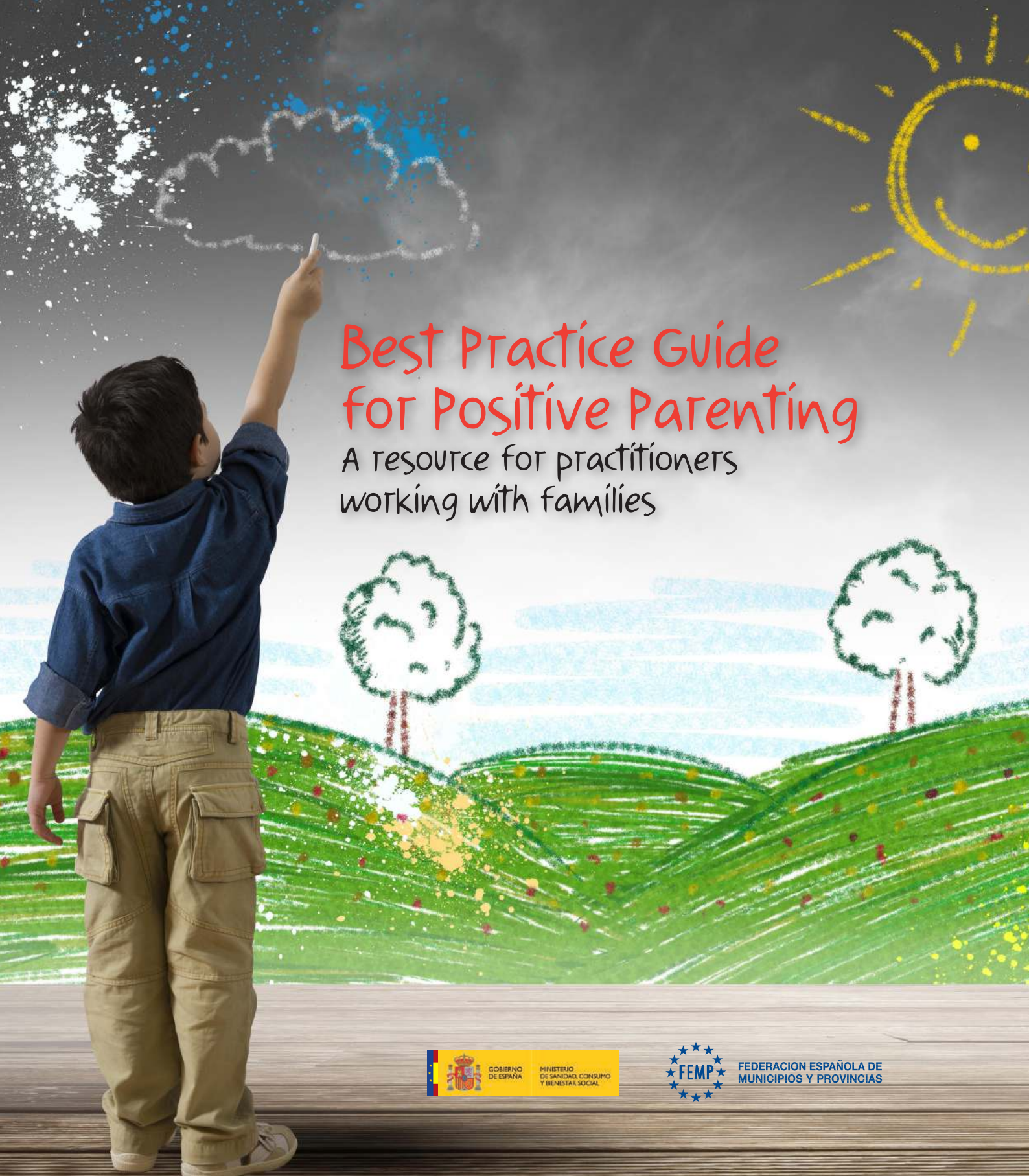


Best Practice Guide for Positive Parenting

A resource for practitioners working with families

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

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Editorial team

María José Rodrigo López
Coordinator
University of La Laguna

Pere Amorós Martí
University of Barcelona

Enrique Arranz Freijo
University of the Basque Country

María Victoria Hidalgo García
University of Seville

María Luisa Máiquez Chaves
University of La Laguna

Juan Carlos Martín Quintana
University of Las Palmas de Gran Canaria

Raquel-Amaya Martínez González
University of Oviedo

Esperanza Ochaita Alderete
Autonomous University of Madrid

Coordination

Spanish Federation of Municipalities and Provinces
Subdirectorate for Social Affairs

Ministry of Health, Consumption and Social Welfare
Directorate General of Family and Child Services

Collaborators

María Ángeles Espinosa Bayal
Santiago Agustín Ruiz
Héctor Gutiérrez Rodríguez
Autonomous University of Madrid

Nuria Fuentes Pelaez
Ainoa Mateos Inchaurrondo
Mari Cruz Molina Garuz
Crescencia Pastor Vicente
University of Barcelona

María Angels Balsells Bailon
University of Lleida

Carlos Becedóniz Vázquez
María del Henar Pérez Herrero
Lucía Álvarez Blanco
Beatriz Rodríguez Ruiz
María Teresa Iglesias García
Verónica García Díaz
Antonio Urbano Contreras
University of Oviedo

Fernando Olabarrieta Artetxe
Ainhoa Manzano Fernández
Juan Luis Martín Ayala
University of the Basque Country

Lucía Jiménez García
Bárbara Lorence Lara
Susana Menéndez Álvarez-Dardet
José Sánchez Hidalgo
University of Seville

Translation: *Michelle Hof*

Edited by:
FEMP. C/ Nuncio, 8 28005 Madrid. Tel: +34 91 364 37 00. Fax: +34 91 365 54 82. femp@femp.es
Legal deposit: M-30573-2015.

Designed and printed by:
Gráficas Nitral SL. Arroyo Bueno, 2. Tel: +34 91 796 77 02.

collaborating experts and entities

Working groups

Group (1)

Coordination:

Esperanza Ochaita and María Ángeles Espinosa
Autonomous University of Madrid

Santiago Agustín
Associate Professor, Interfaculty Department of Developmental and Educational Psychology, Autonomous University of Madrid. Researcher at the UAM-UNICEF Institute for "Needs and Rights of Childhood and Adolescence" (IUNDIA).

Catalina Alcaraz
Children with Social Difficulties. Dept of Studies in Social Innovation. Spanish Red Cross.

Erenia Barrero
Trainer. National Training School. SOS Academy Spain. Children's Villages.

Gabriel González-Bueno
Director of Childhood Policy. UNICEF Spain.

Romina González
Save the Children Spain. Advocacy officer, liaison for prevention of violence and promotion of proper treatment. Save the Children Spain.

Juan Guilló
Director of Social Mobilisation. Save the Children Spain.

Gema Paniagua
Psychologist, Early Intervention Team, Leganés.

Cecilia Simón
Professor, Department of Developmental and Educational Psychology, Autonomous University of Madrid.

Javier Tamarit
Director, Quality of Life Department, FEAPS. Spanish Confederation of Organisations for Persons with Learning Disabilities.

Group (2)

Coordination:

Pere Amorós, Nuria Fuentes and Ainoa Mateos
University of Barcelona

Elena Boira
Director, Family Support Services. Family Secretariat. Social Welfare Department.

Montse Buisan
Deputy Director, Social Integration Department. Obra Social La Caixa.

Adela Camí
President and Director General of the Eduvi cooperative.

Paco Centeno
Director for Children, Hospitalet de Llobregat City Council.

Araceli Lazaro
Secretary, Observatory on the Rights of the Child. Regional Government of Catalonia.

Isabel Vázquez
Director, Sao-Prat Centre.

Group (3)

Coordination:

Juan Carlos Martín Quintana
University of Las Palmas de Gran Canaria.

Antonio Santana Sánchez
Social Policy Officer, Foster Care Section. Gran Canaria Island Government.

Soraya Gil Ossa
Social Action Officer, Technical Unit for Family and Childhood. Las Palmas de Gran Canaria City Council.

Eduardo Cabrera Casimiro
Head of Service, Municipal Social Services. San Bartolomé de Tirajana Town Council.

Soledad Mesa Martín and Verónica Mesa Martín
Municipal Social Services Officers. Telde Town Council.

Group (4)

Coordination:

María Josefa Rodrigo and María Luisa Máiquez Chaves

University of La Laguna

Ana Brito de Luis

Planning and Evaluation Officer, IASS, Childhood and Family Unit. Tenerife Island Council.

María Mercedes González González

Coordinator, Social Services, Tegueste Town Council. Tenerife.

Emilio Jiménez Rosales

Chief Psychologist, Risk Teams, San Cristóbal de La Laguna City Council. Tenerife.

María Fátima Marichal Bello

Social worker in the La Cuesta Social Work Unit, Social Welfare and Quality of Life Department, San Cristóbal de La Laguna City Council. Tenerife.

Carmen Julia Martín Ramos

Coordinator, Social Services, Los Silos Town Council. Tenerife.

Carmen Olga Méndez León

Educator, Social Services, Los Silos Town Council. Tenerife.

Luz Marina Rodríguez García

Social worker, Social Services, Tegueste Town Council. Tenerife.

Group (5)

Coordination:

Raquel-Amaya Martínez González

University of Oviedo.

Carlos Becedóniz Vázquez

Regional Ministry for Social Welfare and Housing. Government of the Principality of Asturias.

María del Henar Pérez Herrero

Department of Educational Sciences. University of Oviedo.

María Teresa Iglesia García

Department of Educational Sciences. University of Oviedo.

Lucía Álvarez Blanco

Department of Educational Sciences. University of Oviedo.

Beatriz Rodríguez Ruiz

Department of Educational Sciences. University of Oviedo.

Verónica García Díaz

Department of Educational Sciences. University of Oviedo.

Antonio Urbano Conteras

Department of Educational Sciences. University of Oviedo.

Group (6)

Coordination:

María Victoria Hidalgo, José Sánchez, Bárbara Lorence and Lucía Jimenez

University of Seville

Pilar Hidalgo Figueroa

Head of Service for Prevention and Family Support, Directorate General for the Elderly, Children and Families. Regional Ministry for Equality, Health and Social Policy of the Governing Council of Andalusia.

Encarna Sánchez Espinosa

Director, Childhood and Family Service. Seville Provincial Council.

Antonio Garrido Porras

Technical Consultant, General Secretariat for Public Health and Participation. Regional Ministry for Equality, Health and Social Policy of the Governing Council of Andalusia.

José Antonio Polonio

Coordinator, Training and Family Support Programme, Delegation for Family, Social Affairs and Areas of Special Intervention, Seville City Council.

Reyes Casares

President, Seville Chapter, Western Andalusia Psychologists' Association.

Alfonso González De Valdés Correa

President, Asociación Ponte.

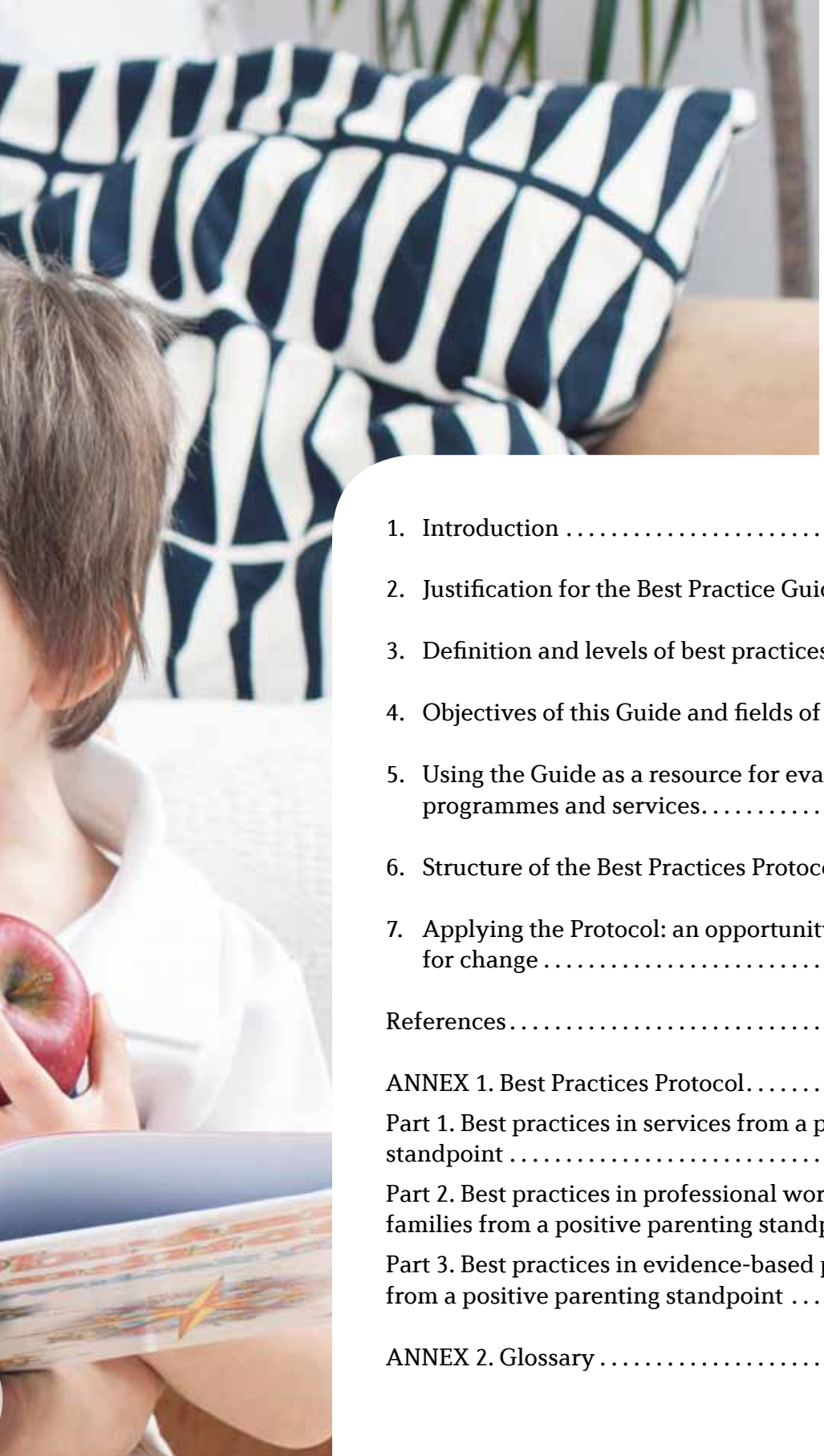
Pilot study

Víctor Grimaldi **José Antonio Polonio**	*Psychologist* *Psychologist*	*Delegation for Family, Social Affairs and Areas of Special Intervention.* *Seville City Council.*
Antonio Garrido	*Psychologist*	*Ministry for Equality, Health and Social Policy, Governing Council of Andalusia.*
Antonia González Rodríguez **Pilar Sotomayor Díaz**	*Social Worker* *Psychologist*	*Service for Prevention and Family Support. Local Chapter for Equality, Health and Social Policy. Huelva*
Alfonso González de Valdés Correa	*Psychologist*	*Asociación Ponte*
María Dolores García **Bonifacia Cantero**	*Social Worker* *Psychologist*	*Childhood and Family Service Vitoria-Gasteiz Town Council*
Ainhoa Manzano Fernández **Juan Luis Martín Ayala**	*Psychologist* *Psychologist*	*Etxadi. Bilbao*
Elisabete Burgoa	*Psychologist*	*Lea Artibai Municipal Association. Markina*
Erenia Barrero Rodríguez **María del Mar Líndez Líndez**	*Psychologist* *Psychologist*	*SOS Children's Villages Spain. Madrid*
María Salamanca Mesa **Iefkine Hamparzoumian Montilla**	*Psychologist* *Social Worker*	*SOS Children's Villages Spain. Madrid*
Mª Pilar Rodríguez González	*Family Educator*	*SOS Children's Villages Las Palmas. Telde. Gran Canaria*
Francisca Romero Sierra **C. Teresa Muñoz Ciudad** **Miguel Manau Penella** **Héctor Cruz Dauden**	*Social Worker & Psychologist* *Teacher* *Teacher & Social Worker* *Social Worker*	*Children's Villages Day Centre. Zaragoza*
María Isabel Picazo Gujaro **Cristina Díaz Sánchez**	*Psychopedagogue* *Psychopedagogue*	*Asprona. Albacete-Feaps*
Miguel Hierro **Pilar González Lozano**	*Psychologist* *Psychologist*	*Family Support Centres. Caf-1. Tres Cantos. Madrid*
Mª Ángeles Medina Maza **Nuria Rupérez Pascual** **Mª Jesús de la Hermosa Serrano**	*Psychopedagogue and Teacher* *Psychopedagogue and Teacher* *Pedagogue*	*Early Intervention Team Colmenar Tres Cantos. Madrid*
Pepa González Lara **María José Ramírez Iglesias**	*Social Educator* *Social Worker*	*Centre Obert Riatl. Les Santa Coloma de Gramanet. Barcelona*
Anna Vicente Bibiloni **Javier Loyo Rivera**	*Psychologist* *Family Therapist*	*Eduvic. Hospitalet de Llobregat. Barcelona*
María Luisa Suárez Álvarez	*Pedagogue*	*Regional Ministry for Education, Culture and Sport. Principality of Asturias*
Alejandro García Villa	*Psychologist*	*Regional Ministry for Education, Culture and Sport. Principality of Asturias*
Raquel Álvarez Fernández	*Teacher & Pedagogue*	*Gijón-West Centre for Teaching Resources. Gijón. Principality of Asturias*

Rosario Borreguero Gómez	*Psychologist*	*Les Rosario Acuña. Gijón. Principality of Asturias*
Susana Pilar Álvarez García	*Social Worker*	*Colunga Town Council. Colunga. Principality of Asturias*
Mª José Fernández Rodríguez **Mª José Martínez Díaz**	*Psychologist* *Social Worker*	*Technical Intervention Team, Family Support. Principality of Asturias*
Ana Isabel Rosado Sánchez	*Social Worker*	*C. M. Social Services. Villaviciosa. Principality of Asturias*
Sara Flórez García	*Psychologist*	*"Materno Infantil" foster care centre, unit for children aged 0-3. Principality of Asturias*
José Ramón Hevia Fernández	*Doctor*	*Directorate General for Public Health. Health Ministry. Principality of Asturias*
Adriana Fernández García	*Psychologist*	*La Sidra Municipal Association. Nava. Principality of Asturias*
Ángel Rey García	*Social Worker*	*Asociación Centro Trama. Oviedo*
Graciela López Lizarralde **Noemí Gonzales Caballero** **Mónica Donate Vera** **Ana Belén Fernández Alemán**	*Social Worker* *Social Worker, Social Educator & Psychopedagogue* *Psychologist* *Social Educator*	*San Bartolomé de Tirajana Town Council. Gran Canaria*
Bárbara Hernández Deniz **Natalia Gil Álvarez** **María Morales Santana**	*Social Educator* *Psychologist* *Social Educator*	*San Bartolomé de Tirajana Town Council. Gran Canaria*
María Soledad Mesa Martín **María Verónica Mesa Martín**	*Social Educator* *Social Educator*	*Telde Town Council. Gran Canaria*



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introduction

Our conception of what parenting should look like has changed considerably in our society. This is due not only to the large variety of family structures and the diversity of cultures that currently co-exist in our society, but also to a shift in mindset that touches the very heart of the parenting task. This can be expressed as the need to replace the concept of parental authority, which focuses solely on meeting aims related to the child's obedience and discipline, with the much more complex and demanding concept of parental responsibility. Here, the key question is not whether the parent figure should exert the necessary authority to ensure a child's obedience. Rather, it is about how this authority can be exerted responsibly in a way that protects the child's rights - without of course neglecting the mother's and father's rights - and that fosters the child's skills in critical thinking and participation in the socialisation process, while at the same time progressively fostering the child's autonomy and contribution to community life.

There has been much concern expressed in response to this qualitative shift in how a parent's responsibilities are viewed, including amongst mothers and fathers themselves. Parents often feel powerless to act, as they do not know how to achieve such complex parenting goals, and feel like they are losing control over their children. Other times, feelings of discouragement and stress arise not because parents do not how to go about the task of parenting, but rather because they find themselves unable to do so, as may be the case for single parents or couples raising children without the necessary support networks. This can lead to extreme situations which can have a negative impact on the entire family, and especially its most vulnerable members.

The response to these concerns lies in positive parenting, an approach that has emerged from recent European policies, and more specifically, Recommendation 19 of the Committee of Ministers of the Council of Europe (2006) to Member States on Policy to Support Positive Parenting.

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Positive parenting, as defined in this Recommendation, refers to "parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child" (p.2, English version). According to this definition, the aim of the parenting task is to foster positive family relationships, based on the exercise of parental responsibility, to ensure the rights of children and adolescents in the family setting and optimise the development of their full potential and welfare.

In this sense, the above Recommendation is fully in line with the rights of children and adolescents set forth in the United Nations Convention on the Rights of the Child, with these rights established as the prime objective to be ensured within the family setting (Ochaita & Espinosa, 2004; Ochaita, Agustín & Espinosa, 2010). Positive parenting stresses the best interest of the child or adolescent above any other consideration; sees children and adolescents as holders of rights (not just as passive recipients with needs to be satisfied); and highlights their active participation in family and society and their central role in effecting social change. All of this

means that the parenting task must be fulfilled in a way that respects the child's dignity. This therefore brings us away from the concept of the parent figure as the adult individual "who owns and is responsible for the child" and the concept of the child or adolescent as a "subject requiring protection", and moves us toward an understanding of the child or adolescent as an active subject with rights that parent figures must foster, respect and protect.

Positive parenting is parenting that fosters healthy, protective and stable emotional bonds

Positive parenting is parenting that fosters healthy, protective and stable emotional bonds; provides a structured environment for growing up in, with routines and habits that are applied flexibly to transmit rules and values; offers stimulation, support and opportunities for learning; and is based on the recognition of the child's achievements and abilities and the provision of everyday guidance, all in a setting that is free of physical, verbal or emotional violence. The positive parenting approach also takes into account what parent figures need in order to carry out the parenting task properly: information, guidance and reflection on the family's parenting model; time for themselves and with the family; faith in their own ability as parent figures and satisfaction with the parenting task; and informal and formal support to help overcome difficulties and reduce parent and family stress.

The complexity of the mother's or father's task requires that the individuals responsible for caring for and raising a child develop a range of abilities or skills that go beyond parenting skills proper. These include all those skills that reflect the manner in which these individuals perceive and experience their role as parents; their ability to seek out the support they need to ensure the family functions as autonomously as possible; and the skills related to a healthy personal maturity as well as those related to the resilience at the family and personal level, which will allow them to manage their lives even in adverse circumstances (Inset 1).

Of course, parenting does not take place in a vacuum, but rather exists in a range of different psychosocial ecologies or environments that will either help or hinder the exercising of this responsibility. In speaking of ecologies, we are drawing from the ecological-systemic models (e.g. Bronfenbrenner, 1987) that state that individuals develop within a framework of systems of influences that encompasses microsystems, which are closest to the individual, such as the family, peers and school; mesosystems, which involve the relationships between microsystems; exosystems such as the extended family, friends, the workplace and support services; and macrosystems, which cover beliefs, values, ideologies and historical events such as wars, economic crises, and social upheaval, that involve influences that are increasingly distal but no less important to individuals. The parenting task is carried out in the sphere of the most intimate diadic relationships linked to the personal histories of the mothers, fathers or parent figures with their families of origin, but also expands to include the framework of relationships with an intimate partner, at the workplace, within extended family support networks, and with friends, neighbours and the community surrounding a family and according to the socio-historical and economic conditions of time in which they are living. Therefore, the parental ecologies in which parenting takes place are extremely varied as a function of all of the above systems of influence. It can therefore be deduced that positive parenting is not only a suitable approach for ensuring families are happy, harmonious structures where children are assured optimal conditions for development.

Inset 1. ***Competence areas in positive parenting (Rodrigo, Máiquez, Martín & Byrne, 2008)***

Competences	Description
Child-raising	• *Warmth and affection in relationships* • *Monitoring and supervision of child behaviour* • *Stimulating and supporting learning* • *Ability to adapt to the child's characteristics*
Parental agency	• *Parental self-efficacy* • *Internal locus of control* • *Agreement between intimate partners* • *Appropriate perception of the parental role*
Personal autonomy, seeking out social support	• *Involvement in the child-raising task* • *Taking responsibility for the child's welfare* • *Positive view of the child and the family* • *Seeking assistance from significant individuals* • *Identifying and utilising resources to cover needs as mothers*
Personal development	• *Impulse control and stress management* • *Assertiveness and self-esteem* • *Social skills* • *Resolution of interpersonal conflict* • *Ability to multitask* • *Creating and carrying out a life plan*

It also helps us understand the family's need for support, whatever their circumstances, whether or not they are currently going through a difficult time as a result of life transitions or crises and irrespective of their degree of vulnerability to the challenges and difficulties that life presents them. This approach is also useful in cases involving the initiation of a process of separation of a child from their family and where an intervention is being planned to ensure the family's future reunification. All families need support, to a greater or lesser extent, and so the main challenge lies in knowing how to provide for the broad diversity of family circumstances though appropriate, high-quality services that will support their functioning in today's society. Our intention here is to emphasise the fact that the positive parenting approach is useful not only in universal primary prevention, but also in selective, indicated prevention, where a problematic situation has already been identified that could lead to the separation of a child from the family if the appropriate steps are not taken to prevent it.

Parenting does not take place in a vacuum, but rather exists in a range of different psychosocial ecologies or environments that will either help or hinder the exercising of this responsibility

Exercise of the parenting task, while linked to the intimacy of the family circle, should be considered a domain of public policy, and as such, all necessary measures should be taken and conditions created to ensure that this parenting is positive. Positive parenting today should be considered as an asset, an investment in the future, a social resource that is to be protected and supported, given its key role in the comprehensive development of individuals and the protection of their rights, especially of the most vulnerable, and as an instrument for communities' social cohesion and welfare. In this

sense, the Council of Europe recommends that all its Member States, as well as those countries that have subscribed to the Recommendation, provide the necessary support to ensure the proper development of the parenting task, especially in environments where families live, to ensure they receive a response that is proximate, comprehensive and in line with their needs.

In our environment, the positive parenting framework facilitates the development of programmes, projects, services and/or measures to support families that aim to foster, from diverse domains of action (social, healthcare, educational and legal), equal opportunities for families as they fulfil the functions entrusted to them by society. One barrier to achieving this is the fact that we often speak of fathers, mothers, boys, girls, adolescents, grandfathers, grandmothers and other caregivers as separate entities, and yet group together all families under a single abstract category, thus losing sight of the constructivist and systemic approach by which a family consists of a whole that is made up of all of these members.

The fact is, all family support actions must be placed within a country's national, regional and local planning framework, and political, technical and community stakeholders demand that such a clarifying, structured approach be taken in family policy. The positive parenting approach may act as a source of inspiration for carrying out strategic planning, setting political priorities, allocating budgetary resources, distributing resources, fostering institutional relations and supporting family services. In particular, one must consider the importance of planning family intervention and support at the local authority level, due to the major impact that such resources have on families' welfare and quality of life and given their proximity to the community. Whatever the name that may be given to the services that serve and support families, major efforts must be undertaken to strengthen them and ensure that they are not hollowed out in times of economic crisis. Anything that impoverishes the range of services and resources on offer to families in a community entails a risk, and hinders the prevention and promotion efforts that characterise the positive parenting approach, and that, in the long run, will entail unnecessary extra costs in addition to diminishing families' quality of life and welfare. This brings us to the question of those families requiring multiple interventions because of the seriousness of the problems they face, who, paradoxically, tend to live in environments lacking those normalising resources that allow families to "breathe" and function even in times of difficulty. Community work must be recovered as the main axis of family intervention. Local authorities, which are more involved than ever in dealing with emergency situations, must begin to create support networks that extend beyond the family unit. In short, positive parenting requires developed communities that act to protect families.

In our environment, the positive parenting framework facilitates the development of programmes, projects, services and/or measures to support families that aim to foster equal opportunities for families

In line with the preceding ideas, the positive parenting approach necessarily implies providing strong support for the professionals who work with families every day. The Recommendation itself points out the importance of having the right professionals and services in place to be able to carry out the important task of supporting mothers and fathers, so as to guarantee effective parenting. Thus, this Recommendation proposes

guidelines for professionals and services, highlighting the following: the principle of equality and accessibility that will underlie any measure taken; the principle of partnership and collaboration with those responsible for childcare, in recognition of their experience; interdisciplinary cooperation and coordination between entities, facilitating the sharing of resources and working in an interdisciplinary network; an increase of families' confidence in themselves, avoiding creating an excessive dependence on the service; interventions based on promoting families' strengths and resources; and, finally, initial and continuous training for professionals, as well as continuity of the actions carried out in their respective services.

To achieve all this and with these professionals and families in mind, for years now a number of institutional initiatives have been carried out in our environment within the framework of positive parenting, among which we can highlight the research conducted for the Ministry of Labour and Social Affairs: Strategies to prevent and address conflict in family relationships (fathers, mothers and children) (Martínez-González, Pérez & Álvarez, 2007) and the Programme Guide for the Development of Emotional, Educational and Parenting Competences (Martínez-González, 2009), published by the Ministry of Health and Social Policy. Likewise, guidelines have been established for the Collaboration Agreement between the Ministry of Health, Social Services and Equality and the Spanish Federation of Municipalities and Provinces (FEMP). The aim is to promote local policies to support families, using as inspiration the positive parenting approach. To disseminate this approach amongst professionals, the first product of the Agreement consisted of the drafting of three documents: Positive parenting and local support policies for families: Guidelines for Local Authorities on promoting responsible parenting practices (Rodrigo, Maíquez & Martín, 2010a), Parent education as a psychoeducational resource for promoting positive parenting (Rodrigo, Maíquez & Martín, 2010b) and Best professional practices to support positive parenting (Rodrigo, Máiquez & Martín, 2011). These documents outline a series

All family support actions must be placed within a country's national, regional and local planning framework

of recommendations and practical guidelines that, without a doubt, are proving to be influential and inspiring for all those professionals who strive to promote a change in family assistance and support services.

In parallel, the Ministry of Health, Social Services and Equality has been organising an ongoing series of five Conferences on Positive Parenting (2009, 2010, 2011, 2012 and 2014), as well as celebrating the 2011 International Day of the Family under the slogan "Fathers and mothers engaged in positive parenting", all within the framework of actions aimed at disseminating the positive parenting approach. Likewise, a motion has been adopted in the Spanish Congress urging the Government to undertake actions that promote the principle of positive parenting (June 6, 2011), in coordination with the Autonomous Communities and Municipal Social Services as well as with all social partners. Recently, the principle of positive parenting and related support actions was included in the National Strategic Plan for Childhood and Adolescence 2013-2016. This approach was also included in the Comprehensive Family Support Plan adopted in May 2015, one of whose strategic lines focuses on promoting the positive exercise of family responsibilities (positive parenting).

We feel that it is now time to move beyond recommendations and general guidelines

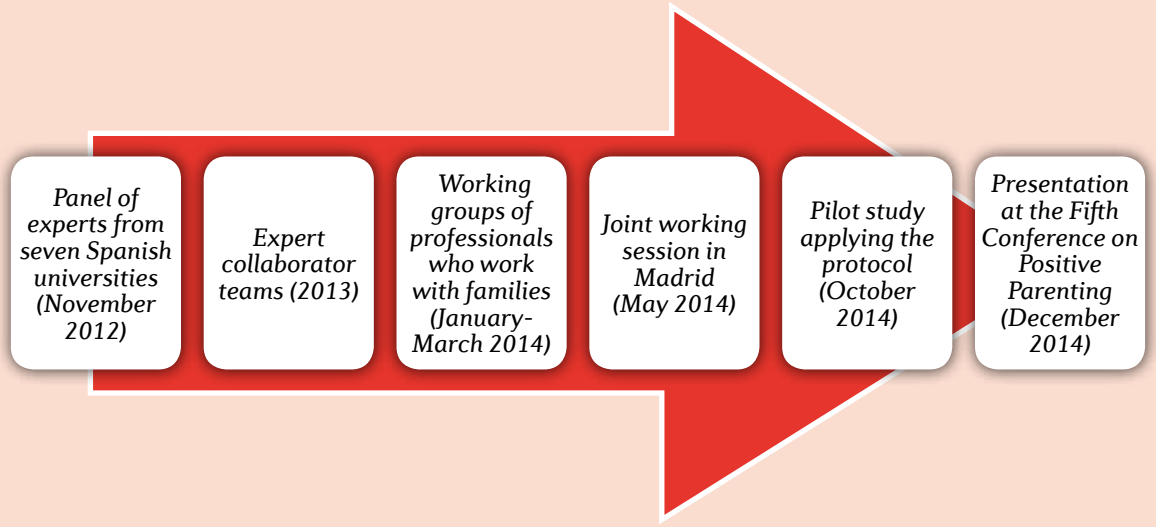
and address actual practices. There has been unanimous agreement that the positive parenting approach represents the way forward, and numerous examples are emerging of professional practices aimed at supporting the idea of "positive mothers and fathers" through a range of services, actions and resources. And yet we still lack a specific proposal that outlines best practices in family support services that follow the positive parenting approach. It is time, then, to take it a step further and present this "Best Practice Guide for Positive Parenting", which is conceived as a resource to support practitioners working with families, as the title indicates. This Guide aims to take the recommendations and guidelines that have been identified as desirable in the positive parenting approach and translate them into practical measures and concrete actions. These practices are described in a self-assessment protocol, which aims to serve as a tool for analysis, reflection and improvement of quality and innovation processes in family support programmes and services. Its main aim is thus to support professionals by creating a space in which they can reflect together on their professional practice. It can be used both by those who have already begun the process of innovation and change and by those who have yet to overcome existing inertia and resistance in their professional domain to get started on the path to change.

The principle of positive parenting has been included in the recently adopted Comprehensive Family Support Plan

To address the difficult task of preparing this Guide, under the coordination of the General Directorate of Local Policies of the Spanish Federation of Municipalities and Provinces and the General Directorate of Family and Child Services of the Ministry of Health, Social Services and Equality, a work plan was designed that has allowed for the very close collaboration of individuals from different domains. As a first step, a panel was set up bringing together experts from the following Spanish universities (listed in alphabetical order using their names in Spanish): Autonomous University of Madrid, University of Barcelona, University of La Laguna, University of Las Palmas de Gran Canaria, University of Oviedo, University of the Basque Country and University of Seville. This panel produced the first working draft of the Guide with the support of their teams of collaborators. All the experts have considerable experience in the domain of prevention and promotion of actions and programmes offering psychoeducational support for families, as well as in the training of professionals specialised in this field. After several meetings of the expert panel and various rounds of consultation with the teams of collaborators, consensus was reached on the first draft (Figure 1).

The third step in the drafting of this Guide consisted of setting up working groups, each coordinated by a locally-based expert. Professionals from different domains and services, both public and private, with extensive experience in family issues and family support were invited to join these working groups. These working groups conducted a full review of the Guide's content, and their comments and proposals for changes were recorded in writing and distributed to all the working group coordinators. As a fourth step, a working session was held in Madrid that was attended by all the experts and by a representative of the professionals who had participated in the working groups. At the meeting, the changes proposed by the working groups, which had been compiled into a single document, were examined and a final consensus was reached on them. As a last step, a pilot study for applying the

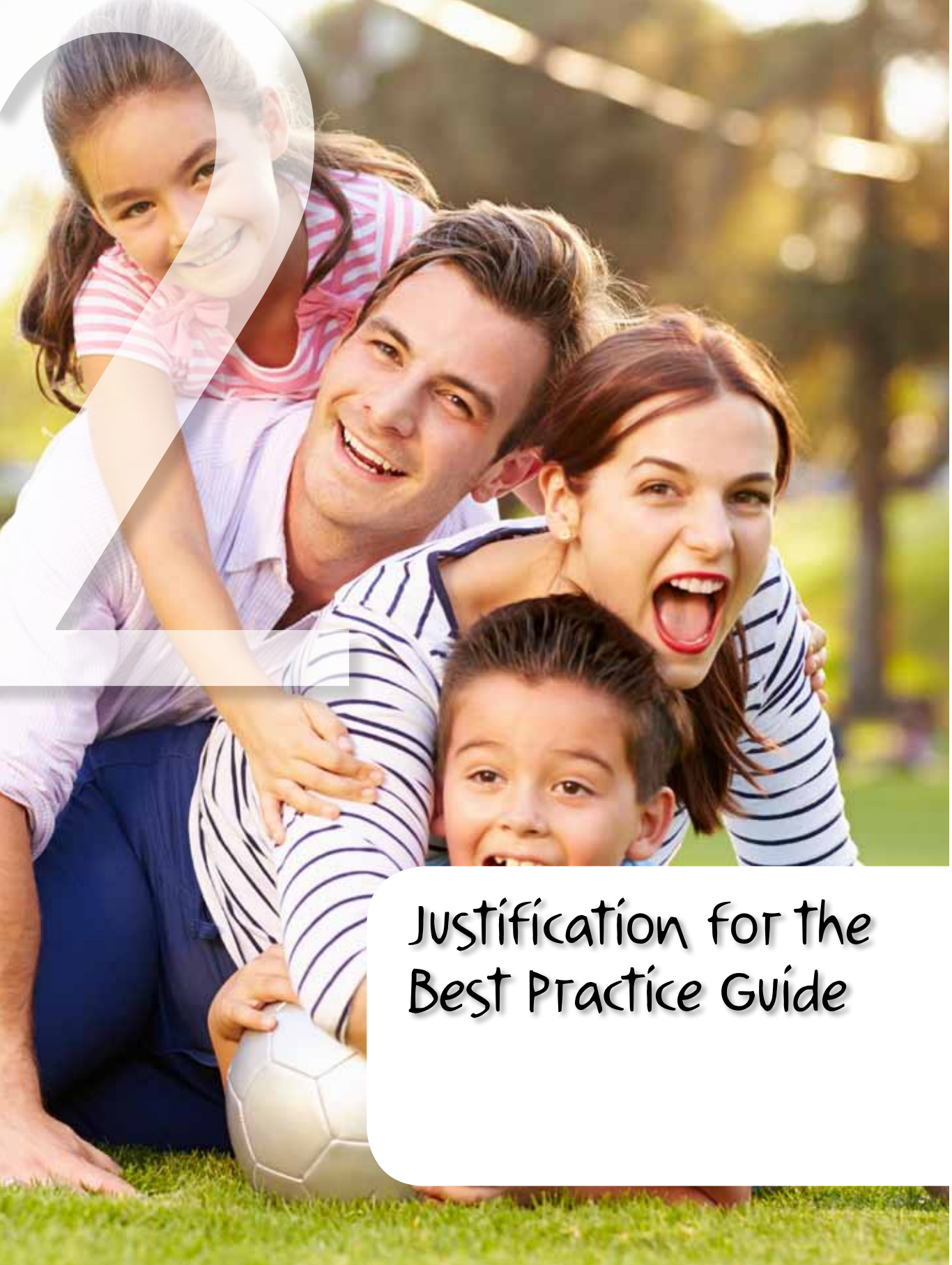
Figure 1. ***Drafting process for the Best Practice Guide for Positive Parenting***



protocol was carried out in 30 different services representing different domains. The feedback provided offered very valuable information about the protocol's relevance, as well as about its utility to the services as a self-assessment tool. Very interesting suggestions were made that contributed to improving the final content of the protocol.

We would like to express our sincere thanks to all the professionals who participated throughout the process of developing this Guide, as it would not have been possible to arrive at the desired consensus without their collaboration. In short, this work, which was born of the fertile ground of applied scientific knowledge, taken together with professional expertise, aims to provide an effective tool for use in family services and policies, and is dedicated to the professionals and the families that they support and accompany.

To address the difficult task of preparing this Guide, under the coordination of the Spanish Federation of Municipalities and Provinces and the Ministry of Health, Social Services and Equality, a work plan was designed that has allowed for the very close collaboration of individuals from different domains



Justification for the Best Practice Guide

As explained in the Introduction, this Guide was developed to guide and help improve professional practice with families from the perspective of the positive parenting approach. We have already stated that this approach enjoys great acceptance amongst professionals. However, even where there is consensus on the recommendations and the general lines to be followed in practice, this does not always translate into the application of best practices. At times, inertia is great, and some may hold the misguided impression that a given service's practices are already in line with the positive parenting approach. Also, new challenges may arise that a service has not had to cover in the past, which require it to adopt new practices. This is why we have decided to spell out the main reasons behind our drafting of this Guide.

First, the positive parenting approach requires us to consider that the profiles of the families receiving services, or who may do so in future, can be broad-ranging and heterogeneous. It is a question of having to attend to a continuum of family situations: from those characterised by multiple difficulties and a history of problems, with varied needs and at risk of breaking apart, to those that may merely require one-off support and guidance to promote their family's welfare. Given such a wide range of family situations, a differentiated approach to family support must be designed and implemented, one that respects family contexts and cultural diversity. This is not always provided for in the respective services.

In many of these situations, very positive results can be achieved by proposing preventive actions and promoting skills development, while extending and enriching the family support network. In this respect, families' most urgent, specific needs must be addressed. At the same time, there is great preventive and eminently proactive value in ensuring that professional actions are taken within the general family support policy framework, which is designed to respond to needs shared by the majority of Spanish families in today's society. These needs are part and parcel of everyday family life,

This Guide was developed to guide and help improve professional practice with families from the perspective of the positive parenting approach

especially in those families in more precarious financial situations, with few work opportunities and levels of work, family and life balance that would be hard to achieve without these policies.

These policies give rise to a new space for working with families, one that is based on prevention and promotion, which has often not been worked out in full detail. It is a proactive space where professionals do not limit themselves to simply waiting for a particular family to express a need, but look beyond a specific case to consider the risk and protection factors that they observe in the community as a whole, and try to advance toward reducing the former and increasing the latter. These proactive actions are less consolidated in professionals' minds and need to be spelled out in this Guide.

Second, and as an extension of the above, it is necessary to improve the presentation, visibility and accessibility of family support services so that the public is aware of them, becomes familiar with the content of their programmes and can access them. Citizens' Charters are key documents that can help raise awareness of the ongoing programmes and resources available at a given social service and outline the rights

and obligations of those making use of them. It is therefore very important to promote family participation in the service, and to ensure that the entire service provision process is transparent for all, with a clear explanation to families of what is required of them and what they are being offered. We must pay particular attention to eliminating the material and psychological barriers that prevent some families from receiving the support they need, as visiting a given service may stigmatise the family in their neighbourhood. Once again, this entails taking a proactive approach, as previously discussed.

The positive parenting approach requires us to consider that the profiles of the families receiving services, or who may do so in future, can be broad-ranging and heterogeneous

Third, the improvement of the quality of the assistance given to families is a challenge for professionals and services, who must rethink their professional practice in order to adapt to this new approach. In this respect, the professionals who make up the services must be aware of and apply what is set out in national, regional and local plans in terms of the family work they are to do and the significance that it is to have. This qualitative improvement requires, for example, that evaluation systems be developed that are sensitive to families' strengths, and that intervention plans be designed that build their capacities, on the assumption that all families, even the most vulnerable, have abilities that can be fostered to improve their quality of life of their members. The process of discovering a family's potentials and protection factors requires a cooperative exploration to assess their situation and needs and plan the intervention and resources to be used to improve them, in place of a diagnosis of the family's limitations carried out only from the point of view of the expert. When planning interventions, it is necessary to promote coordination among the services and resources to be used, thus avoiding over-intervention and a family's excessive contact with many professionals. All this clashes with those professional practices that are aimed at diagnosing deficiencies and designing a case plan based only on the professional's perspective, and then proposing actions with multiple resources that are activated simultaneously and only requesting the collaboration of the families at the end of the process, at which point they are expected to follow their instructions and guidance.

Fourth, the positive parenting approach places families at the heart of the service's actions. It goes without saying that all services work for the benefit of families, but this approach considers the manner in which families are treated in a given service to be fundamental. Services that place families at the heart of their work fulfil the following points: a) they receive families in a space that meets the conditions of confidentiality, privacy, consideration and respect as they establish the narrative of the family situation;

It is necessary to improve the presentation, visibility and accessibility of family support services so that the public is aware of them, becomes familiar with the content of their programmes and can access them

b) they identify and satisfy families' needs, promoting the expression of their opinions and their participation and collaboration; c) they keep families informed at all times about the process, communicate fluently with them and transmit safety and well-being during the intervention; d) they coordinate with each other and with other services; and e) they act with transparency in the procedures, without red tape, situating families in an environment of rights and duties as users of the service, including, first and foremost, the right to participate in the service improvement process.

The improvement of the quality of the assistance given to families is a challenge for professionals and services, who must rethink their professional practice in order to adapt to this new approach



Finally, it is necessary to improve quality and innovation processes in family support services. We rarely see sufficient space being allocated for reflection on professional practice; this leads to the consolidation of the use of routine practices, caused by the rapid and urgent demands of the system and leading to inappropriate forms of action. Take, for example, the organisational practice of matching specific professional profiles (psychologist, pedagogue, social educator, social worker) to certain functions and tasks of the service for the care of children, adolescents and families in general. This form of organisation, which is quite consolidated, is associated with a serious compartmentalisation in conceptual frameworks when understanding problems and defining actions, which ends up being reflected in a lack of coordination within the service. This can lead to situations where no one takes responsibility for the tasks related to prevention and analysis of a family's reality, so each professional ends up asking the family

The positive parenting approach places families at the heart of the service's actions. It goes without saying that all services work for the benefit of families, but this approach considers the manner in which families are treated in a given service to be fundamental

the same questions instead of sharing this information with colleagues, and there are no joint assessments made of the main intervention priorities and no agreed case plan. From the family's standpoint, this leads to a situation where they are forced to engage with different interlocutors for each topic, there is overlap in the actions carried out with them and coordination is lacking; also, some psychoeducational resources may end up being overloaded while others are left underused, among many other problems. In this respect, it is important for services to review all aspects of its professionals' qualifications

It is necessary to improve quality and innovation processes in family support services

and functions within a team, and even within the functions themselves, as well as draft plans for intervention and follow-up, and design and supervise the evaluation of the service and the innovation processes.

In short, this brief review does not intend to be exhaustive but rather aims to illustrate the need to set out a concrete proposal for best practices in family support services following the positive parenting approach. We consider such a proposal to be very useful, as it offers the opportunity to ensure ownership and consistency in professional action. Further, it can help minimise professional bias, thus also reducing the use of improvisation or intuition in professional practice. It can also place services to families at the heart of a service's concerns, moving away from other forms of attention that do not focus sufficiently on reinforcing families' feelings of competence and enabling families to acquire a sufficient degree of autonomy so that they can face their difficulties and live out their life plans.

We will conclude this section with Inset 2, which presents the principles that give meaning to the concept of best practices in a service within the positive parenting approach.

Inset 2. ***Decalogue of inspiring principles of best practices from the positive parenting framework***

1. ***Personal fulfilment:*** *View positive parenting as a factor of achievement and personal satisfaction for parents and of protection and prevention of problems in the development of children and adolescents, and also as an instrument of social cohesion and a promoter of active citizenship and the development of human and social capital.*

2. ***Ecological approach:*** *Adopt an ecological view of parenting to understand the conditions that facilitate or hinder this task and promote co-responsibility of society and community development to attain family welfare and quality of life.*

3. ***Respect for diversity:*** *Recognise and respect family, socio-educational, cultural, and gender diversity, always taking into account the best interests of the child or adolescent, the meeting of their needs, the protection and promotion of their rights and their holistic development.*

4. ***Inclusive approach:*** *Provide universally and easily accessible services to families, following a non-stigmatising and non-exclusive principle so as to normalise the use of these resources, while also ensuring that support reaches those most in need through a principle of needs-based progressive universalism.*

5. ***Preventive approach:*** *Encourage support services to families through a collaborative and preventive approach that involves the recognition and promotion of their strengths, to encourage their autonomous functioning and confidence in their possibilities.*

6. ***Participatory approach:*** *Enable the participation of families in family support services, to ensure that their points of view and their needs are taken into account.*

7. ***Scientific basis:*** *Promote, in family support services, the inclusion of individual, group and community evidence-based intervention programmes for parents, children, and adolescents, to expand the range of types of support provided.*

8. ***Professional stability:*** *Ensure job security for the professionals working in programmes and resources targeting families, creating spaces for reflection among professionals to enable the identification, incorporation, and dissemination of best practices in the service.*

9. ***Professional competences:*** *Identify the professional competences required for integrated work with families, placing them within the legal framework of national, regional and local family policies and the deontological principles of the Professional Associations working in this domain.*

10. ***Standard evaluation practice:*** *Include the evaluation of service and programme quality in the plans and actions of the policies to support families, so that evidence can be provided to the competent authorities of the effectiveness and efficiency of said services and programmes, making it possible, in the last analysis, to demonstrate the profitability of applying positive parenting policies.*



3

Definition and levels of best practices

The concept of best practice refers to any experience, guided by principles, objectives and appropriate procedures, which has yielded positive results, demonstrating its effectiveness and usefulness in a specific context. In the professional domain, the concept of best practice can refer to a continuum of experiences that range from common sense or the traditional use of certain ways of doing or acting, to professional practice based on scientific evidence. Three levels of best practices can be identified: Level 1, Individualised professional practice, Level 2, Agreed professional practice and Level 3, Evidence-based professional practice (Figure 2).

In Level 1, practice is based on received practical knowledge, a professional's own experience or direct observation of the practice of other professionals in his or her environment. This is subjective knowledge, sometimes even detached from conscious experience, which does not transcend the limits of the individual professional and is neither disseminated nor proven.

In Level 2, an additional step must be taken, which consists of making the effort of transmitting practices amongst professionals until the conditions are created to arrive at an agreement or consensus among all. One can already speak of the existence of best practices at this level, as these practices can be identified and disseminated to create a base of professional knowledge that transcends the limits of the individual and is converted into shared knowledge that can be further transmitted to other areas of work and other organisations. However, to better disseminate these practices, it is essential that professionals share a conceptual framework (such as that of positive parenting) as well as a consistent, common vocabulary that allows them to express and share the processes experienced while carrying out these best practices.

The concept of best practice refers to any experience, guided by principles, objectives and appropriate procedures, which has yielded positive results, demonstrating its effectiveness and usefulness in a specific context

Level 3 covers evidence-based practice and is the most difficult to achieve, especially in the domain

Figure 2. ***Levels of best practice in professional work***



of social sciences and, in particular, in work with families, as it requires advanced development of these sciences to enable the creation of a body of applied scientific knowledge. Evidence-based practice therefore requires translating the results

In Level 1, practice is based on received practical knowledge, a professional's own experience or direct observation of the practice of other professionals in his or her environment

of research into practical applications, making accessible summaries of these results available to professionals, and then disseminating and sharing them so that they can constitute an informed practice. For example, in medicine, informed practice requires systematic and high-quality reviews of the effects of certain treatments and therapeutic interventions according to the types of disorders, which support professional decision-making in specific cases.

In this Guide, we will move between Level 2 and Level 3 of best practices to the extent that we have reliable scientific evidence that allows us to demonstrate, for example, how barriers to the use of a service can be eliminated, which intervention strategies work best with at-risk families, or how we can implement parent education programmes to minimise attrition. To this we will add our own contributions of agreed professional knowledge, which has also reached very interesting levels of practical knowledge.

Of course, not all good research results or professional practices will immediately be considered evidence-based best practice. For this to happen, other quality standards must be added to the mix which go beyond the proven effectiveness of a practice. These standards take into account the characteristics and specific needs of the recipient of the best practice, the ethical values that should govern a professional's actions, the context in which these

In Level 2, an additional step must be taken, which consists of making the effort of transmitting practices amongst professionals until the conditions are created to arrive at an agreement or consensus

practices are applied and their positive impact on the service as a whole and on the community. Inset 3 summarises the characteristics of best

Inset 3. ***Characteristics of best professional practice***

- *It permits a comprehensive view of individuals and their relational context, including potentials and strengths.*
- *It is suited to families and their situations.*
- *It is in line with professional values and ethics.*
- *It provides positive results for a specific objective.*
- *It is innovative in the given context, whether in the process or the result.*
- *It has a reproducible effect and can be transferred to other areas.*
- *It is sustainable within a service.*
- *It empowers families, professionals and the community.*
- *It is suited to the service's economic, legal and organisational context.*
- *It has an impact on other services.*
- *It has an impact on family policies.*

Inset 4. ***Professional competences for work with families***

Building the professional context

- *Disciplinary knowledge*
- *Characteristics and needs of the population to be worked with*
- *Reference culture*
- *Legal context*
- *Professional role*

Evaluation and intervention procedures

- *Professional models and approaches*
- *Tools and protocols*
- *Intervention programmes*
- *Designs for evaluation and dissemination of results*

Action planning and management

- *Identification of needs, planning, decision-making and implementation of strategies for action*
- *Working within the organisation on the culture of evaluation, ongoing training, innovation and institutional change processes*
- *Moving within the organisation toward coordination with other collaborating domains*

Interpersonal relationships

- *Respect/dignity*
- *Sensitivity/availability*
- *Comprehension/empathy*
- *Communication/support*
- *Warmth/sympathy*
- *Flexibility/creativity*
- *Negotiation/mediation*
- *Stress management/tolerance*

professional practice based on Levels 2 and 3 that we have taken into account in this Guide.

The concept of best professional practice is closely linked to the identification and analysis of professional competence. Indeed, professional competence and good practice are two concepts that enable and strengthen each other so that one is not fully possible without the other. These professional competences can be broken down into several dimensions that allow for, in turn, the successful positive adaptation to the service, appropriate professional knowledge of evaluation and family intervention procedures, the ability to plan and manage the professional task and, finally, a set of personal attitudes and values that enable appropriate work with families and strengthen the processes of collaboration with them (Inset 4).

Level 3 covers evidence-based practice and is the most difficult to achieve, as it requires advanced development of these sciences to enable the creation of a body of applied scientific knowledge

In short, the best practices included in this Guide bring together applied scientific findings and the professional knowledge resulting from consensus achieved through practice, which are adapted to specific individuals, families and communities and applied within the deontological framework of professional practices and the legal, organisational and community context that gives them meaning and legitimacy.



Objectives of this Guide and fields of application

The overall objective of the Best Practice Guide is: To incorporate the positive parenting approach into family support services to strengthen innovation and quality improvement processes by changing organisational cultures and professional practices.

This overall objective is clarified and complemented by the following specific aims:

- To identify best professional practices in positive parenting.
- To develop a protocol for analysing best professional practices.
- To disseminate best practices in positive parenting by promoting training and the exchange of experiences.
- To facilitate the identification and promotion of competences amongst the professionals who work with families.
- To promote channels for collaboration between policy makers, professionals and researchers.

As can be seen in its specific objectives, this Guide aims to be a tool for identifying best practices in positive parenting, which can then be used to create a protocol that will facilitate reflection in the respective services and in those policies that are key to ensuring quality interventions. We are convinced that using this protocol to evaluate a service, programme or resource constitutes an opportunity to generate a process of internal, participatory and shared training. What is truly important in this process may not be so much the resulting improvement - as important as that may be - as the overall process of real participation, of personal and collective strengthening where powerful agreements and alliances can be generated that lead to excellence. In the same sense, this Guide can serve as an instrument for promoting the proper transmission of best practices by fostering the use of a shared language that is understandable by professionals with diverse disciplinary profiles and who work in various services. The description of best practices constitutes a clear and effective step toward identifying the competences that will allow for these practices to be deployed, and this in turn may facilitate training for the professionals in question. Finally, this Guide can be a reason to cultivate very close collaboration channels between experts, researchers and professionals so that they can continue to incorporate the findings and professional knowledge acquired within the positive parenting approach to ensure they have the desired impact on family policies.

This Guide is intended for use by all relevant services and professionals who work in the areas of Social Services, Education, Health, Justice, or any other area where advice, guidance, intervention or support is provided to families. This Guide aims to be equally applicable to public services for families, professional associations and foundations, NGOs, and private service providers, to name just a few examples. As such, the term "professional" is used here to refer to all technical staff, whatever their role in the service, and includes coordinators. It is essential that their point of view be considered, since some of the best practices have to do with organisational aspects of the service, while others refer to the concrete processes of the professional's interaction with the people or families using the service.

This Guide also recommends that families using the services be involved in the process, hence the importance of dissemination and awareness raising among families. It is also important to raise awareness among the general public, so that they can better understand the improvements being made to the services, and so that they are aware of their own rights and obligations. Finally, this Guide is meant for policy makers at different levels of the administration who are responsible for family policy, as their contribution is key to ensuring that the best practices described in this Guide can be implemented.



Using the Guide as a resource for evaluating programmes and services

This Guide is an invaluable tool for evaluating the conditions in a given service and assessing the suitability and relevance of professional actions, whether they are framed in a formal programme context or not. This evaluation may be conducted by the service in question itself, or may be carried out by other institutions with the relevant experience (such as universities) acting as external partners. With this in mind, the following describes some, but not all, possible uses of this Guide.

In the first place, since professional practice is usually carried out in the context of a service, action or resource, this Guide can be used to analyse which characteristics must be fulfilled and the extent to which they adequately support the families while following the positive parenting approach. Second, professional actions include receiving and assessing families, and intervening where necessary. A large part of this Guide therefore is spent looking at best practices related to these actions. Third, a considerable proportion of family support resources are channelled through programmes intended to support positive parenting. The Guide may therefore serve to help identify the best professional practices to be applied in such programmes. Fourth, the Guide can also be used to evaluate the quality of services already being provided to citizens by existing external partners (through programmes, resources or other actions). In this respect, it highlights a number of evidence-based aspects that can be used to ensure programme quality. For example, Inset 5 lists the features of parenting support programmes that ensure the best results.

This Guide is an invaluable tool for evaluating the conditions in a given service and assessing the suitability and relevance of professional actions, whether they are framed in a formal programme context or not

This Guide can also be used to conduct comparative evaluations of different proposals for programmes or resources and assist in the decision as to whether they should be adopted by the service or not. All this is possible because it provides quantifiable indicators that can be used to ensure any evaluation is objective. In any case, evaluations should help facilitate and shape the change process, as will be seen in the following sections.

When using this Guide, it is essential that professionals and programme or service coordinators keep an open mind when launching any evaluation process intended to improve their work. As often happens in innovation processes, it is reasonable to assume that barriers will be encountered when the decision is taken to use the Guide. To help users understand and overcome resistance to change, the following inset lists the barriers that may hinder the use of the Guide in programmes and services, as well as possible ways to overcome these barriers (Inset 6). Some of these solutions will require not one-off actions, but joint actions targeting the entire service.

This Guide can also be used to conduct comparative evaluations of different proposals for programmes or resources and assist in the decision as to whether they should be adopted by the service or not

Inset 5. ***Characteristics that most improve the effectiveness of parenting support programmes***

- *They take a preventive approach that is aimed at strengthening a family's abilities.*
- *They specify their target audience.*
- *They identify the needs of a family and its members, both before and during programme participation.*
- *They are based on scientifically proven theories and experiential methodology.*
- *They offer appropriate training for the professionals involved.*
- *They ensure implementation quality (e.g. faithful application of the programme, proper group access and creation, participant attendance, ideal programme duration).*
- *They enjoy institutional support that ensures their continuity.*
- *They present results demonstrating their positive impact on the target group, the service and the community.*

When using this Guide, it is essential that professionals and programme or service coordinators maintain an open mind when launching any evaluation process intended to improve their work

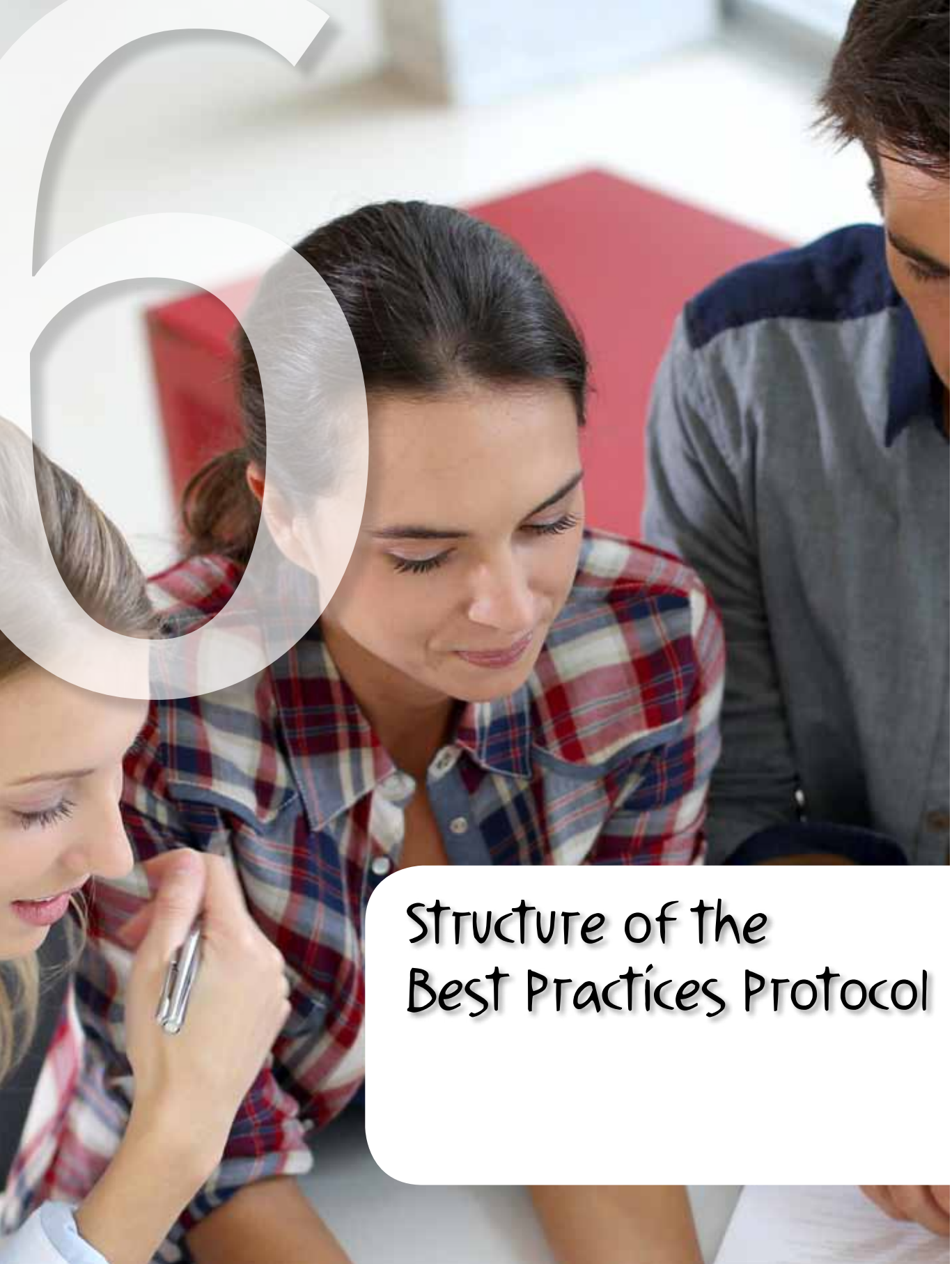
When these barriers are overcome, the emphasis on the development of best practices ends up having a galvanising effect on the service, as it fosters the dissemination of innovation and creativity and stimulates processes of excellence and ongoing improvement. Furthermore, best practices represent an opportunity to look beyond one's daily framework of action, allowing practitioners to learn from past mistakes and look to the future.

When professionals and services are guided by best practices, confidence goes up both among the general public and among partners and entities involved in the improvement process. As best practices are meant to be disseminated, this reduces gaps between domains, services and organisations and fosters exchange based on facts and shared practices. Best practices therefore facilitate the coordination of actions with other involved partners and institutional stakeholders and promote networking.

When these barriers are overcome, the emphasis on the development of best practices ends up having a galvanising effect on the service, as it fosters the dissemination of innovation and creativity and stimulates processes of excellence and ongoing improvement

Inset 6. ***Barriers to best practices, and actions to overcome them***

Barriers	*Actions to overcome them*
• *Lack of agreed conceptual framework and common language; no legal framework or assignation of responsibilities.*	• *Joint adoption of the positive parenting analytical framework, legal recognition and assignation of responsibilities.*
• *Staff overworked, with little time to reflect on practice.*	• *Setting aside time for reflection on and critical discussion of practices in the service.*
• *No external incentives to launch a process of innovation.*	• *Putting effort into identifying the best practices that already exist within and around the service.*
• *Lack of openness, distrust toward other institutions or services with more of a history in innovation.*	• *Creating links with universities or other research or innovation entities.*
• *Scepticism about the idea that such situation-specific knowledge can be evaluated, transferred and applied across the board.*	• *Fostering evaluation of professional practice, and identifying objective indicators for this.*
• *Few communication channels for discussing practice between professionals in different services.*	• *Creating scenarios and networks for dissemination of best practices between professionals.*
• *Little tradition in the evidence-based practice movement in the domain of social work with families and minors.*	• *Defining agreed objectives for improving practices, which will be promoted and incentivised within the service.*
• *Limited progress in the culture of service quality as it is not often considered in family policy.*	• *Assessing the promotion of best professional practices in national, regional and local policies to support the family.*



6

Structure of the Best Practices Protocol

The main tool in this Guide is the Best Practices Protocol, which examines the positive parenting-related aspects of professional work in family support services that may be subject to improvement. As such, this Protocol is not intended to contain an exhaustive listing of the entire realm of possible aspects to be considered; rather, it aims to focus on those particularly relevant aspects that allow us to address whether the professionals and services in question are following best practices in line with the principles underlying the positive parenting approach.

The Protocol is structured along three integrated levels that progress from the general to the specific: Content domains, Best practices and Indicators (see Figure 3).

On the first level, possible improvements to professional practices and to the service are explored in three clearly interconnected content domains:

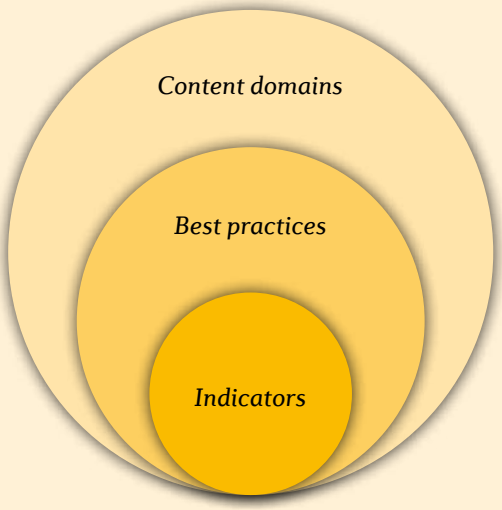
a. Characteristics of family support services and organisational culture;
b. The process of professional work with families; and
c. The use of evidence-based programmes to support families. These three domains constitute the main pillars of the Protocol's content around which possible improvements are organised (Figure 4).

Domain A: Characteristics of family support services and organisational culture.

This domain is related to three aspects:

a. A description of the service (e.g. objectives, Citizens' Charter, visibility and dissemination, family participation);
b. The service's capacity for prevention and promotion (e.g. proactive nature, universal access, breadth of family profiles, prevention and promotion activities); and

Figure 3. ***Integrated structure of the Best Practices Protocol***



c. How the service is organised (e.g. professionals' schedules, spaces available, professionals' stability, outsourced services, ongoing training opportunities and coordination between services).

Figure 4. ***Content domains making up the Best Practices Protocol***



Domain B: The process of professional work with families.

This domain includes the development of activities related to those aspects of the family support process in which the positive parenting approach is most noticeable in the different domains of its application: educational, social, health and judicial. For example, one cross-cutting aspect of work with families that is key to the positive parenting approach involves analysing whether the family is truly participating in the process. Objectives change, as do the prepositions used: we no longer work "FOR" the family but "WITH" the family. In this domain of the Guide, three aspects are examined:

a. How families are received when they visit the service;
b. The evaluation of the family and parenting situation and the referral (e.g. reception, alliance and collaboration, referrals, evaluation process); and
c. The family intervention process (e.g. collaboration in the intervention process, promotion of strengths and abilities, types of intervention, time spent, integrated work).

Domain C: The use of evidence-based programmes to support families.

This domain refers to the development of activities related to the use of in-service programmes based on the positive parenting approach, which have the objective of fostering strengths and building capacities, and are aimed at both parents and children (e.g. structure of the programme: fundamentals, objectives, recipients, contents, materials and resources, implementation and evaluation). It addresses all those aspects that allow a programme to be defined as evidence-based and ensure its proper implementation in the service.

For each of the three domains listed in Figure 4, a series of best practices are defined in more detail, which describe the characteristics of the service that meet the real needs of families, form part of a comprehensive family support approach or ensure the continuity of a programme's resources. These characteristics also include a proposal for action by the professional or a way of implementing programmes from various domains that are inspired by the positive parenting approach. Of course, it must be kept in mind that the concept of professional "action" is very broad and does not merely refer to behaviours. A best practice may consist of a value (e.g. treating the person who comes to the service with dignity and respect), an attitude (e.g. relying on the abilities of the family), a decision (e.g. making mixed groups of at-risk and normalised families in the programmes), or a more or less concrete action guideline (e.g. helping the family to discover its strengths and the opportunities offered by its environments, increasing those opportunities to offer a better response to family reconciliation needs, from the perspectives of gender equality and family diversity).

The meaning of each best practice is clarified through a list of questions that invite the reader to engage in an in-depth analysis of the practice in question. Thus, these questions encourage reflection on best practice and expose existing ideas, while allowing for an accurate analysis of the aspect or situation to which the practice refers in the reality of professional and service work. At the end of each list of questions, readers are given the opportunity to add more questions related to the specific situation that can help clarify the best practice even further.

For each of the best practices, indicators are proposed that contain even more specific wording that can help detect the presence or absence of this practice in professional or service work. The aim here is to capture those observable elements that can help determine with accuracy whether this best practice is present or not. The best practices and indicators have been carefully selected to spur reflection on important areas of the service or professional work that are related to the positive parenting approach. The indicators allow for a much more accurate description of

the contents of the best practices, avoiding the illusion of false recognition of a practice when in reality it is not carried out in the terms intended.

The indicators are evaluated on a scale of 1 to 4 (Never, Rarely, Often and Always) to better nuance the responses. This scale will inevitably represent a subjective assessment, but at the same time it allows us to avoid the categorical dichotomy implicit in a "yes" or "no" assessment of the presence of a best practice. "Never" means that the indicator is not observed in any way in the service, professional work or programmes. "Rarely" means that the indicator is not usually present but that there are some doubts as to whether it may occasionally be observed. "Often" means that the indicator is observed with considerable frequency, although there are some doubts as to whether it is always present. "Always" means that the indicator is always observed. Inset 7 shows an example of a best practice, with its related questions and indicators, under Domain A "Characteristics of family support services and organisational culture".

Inset 7. ***Example of a best practice, the questions that help clarify its meaning and the indicators and assessment scale used to evaluate its presence***

BEST PRACTICE	***QUESTIONS***	***INDICATORS***	***N***	***R***	***O***	***A***
BP1. FRAME THE SERVICE'S OBJECTIVES FROM THE STANDPOINT OF DEVELOP-MENTAL RIGHTS AND NEEDS IN CHILDHOOD AND ADOLESCENCE	• *Are the rights and needs of children, adolescents and families taken into account in the service provision?* • *Is the fact that the individuals visiting the service are citizens in their own right taken into account?* • *Is the United Nations Convention on the Rights of the Child respected?* *Other...*	**1.** *The service takes into account the best interests of the child and respects the developmental needs of children and adolescents when taking action.*				
		2. *Children, adolescents and family members are recognised as citizens with rights that must be respected.*				
		3. *Emphasis is placed on the obligation of mothers, fathers and other parent figures to engage in positive parenting of the children.*				
		4. *Special emphasis is placed on the right of children and adolescents to be heard, to form their own opinions and to participate in the matters that affect them.*				
		5. *Efforts are made to ensure that users of the service are aware of their rights and obligations.*				
		6. *Activities are organised to raise awareness amongst professionals and the community of the rights of children and adolescents.*				
		7. *The service fosters relationships based on respect for family, cultural, socio-economic and gender diversity.*				

ASSESSMENT SCALE FOR EACH INDICATOR: ***N. NEVER / R. RARELY / O. OFTEN / A. ALWAYS***
Respond by placing an X in the applicable box.



Applying the Protocol: an opportunity for change

The very process of applying the Best Practices Protocol contributes to developing innovation and improving service quality. Its application requires, directly or indirectly, the involvement of all those individuals who are involved in the service and is based on their knowledge and experience. Thus, while most of the responsibility lies with the professionals working in the service, at some point information will have to be elicited from the families visiting the services, to ensure that their views on the aspects that most affect them will be heard. We see the evaluation as a collaborative process in which the voices of all of the partners involved in a service's functioning should be heard, including those of the families themselves. This Guide stresses the needs for services to listen to, compile, analyse and manage as appropriate the demands made, in whichever form, by the families they work with every day.

When applying this Guide, other services can also be brought on board, as some of the practices and indicators referred to here involve matters of shared responsibility that must be coordinated with other services. In addition, it is advisable that users receive training in the use of the Guide and on the application of the Protocol and even, if possible, work in collaboration with teams of experts from universities or other institutions that can accompany and advise the services throughout the process. Training in the use of the Guide can also be offered through Professional Associations, thus allowing members to familiarise themselves with the positive parenting approach, so that they can better identify and assess the best practices associated with this approach.

The initiative for the application of the Protocol can come either from the services themselves or from intersectoral or interinstitutional coordinating bodies to promote a common language and the exchange of best practices, as well as to share the experiences of improvement in services and promote networking. Similarly, the application of the Guide and the resulting improvement plan may be used as a prerequisite for the public funding of a service, programme or resource, or be considered as a relevant additional credit in a competition for the concession of services, programmes or resources. In any case, the application of the Protocol is a worthwhile undertaking in itself, as it entails a formative evaluation that can help launch or promote a process of improvement of programmes and services.

The application of the Best Practices Protocol requires, directly or indirectly, the involvement of all those individuals who are involved in the service and is based on their knowledge and experience

The Protocol does not attempt to evaluate the competences of a single professional in particular, but rather aims to find ways to support the advancement of an entire service and its professionals. Such progress does not occur in a vacuum, but rather takes place within a rich interpersonal environment with a broad mix of ingredients. Progress thus arises from the interplay of the values, emotions, knowledge and actions of all those involved in the process, as well as from careful reflection and analysis and a joint planning process that involves all parties. Therefore, it is necessary to have professionals on board, and to have the support of policy makers willing to enter into the evaluation process and mobilise attitudes favourable to change (remember the barriers to innovation and the possible solutions indicated in Inset 6). In this respect, service coordinators should arrange for time and space to be dedicated to the process and themselves participate actively in applying the

Figure 5. ***Diagram of the protocol application process***



Protocol. Not all aspects of the Protocol need to be considered at once; rather, its implementation can be phased in. It is possible that the nature of the service is such that only part of the Guide needs to be applied. In any case, it is important that those responsible for the service support the process and are aware of the efforts being made to launch or promote a process of improvement through the application of the Protocol.

To facilitate the protocol application process, the following diagram depicts the steps that could be taken when working with the Protocol to ensure it is a force for change (Figure 5).

Some considerations are presented below about what each phase might entail, keeping in mind that - provided the objectives for each phase are met - there is much room for manoeuvre here to allow for creativity and flexibility in the design and implementation of each phase.

Phase 1: Begin work with the Protocol

The objective of this phase is to create the conditions necessary to begin the process, motivate colleagues to participate, and set the stage for a productive and efficient evaluation. It all starts with the setup of a small group of individuals who will steer and facilitate the evaluation process. This group of facilitators should include at least one senior professional, one junior colleague and the service coordinator. This group should also enjoy official support to ensure its stability and continuity.

The Protocol does not attempt to evaluate the competences of a single professional in particular, but rather aims to find ways to support the advancement of an entire service and its professionals

The process will certainly be more robust if it is conducted in conjunction with existing concerns about change processes or plans to improve the service.

It is not a matter of immediately starting to fill out the Protocol but of activating previous knowledge and reflections that will motivate and prepare the service for its use. The group members should therefore inform other service staff of the need to apply the Protocol and explain to them its objectives and materials. It is also important to conduct an exercise that will encourage reflection on how much is known about the positive parenting approach and to disseminate the three

Figure 6. ***Structure of participation in the Protocol completion process***



documents referred to in the introduction or, better still, design a training plan around them. An analysis should also be made that examines, among other things, any existing improvement and innovation processes in the service, the actual time spent reflecting on practices and the degree of satisfaction with the service among professionals and families. In this phase, it can be helpful to contact other services where the Protocol is also being applied to exchange first impressions and spur motivation. Finally, as previously indicated, it would be very useful to call on external experts for support and accompaniment throughout the process (Figure 6).

Phase 2: Analyse the service and professional actions

The objective of this phase is to apply the Protocol. For this, the group of facilitators should first familiarise itself with its structure: the Content domains, Best practices, Questions and Indicators. It is essential to understand one's own situation in each content domain before considering the best practices presented in the Protocol. Everything sounds reasonable and it may seem that everything is already being done in the service, but opinions expressed before responding to the protocol may show that this is not actually the case.

The objective of this phase is to apply the Protocol. For this, the group of facilitators should first familiarise itself with its structure

Once this is done, the group of facilitators can then respond in an orderly fashion to the questions in the Protocol, keeping in mind that, as they go through the best practices, questions and indicators, together with prior knowledge and the previously completed analysis, new issues may come up that had not been previously considered. If they are deemed relevant, they can be added as new questions at the end of each list of questions proposed in the Protocol.

Once the Protocol has been completed, other service members can be consulted to ascertain whether they agree with the assessments made by the group of facilitators. Once again, it should be pointed out that families using the service should participate in some of the protocol fields where their views may be considered relevant. It is also very useful to collaborate with other services and external consultants who may be able to contribute to this process, as shown in Figure 6.

The group of facilitators can then respond in an orderly fashion to the questions in the Protocol, keeping in mind that new issues may come up that had not been previously considered

Phase 3: Draft the improvement plan

In the third phase of the Protocol process, the group of facilitators needs to carry out two tasks. First, they need to recognise and strengthen the presence in the service of those best practices and indicators that were determined to be fulfilled in the application of the Protocol, to ensure they will be maintained. This exercise also constitutes positive reinforcement for the professionals working in the service. The second task is to develop an improvement plan addressing those best practices and indicators where new questions arose and/or which did not receive positive assessments. These must be organised and prioritised so that a feasible improvement plan can be drafted.

The first task is to recognise and strengthen the presence in the service of those best practices and indicators that were determined to be fulfilled in the application of the Protocol, to ensure they will be maintained

When setting priorities for improvement, the group of facilitators should take into account the views of the service's professionals and the opinions of its families. The priorities thus selected will vary considerably in scope and in terms of the time and resources required to implement them. A mix of short- and long-term priorities should be established. It should be possible to make progress on some priorities in a few short weeks or months, and it is also possible to launch proposals or support initiatives that do not require major investments to provide an effective response to the reconciliation needs of families in the domain of proximity.

The second task is to develop an improvement plan addressing those best practices and indicators where new questions arose and/or which did not receive positive assessments

Getting policy makers involved in these possible improvements is key, as these are often decisions that are their responsibility. However, in some cases more time may be needed to

Figure 7. ***Elements of the improvement plan that must be defined for each priority***



make improvements - for example, when it is a question of reorganising workspaces or changing organisational cultures, conceptual models or strategies for working with families. Organising the goals into short-, medium- and long-term objectives is a good way to ensure an ambitious project will be completed successfully.

Many of the changes identified as priorities may require material and/or human resources to be employed to achieve certain actions. For this reason, it is important to have a clear idea of the resources available to the service and the community, and to consider ways to optimise their use that will facilitate their application to the improvement plan. The group of facilitators should also define the training needs identified in the process, as some of the changes may require extra ongoing training efforts in specific areas. Finally, the procedures for assessing progress should be defined for each priority, and the requisite evaluation criteria should be spelled out (Figure 7).

Once the group of facilitators has developed its proposal for an improvement plan, it should negotiate the details with the other professionals and arrange for the appropriate dissemination

When setting priorities for improvement, the group of facilitators should take into account the views of the service's professionals and the opinions of its families

of the plan so that everyone is aware of what it contains. It is possible that the improvement plan results in the need for changes that extend beyond the scope of responsibility of the professionals involved, as they may require decisions to be taken by family policy makers at different government levels. The group of facilitators is responsible for monitoring progress in each priority area. Of course, if the process is functioning properly, all of the members of the service should become involved and participate actively in implementing and evaluating the plan.

Phase 4: Support implementation of the improvement plan

The fourth phase in the process involves implementing the plan for change in each of the priorities identified. Maintaining improvements and guaranteeing continuity for specific projects and/or services is a prerequisite for ensuring their effectiveness. The review of the improvement process should lead the group of facilitators and other professionals to pay more attention to what is going on in a given service. This new

The fourth phase in the process involves implementing the plan for change in each of the priorities identified. Maintaining improvements and guaranteeing continuity for specific projects and/or services is a prerequisite for ensuring their effectiveness

awareness of what is happening in a service, and of what is changing and what is not, is in itself a sign of success. It shows that professionals are focused on their task and capable of analysing it inside and out. Once again, the views of those who use the service can prove extremely useful in perceiving what has changed and what has not.

As priorities are implemented, all must remain committed to pressing ahead with the improvement plan. When the priorities call into

question deeply established beliefs and values, considerable effort must be made by all to overcome resistance. This is a long process, and it may take some time before targets set out in the improvement plan are reached, but standing firm with the plan can, again, be viewed in and of itself as a success. Throughout this phase, it is also very important to offer regular updates about what is happening with respect to the plan's implementation so that everyone is aware of how things are going.

Phase 5: Review progress

In this phase, the group of facilitators should review the overall progress made on the plan. For this, it is necessary to consider the specific changes that have been brought about as well as any broader progress made, whether it was set as a priority or not, related to changes in the service's characteristics, the organisational cultures, the conceptual models implemented, the work practices with families, and the setting up of quality programmes in the service. The group should also keep an eye out for any inappropriate slippage in the improvement plan or lack of progress in some aspects, and discuss possible modifications to address these points. In short, it is a question of reviewing the extent to which changes have taken place, and defining priorities and making adjustments in the improvement plan to ensure future success. Again, it is important to bring policy makers on board from the highest relevant levels of government, whether these be local, district, regional or national in nature. Phase 5 thus leads back to Phase 2: Analyse the service and professional actions, which will bring us into an ongoing loop of improvement planning.

To review the overall progress made on the plan, the group of facilitators must consider the specific changes that have been brought about

The group of facilitators should ensure that the various groups of service stakeholders are informed of the progress made and any adjustments that must be made to the plan. Here too, it is essential to ensure proper dissemination of information. This can take the form of meetings, ongoing training activities, information notes disseminating achievements so that the citizens know about them, or contacts with local organisations and policy makers at all levels. The group should not only offer information but also continue to listen to the views of those involved in the improvement processes.

Inset 8 contains a list of questions that can help the group and others in the service review the work done.

We have reached the final stop on a journey that does not actually conclude here. The process of improving the service and professional work is ongoing, and it is hard to say when it has reached its conclusion. However, we hope that the experience of applying the Protocol can serve to place professionals and policy makers along the path of improvement for the sake of their own professional development, of the quality of the service, of family policies in general and, in the final analysis, of the families they support and accompany. For our part, we are happy to offer here the support and guidance of the expert teams at the universities, as well as of the professionals who have contributed to the drafting of this Guide and made valuable contributions to the broad consensus it reflects.

We have reached the final stop on a journey that does not actually conclude here

Inset 8. ***Questions to help review the work completed with the Protocol***

- *To what extent has the group of facilitators been cohesive, fostered consultation, and shared tasks and responsibilities with others?*
- *To what extent has commitment amongst other professionals grown and the use of more innovative approaches been strengthened?*
- *To what extent has commitment amongst other policy makers grown at the various levels of government?*
- *How has the dynamic surrounding the application of the Protocol affected thought processes and actions amongst the service's professionals, families and policy makers?*
- *To what extent have the best practices, questions and indicators helped identify previously unrecognised strengths amongst the professionals and the service?*
- *To what extent have the best practices, questions and indicators helped identify previously unrecognised priorities in the service?*
- *Has the process led to the identification of any training needs for the professionals and/or other services, or any insufficiently addressed family support measures?*
- *Have any additional spaces for reflection on professional practice and the service been created over the course of the Protocol's application?*
- *To what extent has the improvement plan been implemented using a careful and systematic change analysis?*
- *Have any changes been detected in families' views of the professionals and the service, and has an appropriate response been given to the needs expressed therein?*
- *How can the improvements been sustained, and how might the Protocol be improved?*



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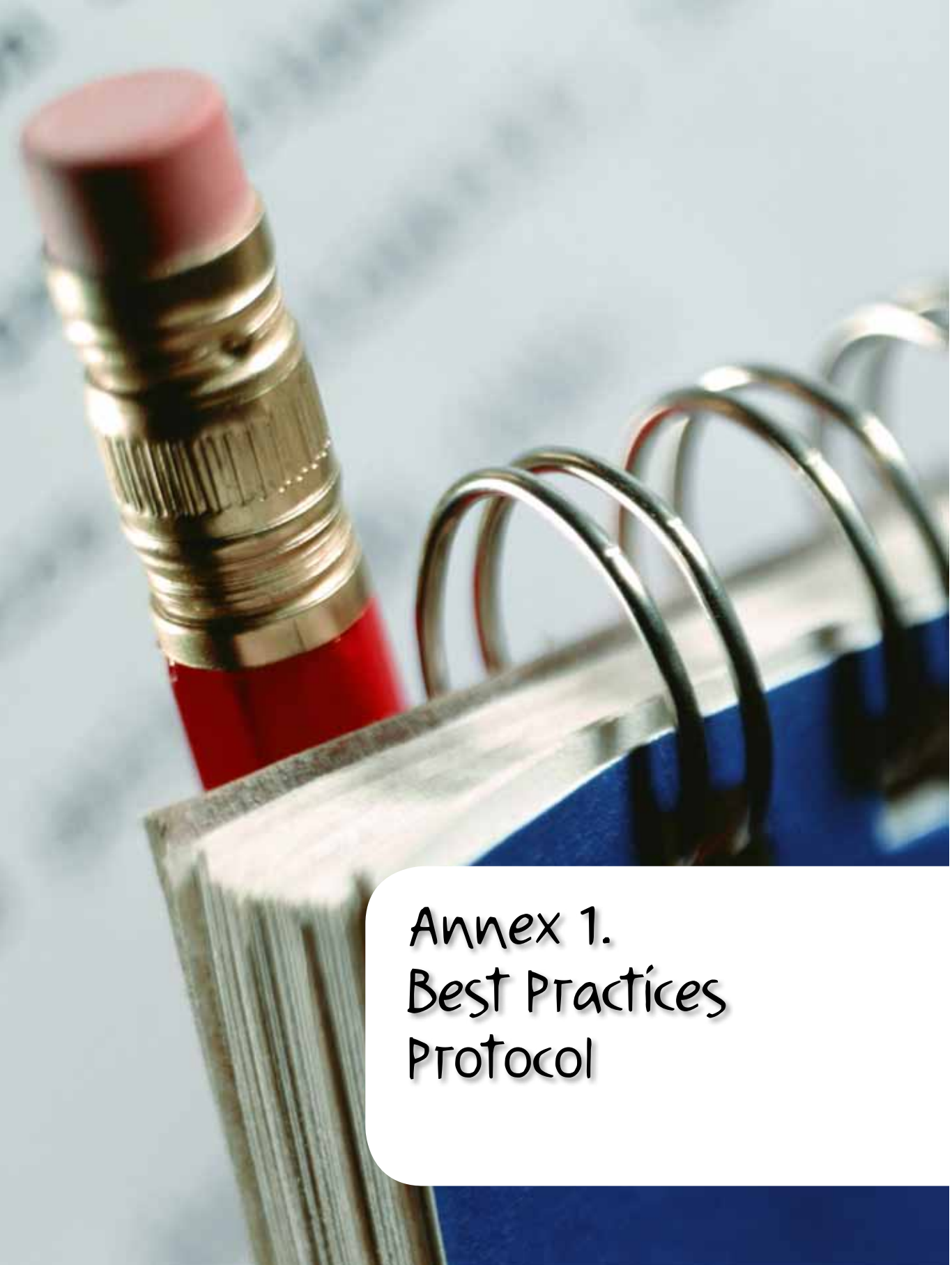
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Annex 1. Best Practices Protocol

Use the online version of the Protocol with automatic correction available at the following link: www.familiasenpositivo.es

Part 1. Best practices in services from a positive parenting standpoint

ASSESSMENT SCALE FOR EACH INDICATOR:
N. NEVER
R. RARELY
O. OFTEN
A. ALWAYS
Respond by placing an X in the applicable box

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP1. FRAME THE SERVICE'S OBJECTIVES FROM THE STANDPOINT OF DEVELOPMENTAL RIGHTS AND NEEDS IN CHILDHOOD AND ADOLESCENCE	• *Are the rights and needs of children, adolescents and families taken into account in the service provision?* • *Is the fact that the individuals visiting the service are citizens in their own right taken into account?* • *Is the United Nations Convention on the Rights of the Child respected?* *Other...*	**1.** *The service takes into account the best interests of the child and respects the developmental needs of children and adolescents when taking action.*				
		2. *Children, adolescents and family members are recognised as citizens with rights that must be respected.*				
		3. *Emphasis is placed on the obligation of mothers, fathers and other parent figures to engage in positive parenting of the children.*				
		4. *Special emphasis is placed on the right of children and adolescents to be heard, to form their own opinions and to participate in the matters that affect them.*				
		5. *Efforts are made to ensure that users of the service are aware of their rights and obligations.*				
		6. *Activities are organised to raise awareness amongst professionals and the community of the rights of children and adolescents.*				
		7. *The service fosters relationships based on respect for family, cultural, socio-economic and gender diversity.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP2. PROMOTE POSITIVE PARENTING IN THE SERVICE	• *Is emphasis placed on the importance of the family in the child's personal development, health and education?* • *Are families supported to minimise the impact of socio-cultural deprivation in the family and to ensure equal opportunities for the children?* • *Are professionals given training on the positive parenting approach?* *Other...*	**1.** *Importance is placed on parent figures engaging in positive parenting of their children through affective relationships between family members that are healthy, safe and stable.*				
		2. *The establishment of good parent-child relationships is fostered, based on communication, setting limits, supervision, mutual acceptance, support, problem solving, etc.*				
		3. *Support actions for all families are promoted to help them carry out the parenting task.*				
		4. *Compensatory actions are considered to help foster positive parenting in the most vulnerable families (e.g. housing, employment, work-life balance).*				
		5. *Parent figures, in particular those facing socio-cultural deprivation, are informed of the different types of support resources available in the community (e.g. housing, psychoeducational support).*				
		6. *Families are informed about the leisure resources available in the community, to foster shared leisure time.*				
		7. *Training activities are organised for professionals on the positive parenting approach.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP3. CREATE AWARENESS-RAISING AND INFORMATION CHANNELS TO FACILITATE UNIVERSAL ACCESS TO THE SERVICE	• *Are families given materials and resources that promote positive parenting?* • *Are information and awareness-raising channels accessible to all families and do they take into account their diversity?* • *Are activities organised to bring on board and motivate families?* • *Are coordination channels established with other bodies to allow for all available resources to be utilised?* *Other...*	**1.** *Programmes, activities and resources are available to promote positive parenting not only amongst the most marginalised or vulnerable families, but for all.*				
		2. *A website exists with information of interest to families about programmes, support resources and activities available in the community.*				
		3. *Strategies and resources are available to encourage participation of the most vulnerable families who would not normally visit the service or attend its programmes or activities (e.g. eliminating barriers to access to certain programmes, activities and resources).*				
		4. *Guides and/or pamphlets are available explaining the positive parenting programmes and activities available for all families.*				
		5. *Instruments are in place to gauge citizens' degree of satisfaction with the information provided.*				
		6. *Citizens are informed of the results of satisfaction surveys through the service's information channels.*				
		7. *There is coordination between various institutions, bodies and organisations in the area to raise awareness and improve universal access to the service.*				
		8. *Family participation is promoted to raise citizens' awareness of the positive parenting approach and universal access to it.*				
		9. *Volunteer participation in the service is promoted to raise citizens' awareness of the positive parenting approach and universal access to it.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP4. FOLLOW A STRATEGY OF PREVENTION, NOT JUST REMEDIATION, IN THE SERVICE	• *Is there awareness of the problems and strengths of the different sectors of society?* • *Are procedures in place to detect situations of vulnerability or risk?* • *Are barrier-free resources offered for use by certain groups?* *Other...*	**1.** *Time is spent on detecting the needs and strengths of families in the community with the aim of preparing community prevention action plans.*				
		2. *Time is spent on planning activities for prevention and promotion for children and adolescents.*				
		3. *The service is able to assist families with cultural, gender, linguistic and social forms of diversity that give rise to different needs.*				
		4. *The service endeavours to assist vulnerable or at-risk families, irrespective of whether they have requested this assistance or not.*				
		5. *The service avoids spending all its time dealing solely with families who are highly vulnerable or at high psycho-sociosanitary risk or with children with difficulties.*				
		6. *Services are also provided to families in more positive circumstances or situations, to help strengthen and maintain these circumstances and prevent situations of vulnerability.*				
		7. *Time is spent eliminating possible barriers to the use of certain community resources by some sectors of the population with special difficulties.*				
		8. *Detection and referral procedures are used to deal with high psycho-sociosanitary risk situations in the services, and resources intended for universal prevention are used.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP5. USE CONSENSUS-BASED, EVIDENCE-BASED MODELS AND PROFESSIONAL PRACTICES	• *Is the service's general model based on an already functioning, proven reference?* • *Where did the professional practices followed in the services arise?* • *Is the development of creative professional practices promoted?* *Other...*	**1.** *Care is taken to ensure that the theoretical models used to guide professionals' actions are evidence-based.*				
		2. *Care is taken to ensure that the professionals are familiar with the theoretical models on which the service is based.*				
		3. *Care is taken to ensure that professional actions for which there is no evidence base are guided by consensus amongst the professionals.*				
		4. *Activities are carried out to exchange and disseminate best practices with other services by means of meetings and seminars organised to that end.*				
		5. *Time is set aside in the service to establish spaces for reflection to foster innovation and best practices.*				
		6. *It is considered a good thing that professionals develop and share creative practices that will improve the service.*				
		7. *The results of the models or professional practices are evaluated on the basis of the service's objectives.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP6. CREATE AN ORGANISATIONAL STRUCTURE AND WORKING CONDITIONS THAT ARE SUPPORTIVE OF POSITIVE PARENTING	• *Does the service organise its priorities around assistance to families?* • *Does the service make the necessary means available for professionals to carry out their tasks?* • *Is the service organised in a way that promotes professionals' commitment to the service and to families?* *Other...*	**1.** *There is a multidisciplinary team with a background in the domains of childhood, adolescence and positive parenting.*				
		2. *Professionals' functions and tasks are clearly defined.*				
		3. *A participatory organisational model is created that takes into account families' views.*				
		4. *Time is spent on ensuring the service has programmes, teaching materials and resources available for use with families.*				
		5. *Time is spent on providing ongoing training of professionals in positive parenting and related matters during their working hours.*				
		6. *The service's schedule is adapted to the type of assistance and user it serves (children, adolescents, parents).*				
		7. *The material resources (spaces, IT equipment, etc.) required to work with families are present.*				
		8. *There are regular meetings held in the service, with set agendas, and agreements are reflected in minutes so that all professionals are aware of them.*				
		9. *There are procedures in place to assess whether the meetings serve to improve professional actions in the service.*				
		10. *There are procedures in place to assess professionals' satisfaction with their jobs and with the service.*				
		11. *New technologies (ICT) are used, and there is a space for communication with families.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP7. IDENTIFY THE PROFESSIONAL COMPETENCES REQUIRED FOR WORK WITH FAMILIES	• *Is there an awareness of the professional competences required for work with families?* • *Are competences taken into account when distributing functions and tasks among the teams who work with families?* *Other...*	**1.** *Professionals' competences have been identified and are evaluated, to ensure effective work with families.*				
		2. *Professionals are familiar with the geographical community where they work and are able to design development plans for them.*				
		3. *Professionals are able to work collaboratively with other professionals, accepting that there may be different criteria, seeking consensus and trusting the work of the team.*				
		4. *Professionals are able to work collaboratively with families.*				
		5. *Professionals know how to motivate fathers/mothers to foster their participation in the service.*				
		6. *Professionals know how to promote parents' abilities to parent their children and deal with their problems.*				
		7. *Professionals are able to innovate in their professional practice from a positive parenting standpoint.*				
		8. *Professionals update their professional knowledge, reflect on their own practice and support their colleagues' knowledge and practice.*				
		9. *There is recognition of a job well done, to keep motivation high amongst professionals in the service.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP8. PROMOTE COLLABORATION WITH OTHER INSTITUTIONS THAT ALSO WORK WITH CHILDREN, ADOLESCENTS AND FAMILIES.	• *Is there an awareness of the work being done by other institutions and professionals?* • *Is there a protocol for action when coordinating with other institutions?* *Other...*	**1.** *There is an awareness of plans or professional actions present in other services dealing with children, adolescents and families, to avoid content overlap.*				
		2. *There are stable plans for joint action and networking between different institutions for the good of children, adolescents and families.*				
		3. *There are protocols for referral when difficulties or needs are detected in families that should be dealt with by other, more specialised services.*				
		4. *There is effective coordination between professionals at different centres or institutions that work directly or indirectly with children, adolescents or families.*				
		5. *Time is spent during working hours on improving coordination between professionals and services.*				
		6. *Work with the community is coordinated, in particular with organisations that run services or projects with children, adolescents and families from a positive parenting standpoint.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
B9. STRENGTHEN COLLABORATION WITH UNIVERSITIES, FOR BOTH CONSULTING AND RESEARCH INTO POSITIVE PARENTING	• *Are internships offered to undergraduate and graduate students of programmes related to family intervention?* • *Is there regular collaboration with universities in the design, implementation and evaluation of new programmes or services?* *Other...*	**1.** *Collaboration with universities in the design, implementation and evaluation of programmes is valued and fostered.*				
		2. *Professionals are willing to offer internships to undergraduate and graduate students on programmes related to children, adolescents and families.*				
		3. *Universities participate in the ongoing training of professionals.*				
		4. *The results of these collaborations with universities are disseminated amongst professionals and, where appropriate, the community.*				
		5. *Universities collaborate with the service in research, implementation and/or evaluation of interventions in various psychoeducational and sociosanitary domains.*				

Part 2. Best practices in professional work with families from a positive parenting standpoint

ASSESSMENT SCALE FOR EACH INDICATOR:
N. NEVER
R. RARELY
O. OFTEN
A. ALWAYS
Respond by placing an X in the applicable box

BEST PRACTICE	***QUESTIONS***	***INDICATORS***	***N***	***R***	***O***	***A***
BP10. ESTABLISH A RELATIONSHIP WITH THE FAMILY THAT IS BASED ON TRUST AND MUTUAL RESPECT	• *Do professionals show a respectful attitude toward each family's reality and circumstances?* • *Is safety and trust transmitted during the family intake process?* • *Is the family's view considered?* *Other...*	**1.** *The family is treated at all times with respect and consideration, irrespective of its ethnic, cultural, gender or socio-economic background, and it is informed of its rights and responsibilities.*				
		2. *An attitude of active listening and assistance is maintained from the start, with the focus on the needs expressed by the family.*				
		3. *A trusting atmosphere is created between families and professionals, making the professionals an importance source of support.*				
		4. *Family collaboration in the service's actions is encouraged and promoted.*				
		5. *Professionals endeavour to recognise their own prejudices about families and to avoid any attitude that might interfere with their dealings with them.*				
		6. *Where possible, when a situation arises that makes it difficult for the family to establish the necessary bond with the service, the family can be assisted by another professional.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP11. ANALYSE/ EVALUATE SUPPORT NEEDS AND STRENGTHS AT A PERSONAL AND FAMILY LEVEL	• *Does the evaluation process restrict itself to identifying difficulties in the family's functioning, or does it also include identifying the family's strengths and resources?* • *Are both support needs and strengths evaluated at the personal level, for each family member?* • *Are evaluations made of the difficulties and strengths related to the family system's functioning and its relationships with its surroundings?* *Other...*	**1.** *An analysis/evaluation is made of the difficulties and support needs at the personal level, for each family member.*				
		2. *An analysis/evaluation is made of the functional difficulties and support needs related to the parenting task.*				
		3. *An analysis/evaluation is made of the functional difficulties and support needs in intimate partner relationships, parent-child relationships and relationships between siblings.*				
		4. *An analysis/evaluation is made of the functional difficulties and support needs in relationships with the extended family, work colleagues, neighbours and friends.*				
		5. *Work is done with the family unit (fathers/mothers or parent figures) on cultivating awareness of their own situation, with an analysis of their own strengths and difficulties and the related opportunities for change.*				
		6. *The family's past achievements and positive experiences are used to build their confidence and improve their ability to deal with new situations of crisis and/or change.*				
		7. *The family is made aware of the existing resources available in the community that may help meet their needs for social support.*				
		8. *A positive, detailed view of the family's functioning is held, and sweeping, discrediting views are avoided.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP12. ANALYSE/ EVALUATE THE PARENTAL COMPETENCES INVOLVED IN FOLLOWING THE POSITIVE PARENTING APPROACH	• *Are the various dimensions of the positive parenting approach analysed/evaluated?* • *Are perceptions of how the parenting task is carried out analysed/ evaluated by the adults responsible for the care and upbringing of the children?* • *Is there consideration for the ages of the children living in the home and the specific needs of childhood and adolescence?* *Other...*	**1.** *There is an analysis/evaluation made of the attitudes and expectations of the fathers/mothers or parent figures about the development and upbringing of their children.*				
		2. *There is an analysis/evaluation made of the parenting practices of the fathers/mothers or parent figures, with attention paid to their ability to establish affective bonds with the children, foster their self-esteem and regulate their behaviour through communication and the setting of limits.*				
		3. *There is an analysis/evaluation made of the ability of the fathers/mothers or parent figures to organise and structure daily life appropriately for the children in the family.*				
		4. *The parents' satisfaction with the parental role is verified.*				
		5. *The parents' sense of being able to fulfil their task as parents is verified.*				
		6. *An analysis is made to establish whether the parenting practices and family routines address the specific needs of the children in their respective stages of development.*				
		7. *An analysis is made of the level of family stress related to the upbringing and parenting of the children, and of the main sources of this stress.*				
		8. *An analysis is made of the personal development capacities of the fathers/mothers or parent figures, such as emotional self-control, problem solving and assertive communication.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP13. ANALYSE/ EVALUATE THE DEVELOP-MENTAL NEEDS AND COMPETENCES OF THE CHILDREN AND ADOLESCENTS	• *Are the develop-mental and paren-ting needs of the children living in the family analy-sed?* • *Is there an analy-sis/evaluation of the extent to which the family context addresses and sa-tisfies these needs?* • *Does the family recognise and satisfy the rights of the children and adolescents and satisfy their needs?* *Other...*	**1.** *An analysis/evaluation is made of the physical and psychomotor developmental needs and competences of the children.*				
		2. *An analysis/evaluation is made of the cognitive-linguistic developmental needs and competences of the children.*				
		3. *An analysis/evaluation is made of the emotional developmental needs and competences of the children.*				
		4. *An analysis/evaluation is made of the social developmental needs and competences of the children.*				
		5. *An analysis/evaluation is made of the child or adolescent's degree of adaptation to the family context.*				
		6. *An analysis/evaluation is made of the child or adolescent's degree of adaptation to the various contexts in which they are active outside the family (school, peers, sports, health, leisure, etc.).*				
		7. *There is recognition of the role of the children or adolescents, depending on their age, in satisfying their own needs and ensuring their rights are respected, as well as their right to be duly informed of the issues that concern them.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP14. CONDUCT A THOROUGH EVALUATION OF THE CONDITIONS IN WHICH PARENTING IS CARRIED OUT IN THE FAMILIES	• *Do the professionals believe that the evaluation should be a thorough, planned-out process?* • *Do different professional participate in the evaluation process?* • *Do the professionals form a unique and comprehensive view of the family evaluation based on the evidence gathered?* *Other...*	**1.** *An agreed family evaluation form is used that is based on theory and shared by all the professionals responsible for family assistance.*				
		2. *Different sources of information - interviews, home visits, questionnaires, observation, etc. - are used to analyse or evaluate the family situation(s).*				
		3. *Evaluation instruments are used that have been tested and validated for the target population in the assessment of some of the aspects of the parenting task.*				
		4. *Evaluation instruments are used that have been tested and validated for the target population in the assessment of the impact of parenting on child welfare.*				
		5. *Information is obtained from different informants, including both family members and other relevant individuals (professionals, extended family, etc.).*				
		6. *There is a final evaluation report that brings together all the information gathered by different professionals.*				
		7. *Information is shared amongst different professionals in the service throughout the evaluation process.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP15. MAINTAIN COMMUNICATION WITH FAMILIES TO MAXIMISE THE RECOGNITION OF THEIR STRENGTHS THROUGHOUT THE INTERVENTION	• *Is there the belief that all families, including the most vulnerable, possess competences and can show resilience?* • *Is it considered important to ascertain whether there is support provided in the family environment?* • *Are there checks to see whether the family is seeking out resources in their environment?* *Other...*	**1.** *The family is encouraged to recognise past achievements and positive experiences, to build their confidence in their ability to deal with the challenges they face.*				
		2. *A proposal is made to the family for an intervention that is solution-based and optimistic and built around trust, cooperation and respect.*				
		3. *The family is asked about their children's positive attributes (e.g. personality, behaviour, skills, interests).*				
		4. *The family is asked about which external resources (persons and institutions) they have used on prior occasions to deal with problems/ challenges.*				
		5. *The family is encouraged to reflect on their life project - the goals and aspirations they have for themselves and their children - and on how the intervention can put them on track to achieving them.*				
		6. *A good relationship is fostered between the family and other contexts that are important for the children's development and upbringing (school, neighbourhood, friends, leisure).*				
		7. *Families are told of the positive attributes of the various members of the family.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP16. SEEK COLLABORATION OF THE ENTIRE FAMILY TO CARRY OUT AN INTERVENTION THAT IS BOTH REALISTIC AND AGREED WITH THE FAMILY MEMBERS	• *Is there trust that the family is available for and open to the intervention?* • *Is there agreement that it does not suffice for only the mother to attend at the start of the intervention?* • *Is there agreement that the children should also participate in the intervention, whatever their age?* *Other...*	**1.** *The family's opinion is heard and a response is given to their concerns.*				
		2. *There is a sense of shared work transmitted to the entire family through the use of the term "we".*				
		3. *Visiting hours and/or interview times are adapted to the family's needs to ensure the active participation of the father (where appropriate).*				
		4. *Visiting hours and/or interview times are adapted to the family's needs to ensure the active participation of the children (where possible due to school times).*				
		5. *The professionals' expectations about what they expect from the families during the intervention are made explicit.*				
		6. *The families are asked about what they expect from the professionals and from the intervention.*				
		7. *During the intervention, objectives are agreed that favour good family relationships, guarantee the children's welfare and connect with the needs and concerns of the family.*				
		8. *During the intervention, resources are used that are easily accessible, require minimal interference in the life of the family and are as normalised as possible.*				
		9. *Monitoring of the intervention is shared amongst all the professionals involved.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP17. CARRY OUT STRUCTURED ACTIVITIES IN INDIVIDUALISED ASSISTANCE TO FAMILIES	• *Are individualised activities carried out with each family?* • *Is there an attempt to carry out a thorough evaluation of the professional's actions?* *Other...*	**1.** *Structured activities are used to help the family improve its actions related to their children's health, care and upbringing, school support and family leisure, as adapted to the family.*				
		2. *The activities carried out foster reflection with the family about daily occurrences, to identify new objectives and develop action plans to deal with them.*				
		3. *In activities with the family, there is reinforcement of parents' feelings of parental competence and of their satisfaction with the parental role.*				
		4. *The individualised actions include the recognition of small changes that have come about: attitudes that have disappeared, specific decisions that have been taken, optimistic comments about the child, etc.*				
		5. *There is a thorough evaluation made of the results of the individualised assistance activities.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP18. CARRY OUT STRUCTURED GROUP ACTIVITIES TO FOSTER POSITIVE PARENTING	• *Is there a belief that group intervention is a useful form of family intervention?* • *Is information sought about group activities for parents?* • *Is there an attempt to carry out a thorough evaluation of the professional's actions?* *Other...*	**1.** *Group intervention is used in intervention plans for fostering positive parenting and other matters.*				
		2. *Strategies are developed for motivating families to participate, and in particular the other intimate partner, where appropriate and possible.*				
		3. *There is an attempt to raise awareness in the group of the progress they make in their ideas, behaviour and perception of the parental role.*				
		4. *The group participants are encouraged to reflect on their own parenting models.*				
		5. *Continuity of group activities is ensured within the service.*				
		6. *There is a thorough evaluation made of the group activities.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP19. CARRY OUT STRUCTURED GROUP ACTIVITIES TO ASSIST CHILDREN AND ADOLESCENTS	• *Is there a belief that it is important to promote children's and adolescents' competences in a group setting?* • *Is information sought about group activities for children and adolescents?* • *Is there an attempt to carry out a thorough evaluation of the professional's actions?* *Other...*	**1.** *Group intervention is used in the service to improve competences and build resilience in children and adolescents.*				
		2. *Objectives for change are set that foster positive development, healthy peer relationships, community participation and appropriate group leisure activities with peers.*				
		3. *Initial recreational activities are organised to bring participants into the programme and ensure their motivation.*				
		4. *Efforts are made to have groups with members of similar ages but varying family situations.*				
		5. *Activities are organised that place the children and adolescents at the centre and develop their autonomy and their ability to reflect.*				
		6. *Responsible use of information technologies is encouraged.*				
		7. *There is a thorough evaluation made of the results of the activities.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP20. CARRY OUT STRUCTURED ACTIVITIES FOR COMMUNITY ASSISTANCE	• *Is there a belief that there must be work with the community as well as with families?* • *Is information sought about community intervention activities?* • *Are efforts made to carry out a thorough evaluation of the professional's actions?* *Other...*	**1.** *The community's ability to develop prevention and promotion actions for parents, children and adolescents is strengthened.*				
		2. *Programmes are promoted that strengthen relationships between families, school, health and the community.*				
		3. *There is promotion of healthy and educational fun and leisure activities for parents, children and adolescents.*				
		4. *Work strategies are designed to strengthen citizen participation and community involvement (e.g. associations, volunteering).*				
		5. *A voice is given to the most vulnerable families and marginalised groups in the community to determine their needs and ensure their social integration.*				
		6. *There is promotion of a change in public attitudes to favour the protection of the rights of children and adolescents, in recognition of diversity.*				
		7. *There is regular networking with social partners involved in professional actions with children and adolescents in their developmental contexts: family, school, neighbourhood, leisure activities.*				
		8. *There is a thorough evaluation made of the results of the activities.*				

Part 3. Best practices in evidence-based programmes from a positive parenting standpoint

Name of programme evaluated:
(Can be applied to each of the programmes in the service)

ASSESSMENT SCALE FOR EACH INDICATOR:
N. NEVER
R. RARELY
O. OFTEN
A. ALWAYS
Respond by placing an X in the applicable box

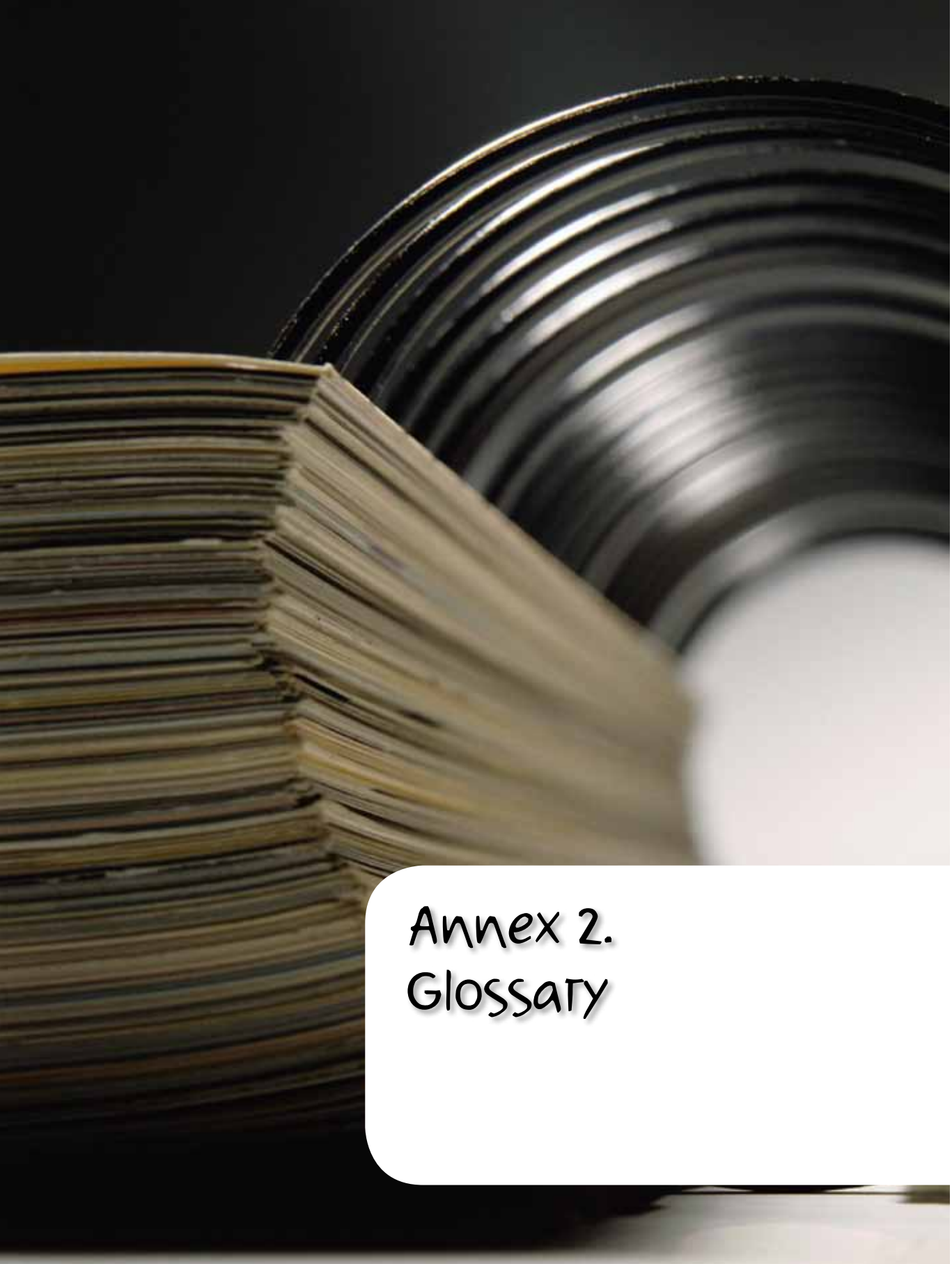
BEST PRACTICE	***QUESTIONS***	***INDICATORS***	***N***	***R***	***O***	***A***
BP21. BASE THE PROGRAMME ON EVIDENCE AND FORMULATE CLEAR, MEASURABLE OBJECTIVES	• *Is a theoretical, methodological or normative basis used when developing the programme?* • *Is it based on the identification of the families' formative needs, thus enabling the programme objectives to be adjusted as needed?* • *Are the programme objectives explained correctly?* *Other...*	**1.** *Previous studies of the population are used to detect families' formative needs.*				
		2. *There is an explanation of the theoretical and methodological basis used for the programme, with scientific references or professional experience.*				
		3. *The service provides the content to be covered in the programme, based on its own system of collection of information about families.*				
		4. *The programme design includes clear explanations of the objectives to be met on the basis of the strengths detected.*				
		5. *The objectives are associated with dimensions of change that can be measured and assessed appropriately through questionnaires, observation, self-reports, interviews or other types of procedures, both quantitative and qualitative.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP22. DEVELOP THE PROGRAMME USING A WELL-DESIGNED METHODOLOGY FOR INDIVIDUALISED, GROUP OR COMMUNITY ASSISTANCE	• *Are the spatial, organisational and didactic considerations required for effectively conducting the programme taken into account?* • *Are the didactic strategies adapted to the needs of the participants?* • *Are families helped in their active construction of parental competences?* *Other...*	**1.** *The appropriate space is found to run the programme with the necessary peace and quiet; this may be the family home, the service, a school, a health centre or any other place that meets the requirements.*				
		2. *Complex content is simplified and activities are adapted to respect family diversity.*				
		3. *At the start of the programme, a trusting atmosphere is established, and expectations are set about the content and methodology to be followed.*				
		4. *Impressions are shared at the start to identify participants' main concerns.*				
		5. *At the start of each session, some time is spent reviewing the content and strategies of the previous session and analysing and noting any progress and difficulties in putting them into practice.*				
		6. *Activities include role-playing, simulations of family interactions, watching videos, case studies, etc., with a view to bringing people closer to families' everyday situations.*				
		7. *At the end of each session, the conclusions are reviewed and commitments to change are made for the next session.*				
		8. *Throughout the process, there is consideration for the parental competences that are meant to be fostered through the programme.*				
		9. *New information and communication technologies are used.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP23. COORDINATE AND FACILITATE GROUP WORK EFFECTIVELY, FOSTERING A POSITIVE ATMOSPHERE IN THE GROUP PROGRAMME	• *Is there an analysis of the importance of communication and social skills in the development of group dynamics with families?* • *Is an atmosphere of trust created to facilitate the type of cooperation between peers that promotes learning and the creation of social and community networks?* *Other...*	**1.** *There is an attempt to ensure that the professionals who received training about the programme are the ones who facilitate all the sessions.*				
		2. *Care is taken to ensure that the professionals work with the group in a manner that is assertive, cordial, committed and respectful of all participants.*				
		3. *The procedure and methodology to be followed are clearly explained and participation and respect for the group rules are encouraged.*				
		4. *Personal reflection and the comparison of different opinions, experiences and parenting strategies are encouraged, and the focus is on not having the coordinator respond to all concerns and questions.*				
		5. *Speaking time is distributed between participants, long speeches are avoided, and due note is taken of the degree of involvement, to ensure participants' participation and motivation.*				
		6. *Professionals and group members are encouraged to intervene without value judgments that may constrain participation.*				
		7. *Programme times and activities are respected flexibly, without creating tensions within the group.*				
		8. *Situations of great emotional burden are avoided in the group, and affected members are referred to individual interviews where more personalised help can be offered.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP24. USE SCIENTIFIC CRITERIA TO EVALUATE THE PROGRAMME	• *Are detailed tools and protocols used to guide the evaluation process?* • *Is a specific methodological design used for conducting an evaluation to measure the programme's effectiveness?* • *Is scientific evidence generated on the programme's results, usefulness and personal, family and social impact?* *Other...*	**1.** *Control and intervention groups are included in the design of the programme evaluation.*				
		2. *Pre-test vs post-test comparisons are considered in the design of the programme evaluation and, where possible, standardised evaluation instruments are used.*				
		3. *Quantitative and/or qualitative methods are used, and these are applied to both the participants and the professionals in the evaluation.*				
		4. *A record of session attendance is kept for each participant, and reasons for absences are noted.*				
		5. *Throughout the programme, information is recorded on the actions taken by the professional in each session.*				
		6. *Throughout the programme, information is gathered on the quality of implementation to establish the extent to which it is in line with the design.*				
		7. *Following programme completion, there is follow-up with the participants to assess the extent to which the parental competences have been acquired and the impact these have had on other members of the family unit.*				
		8. *There is an analysis/evaluation made of the programme using change indicators to measure improved welfare in the families assisted or, where applicable, signs that the problems that led to the programme being created have been overcome.*				
		9. *There is an analysis made of the effects of the programme on professional development and service coordination, among other things.*				
		10. *Procedures and resources are included for assessing the effectiveness of the institutional management of the programme.*				
		11. *There is a thorough external evaluation made of the programme, in additional to the internal evaluations carried out by the service.*				
		12. *Procedures are in place to assess the degree of satisfaction amongst programme participants.*				

BEST PRACTICE	QUESTIONS	INDICATORS	N	R	O	A
BP25. INCORPORATE THE PROGRAMME INTO THE COMMUNITY AND CONTRIBUTE TO ITS DEVELOPMENT	• *Are social and community networks promoted that will facilitate mutual support between families once the programme has come to an end?* • *Does the programme contribute to facilitating different types of community actions and getting families involved?* *Other...*	**1.** *Participants stay in touch once the programme has come to an end, whether in person or with the support of ICT.*				
		2. *Care is taken to ensure that participants take part in activities organised by community bodies related to the programme.*				
		3. *Global results of the service evaluation are disseminated in the community.*				
		4. *The idea is encouraged that the programme has been "adopted" by the community and that it is now part of the network of family support resources.*				
		5. *There is support from community institutions for the dissemination and development of the programme: schools, health centres, social centres, associations, etc.*				
		6. *Cultural and social activities complementary to the programme are proposed to reinforce the integration of the participants in the community.*				
		7. *The programme encourages better knowledge of and coordination with community resources.*				
		8. *The programme has helped identify needs for new programmes or resources for families.*				



Annex 2. Glossary

ASSISTENCIALISM

The tendency of some family support services to offer benefits designed by the service, mainly of a material nature, which are not always in line with the needs of the families and which encourage their dependence on the service.

BEST PRACTICE

Any experience, guided by principles, objectives and appropriate procedures, which has yielded positive results, demonstrating its effectiveness and usefulness in a specific context.

CHILD AND ADOLESCENT COMPETENCES

A set of abilities that allow children and adolescents to fulfil their developmental tasks and promote positive development and appropriate interaction within their developmental contexts: family, school, peers and neighbourhood.

CHILD AND ADOLESCENT RESILIENCE

Process that allows a greater degree of development and adaptation of children and adolescents than would be expected given the adverse psychosocial conditions in which they live.

COMMUNITY INTERVENTION

A set of actions aimed at identifying the needs and problems that arise within the social systems and processes that affect the psychological and social welfare of individuals, social groups and the community, whose objectives include problem solving and/or psychosocial development, achieved through the use of strategies that act at different ecosystem levels.

CONSTRUCTIVISM

Practical theoretical approach that defines the process by which families build and internalise parental competences aimed at enhancing the psychological welfare of all family members.

CONVENTION ON THE RIGHTS OF THE CHILD

Principle laid down as the right of minors (boys, girls and adolescents) and included in Article 3 of the Convention on the Rights of the Child. In accordance with this principle, any measure concerning children taken by public or private social welfare institutions should give priority to the child's best interests, which implies meeting their needs and fulfilling their rights.

EMPOWERMENT

Process by means of which individuals or groups increase their ability to configure and control their own lives as well as to actively transform their environment, while undergoing a positive evolution in their self-awareness, their status and their effectiveness and leadership in social interactions.

EVIDENCE-BASED PROGRAMMES

Psychoeducational and community programmes that meet certain quality standards, including a theoretical scientific basis, a rigorous research design, high-quality programme implementation, and a control of the intervening factors that can contribute to replicating the results.

EXPERIENTIAL METHODOLOGY

Methodology employed in the delivery of parent education programmes that entails reflection about parents' ideas on parenting, an extension

of the repertoire of parenting practices to be used in everyday situations and their possible consequences, as well as a reflection on the role that parent figures want to play in their children's development and upbringing.

FAMILY EVALUATION

A set of activities that serve to form an opinion, make a global assessment, or measure some dimension of family functioning according to certain value criteria with which this opinion is issued. In order for the evaluation to be systematic, it is necessary to follow procedures and employ scientific instruments that will ensure its validity and reliability, based on either a quantitative or qualitative approach.

FAMILY INTERVENTION PLAN

The design of objectives and of a process of change for families that leads to reaching said objectives, identifying the opportunities in the environment, the available resources and the actions that must be carried out to achieve them.

FAMILY PRESERVATION

A set of support actions that are carried out with families with a medium to high level of psychosocial risk in order to avoid unnecessary removal of the child from the family home due to situations of abuse or abandonment that seriously endanger the child's development.

FAMILY RESILIENCE

This refers to processes of improvement and adaptation that occur in a family. These are systemic processes that make it possible for families who have to deal with situations of crisis or chronic stress to emerge strengthened from these situations.

LIFE TRANSITIONS

These are moments in the development of people and families in which changes take place that require important adjustments in their functioning that, if not carried out, may imply later developmental difficulties. Life transitions can be either normative and expected (the birth of a child, the onset of adolescence, the pursuit of work-life balance, etc.) or non-normative, arising from accidental and stressful events (a divorce, abandonment or disappearance of the intimate partner, chronic illness, children's problems at school, unwanted pregnancies, etc.).

PARENTAL COMPETENCE

A set of abilities that allow parents to face, in a flexible and adaptive way, the vital task of being fathers and mothers, in keeping with the developmental and educational needs of their children and in line with the standards considered acceptable by society, and taking advantage of all the opportunities and support provided by family influence systems to deploy these abilities.

PARENTAL ECOLOGIES

Psychosocial space in which the parenting task is carried out and whose quality depends on the psychosocial context where the family lives, the developmental and educational needs of the children in question and the competences of the parent figures responsible for their upbringing and education.

PARENTAL RESILIENCE

Dynamic process that allows parents to develop a protective and sensitive relationship to the needs of their children despite living in an environment that fosters abusive behaviours.

PARENTING

Refers to the paternal and maternal roles of the figures responsible for the care and upbringing of a child in any type of family relationship and that are influenced by the community's values and history.

POSITIVE PARENTING

Concept taken from Recommendation Rec (2006) 19 of the Council of Europe on Policy to Support Positive Parenting. Positive parenting refers to "parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child".

PREVENTION

Involves putting in place measures aimed at minimising the influence of risk factors and enhancing the influence of factors that protect the family environment, allowing for the realisation of a variety of actions that can be carried out at one or more levels of universal, selective or indicated intervention.

PROGRAMME EVALUATION

Consists of investigating a programme's effects and results and the achievement of its objectives, so that decisions can be made about it. It comprises three aspects: efficacy, efficiency and effectiveness. Efficacy helps determine whether a programme works under ideal conditions of implementation, efficiency examines its operation in real conditions of implementation and effectiveness aims to achieve the greatest effect with the lowest possible cost.

PROGRESSIVE UNIVERSALISM

Principle of action that consists of creating universal services that provide a continuum of support to families that is intensified as their needs increase, through the appropriate and regulated combination of various types of intervention.

PROMOTION

Actions that seek to increase the competences and resilience of individuals and families so that they can meet their needs, resolve their problematic situations and mobilise the necessary personal and social resources to improve their autonomy and their control over their own lives. Promotion is also associated with protective and pro-resilience factors that operate at a more social level and that allow for the optimisation of the child's environment, so that it becomes a context of protection, support and backing based on respect for culture, equity, social justice and personal dignity.

PSYCHOEDUCATIONAL INTERVENTION

Promotion of learning experiences that will enhance people's lives, with a focus on strengthening competences rather than eliminating deficits. It includes the planning of psychoeducational processes, whereby planning is understood as an act that includes the analysis of needs and the establishment of objectives, goals, design and evaluation.

PSYCHOSOCIAL RESOURCES

Sources of support that can be either formal (play centres, day centres, leisure programmes, schools, children's centres, NGOs, etc.) or informal (extended family, neighbours, friends, civic solidarity groups), which families can make use of and which are accessible in the community.

PSYCHOSOCIAL RISK

Those biological, psychological or social conditions that increase the likelihood of a certain behaviour, situation or problem occurring that compromises to a lesser or greater extent an individual's personal and social adjustment.

REACTIVE AND PROACTIVE SERVICES

Reactive services are those services that are set up in response to user demand. Proactive services are those services that reach out to the social environment to anticipate needs and demands in a population that may be met through the promotion of protective action and problem prevention.

RIGHTS-BASED APPROACH

Paradigm of work in which the general objective is the attainment of human rights and, in the present context, especially those of the child as reflected in the CRC.

SOCIAL SUPPORT

The process by which social resources provided by formal support networks (institutions and associations) and informal support networks (families, friends and neighbours) make it possible to satisfy people's needs of all kinds in both everyday and crisis situations.

TYPES OF FAMILY INTERVENTION STRATEGY

- Reeducation. This is about changing the system established by the parents or parent figures by directly teaching them behaviours and new skills for their relationship with their children, changing their long-standing family organisation habits, and ultimately improving the parenting scenario to better meet their children's needs and thus favour their personal and social adjustment.

- Redefinition. This focuses on the opinion and interpretation that parents make of the behaviour of the child or adolescent, helping them to give new meaning to these behaviours and to their experience as parents as well as to reorganise their own attitudes and behaviours.

- Accompaniment. In the active sense, this is about accompanying someone in the development of a beneficial action for this person, for example, in a process of developing social skills, insertion programmes, or capacity-building. In the passive sense, this refers to the presence of other professionals who intervene with users to follow up on an activity.

- Support. There are two specific forms of this assistance: appreciation and protection. Appreciation is understood as making people aware that they have values that deserve the esteem of others. Protection is about helping people take cover in difficult circumstances, keeping them away from difficult situations so as to favour personal and social development.

- Relief. Providing assistance to a family (or the parents) when it is impossible for any other person to assume their legal competences, until they find the strengths and possibilities to assume their own competences.

- Understanding. This is about comprehending the other and the situation they are in, through communication established between

those intervening in the assistance, and by means of active and compassionate listening that leads to an understanding of the other.

- Mediation. Acting as a neutral third party in a family conflict or between the family and any person or external entity to arrive at conclusions agreed by all which take into account the child's benefit as a priority.

- Orientation/guidance. This is based on the idea of steering, driving, or helping a person to choose a direction, guiding them through the possibilities. This type of intervention requires the cooperation of the user, who needs to be informed about the matter to be decided. The idea is to present the various options to the user and provide a professional opinion but to wait for, and encourage, the user to make their own decisions.

- Information/training. This refers to informing and training the user in topics of their interest when faced with a request for assistance or information. This strategy can be combined with that of orientation/guidance.

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

International agreement adopted in 1989 by the General Assembly of the United Nations that reflects the international commitment of the States Parties to guarantee the rights of children and adolescents. It has been ratified by all countries except the United States.

UNIVERSAL, SELECTIVE OR INDICATED PREVENTION

In the European Union, use is made of the classification of the Institute of Medicine (1994) in which prevention measures are classified as: Universal: targeting the general population in which no risks have been identified at the individual level; Selective: targeting specific vulnerable groups or certain contexts where the risk of a problem occurring is higher than average; Indicated: targeting high-risk individuals who show minimal but detectable signs of having the problem before it is diagnosed.



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