

# COUNCIL OF EUROPE

## COMMITTEE OF MINISTERS

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RECOMMENDATION No. R (97) 4

### OF THE COMMITTEE OF MINISTERS TO MEMBER STATES ON SECURING AND PROMOTING THE HEALTH OF SINGLE PARENT FAMILIES

*(Adopted by the Committee of Ministers on 13 February 1997  
at the 584rd meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common rules in the health field;

Noting that single parent families are constantly increasing in the member states;

Considering that problems specific to single parent families may have consequences on their health which are a major public health problem of growing importance and a serious and costly burden for the individual, the family and the community;

Noting that psychological stress experienced by many single parent families has an effect on their physical health;

Recognising the need for policies designed to prevent health problems of single parent families, while taking into account the need for protection of privacy of all persons concerned, and the respect of confidentiality;

Recognising the right of single parent families to live in conditions favourable to their proper development free from physical and psychological overload, social isolation, psychosomatic symptoms related to stress and other forms of health handicaps;

Aware that measures aimed at reducing the incidence of health problems of single parent families at primary level depend to a large extent on situations outside the normal sphere of health and social services activities;

Considering that the aim and duty of the state and society is to influence broad social and economic prerequisites to health, which finally determine the poorer health of the members of single parent families;

Aware of the Council of Europe Project on Human Dignity and Social Exclusion;

Having regard to Recommendation No. R (79) 17 concerning the protection of children against ill-treatment, Recommendation No. R (85) 4 on violence in the family, Recommendation No. R (90) 2 on social measures concerning violence within the family and Recommendation No. R (93) 2 on the medico-social aspects of child abuse;

Bearing in mind the United Nations Convention on the Rights of the Child;

Further noting the World Health Organization Targets for Health for All for the European region and its guidelines on health of women and children, and prevention of mental and psycho-social disorders;

Bearing in mind the 1994 Declaration of Amsterdam with Respect to the Position of and Policy for Single Parent Families and its statement that all families are equal and should be therefore equally treated;

Recognising the influence of the standards of the European Social Charter on the improvement of the situation of all types of families,

Recommends the governments of the member states to :

- i. adopt a policy which :
  - secures and promotes the health of single parent families ;
  - ensures supportive environments for the fulfilment of the family and its social integration ;
  - protects human dignity and prevents social exclusion and discrimination ;
- ii. establish a system for the effective prevention, identification, assessment and treatment of health problems of single parent families on a multidisciplinary basis, which specifies clearly the roles and responsibilities of the various agencies involved ;
- iii. take to this end, whenever feasible, the measures appearing in the appendix to this recommendation.

#### Appendix to Recommendation No. R (97) 4

##### **I. Development of an integrated and coherent health policy**

1. A health policy for single parent families should :
  - be based on values propounded by the Council of Europe: human rights and patients' rights, human dignity, equity, solidarity, equal gender opportunity, participation, freedom of choice – balanced by the obligation to help strengthen one's own health ;
  - encourage the consultation of families and their participation in the formulation, implementation and evaluation of policies ;
  - avoid labelling and legal or social stigmatisation ;
  - provide measures :
    - to ensure that problems of single parent families are dealt with within the context of the overall national family policy ;
    - to forestall the problems that are likely to arise in single parent families as a result of isolation, stress, poor living conditions, accumulation of social roles, physical and psychological overload ;
    - to promote the mental and physical well-being of the family through coping mechanisms at the individual level and a supportive environment at the community level ;
  - ensure equitable access to health services, particularly for the more vulnerable categories such as low-income groups, the homeless, ethnic minorities, young single mothers.
2. The health policy should respect the current diversity of family structures, make efforts to integrate them, accept the changing quality and content of family life and afford equal treatment to different types of family.
3. The health policy should be built on a structured co-ordination between all the sectors involved in the protection and promotion of the well-being of citizens, and particularly those sectors that are concerned with income, housing and training. Such co-ordination should ensure a coherent interdisciplinary approach to the health problems of single parent families.
4. In implementing this policy, governments should assess policies and programmes from the point of view of single parent families, co-ordinate policies and services, co-operate with NGOs, facilitate community actions, collect and report statistical data and allocate funds, where applicable.

These actions can be carried out through a focal point for family policy within the health administration or within the various frameworks and institutions set up for this purpose.
5. This health policy should be integrated into the health system of each member state and appropriately co-ordinated with the social policy.

## II. Specific measures

The following action areas are recommended for governments to protect and promote the health of single parent families:

### 1. *Health promotion programmes*

These programmes should be developed to help strengthen personal skills to cope with problems affecting health, provide appropriate information and education and should be easily accessible.

They should, in particular :

- heighten public awareness of the need for health policies and programmes tackling the inequality and social exclusion issues;
- promote awareness of potential health problems in the absence of adequate support;
- train in parenting and assist in establishing improved relationships with their children;
- build up self-esteem in the members of the family;
- provide organisational and financial assistance in building up self-help groups.

### 2. *Reorientation of health services*

Single parent families should be empowered to use effectively the health services they need. The specific needs of single parent families should be considered as necessary and essential health needs and treated as a priority.

Health services should therefore be reoriented to ensure :

- efficient co-ordination and interaction between different service providers in a decentralised environment;
- no discrimination;
- no duplication;
- family participation in the decision-making process;
- effective quality control of the services and the establishment of standards, performance indicators and guidelines reflecting the specific needs of single parent families;
- free choice of services;
- when needed, specially targeted programmes intended for a specific group.

### 3. Facilities such as short-stay flats and day centres for children should be made available, particularly at times of crisis (separation, divorce, violence).

In particular, day-care centres for children should be adapted to the working hours of the parent and be able to take sick children of parents who work outside the home. Parents of sick children should have the possibility of staying at home with their sick child.

### 4. Free access to counselling services should be ensured.

5. Full information should be provided to single parents on both the public and voluntary services available for the family. Public services should co-operate with the voluntary sector to provide single parent families with a wide range of services.

6. Closer co-operation between and support for non-governmental organisations is recommended, so that their common action better promotes the physical and psychological health of single parent families.

7. A statistical system should include data on single parent family health, social and economic status, access and utilisation of services.

## III. Education and training of health and related staff

Improved education and training should be provided in the following areas :

### 1. Therapeutic skills for health and social services professionals :

- in the undergraduate curriculum of health, education and social services personnel, in relation to the use of problem-solving approaches for the most vulnerable groups;
- at post-graduate level, multidisciplinary training with emphasis upon the formation of self-help groups, the importance of communication and the need for awareness of local community needs.

2. Use of early detection methods by health and social services professionals :
  - promotion of skills in early diagnosis of mental health problems, particularly in relation to depression;
  - training for both education and health personnel in the early detection of problems at school, and in multi-disciplinary approaches taking account of educational, psychological and social aspects.

#### **IV. Research**

The following issues should be addressed by the research programmes:

- assessment of cost/benefit and cost/effectiveness of different policies and programmes for single parent families;
- the transportability of successful policies and programmes;
- tools for monitoring and evaluation of policies, programmes and services which provide a scientific basis for continuous learning and improvement;
- development of quality indicators and practice guidelines based on the proper empirical evidence;
- assessment of the health impact of different policies particularly as regards single parent families;
- factors affecting the mental health of single parent families (homelessness, unemployment and other forms of social exclusion) as well as factors which may facilitate the psycho-social development of children and young people at risk.