accompanied by a covering letter that explained the purpose of the research project.

Participation was voluntary and confidentiality was guaranteed. A completed and returned survey was interpreted as an indication of consent to participate in the research.

Results

Participants

A total of 457 employees responded. Their average age was 48 years (SD = 8.37). Ninety- three percent were women. Lengths of experience in their current work position ranged from 0.8–40 years (SD= 9.41 years). A little over half (52%) had completed a lower university level. Half of them worked in health care settings as prenatal and child health care clinics or in school health care, and half in social and educational settings in day care, pre -schools and primary schools or as social workers. The majority (71%) worked in municipalities with fewer than 15,000 inhabitants. (Table 2.)

Reinforcing parental empowerment

According to the family subscale, empowerment was reinforced by encouraging parents to request assistance when it was needed. Almost half (48%) believed that the services function well in this respect. Furthermore, 42% of employees thought that parents were informed on how to proceed if problems with their child occurred. Moreover, 40% agreed that parents were encouraged to trust their own abilities to help their child grow and develop. However, only 22% agreed that parents were supported in gaining control of their family life.

On the service situation subscale, 40% of employees encouraged parents to contact the service providers regularly. Approximately one third (30%) of employees thought that the opinions of parents and professionals are equally important when deciding on matters concerning children. Conversely, only 18% considered that parents approve all services provided for their child. Furthermore, only 17% told parents how to proceed if they felt they had received poor service. And only 19% asked parents about the kinds of services they wanted for their child.

On the service system subscale, 18% of employees encouraged parents to interact with and support each other, and 17% encouraged parents to interact with and support the authorities. Conversely, only 5% agreed that parents' ideas were used in developing services for children, or that parents have an understanding of how the service system works for children.

Parental empowerment was reinforced most in health care, and less in social welfare or education settings. Employees who were older, less well educated, and who were not working in a managerial position thought that they reinforced parental empowerment slightly better. (Table 2).

Co-operative working practice and parental empowerment

Employees from all sectors demonstrated a reasonable awareness of services. They were most aware of special education (83%), family counselling (79%), and child protection (76%) services, least aware of services provided by the third sector, and also unfamiliar with income support and disability allowance. Employees who knew family services well reinforced better parental empowerment within the family, the service situation and the service system. (Table 3).

School health care services (91%) demonstrated the best functionality of cooperation with other services. Pre-school teachers (90%), primary school teachers (87%), public health nurses in child health clinics (88%), and antenatal clinics (81%) also demonstrated good functionality of cooperation. Cooperation with psychiatric and mental health care services was poor, suggesting respondents' perceptions of this to be a critical issue. Good cooperation was connected to better reinforcement of parental empowerment in all sectors and subscales (Table 3).

Shared cooperation practices were better implemented within sectors than between sectors, or between sectors and municipalities, or the third and private sectors. Within sectors, nearly half (43%) agreed that cooperation practices include written common goals and concurrent

working practices (45%), and almost half of them (46%) were committed to common goals. Between sectors, only 16% had written common goals and 14% had concurrent working practices. Furthermore, less than 5% of all of them had concurrent working practices with the third or private sectors, as well as in any cooperation between municipalities. Written agreements on shared goals, joint practices and commitments to common goals were all connected to better reinforcement of parental empowerment in service situations and service system subscales. (Table 3.)

Flow of information and agreement on monitoring and evaluating were both deemed to be satisfactory by respondents. Only 2% viewed the flow of information within the third and private sectors as good. Agreements on monitoring and evaluation was connected to reinforced empowerment on the service situation subscale (Table 3)

Empowerment in management and parental empowerment

Employees received good support from managers. A majority of employees (83%) thought that their managers respected their rights and treated them fairly. Fifty-five percent of employees believed that they had at least good opportunities to make decisions about their work, and more than half (52 %) that there were, at least, good opportunities to influence decisions pertaining to their work activities. Furthermore, 62% thought that they received information about new practices, and 70% rated their opportunities to take part in employee performance reviews as at least good. However, 24% of employees had no possibilities to participate in supervision of work, and 19% thought that opportunities to participate in job rotations were poor (Table 3).

The employee's capacity to reinforce parental empowerment was better when their managers respected their rights and treated them fairly. (Table 2)

Associations between reinforcement of parental empowerment, co-operative working practices and empowerment in management

In the MLR, statistically significant factors were employee awareness of family services, sector commitment to common goals, and fairness of treatment. These variables explained 9%, 11%, and 11% of the variance in reinforcement of parental empowerment, respectively (Table 4).

Discussion

Employees' ability to reinforce parents' empowerment was estimated to be rather good in all family services. The reinforcement of parental empowerment was better within the service situation than within the family and the service system. As in previous studies (Wakimizu et al. 2011), we found that parents participate poorly in decision making in and planning family services.

Employees do not inform parents sufficiently of how to proceed, when they received poor service. These deficiencies may be due to the fact that there is still heterogeneity in the services, discrepancies in service availability, and a lack of cooperation between service providers. Despite this, the importance of the need to allow parents to decide on the services affecting their children has been clearly demonstrated. Honest, coherent information about the different care and treatment options, as well as bilateral openness, are desirable in existing service situations. (Widmak et al. 2011.)

Employees reinforced parent's empowerment better in health care settings and in larger municipalities, where services may more easily be accessed. Younger and more highly educated employees and those working in managerial positions assessed their reinforcement as poorer than older and less-educated employees. Younger and more highly educated employees may have greater expectations and demands for empowering parents. Moreover, those in managerial positions are more likely to receive negative feedback about clients being poorly treated.

Co-operative working practices including awareness of services, cooperation and flow of information were deemed to be rather good. Concurrent cooperation practices were better implemented within sectors where they worked, where nearly half of

respondents agreed that cooperation practices include written common goals and shared working practices, and that employees were committed to common goals. All this is essential, and needs to be notice, given that reinforcing parental empowerment seems to be connected with the awareness of all service available and the possibility of participating in peer support groups (Banach et al. 2010).

Also, empowerment in management and fairness of treatment was estimated to be good, which confirm the view that more supported employees are more likely to empower their clients. (Lanchinger et al. 2010; Cawley & McNamara 2011) They also prove that more attention should be paid to organizational justice in the workplace. All employees in patient care should be involved in generating shared goals and practicing moral principles (Storch & Kenny, 2007).

Findings show that reinforcing parental empowerment demands the ongoing involvement of all service providers and even more involvement by management, who have a responsibility for employees' abilities and well-being. (Kerber et al. 2007, Koren, DeChillo &Friesen 1992, Vuorenmaa et al. 2014).

Limitations

The survey was conducted in municipalities across all of mainland Finland. All measures used were suitable for studying family services in municipalities (Kausto, Elovainio &Elo 2003, Toljamo & Perälä 2008).

This study has some limitations. First, the response rate was relatively low. However, all sectors and municipalities of various sizes responded. Second, the coefficient of determination was also low, which confirmed that reinforcement of parental empowerment is a process that is related to both organizational factors and empowerment of employees. As a result of these limitations, our findings cannot be generalised. However, they can be used in education, practice and research.

Conclusions and implication for practice

The results of this study suggest that

1) Reinforcement of parental empowerment is part of safeguarding everyday parenting skills in a real and concrete manner. Special attention should be given to the provision of information to parents, as well as to their opportunities to participate in an empowered way. Reinforcement of parental empowerment can be consolidated by valuing experience-based expertise and using it to develop family services.

2) Cooperation with other services, employee awareness of services and common goals within sectors are required in order to reinforce parental empowerment. Services must be produced in a client-centred manner, with the client becoming an active subject rather than simply an object of health care. This can more certainly be achieved with integrated working practices, monitoring, and evaluation. Special attention should be given to organisational borders and the awareness of the third sector organisations. Moreover, improved awareness of various social benefits and financial support helps parents receive the assistance they require and better reinforces parental empowerment overall.

3) Empowerment in management can improve an employee's ability to reinforce parental empowerment. Strengthening and consolidating the expertise and resources of employees creates the necessary prerequisites for the reinforcement of parental empowerment and the implementation of multi-professional and client-centred services.

Further research is needed on interventions that promote parental empowerment from the perspectives of children and young adults as well as parents. Appropriate working methods and their effective evaluation also require further development. A more effective consideration of issues relating to inequality in health care is key for future research on parental empowerment.

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Table 1. The internal reliability of the sum score and mean variables expressed as a Cronbach's alpha formula

Study variables	No. of items	Range†	Alpha	Mean (SD)	Q^1	Q^3
Reinforcing parental empowerment						
in the family	10	1−5	0.94	4.2 (0.6)	3.8	4.6
in the service situation	12	1−5	0.92	3.9 (0.6)	3.5	4.3
in the service system	10	1−5	0.93	3.4 (0.7)	3.0	3.9
Co-operative working practice						
Employee awareness of services	18	1−5	0.89	3.6 (0.6)	3.2	3.8
Functionality of cooperation						
with health care services	16	1−5	0.94	3.8 (0.8)	3.4	4.4
with social welfare and education services	15	1−5	0.91	3.9 (0.6)	3.5	4.3
Shared cooperation practices						
Agreement on shared goals	5	1−5	0.81	3.1 (0.9)	2.4	3.7
Agreement on joint practices	5	1−5	0.82	3.1 (0.9)	2.5	3.7
Commitment to common goals	5	1−5	0.81	3.4 (0.8)	3.0	4.0
Flow of information	5	1−5	0.80	3.1 (0.8)	2.6	3.6
Agreement on monitoring and evaluation	5	1−5	0.88	2.9 (1.0)	2.4	3.6
Empowerment in management						
Opportunity to make decision at work	6	1−5	0.79	3.9 (0.7)	3.3	4.3
Supervisory support	12	1−5	0.82	3.5 (0.6)	3.2	4.0
Fairness of treatment	7	1−5	0.93	4.0 (0.9)	3.4	4.7

† 1=very poor or strongly disagree, 5=very good or strongly agree

Table 2. Employees' background factors and reinforcing the parental empowerment (N=457)

			Reinforcing the empowerment of parents											
			Family				Service situation				Service system			
Background factors	%	n	Mean (SD)	t	p	d	Mean (SD)	t	p	d	Mean (SD)	t	p	d
Age				0.611	0.542	0.06		0.56	0.955	0.005		-2.457	**0.014**	0.242
50 years or less	50	220	4.2 (0.6)				3.9 (0.6)				3.3 (0.7)			
More than 50 years	50	223	4.1 (0.7)				3.9 (0.7)				3.5 (0.8)			
Educational level				-2.308	**0.021**	0.225		-1.794	0.074	0.177		-2.634	**0.009**	0.258
Lower university level or more	52	233	4.1 (0.7)				3.8 (0.7)				3.3 (0.7)			
Vocational school or less	48	212	4.2 (0.6)				3.9 (0.6)				3.5 (0.7)			
Working in front-line managerial position				3.040	**0.003**	0.304		2.127	**0.034**	0.215		2.900	**0.004**	0.290
Yes	37	165	4.0 (0.6)				3.8 (0.6)				3.3 (0.7)			
No	63	283	4.2 (0.6)				3.9 (0.6)				3.5 (0.7)			
Sector				5.026	**<0.001**	0.490		3.153	**0.002**	0.313		4.283	**<0.001**	0.421
Health care	50	228	4.3 (0.6)				4.0 (0.6)				3.5 (0.7)			
Social welfare and education services	50	226	4.0 (0.7)				3.8 (0.6)				3.2 (0.7)			
Location of workplace				1.015	0.311	0.099		0.949	0.343	0.093		0.831	0.406	0.081
Urban	49	222	4.2 (0.6)				3.9 (0.6)				3.3 (0.7)			
Rural	51	231	4.1 (0.7)				3.8 (0.7)				3.4 (0.7)			
Amount of population in the municipality				-1.988	0.048	0.211		-1.499	0.135	0.162		0.737	0.462	0.079
15 000 inhabitants or less	71	319	4.1 (0.6)				3.8 (0.6)				3.4 (0.7)			
More than 15 000 inhabitants	29	131	4.2 (0.6)				3.9 (0.6)				3.3 (0.7)			

Table 3. Reinforcing the parental empowerment and related factors in different dimensions of empowerment according to employees (N=457)

			Family				Service situation				Service system			
Related factors†	**%**	**n**	**Mean SD**	**t**	**p**	**d**	**Mean (SD)**	**t**	**p**	**d**	**Mean (SD)**	**t**	**p**	**d**
Co-operative working practices														
Employee Awareness of services				-3.327	**0.001**	0.425		-3.478	**0.001**	0.450		-4.687	**<0.001**	0.587
Well or very well	82	362	4.2 (0.6)				3.9 (0.6)				3.4 (0.6)			
Moderately or poorly	18	79	3.9 (0.6)				3.6 (0.6)				3.0 (0.8)			
Functionality of cooperation														
with health care services				- 2.753	**0.006**	0.294		-2.760	**0.006**	0.294		-2.840	**0.005**	0.296
Well or very well	65	289	4.2 (0.7)				3.9 (0.7)				3.4 (0.7)			
Moderately or poorly	35	152	4.0 (0.5)				3.7 (0.6)				3.2 (0.7)			
with social welfare and education services				-2.225	**0.027**	0.229		-3.018	**0.002**	0.316		-2.601	**0.010**	0.263
Well or very well	61	265	4.2 (0.7)				3.9 (0.7)				3.5 (0.7)			
Moderately or poorly	39	171	4.1 (0.5)				3.7 (0.6)				3.3 (0.7)			
Shared cooperation practices														
Agreement on shared goals				-1.225	0.221	0.147		-2.602	**0.010**	0.309		-3.179	**0.002**	0.389
Well or very well	20	85	4.2 (0.7)				4.0 (0.7)				3.6 (0.7)			
Moderately or poorly	80	351	4.1 (0.6)				3.8 (0.7)				3.3 (0.7)			
Agreement on joint practices				-0.627	0.531	0.07		-2.442	**0.015**	0.299		-2.398	**0.017**	0.298
Well or very well	20	82	4.2 (0.7)				4.0 (0.7)				3.5 (0.7)			
Moderately or poorly	80	339	4.1 (0.6)				3.8 (0.6)				3.3 (0.7)			
Commitment to common goals				-2.245	**0.025**	0.257		-3.175	**0.002**	0.182		-3.721	**<0.001**	0.284
Well or very well	26	108	4.3 (0.6)				4.0 (0.6)				3.6 (0.7)			
Moderately or poorly	74	310	4.1 (0.6)				3.8 (0.6)				3.3 (0.7)			
Flow of information				-0.103	0.918	0.012		-1.534	0.126	0.196		-1.277	0.202	0.170
Well or very well	16	69	4.2 (0.8)				4.0 (0.7)				3.5 (0.7)			
Moderately or poorly	84	354	4.1 (0.6)				3.8 (0.6)				3.4 (0.7)			
Agreement on monitoring and evaluation				-1.016	0.310	0.129		-2.202	0.028	0.292		-1.545	0.123	0.213
Well or very well	16	64	4.2 (0.8)				4.0 (0.7)				3.5 (0.7)			
Moderately or poorly	84	350	4.1 (0.6)				3.8 (0.6)				3.3 (0.7)			
Empowerment of management														
Opportunities to make decisions at work				-0.717	0.474	0.072		-1.436	0.152	0.146		-0.658	0.511	0.066

Well or very well	55	237	4.2 (0.7)				3.9 (0.7)				3.4 (0.8)			
Moderately or poorly	45	196	4.1 (0.6)				3.8 (0.5)				3.4 (0.8)			
Supervisory support				-1.370	0.171	0.149		-1.913	0.056	0.207		-1.699	0.090	0.186
Well or very well	26	107	4.2 (0.7)				4.0 (0.7)				3.5 (0.8)			
Moderately or poorly	74	313	4.1 (0.6)				3.8 (0.6)				3.3 (0.7)			
Fairness of treatment				-3.211	**0.001**	0.315		-2.165	**0.003**	0.294		-2.165	**0.031**	0.217
Well or very well	60	260	4.2 (0.6)				3.9 (0.6)				3.4 (0.7)			
Moderately or poorly	40	176	4.0 (0.7)				3.7 (0.7)				3.3 (0.7)			

Note: Independent samples: a t-test was used as the statistical test † values 1.00-3.99= Moderately or poorly; ≥ 4.00= Well or very well

Table 4. Integrated working practices and support of management as predictors of reinforcing the empowerment of parents

	Family					Service situation					Service system		
	β (SE)	**t**	**p**	**R**	**R²**	**β (SE)**	**t**	**p**	**R**	**R²**	**β (SE)**	**t**	**p**
Integrated working practice				0.29	0.09				0.33	0.11			
Employee awareness of services	0.17 (0.06)	3.08	**0.002**			0.18 (0.06)	3.22	**0.001**			0.21 (0.07)	3.82	**<0.001**
Functionality of cooperation													
with health care services	0.13 (0.07)	1.97	0.050			0.06 (0.07)	0.89	0.377			0.04 (0.08)	0.59	0.557
with social welfare and education services	-0.09 (0.07)	-1.39	0.167			0.03 (0.07)	0.47	0.639			0.07 (0.08)	1.03	0.305
Concurrent cooperation practices													
Agreement on shared goals	-	-	-			-0.02 (0.05)	-0.23	0.819			0.03 (0.06)	0.43	0.665
Agreement on joint practices	-	-	-			0.01 (0.06)	0.17	0.865			0.00 (0.06)	0.03	0.976
Commitment to common goals	0.13 (0.05)	2.50	**0.013**			0.15 (0.06)	2.04	**0.042**			0.14 (0.06)	2.07	**0.043**
Flow of information	-	-	-			-	-	-			-	-	-
Agreement on monitoring and evaluation	-	-	-			0.05 (0.05)	0.73	0.468			-	-	-
Support of management													
Fairness of treatment	0.10 (0.04)	1.78	0.076			0.05 (0.04)	0.96	0.338			-0.02 (0.05)	-0.37	0.710