Guide to interprofessional competences for Positive Parenting

A resource for enhancing and consolidating best practices in services for children, youth and families



FEMP
FEDERACIÓN ESPAÑOLA DE MUNICIPIOS Y PROVINCIAS

GOBIERNO DE ESPAÑA
MINISTERIO DE DERECHOS SOCIALES Y AGENDA 2030
SECRETARÍA DE ESTADO DE DERECHOS SOCIALES
DIRECCIÓN GENERAL DE DIVERSIDAD FAMILIAR Y SERVICIOS SOCIALES















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introduction

Welcome to the **Guide to Interprofessional Competences for Positive Parenting, a resource for enhancing and consolidating best practices in services for children, youth and families.** This guide represents a next step in the coordination of the broad field of prevention and promotion of capacities and strengths in families and the professional support that is required to improve the services and entities working in the field.

The present Guide is in line with the European approach adopted in Recommendation Rec(2006)19 of the Committee of Ministers of the Council of Europe to Member States on Policy to Support Positive Parenting. Positive parenting is defined in the Recommendation as "parental behaviour based on the best interest 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. 3). According to this definition, the aim of the parenting task is to foster positive family relationships, based on parental responsibility, that guarantee the rights of children and youth in families and ensure optimal development of their potential and well-being.

One noteworthy aspect of the Recommendation is that is focuses on what parents need in order to be able to bring up their children properly. This includes the need for information, guidance and reflection on the childraising model to be used in the family; the need for parents to have time for themselves, their jobs and their families; the need to improve their confidence in their own parenting skills and to feel satisfied with the parent/child bond and with the childraising task in general; and finally, the need for formal and informal support to help them deal with difficulties and reduce parenting and family stress. To this end, the Recommendation states that it is essential that families be provided with psychoeducational and community support that will create the proper conditions for parents to fulfil properly the very important task of caring for and raising their children. To a certain degree, all families need to feel supported and recognised for their strengths and to sense an appreciation for their family culture; the main challenge therefore lies in establishing how best to provide the appropriate services to the vast range of diverse family circumstances in today's society to help these families function. To this we must add the growing interest in positive parenting as a means of improving the quality of services provided to families, with a view to fostering best practice amongst professionals.

The present Guide is in line with the European approach adopted in Recommendation Rec(2006)19 of the Committee of Ministers of the Council of Europe to Member States on Policy to Support Positive Parenting

All of these developments pose a challenge to professionals in a broad range of settings, as they face new realities and needs in their work with children, youth and families. These challenges include:

The term "parenting" comes from "parental" (from the Latin 'parere' (to bear, give birth), -nt- (a suffix that indicates an agent), plus the suffix -al (related to). It refers to the care and upbringing role played by the mother (maternity), the father (paternity), or another parent figure. The equivalent term in Spanish, "parentalidad", is not included in the Dictionary of the Real Academia Española.

- Assisting and attending to a broad and heterogeneous profile of family models and situations within the current landscape of family diversity.

- Ensuring more universal access to services offering attention and support to families, enabling family participation and decision-making powers in matters affecting them, and improving the presentation, visibility, access and normalisation of the use of family services.

- Broadening the scope of attention so that, in addition to including protection and promotion of children and youth, attention is also paid to building capacities and healthy family relationships to foster proper treatment and, by extension, promote community development and well-being.

- Validating family cultures and identifying families' needs, strengths and support networks, giving them a voice and involving them as central players capable of making decisions and participating in the work of support services and entities.

- Transmitting a sense of security and well-being to families during case assessment, intervention and followup, respecting families' central roles and defining responsibilities and commitments undertaken.

- Ensuring that actions and interventions take into account the gender perspective.

- Promoting collaboration and coordination within teams of practitioners and with other services and entities.

- Ensuring transparent and agile procedures that consider the perspective of the rights and obligations of children and families.

- Guaranteeing and fostering specialised training for teams of practitioners and for other services and entities involved in intervention.

- Creating spaces for reflection on practice and defining and coordinating strategies for professional support and supervision.

- Applying evidence-based best practices and evaluating the quality of social services and entities.

All of these developments pose a challenge to professionals in a broad range of settings, as they face new realities and needs in their work with children, youth and families

We are currently witnessing around us a collective effort on the part of public administrations (at the state, regional and local levels) aimed at coordinating actions to promote positive parenting and improve communities within the framework of plans, strategies and programmes bearing the seal of the Council of Europe Recommendation. In particular, we can highlight actions aimed at promoting the quality of services and entities serving children, youth and families, as well as contributions to the development of community resources, which are essential given their great impact on families' well-being and quality of life. The principles, characteristics and transformative potential of family services in Spain from the positive parenting standpoint have been reported in previously published, widely disseminated works (Rodrigo et al., 2010a; 2010b; 2011).

With the publication of the **Best Practice Guide for Positive Parenting** (Rodrigo et al., 2015) and the online protocol hosted on the practitioners'

intranet of the website "familiasenpositivo.org", a major step has been taken toward guiding and improving professional practice in work with children, youth and families from the positive parenting standpoint. The Guide was produced under the coordination of the Directorate General of Local Policies of the Spanish Federation of Municipalities and Provinces and the Directorate General of Family Diversity and Social Services of what was, at the time, the Spanish Ministry of Health, Social Services and Equality, and drafted by a group of experts from different Spanish universities (listed here in alphabetical order): the University of Barcelona, the University of the Basque Country, the University of La Laguna, the University of Las Palmas de Gran Canaria, the Autonomous University of Madrid, the University of Oviedo and the University of Seville. A number of practitioners from various fields (including social services, education, healthcare, justice, NGOs and others) also contributed their considerable experience to the drafting of the Guide. Since its publication, the Guide has proved a useful resource for improving the quality of services and supporting practices with families in the face of these new professional realities. It is aimed at practitioners, service users and social policy makers in the areas of social services, education, public health and justice and in other social services and entities working with families.

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With the publication of the Best Practice Guide for Positive Parenting a major step has been taken toward guiding and improving professional practice in work with children, youth and families from the positive parenting standpoint

The present **Guide to Interprofessional Competences for Positive Parenting** is intended to offer an analysis and reflection on interprofessional competences and has been developed with the same team of experts from the same universities under the coordination of the Directorate General of Local Policies of the Spanish Federation of Municipalities and Provinces and the Directorate General of Family Diversity and Social Services of the current Ministry of Social Rights and Agenda 2030. Likewise, a good number of practitioners from various fields have participated in its drafting, contributing their considerable experience in this matter and allowing us to reach the final consensus that this Guide seeks to reflect. The triangular model of collaborative work between policy makers, researchers and practitioners has been proving very useful when introducing an evidence-based culture and good professional practices into these services and entities (Asmussen, 2012; Bellamy et al., 2008). The content of the present Guide continues with the theme of the previous Guide, since the concept of good professional practice is closely linked to the identification of the interprofessional competences that such practice requires. Therefore, we hope that this Guide will constitute a useful resource for practitioners at services and entities wishing to adapt the training of their teams to reflect best practices so as to enrich and consolidate them, all with a view to improving the services provided to the families and communities they support and accompany.



2 How and why this Guide was produced

We speak of interprofessional competences here, since the tasks involved in working with children, youth and families cover multiple facets that can be addressed by professionals from various disciplines, including psychologists, pedagogues, psychopedagogues, social workers, social educators or other professionals working in the psychosocial field, not to mention professionals in schools (counsellors and teachers), healthcare (paediatricians, nurses, midwives, social workers) and the judiciary, among others. This being the case and considering the fact that in practice we increasingly work as a team, there are no agreed standards for training and capacity building from this interprofessional perspective.

In the absence of such frames of reference, recent university graduates are often unsure about how to tackle their professional specialisation. Often, their decisions will depend on the opportunities offered by the postgraduate studies to which they have access. Few universities offer a specialisation in this field, the result being that graduates will often not obtain a coherent and complete interprofessional education in accordance with what is expected in family intervention from the positive parenting standpoint. When they begin working in a service, they usually require additional training to update their theoretical and practical knowledge to include the new family realities that they must face, emerging forms of care or new ways of organising the service from the positive parenting standpoint.

For these reasons, we believe that unless an effort is made to identify interprofessional competences, the necessary frames of reference will not be created to support these best practices and it will be hard to implement improvements where they are needed. In this sense, there are solid reasons related to services, to work with families and to society in general that justify the development of a guide to interprofessional competences. We list them below.

Figure 1. ***Cycle of enrichment and dissemination of best practices through interprofessional competences***



There are solid reasons related to services, to work with families and to society in general that justify the development of a guide to interprofessional competences

Related to social services and entities:

- Describe the interprofessional *competences* that allow for the setting of professional training standards required for working with children, youth and families.
- Consolidate *quality standards* in services for children, youth and families, identifying where

progress has been made and strengthening a service's best practices.

- Identify *needs for initial training and continuing education* of practitioners working in social services and entities to develop best professional practice.

In the absence of such frames of reference, recent university graduates are often unsure about how to tackle their professional specialisation

Related to work with families:

- Satisfy the need to share an *ethical purpose and a common language* amongst professionals when it comes to highlighting compliance with the principles, values and rights that should govern actions with children and families.

- Promote a consensus *among all professionals* to place families at the centre of the service, facilitating respectful treatment, an alliance with families and the participation of families in their own well-being within a culture of prevention and promotion.

- Identify interprofessional competences that foster collaborative and responsible forms of work, to ensure *better results* for the development and well-being of children, youth and families and the communities where they live.

Related to society in general:

- Contribute to the development of *human capital in society* by creating communities that are more aware of and in tune with the well-being of children, youth and families and, as a result, society as a whole.

- Facilitate *spaces for community encounters* to disseminate services' and entities' contributions to children, youth and families and to hear community members' views about how these services can be made more suitable.

- Offer guidance to *undergraduate and graduate programmes* at universities and professional associations about support and intervention for children, youth and families, taking a progressive approach to training in interprofessional competences.

To produce this Guide, a *work plan* was designed covering the period from October 2018 to June 2021 that allowed for very close collaboration between individuals from various fields throughout the process (see Figure 2). Thus, in *Phase 1*, a panel of experts from the aforementioned universities reviewed national and international models of interprofessional competences within the framework of positive parenting and examined how they corresponded with the best practice protocol. In this review, preference was given to those models that addressed interprofessional competences beyond the limits of a specific professional field, since the latter are already recognised by the respective professional associations that work with children, youth and families.

Identify interprofessional competences that foster collaborative and responsible forms of work, to ensure better results for the development and well-being of children, youth and families and the communities where they live

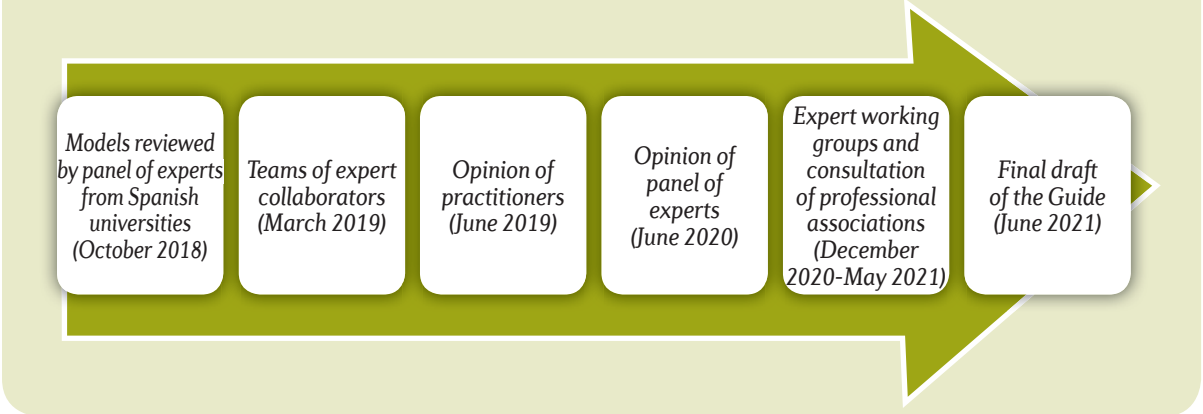
In *Phase 2*, the expert panel's teams of collaborators carried out a qualitative analysis of the competences identified in the initial review, redrafting and complementing their work and eliminating overlaps between the competences to ensure proper coverage of all points related to the three parts of the aforementioned best practice protocol (services, work with families and evidence-based programmes). Following three rounds of consultation between the experts and their respective teams and a final round of coordination, a consensus was reached on the initial draft list of competences.

Thus, in Phase 1, a panel of experts from the aforementioned universities reviewed national and international models of interprofessional competences

In *Phase 3*, a study was carried out with professionals (68 service coordinators and technicians) who had completed a training course in the best practice protocol to assess the competences obtained in the previous step using the Delphi method (Hsu & Sandford, 2007). The *representativeness and usefulness* of each competence was assessed within the category to which it had been assigned, as was the clarity with which it had been expressed. Professionals were selected from among participants at the in-person best practice protocol training courses held in previous years, to ensure they had the necessary prior knowledge of the protocol and could thus assess the competences required for these practices. A total of 68 professionals volunteered (72% women; with an average of 20 years of experience and 18 years of working

In Phase 2, the expert panel's teams of collaborators carried out a qualitative analysis of the competences identified in the initial review, to ensure proper coverage of all points related to the three parts of the aforementioned best practice protocol

Figure 2. ***Drafting process for the Guide to Interprofessional Competences for Positive Parenting***



with families), with qualifications ranging from diplomas (19%) to bachelor's degrees, including undergraduate degrees (81%), and with experience working in the public (59%), private (7.4%) and NGO (33.6%) sectors. They were distributed into three equivalent groups according to the profile described (in particular by sex, qualifications and work area), and were asked to evaluate the respective competences according to each of the three parts of the best practice protocol: characteristics of the service, work with families and implementation and evaluation of evidence-based practices and programmes.

Phase 4 involved using the Delphi method in a new round with the panel of experts, this time

In Phase 3, a study was carried out with professionals who had completed a training course in the best practice protocol to assess the competences obtained in the previous step using the Delphi method

to obtain their opinion of the *importance* of each competence. Each expert on the panel completed



Phase 4 involved using the Delphi method in a new round with the panel of experts, this time to obtain their opinion of the importance of each competence

this task on their own. In *Phase 5*, working groups were organised that brought together panel members to analyse the results obtained in the two Delphi rounds. The views expressed there provided very valuable information about the competences and contributed to improving both the substance and the wording until a final consensus was reached. A final round of consultation was conducted with representatives of professional associations who work with children, youth and families, to exchange views about the pertinence of the Guide to professional activities in this area.

In Phase 5, working groups were organised that brought together panel members to analyse the results obtained in the two Delphi rounds





3

What interprofessional competences are and how they can be promoted

Our work is based on a general, inclusive view of competence that refers to *all ideas (beliefs, knowledge, attitudes, attributions), emotions and actions that allow one to generate and coordinate flexible, adaptive responses to demands arising from the implementation of tasks and capitalise on opportunities offered by the human and material resources available in the community context* (Waters & Sroufe, 1983; Masten & Curtis, 2000). There are so many different components making up a competence, and they come together in such complex ways, that a simplistic approach to training in these competences would inevitably fall short. The fact is that competences "are not suited to explanation, obligation, recommendation or conviction".

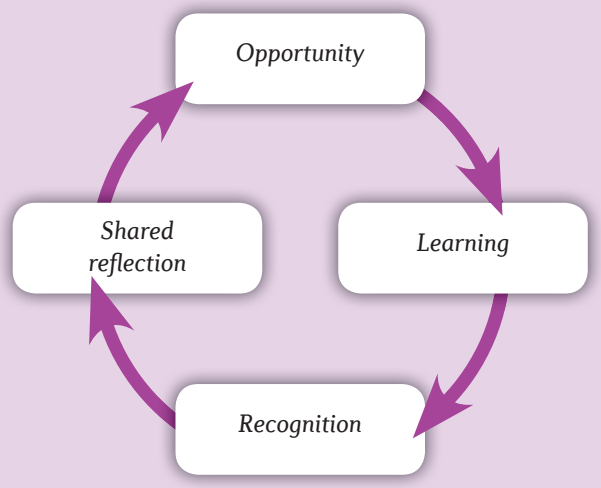
Applied to the professional sphere, the promotion of competences requires that there be coherence between ideas, emotions and actions, and that these components come together to form part of one's professional activity. This implies making a sustained effort to generate a continuous cycle of promotion of the practitioner's competences, as illustrated in Figure 3 (and inspired by the work of Hawkins et al., 1992):

- Practitioners must have *opportunities* to engage in practical work with families in a way that fosters relationships that are deep enough for them to learn from the families through observation, simulation or practice.
- Practitioners must learn to develop *knowledge, skills, values and attitudes* that allow them to make the most of the opportunities that arise in practical work settings.
- They must receive *recognition* for their efforts, at least in their professional context, so that they can identify and recognise their progress and feel motivated to continue learning.
- They must participate in *shared reflection* with other practitioners about specific tasks (i.e., guidance, intervention, accompaniment and care), as part of a process, given that the relationships and settings in which they work are fluid and dynamic, with the aim of consolidating their learning and adapting the lessons learned to the full range of practical contexts.

Our work is based on a general, inclusive view of competence that refers to all ideas (beliefs, knowledge, attitudes, attributions), emotions and actions that allow one to generate and coordinate flexible, adaptive responses to demands arising from the implementation of tasks

As shown in Figure 3, throughout the care process (i.e., assessment, intervention, accompaniment, supervision, professional ethics and codes of

Figure 3. ***Continuous cycle of promotion of professional competences***



conduct), a learning process is defined that includes being given opportunities, learning new things, receiving recognition for what has been learned and participating in shared reflection, all indispensable factors in ensuring that the process of promoting professional competences will be effective. Learning in a vacuum without opportunities to apply the lessons in practice, receiving recognition without having understood what has been learned and where one's professional self-concept requires adjustment, or participating in shared reflection with other practitioners without having already acquired one's own experience based on recognised learning are all examples of an imperfect or partial process of promotion of competences.

At this point, it is important to define what is understood by interprofessional competences in work with children, youth and families from a positive parenting standpoint. We should first define what is meant by *interprofessionality*, that is, the process by which professionals of different disciplines share knowledge, reflect and develop practices on the basis of agreed principles and approaches to action that offer

Interprofessionality is the process by which professionals of different disciplines share knowledge, reflect and develop practices on the basis of agreed principles and approaches to action

an integrated approach to the needs of families and of society as a whole (D'Amour & Oandasan, 2005). Therefore, and inspired by the World Health Organisation's (2010) definition of interprofessional competences in healthcare settings, we can say that *interprofessional competences are an integrated set of knowledge, skills and attitudes/values that define work between professionals of different disciplines, in alliance with families, their social networks and communities, to improve the quality of the services provided and the results thereof*.

Knowledge is defined as the body of facts, principles, theories and practices related to a field of study or work

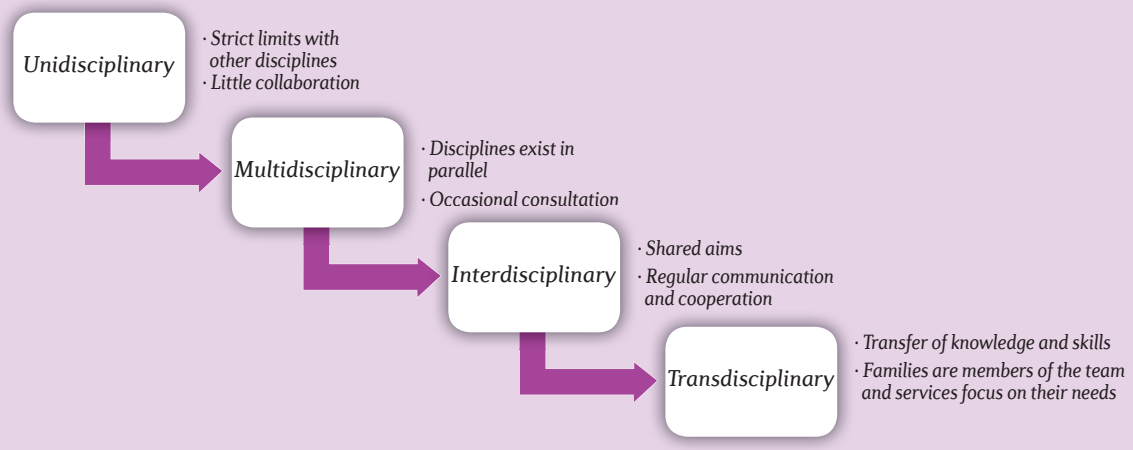
Following the terminology of the European Centre for the Development of Vocational Training (CEDEFOP, 2014), which is the European Union's centre of reference for education and vocational training, *knowledge* is defined as the body of facts, principles, theories and practices related to a field of study or work. A *skill* is defined as the ability to apply knowledge and use know-how to complete tasks and solve problems in a given field. Finally, an *attitude* is a willingness to act in accordance with certain beliefs, feelings and *values*.

Interprofessional competences involve relationships between professionals that are

A skill is defined as the ability to apply knowledge and use knowhow to complete tasks and solve problems in a given field

interdisciplinary or transdisciplinary, thus overcoming the strictures inherent in the unidisciplinary or even multidisciplinary approach. Figure 4 shows the characteristics of these modalities and clearly illustrates the advantages of the interdisciplinary or transdisciplinary approach.

Figure 4. ***Summary of professional relationships by disciplinary modality***



In the *unidisciplinary* relationship, independence prevails between professionals from different disciplines, there are rigid limits between their professional competences and there is little or no collaboration between them. In the *multidisciplinary* relationship, professionals work as a team as independent experts, so that

In the unidisciplinary relationship, independence prevails between professionals from different disciplines

the consultations are individual and the actions are carried out in parallel, although with some level of collaboration between members. In the *interdisciplinary* relationship, we already see joint aims developed by a team; meetings and information exchanges held on a regular basis; more communication, cooperation and cohesion among group members and models; and the use

In the multidisciplinary relationship, professionals work as a team as independent experts

of practices from various disciplines. Finally, the transdisciplinary relationship implies mutual transfer between professionals to develop

In the interdisciplinary relationship, we already see joint aims developed by a team

new joint frameworks of understanding and action beyond the models and practices of the disciplines themselves, with families fully included as part of the team contributing to the

The transdisciplinary relationship implies mutual transfer between professionals

development of joint goals and plans for how they can be achieved. An example of inter/transdisciplinary contribution can be found in the "open dialogue" model in which the family and its needs, its relational space and support professionals are integrated into a dialogic

discourse as a fundamental part of the process of guidance, assessment and intervention (Seikkula, 2002).

When it comes to the *spaces for promoting interprofessional competences* on the basis of interdisciplinary and transdisciplinary relationships, these should be in accordance with spaces used for university training and for professional practices within the services (Figure 5).

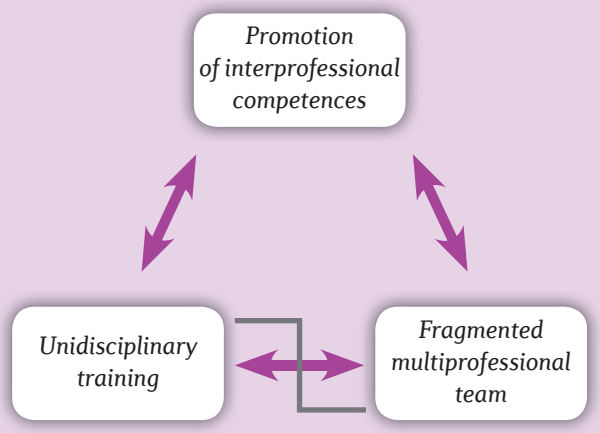
Now, as reflected in Figure 5, there is a risk that the unidisciplinary training received during the training process will lead to professional actions typical of a labour force that is fragmented into professional groups (e.g., social educator, social worker, pedagogue, psychologist, counsellor, sociocultural animator, etc). In fact, following their unidisciplinary training, professionals usually join a service staffed by multiprofessional teams, where they meet other professionals from various disciplines, each trained in their own frameworks. Under these conditions, the connection between the training space and the professional space is no longer functional. *This disconnect does not facilitate a joint understanding of the knowledge, skills, attitudes/values or quality standards required for working with children, youth and families from the positive parenting standpoint.* As a consequence, the various traditions and practices of each professional group can act as barriers intended to protect professional territories with specific professional competences, thus hindering collaboration and the exchange of information between these groups. Of course, all this occurs without any intent to dilute the various professional profiles and merge them into that of a single, all-purpose practitioner.

There is a risk that the unidisciplinary training received during the training process will lead to professional actions typical of a labour force that is fragmented into professional groups

In addition to recognising the competences of each professional group, we must aspire to develop spaces where the interprofessional

The various traditions and practices of each professional group can act as barriers intended to protect professional territories with specific professional competences, thus hindering collaboration and the exchange of information

Figure 5. ***Relationships between training spaces, multiprofessional teams and spaces for the inter- and transdisciplinary promotion of interprofessional competences***



competences required in this area can be promoted. Undoubtedly, the training spaces provided by *regulated education*, such as those provided by external internships for *undergraduate* degrees and *postgraduate education* at universities (postgraduate diplomas, masters and doctorates), could be appropriate

In addition to recognising the competences of each professional group, we must aspire to develop spaces where the interprofessional competences required in this area can be promoted

for promoting interprofessional skills. Likewise, the ongoing or continuing education and training courses offered by *professional associations* focused on various professional tasks could also be very useful. In this sense, it is obvious that the codes of professional ethics and professional profiles proposed by the various professional associations whose members work with children, youth and families must be respected. However, it would be necessary to go a little further by also providing members with interprofessional skills so that their work can be carried out within a framework of joint and coordinated actions with other professionals. In this sense, tools and strategies for inter-institutional collaboration to integrate training should be designed both in the public sphere and in the tertiary sector (professional practice plans, research and development).

Finally, it is necessary to highlight the opportunities for promoting interprofessional competences that services themselves can provide when practitioners first join their services or as part of their ongoing professional practice. The best training opportunities include those involving teamwork-based *collaborative* practice with shared objectives and reflections, the use of *networking* to address cases involving various coordinated services, or participation

The ongoing or continuing education and training courses offered by professional associations focused on various professional tasks could also be very useful

in *local or regional bureaus or teams* that bring together professionals from various services and entities to identify needs and ensure the proper planning and development of new resources in a neighbourhood, district, or other space. In all of these, the collaboration and participation of families is key, as they are also aware of their own needs and of the aspects to be improved in the services, and these aspects must be addressed together. Some areas where progress has been made in fostering a transdisciplinary relationship between professionals include, for example, services for families with children who have early care needs or disabilities, or integrated services for mental health care for children and youth. In such circumstances, families often visit many practitioners and may be overwhelmed by the lack of coordinated information or a surfeit of actions by practitioners, and so there is a clear need to develop a professional service model that is integrated and connected, following an action plan that families also know about and have contributed to developing.

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4 characteristics of the interprofessional sphere

It is essential to define the interprofessional sphere in services and organisations that work with children, youth and families from the positive parenting standpoint, so that we can identify the competences of the practitioners who follow this approach. Practitioners who begin working in a service should define their professional activities in a space characterised by different coexisting axes (Figure 6).

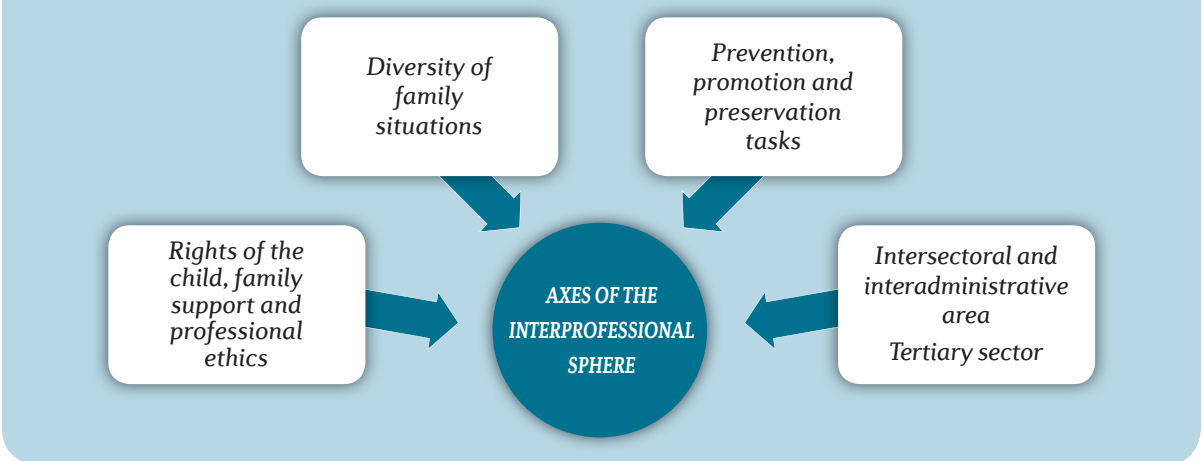
First, this is a sphere defined by professional ethics based on the rights of children and youth in accordance with the guiding principles of the United Nations Convention on the Rights of the Child (1989): non-discrimination; the best interests of the child; the right to life, survival and development; and the right to be heard and participate, among others. One must also consider the United Nations Guidelines for the Alternative Care of Children, a Resolution adopted by the General Assembly in 2010. This Resolution emphasises the right – already recognised in the Convention – of children and youth to live in a family, whether their own or an alternative one, that will ensure that their biological, psychological, educational and social needs are met. In turn, families must be assured support from institutions to help them raise and care for their children properly, a requisite that

It is essential to define the interprofessional sphere in services and organisations that work with children, youth and families from the positive parenting standpoint

is in line with the positive parenting approach (Dolan et al., 2019).

In 2015, Spain amended its legislation protecting children and youth, mainly to strengthen the right of minors to live in a family in keeping with the United Nations guidance mentioned above. Thus, the protection of at-risk or abandoned children is currently governed in Spain by Organic Law 8/2015 of July 22 modifying the

Figure 6. ***Coexisting axes in the interprofessional sphere in family services or entities, as seen from the positive parenting standpoint***



protection system for children and youth, and by Law 26/2015 of July 28 on the protection of children and youth. In these laws, it is made clear that children and youth should live in their original family context and that the state must provide families with all of the support they need to fulfil their role as parents. When, despite all efforts, children suffer abandonment and must be temporarily separated from their families, foster care is the preferred solution, whether with the extended family or in an alternative family. In addition, children under three years of age cannot live in residential care, but must be placed in a family home, and children under the age of six cannot spend more than three months in a residence awaiting placement with a foster family.

Likewise, the recently adopted Organic Law 8/2021 of 4 June for the Comprehensive Protection of Children and Youth against Violence points out the importance of families in the prevention, intervention and treatment of violence. Organic Law 8/2021 includes a definition of positive parenting in Article 26.3(a): "the behaviour of the parents, or of those who exercise tutelage, guardianship or foster care functions, based on the best interest of the child or adolescent and aimed at ensuring that the minor is raised in a nurturing environment without violence that includes the right to express their opinion, to participate and be taken into account in all matters that affect them, educates in rights and obligations, favours the development of their capacities, offers recognition and guidance, and allows their full development at all levels". Specifically, the guide for families on Organic Law 8/2021 published by UNICEF on 24 May 2021 states that Spain recognises the importance of families as a natural context for child and youth development and that families need to be supported as educators and protectors. In particular, it states that "*This support is covered by measures focused on promoting good treatment and positive parenting*" (UNICEF, 2021, p. 17). From the foregoing, it can be deduced that protecting children and guaranteeing their rights necessarily involves guaranteeing positive parenting and promoting support for families as the priority context in which this can be achieved. Therefore, the objectives of guaranteeing family well-being and the best interests of children and youth are integrated into a common purpose of existing interventions and resources.

Finally, we must recall that all professional activity is governed by codes of conduct laid down by professional associations, and that these must be followed to the letter. In short, the best interests of children and youth must prevail, and the central role of the family's support needs must serve as inspiration for all actions in the professional ethical sphere.

"This support is covered by measures focused on promoting good treatment and positive parenting"
UNICEF, 2021

The second axis states that the professional sphere must be defined taking into account the need to adapt services and entities to a *wide range of families and family situations*, with the focus on the current reality of family diversity. The presence of a great variety of family situations must be accompanied by the design and implementation of differentiated forms of parental support according to family structure (covering the range of single-parent, traditional two-parent, reconstituted, homoparental, adoptive and foster families) and cultural diversity (migrant and intercultural families), among other diversity factors; this is not always foreseen in professional work. Likewise, the functional diversity of the children and of the parent figures themselves must also be taken into account when satisfying these families' support needs. In this sense, one must consider the possibility that one or both parents may have functional, intellectual or sensory diversity,

including also mental health concerns and dual pathology. A large part of the risk factors in childhood are associated with problems in family functioning and the consequent lack of support to meet the specific needs derived from the family dynamics associated with these models.

Within this framework of family diversity, we must draw attention to the fact that a line must be drawn between those family circumstances where the psychoeducational, socioeducational and community actions described in this Guide can be implemented and those situations where a family is experiencing gender-based violence. The actions described here cannot be carried out in families where gender-based violence, vicarious violence or child maltreatment is present, regardless of whether this violence has been reported to the police or not. Positive parenting interventions are recommended when the degree of conflict in the couple is low and where there is no noticeable imbalance of power, so that it is expected that the parent figures will be able to benefit from such actions, even if the family is in a position of psychosocial vulnerability. However, when the degree of conflict is high and there is a clear imbalance of power, the teams of practitioners involved must refer the case to existing specialised services. These issues have been included in the Council of Europe Convention on preventing and combating violence against women and domestic violence (Council of Europe, 2014).

The third defining axis is related to *the variety of prevention, promotion and preservation tasks* that are typical of this approach. Adopting a preventive stance implies effecting a profound change in the way practitioners understand their work with families, moving from a deficit-based approach to one based on risk prevention and building capacities and strengths (Dolan et al., 2006). According to this view, prevention efforts must be aimed at reducing the impact of the risk factors and promoting the protective factors present in the family and the community. The promotion of the parents' and children's capacities and resilience should also be considered in those cases where family preservation must be ensured due to the great vulnerability found in a family history of psychosocial risk.

Good collaboration and coordination is key to helping children and families perceive actions by professionals as integrated and coordinated

The fourth and final axis describes how the professional sphere is made up of a *broad range of services provided by various public administrations and in collaboration with entities in the tertiary sector*. It is an intersectoral space that covers different action areas, including those with social, educational, healthcare, justice, community, digital, leisure and environmental components. These services report to local and regional public authorities and to collaborating entities. The intersectoral, interadministrative nature of these services, taken together with the work of associations, foundations and corporations in the tertiary sector, means that it is important to ensure proper channels of coordination and collaboration that lead to synergies and prevent service overlap or gaps. All must work together in a coherent and orderly manner to meet the needs of children, youth and their families or caregivers. There are many advantages to this way of working in prevention, promotion and preservation: it allows for the sharing of resources, reduces workload by avoiding duplication, provides more creative and efficient solutions, offers a comprehensive view of services and ensures that families are more aware of the resources available. Good collaboration and coordination are key to helping children and families perceive actions by professionals as integrated and coordinated, and to ensuring they are treated as they should when interacting with the various services involved.



Practices in the interprofessional sphere

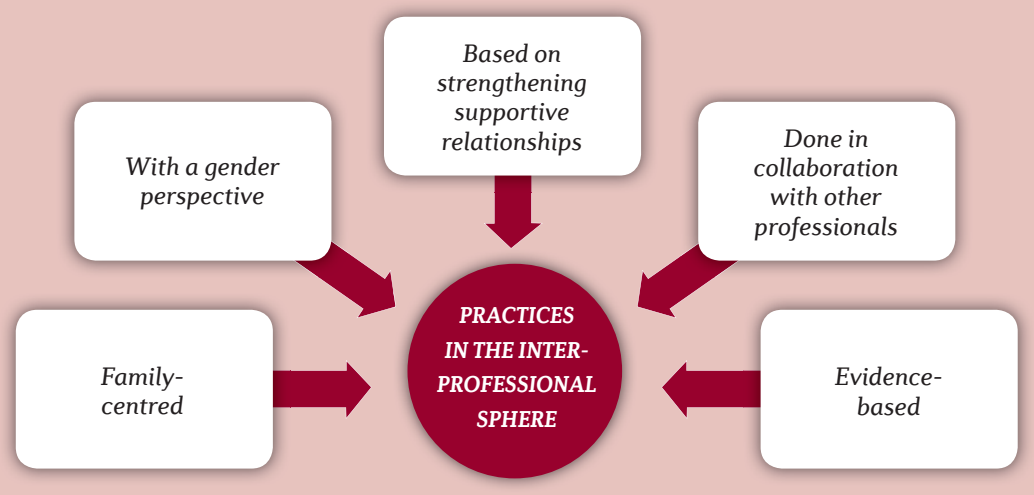
In this interprofessional sphere that we are defining through the lens of positive parenting, practices must be: family-centred, based on a gender perspective, focused on strengthening supportive relationships, done in collaboration with other professionals, and evidence-based (Figure 7).

First, positive parenting involves practices that *place families at the centre of the services* (Rodrigo et al., 2011). It is clear that all services work *for* families, but this must be done with the participation of children, youth and family members. Services and entities that place families at the centre and give them an active role to play: a) receive families in a space that is confidential, private, considerate and respectful where the story of the family's situation can be told; b) identify and meet families' needs while encouraging them to express their opinions, participate and be involved; c) keep families informed at all times about the process, communicate seamlessly with them and transmit security and well-being during guidance, mediation or intervention; d) coordinate amongst themselves and with other services; and e) are transparent with procedures and process paperwork quickly, treating families as users of the service with rights and obligations that include the right to participate in processes intended to improve service provision.

In this interprofessional sphere that we are defining through the lens of positive parenting, practices must be family-centred

Second, we consider it fundamental to adopt a *gender perspective* when working with families, in which both parents must share responsibility for their children's care and upbringing in a reciprocal, egalitarian family relationship. For this reason, it is important to attend to the gender roles established in the parent figures, to the differential socialisation of gender profiles of sons and daughters, which can be a source of conflict between brothers and sisters, and to

Figure 7. ***Practice in the professional sphere based on the positive parenting approach***



First, positive parenting involves practices that place families at the centre of the services

the use of gender stereotypes in the distribution of housework and the care and upbringing of sons and daughters. Clear evidence of the still predominant model of the woman as caregiver is the fact that most requests for assistance from social services and entities come from mothers. Relying solely on their point of view can lead to an incomplete perception of the parenting team, in terms of whether the spouse is available for certain tasks or whether supplementary parenting is provided by grandparents, ex-spouses, etc. Likewise, it is important to highlight the current phenomenon of the feminisation of poverty, which is concentrated in families where a woman is solely responsible for childcare and gives rise to great inequalities in access to social

Second, we consider it fundamental to adopt a gender perspective when working with families

rights. Finally, the need for gender awareness training for practitioners is key so as to guarantee a feminist perspective, free of prejudice, in the services provided to families.

Third, practices carried out in the interprofessional sphere must be based on the establishment of *interpersonal relationships to sustain the process of support and accompaniment for families*. In this sense, a service provided to a family does not necessarily qualify as strengthening support if appropriate interpersonal relationships have not been established between the practitioner, the family and their support networks. Improving the quality of support provided to families is a challenge for practitioners, who must rethink their professional practice to adapt to the new positive parenting approach.

Figure 8 provides an analogy for professional support provided to families, using the images of

Third, practices carried out in the interprofessional sphere must be based on the establishment of interpersonal relationships to sustain the process of support and accompaniment for families

two trees, a mimosa and a Canary Islands dragon tree, that have adapted differently to adversity (which takes the form of strong winds in the former case and a wall in the latter).

As we can see in the first image, the mimosa is propped up by a plank placed under its trunk,

Figure 8. ***Analogy of two types of professional support provided to families, represented by the mimosa to the left and the Canary Islands dragon tree to the right***



which is intended to replace the fallen limb and offers a precarious balance that would disappear if the plank were to be removed. The support for the dragon tree, on the other hand, takes the form of the tree reconfiguring its own structure by growing around the obstacle – this is a more lasting solution that allows roots to grow down to the ground from the curved part, ultimately leading to the formation of a second trunk. Table 1 provides a summary of the main differences between the support provided to the mimosa and the support enjoyed by the dragon tree.

In sum, support must be provided without prejudice or stigmatisation, and must be participatory, inclusive and guided by the needs of parent figures (Fukkink et al., 2014). Professionals should avoid making unilateral decisions for families, which can lead to excessive dependence on services that limits their role. Rather, they must make decisions based on a collaborative alliance with the families that fosters their capacities and resilience to increase their self-confidence, responsibility, commitment and autonomy in decision making. Interventions should also be based on empowering children and youth, promoting their strengths and resources and helping them to communicate their feelings and needs, to participate in matters that concern them.

Fourth, this sphere must include *practices based on interprofessional collaboration*. A service's organisational structure must ensure there are appropriate *spaces for shared decision making, coordination of actions, and reflection on and improvement of practices*. However, we do not often see such spaces being made available for reflection, supervision, accompaniment of practitioners, research, knowledge creation or improvement of professional practice. For this reason, we may see the consolidation of

Professionals should avoid making unilateral decisions for families, which can lead to excessive dependence on services that limits their role

Table 1. ***Types of support represented in the "mimosa and dragon tree" analogy***

Building mimosas	*Building dragon trees*
• *Identification of risks and problems with the aim of palliating negative consequences*	• *Promotion of capacities and resilience to overcome adversity*
• *Support that disables and affects growth and inhibits a return to normal*	• *Support that builds capacity and allows new and better forms of balance to be reached*
• *Fragile and unstable support that could stop working in the face of new threats*	• *Strengthening support that allows families to deal with new threats*
• *Dependence on support from the professional, on whom the family relies to survive*	• *Alliance with the family that promotes independent functioning*

routine practices in response to demands for rapid and urgent action by the system, leading to inappropriate actions. This is no time for improvisation or direct personal contacts, but rather there must be a plan in place for cooperation and coordination between services and entities that facilitates resource sharing and the use of networks. If we want to improve quality and promote innovation in family support services, we must ensure that such spaces are created, in addition to the work we do directly with children, youth and families.

Table 2 shows how a network-based interprofessional cooperation team can work to resolve cases.

Finally, returning to Figure 7, it is essential to use *evidence-based practice* (EBP) in the professional sphere defined by the positive parenting approach. Taking healthcare as an example, EBP is generally defined as *the integration of best research with clinical expertise and patient/user values for optimum care* (Institute of Medicine, IOM, 2001; American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006; Asmussen, 2012).

However, we do not often see such spaces being made available for reflection, supervision, accompaniment of practitioners, research, knowledge creation or improvement of professional practice

Some may question a simple and direct application of this definition of EBP, taken from the field of medicine and clinical psychology, to the field of services for children, youth and families (Fives et al., 2014). Two points are controversial: *what is evidence and how is the role of the client/user defined*. Regarding the first point, a concept of evidence is proposed that integrates and harmonises the rigor of the applied science tradition with that emanating from consensual professional practice. In this line, an effort is being made to *adopt pluralistic approaches in the evaluation of professional actions, programmes and services that validate the use of quantitative,*

Table 2. ***Network-based interprofessional cooperation team for casework***

a) The team includes members from different disciplines who go beyond the limits of their respective policy areas to work together.

b) The team has a clear shared aim and meets regularly.

c) The team works on the basis of agreed sharing of knowledge, skills and resources.

d) One team member acts as coordinator of all actions for a given case.

e) Parent figures and family members (as required by the case) are an integral part of the team and participate in an open dialogue that is established to learn about their needs and social networks.

f) Assessment procedures are in place to regularly review the team's functioning, aims and procedures.

g) Visits are encouraged between participating entities to further raise awareness of the resources offered by each.

h) The services provided may vary according to the needs of each case.

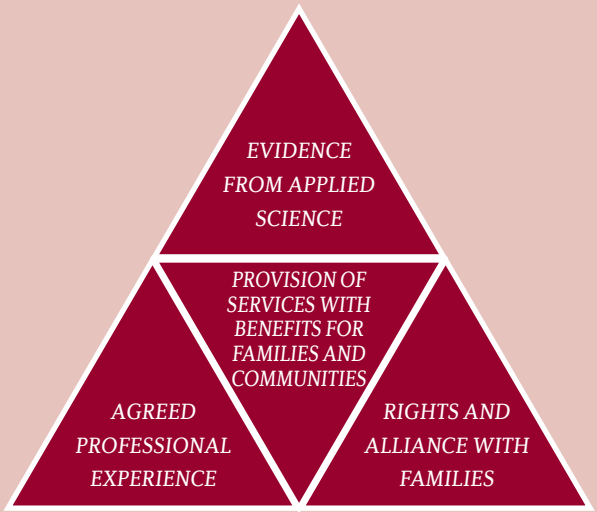
qualitative and mixed methodologies depending on the questions to be evaluated. Thus, for example, for the assessment of population needs, a qualitative or mixed methodology is more appropriate (e.g., a focus group accompanied by a survey). On the other hand, to evaluate the effectiveness of a programme, it may be better to compare the benefit obtained by those

Two points are controversial: what is evidence and how is the role of the client/user defined

groups that have followed the programme with that of groups that have not followed it, using a quantitative methodology of contrasting groups. Regarding *the definition of the client/user, these are minors and their families, and not simply users receiving a benefit or service*. In the case of children and youth, these are subjects with rights that assist and protect them, meaning that the best interests of the minor must prevail in all professional actions. In the case of families, they are the main safeguard of the rights and well-being of children and youth, and the rights and responsibilities of parents over their underage children also come into play here, so families should be given a central position in the service and collaborative relationships should be pursued.

For all these reasons, as illustrated in Figure 9, we consider that EBP, as seen from a positive parenting standpoint, should *combine the best evidence from applied science and agreed professional experience with respect for the rights of children and youth and the alliance with the family, within a service provision framework that has been shown to be beneficial to families and the communities in which they live.*

Figure 9. ***Components of evidence-based practice from a positive parenting standpoint***



Adopting EBP allows services and entities to test the functioning of their professional practices; to redirect efforts toward the provision of coordinated actions to improve efficiency; to

In the case of families, they are the main safeguard of the rights and well-being of children and youth

account properly for what is done in the service and the benefits obtained by families and the community; to ensure informed decision making in the services or entities that allow for improvements to be made; and, finally, to establish an informed and properly oriented family policy that creates the appropriate frameworks to facilitate improvements in services and the generation of knowledge for society.

Sometimes, a set of structured practices will give rise to a specific intervention programme. These are known as evidence-based programmes

Sometimes, a set of structured practices will give rise to a specific intervention programme. These are known as *evidence-based programmes* and have the following characteristics: they have a theoretical basis that addresses the expected process of change; they define their objectives, target population and contents, and these are described and structured in a manual; they evaluate their efficacy, effectiveness and/or efficiency in accordance with quality standards; and, finally, the conditions of implementation of the programme that affect its results in families and the community are known (Flay et al., 2005; Fixsen et al., 2005; Gottfredson et al., 2015).

The introduction of evidence-based practices and programmes is driving change in services and entities. First, it brings in a *culture of evaluation* that is often undervalued in these contexts. Second, it includes new strategies derived from the positive parenting approach based on the *assessment of capacities and strengths* and the application of positive parenting promotion programmes, among others, as part of the intervention process. Third, by focusing on prevention, it *broadens the range of families* that can be supported beyond those already in a serious and chronic situation. Fourth, it increases the *modalities of provision* used (not only individual house visits but also group and community intervention, both in person and online), giving greater scope to the possibilities of intervention in cases. Fifth, it contributes to the *training of professionals* and to reorganising services and entities so that they are oriented to new approaches to professional practice. Finally, the provision of community services in *collaboration with other services* can be addressed in this reorganisation.

The introduction of evidence-based practices and programmes is driving change in services and entities

In sum, the performance of these five types of practices in the interprofessional sphere must be guaranteed through the acquisition of a set of competences aimed at placing children and families at the centre of the service, based on a gender perspective, favouring the establishment of relationships with families based on collaboration and alliance, creating spaces for consensus, coordination and reflection with other professionals, and finally, adjusting practice to evidence from applied science, professional experience and the voice of the families themselves, including children and youth.

The performance of these five types of practices in the interprofessional sphere must be guaranteed through the acquisition of a set of competences aimed at placing children and families at the centre of the service







6

Model of interprofessional competences by action area

To produce our model, we reviewed other, existing models of interprofessional competences that go beyond those competence models defined specifically for a given professional association. These primarily address competences related to working with specific groups such as at-risk families (Competency-Based Inservice Training System; Rycus & Hughes, 2000; Institute for Human Services, USA) or children and youth (Association for Child & Youth Work Practitioners, USA and Canada, 2010); targeting specific tasks such as parenting education programmes (National Parenting Education Network, USA, 2011); or focused mainly on professional skills (see review by Zegarac et al., 2021).

Taken together, these contributions identify three main groups of interprofessional competences (Figure 10): those that aim for the professionalisation of a service (ME working as a professional); those that refer to relationships that professionals establish with families (BOTH professionals and families working together in an alliance); and those that refer to coordination with other professionals or services (US working with other professionals and services).

In the first group of competences, focusing on ME working as a professional, virtually all the models speak of the importance of *professionalisation*. They refer in particular to competences framing the professional's actions in the form of rules and regulations governing the action area; values-based ethical attitudes; developing the professional role using self-management skills;

To produce our model, we reviewed other, existing models of interprofessional competences that go beyond those competence models defined specifically for a given professional association

possessing a social awareness that respects the rights of children and families; recognising family and cultural diversity and promoting inclusive contexts; and contributing to the effective organisation of a service.

Figure 10. ***Interprofessional competences focused on ME, BOTH or US***



In the second group of competences, where there is also considerable agreement amongst the models studied, the focus is on BOTH stakeholders and based on establishing *alliances with families* (Escudero et al, 2009; Rodrigo et al., 2011). These

In the first group of competences, focusing on ME working as a professional, virtually all the models speak of the importance of professionalisation

alliances require a broad set of professional competences: showing acceptance of the other, commitment and involvement; fostering a sense of security and faith in the process; showing empathy and communication skills with families and their environment; using cognitive skills requiring analytic, synthetic and critical thinking, and interpersonal problem-solving skills; and the ability to take decisions, come to agreement, and offer assessment, guidance, mediation and intervention for the family. In short, it is about acquiring legitimate authority with the family by being truthful, authentic, reliable and genuine.

Finally, the group of competences based on US is the least covered by the models studied. It refers to the competences needed to establish collaborative relationships between professionals in the same service and with those in other

In the second group of competences, where there is also considerable agreement amongst the models studied, the focus is on BOTH stakeholders and based on establishing alliances with families

services (Rodrigo et al., 2011). These have to do with goal-oriented planning and the drafting, implementation and assessment of projects and programmes. The organisational skills required here involve group management, coordination with other professionals, the ability to work in a network, project/programme design, analysis of results, drafting of reports and dissemination of results to other professionals.

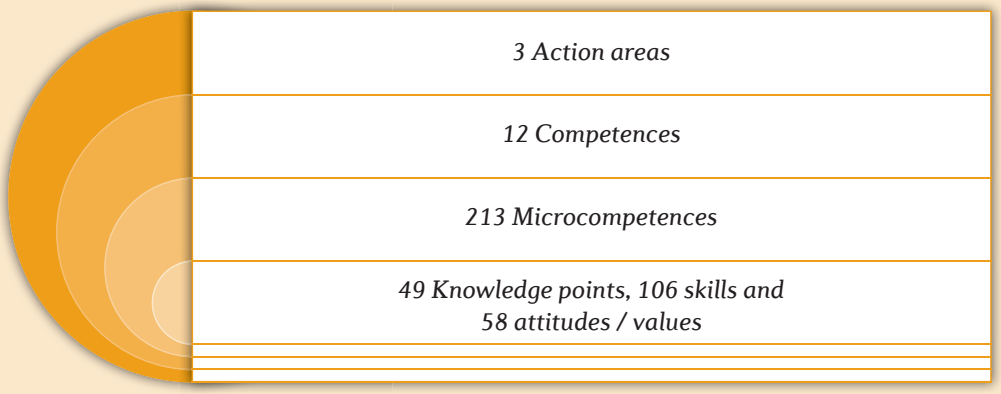
However, although this summary of what the models contribute is valuable in itself, Figure 10 defines competences that lie outside the action areas covered by best practice guidance. This

Finally, the group of competences based on US is the least covered by the models studied

does not make it easier for professionals to relate professional competences to the best practices defined for more specific areas. Therefore, *the model that we propose recategorises the competences as identified in the previous models, complements them with others, and assigns them to three main action areas corresponding to the three sections covered in the Best Practice Guide for Positive Parenting* (Rodrigo et al., 2015). As can be seen in Figure 11, we have designed a new structure that allows us to organise the set of interprofessional competences identified according to the three action areas described. The reason for this is that the competences must respond to the best practices corresponding to each field, since they are what ensure that these practices can be carried out properly.

The first action area, *Characteristics of family support services and organisational culture*, brings together the competences that allow services to function properly while increasing visibility,

Figure 11. ***Inclusive structure covering the full set of interprofessional competences***



dissemination and family participation; to better provide all of the prevention, promotion and preservation actions required; and to be organised in a way that facilitates the work of their staff. The second action area, *The process of professional work with families*, covers the competences that are focused on offering support to families, from welcoming them at the start of the process; assessing the family's situation and parenting approach; and family guidance, mediation and intervention processes and followup. The third action area, *The use of evidence-based programmes to support families*, refers to the competences needed to carry out activities related to positive parenting programmes, from their design and use to proper implementation, rigorous evaluation and effective dissemination and communication of results.

For each of these areas, we have put together a set of *competences* (12 in total, four for each area) and corresponding *microcompetences* (213 in total), which are divided up into knowledge (49 points), skills (106 points) and attitudes/values (58 points). These complement each other and reflect what practitioners should "know", "master", "be" and "become" in order to respond properly to the professional situations that arise (Echeverria, 2005). To define the *microcompetences*, we followed the approach proposed by Fuentes-Peláez and colleagues (2017), based on the need to delve more deeply to a more specific level of competences so as to be able to address and resolve specific situations and/or carry out certain professional tasks. *The set of microcompetences corresponding to each competence help define a frame of action that is both coherent and useful in a professional's everyday work*. In Tables 3, 4 and 5 we present the competences related to each area and give an example of the microcompetences falling under the categories of knowledge, skills and attitudes/values related to each competence.

For each of these areas, we have put together a set of competences (12 in total, four for each area) and corresponding microcompetences (213 in total), which are divided up into knowledge (49 points), skills (106 points) and attitudes/values (58 points)

Table 3. ***Competences related to the characteristics of family support services and organisational culture and examples of microcompetences for each type***

COMPETENCES	MICROCOMPETENCES	
Promotes professional practices in line with the positive parenting approach within the service's organisation	*K*	*Reviews and updates theoretical and practical knowledge on positive parenting*
	S	*Promotes coordination between diverse institutions, entities and organisations to improve awareness of and universal access to the service*
	At/V	*Considers the family's viewpoint and encourages their participation as a key element in the service organisation model*
Places the rights of the child and the family at the centre of the service's work	*K*	*Recognises in the service the United Nations Convention on the Rights of the Child, in particular the principle of the best interests of the child*
	S	*Promotes recognition of the parent figures' obligations and responsibilities in the care and upbringing of their child*
	At/V	*Promotes in the service the adoption of the principles and rights of social justice, social inclusion and equality*
Establishes strategies in the service for prevention and promotion of positive parenting while taking into account family and functional diversity	*K*	*Is aware of the family's specific needs, taking into account diverse types, cultures and circumstances, as well as the functional diversity of family members*
	S	*Designs procedures in the services to identify and evaluate strengths and needs in the family and their inclusion in the community*
	At/V	*Promotes awareness of and respect for family diversity as related to gender, parental roles, function, culture, religion, etc.*
Promotes professional competences, coordination, and the use of professional, community and university networks to improve the service	*K*	*Identifies the factors that facilitate innovation in professional practice in the service from the positive parenting standpoint*
	S	*Promotes networks with professionals of different institutions or entities involved in areas related to children, youth and families*
	At/V	*Respects the measures defined in the regulations to ensure a healthy work-family life balance for professionals working in the service*

Note: K (Knowledge), S (Skills), At/V (Attitudes and Values)

Table 4. ***Competences related to the process of professional work with families and examples of microcompetences for each type***

COMPETENCES	MICROCOMPETENCES	
Is able to build a collaborative relationship with the family and establish a strong alliance	*K*	*Knows the value of negotiation as a constructive form of creating a strong alliance with the family*
	S	*Knows how to establish a collaborative relationship with the family and it able to understand and take the family's point of view*
	At/V	*Is truthful and clear when expressing ideas and explaining what they mean*
Knows how to communicate with the family in a way that fosters recognition of their strengths and promotes realistic, consensus-based action	*K*	*Is familiar with the theoretical approaches that analyse communication processes between the practitioner and the family*
	S	*Helps mothers and fathers identify their own strengths and personal, family and social resources*
	At/V	*Keeps a positive view of parent figures, children and families*
Carries out a rigorous assessment of the needs and strengths of the family as a whole and of its individual members, evaluating parenting skills and child well-being	*K*	*Is familiar with valid and reliable forms of assessment (interviews, questionnaires, observation scales, journals, etc.) that can be used to assess the family's needs and strengths*
	S	*Evaluates parenting skills in adults and how they relate to the quality of the childraising environment in the family*
	At/V	*Is polite when conducting evaluations and ensures that individuals do not feel like they are under interrogation*
Is able to design and carry out activities involving guidance, mediation and intervention at the individual, group and community level to promote positive parenting and family well-being	*K*	*Is familiar with group methodologies and group dynamics*
	S	*Promotes communication and conflict resolution skills that foster appropriate and autonomous family functioning*
	At/V	*Is persistent and knows how to persevere in achieving improvement for the family, despite any obstacles that arise*

Note: K (Knowledge), S (Skills), At/V (Attitudes and Values)

Table 5. ***Competences related to the implementation of evidence-based practices and programmes and examples of microcompetences for each type***

COMPETENCES	MICROCOMPETENCES	
Is able to use appropriate methodology when designing and evaluating projects/ programmes	*K*	*Is familiar with the methodology and structure required for evidence-based programmes (identifying needs, aims, content, implementation methodology, activities, timing and evaluation)*
	S	*Associates programme aims with dimensions of change in participants or practitioners resulting from the programme that can be measured and assessed*
	At/V	*Considers it essential for practitioners to stay up to date in evidence-based programme methodology*
Ensures quality implementation of projects/programmes	*K*	*Is familiar with the human and material resources needed to effectively carry out individual, group or community programmes for parents, children and youth*
	S	*Connects with other services (schools, healthcare, etc.) to establish collaborative relationships that facilitate programme implementation*
	At/V	*Respects the diversity of family situations and childraising styles of families participating in the programme*
Conducts rigorous and effective evaluation of projects/programmes	*K*	*Is familiar with the different programme evaluation models and theoretical and methodological premises on which they are based*
	S	*Checks participant progress in achieving the programme aims*
	At/V	*Records all information required for the programme evaluation in a way that is reliable, respectful and accurate*
Writes technical reports evaluating the programme and communicates results effectively	*K*	*Is aware of the rigour and objectiveness required of professional reports*
	S	*Appropriately structures the technical reports providing case analysis and programme evaluation*
	At/V	*Where appropriate, comes to an agreement with the team on what the technical reports should contain, ensuring that they are respectful of families*

Note: K (Knowledge), S (Skills), At/V (Attitudes and Values)





How to use this guide: an opportunity to improve best practices

It is essential to identify the interprofessional competences needed for working with children, youth and families so as to implement best practices and help improve the quality of family support services. What follows is a proposal for four possible ways to use the present Guide as listed in Figure 12.

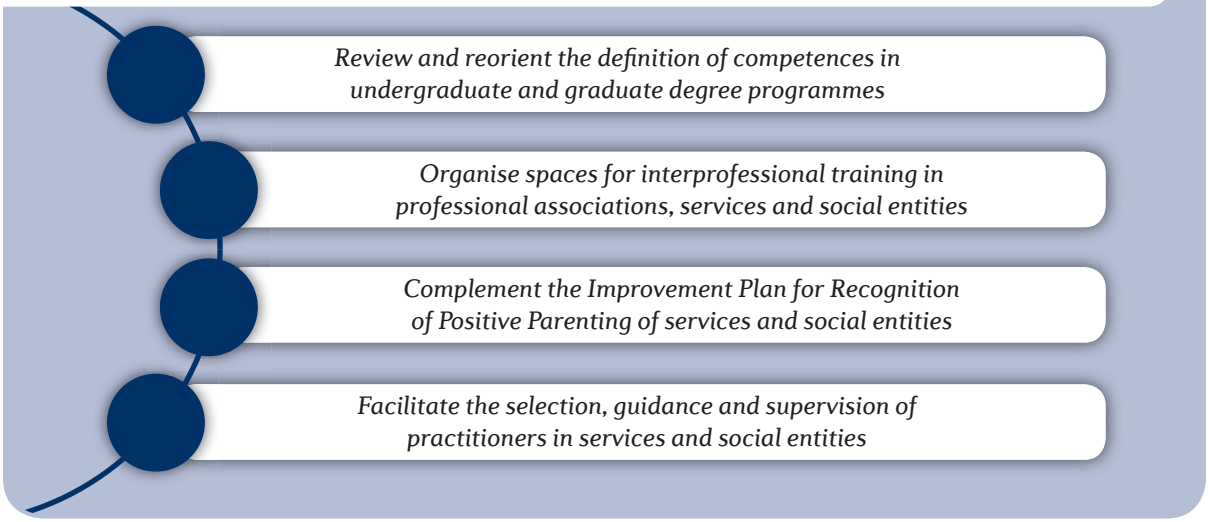
First, the Guide can be used to *review and reorient the definition of competences in undergraduate and graduate degree programmes* where future generations of child, youth and family practitioners are trained. Such a review would ensure that future graduates of both general degree programmes and specialisations would learn, through both specialist curricula and institutional internships, about the different interprofessional competences required to work in the field.

Second, considering that this is a field that brings together practitioners trained in different disciplines, it is essential to create *spaces for interprofessional training* in professional associations, services and social entities. Two different types of actions could prove useful here: a) designing specialised initial training programmes for practitioners, within the positive parenting framework, that explain what is required when carrying out joint actions

It is essential to identify the interprofessional competences needed for working with children, youth and families so as to implement best practices and help improve the quality of family support services

as part of their professional work in this area; and b) designing continuing education and training programmes on interprofessional competences (based on interdisciplinary and transdisciplinary models) to share and integrate knowledge from different action areas and to explain the collaboration and coordination required within teams of practitioners and with

Figure 12. ***How to use the Guide to Interprofessional Competences***



other services, thus contributing to offering a better organised, more integrated response to families. Any training in interprofessional competences should consider which result indicators will provide evidence that the practitioners have actually acquired the competences and should be subject to evaluation to establish whether the training aims have actually been achieved.

Third, the present Guide can help complement the *Improvement Plans* developed using the online application protocol found on the intranet of the website familiasenpositivo.org and referred to in the Best Practice Guide for Positive Parenting, which can also be consulted online on the website's extranet (landing page). Such a plan must be drafted before any formal Recognition of the Promotion of Positive Parenting can be granted (https://familiasenpositivo.org/reconocimientos). On the basis of self-evaluations conducted in services and social entities using this protocol, we have identified a need for professional training to improve the best practices under evaluation. The present Guide helps identify the competences and microcompetences involved in these practices, and as such can help complement the Improvement Plan and guide the organisation of training programmes to help practitioners with skills acquisition and improve service quality.

Third, the present Guide can help complement the Improvement Plans developed using the online application protocol found on the intranet of the website familiasenpositivo.org and referred to in the Best Practice Guide for Positive Parenting

The ultimate aim of the present Guide is to contribute to ensuring good interprofessional training with the aim of offering the best quality guarantees when providing services to children, youth and families





Finally, an awareness of the interprofessional competences included in this Guide can facilitate the *selection, guidance and supervision* of practitioners working in services and social entities. In terms of selection, it is important to use the right information and indicators, as described in the Guide, when selecting the *new technical staff* to work directly with families and justifying the decisions taken. The Guide can also help inform decisions on *internal promotions* to cover management and coordination positions in the services or to address programme design, development and evaluation. The Guide can also be used to help define *hiring profiles* for external staffers or collaborators, taking into account practitioners' skill profiles. Finally, the Guide can be very useful in supporting and accompanying existing technical staff through the creation of *spaces for reflection on professional practice* to improve the guidance and supervision of actions carried out and facilitate the incorporation of best practices.

In sum, the ultimate aim of the present Guide, through the uses described above and any others that may be developed in future, is to contribute to ensuring good interprofessional training arising from careful alignment between higher education, the actions of professional associations and the work done in the services and social entities themselves, all with the aim of offering the best quality guarantees when providing services to children, youth and families.

An awareness of the interprofessional competences included in this Guide can facilitate the selection, guidance and supervision of practitioners working in services and social entities

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Annex 1. Glossary

Best interest of the child

Principle laid down as a 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. The best interest of the child has been incorporated into Spanish law and developed in Act 26/2015 as a substantive right, general interpretive principle and procedural rule.

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.

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.

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.

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 mediation

The following definition appears in the reference Social Services catalogue: "Intervention aimed at managing conflicts between family members in separation or divorce processes and other cases of family conflict where indicated, through a procedure that is non-jurisdictional, voluntary and confidential, enabling communication and negotiation between the parties so that they try to reach a viable and stable agreement, and that also meets the needs of the family group, especially minors, people with disabilities, the elderly and those in a situation of dependence".

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 support

A set of professional activities aimed at improving family functioning and supporting the care and upbringing of children as well as other family activities within a system of collaborative relationships and community support resources (both formal and informal).

Interprofessional competences

An integrated set of knowledge, skills and agreed attitudes/values that define work between professionals of different disciplines, in alliance with families and communities, to improve

the quality of the care provided and the results thereof.

Knowledge, skill and attitude

Knowledge is defined as the body of facts, principles, theories and practices related to a field of study or work. A skill is defined as the ability to apply knowledge and use know-how to complete tasks and solve problems in a given field. An attitude is a willingness to act in accordance with certain beliefs, feelings and values.

Microcompetence

A more specific level of competences that enable one to address and resolve specific situations and/or carry out specific professional tasks The set of microcompetences corresponding to each competence help define a frame of action that is both coherent and useful in a professional's everyday work. Both competences and microcompetences are essential for carrying out best practices and can subsequently facilitate the selection, training and supervision of practitioners.

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.

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) 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". Organic Law 8/2021 includes a definition of positive parenting in Article 26.3(a): "the behaviour of the parents, or of those who exercise tutelage, guardianship or foster care functions, based on the best interest of the child or adolescent and aimed at ensuring that the minor is raised in a nurturing environment without violence that includes the right to express their opinion, to participate and be taken into account in all matters that affect them, educates in rights and obligations, favours the development of their capacities, offers recognition and guidance, and allows their full development at all levels".

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.

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.

Risk and abandonment

According to Spanish child and youth protection legislation, a child is considered to be at risk when the family situation is harmful to the child but not serious enough to justify the child's separation from the family, meaning that intervention is required to eliminate the existing risk factors. Abandonment is defined as a family situation that is serious enough that the child or youth must be separated from their family and taken, in principle temporarily, into care by an alternative family or, if that is not possible, into residential institutional care. In such cases there is also intervention to minimise the negative family situation so that the child or youth can return to live with their family as soon as possible.

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.

Space for the promotion of interprofessional competences

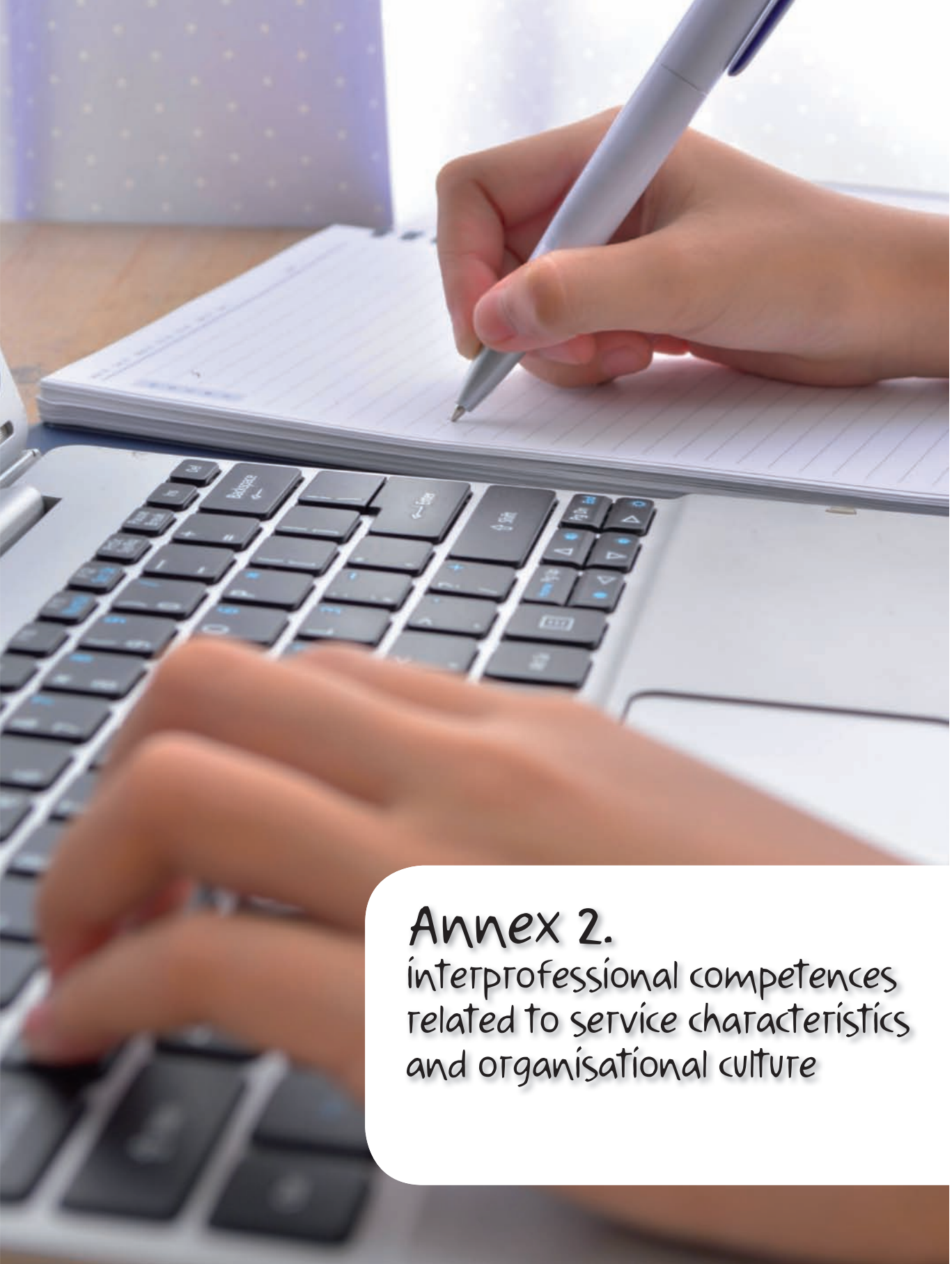
Spaces and strategies employed to create professional relationships that are both interdisciplinary, with shared aims and regular communication, and transdisciplinary, involving the transfer of knowledge and skills and the inclusion of families as members of the team and the focus of priority care.

United Nations Convention on the Rights of the Child (CRC)

International convention adopted in 1989 by the United Nations General Assembly that lays down the international commitment of the State Parties to guaranteeing the rights of children and youth. It has been ratified by all countries in the world except the United States.

Universal, selective and 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.



Annex 2.

interprofessional competences related to service characteristics and organisational culture

COMPETENCES	MICROCOMPETENCES
Competence 1 Promotes professional practices in line with the positive parenting approach within the service's organisation	***Knowledge***
	1. Reviews and updates theoretical and practical knowledge on positive parenting.
	2. Is aware of the functions of family guidance and intervention from the positive parenting standpoint.
	Skills
	1. Fosters family participation in the community and eliminates barriers to access to community resources for families.
	2. Evaluates whether the models or professional practices employed allow for the service aims to be met.
	3. Facilitates training for practitioners to update their knowledge of positive parenting.
	4. Distributes workload well and offers legal protection to staff fulfilling their professional duties.
	5. Makes available the material resources (space, audiovisual and IT equipment, etc.) needed to work with families.
	6. Spends time and resources on providing the service with training material for use with families.
	7. Promotes coordination between diverse institutions, entities and organisations to improve awareness of and universal access to the service.
	8. Advises policy makers to allow them to make informed decisions on childhood and family policy.
	Attitudes -values
	1. Includes practitioners' satisfaction with their work in the service as a key aspect of evaluation.
	2. Appreciates the good work done by practitioners as a way to maintain a high degree of motivation in the service.
	3. Responds positively when practitioners develop creative and innovative practices that improve the service.
	4. Considers the family's viewpoint and encourages their participation as a key element in the service organisation model.

COMPETENCES	MICROCOMPETENCES
Competence 2 Places the rights of the child and the family at the center of the service's work	***Knowledge***
	1. Recognises in the service the United Nations Convention on the Rights of the Child, in particular the principle of the best interests of the child.
	2. Ensures that the service focuses on the rights of children and youth to participate and be heard in all circumstances.
	Skills
	1. Facilitates effective and direct access for families to information on the rights of children, youth and families.
	2. Promotes recognition of the parent figures' obligations and responsibilities in the care and upbringing of their child.
	3. Organises the service in a way that respects the privacy, confidentiality, and protection of the rights of families and their individual members.
	4. Creates the necessary mechanisms to ensure that children and youth are heard in the service and adapts them to different ages.
	5. Shapes the service as appropriate to assist families and family members of different types and to hear their point of view.
	6. Promotes co-responsibility between the service and other entities when ensuring the proper care and upbringing of children and youth.
	Attitudes -values
	1. Promotes in the service the adoption of the principles and rights of social justice, social inclusion and equality.
	2. Stands up for proper treatment and for protection against maltreatment and abuse in any form or context.
	3. Recognises the rights of individuals to contribute to finding their own solutions, fostering their ability to solve problems.

COMPETENCES	MICROCOMPETENCES
Competence 3 Establishes strategies in the services for prevention and promotion of positive parenting while taking into account family and functional diversity	**Knowledge**
	1. Is aware of the family's specific needs, taking into account diverse types, cultures and circumstances, as well as the functional diversity of family members.
	Skills
	1. Manages the planning and implementation of prevention programmes, activities and resources that foster positive parenting in all families while respecting their diversity.
	2. Coordinates procedures for the detection and referral of situations of psychosocial and health risk as part of universal prevention services.
	3. Designs procedures in the services to identify and evaluate strengths and needs in the family and their inclusion in the community.
	4. Drafts or adapts instruments to assess citizens' degree of satisfaction with the information and attention received in the service.
	Attitudes -values
	1. Rejects discriminatory practices against service users and designs procedures to eliminate them.
	2. Promotes awareness of and respect for family diversity as related to gender, parental roles, function, culture, religion, etc.

COMPETENCES	MICROCOMPETENCES
Competence 4 Promotes professional competences, coordination, and the use of professional, community and university networks to improve the service	**Knowledge**
	1. Is aware of and ensures the legality and ethics of professional actions in the service.
	2. Is familiar with the plans or actions of professionals in other services to achieve more effective collaboration and avoid overlap.
	3. Identifies the factors that facilitate innovation in professional practice in the service from the positive parenting standpoint.
	Skills
	1. Formulates agreements, contracts and means of coordination in interprofessional and interinstitutional work with the different administrations, social entities and other institutions from various sectors.
	2. Promotes networks with professionals of different institutions or entities involved in areas related to children, youth and families.
	3. Drafts referral protocols for cases involving families with difficulties or needs that need to be addressed in other specialised services.
	4. Identifies and evaluates professionals' competences from the positive parenting standpoint.
	5. Contributes to creating a positive atmosphere in the service based on the use of negotiation in conflict resolution.
	Attitudes -values
	1. Respects the measures defined in the regulations to ensure a healthy work-family life balance for professionals working in the service.
	2. Considers the influence of one's own and others' values on one's professional practice to ensure they do not interfere in work with families.
	3. Makes use of collaboration with universities to design, implement and evaluate programmes.
	4. Takes into account collaboration with universities when planning continuing education and training for practitioners.

Annex 3.
interprofessional competences related to the process of work with families

COMPETENCES	MICROCOMPETENCES
Competence 1 *Is able to build a collaborative relationship with the family and establish a strong alliance*	***Knowledge***
	1. *Knows the value of negotiation as a constructive form of creating a strong alliance with the family.*
	2. *Is familiar with the obstacles (e.g., certain beliefs or hostile feelings) that can stand in the way of a strong alliance being established with the family.*
	Skills
	1. *Explains to families why they are being taken in by the service, informs them of their rights and facilitates access to legal representation where necessary.*
	2. *Knows how to establish a collaborative relationship with the family and is able to understand and take the family's point of view.*
	3. *Is able to get family members interested in and engaged with the process of change.*
	4. *Knows how to negotiate and come to agreement with parent figures and children.*
	5. *Knows how to put up with and accept unexpected or unwanted situations and is able to adapt to change.*
	6. *Is able to mediate to help individuals come to an agreement as part of a problem/conflict resolution process.*
	Attitudes -values
	1. *Ensures the confidentiality of sensitive information about the family.*
	2. *Is truthful and clear when expressing ideas and explaining what they mean.*
	3. *Fosters relationships with the family that are based on trust and mutual respect.*
	4. *Maintains an impartial attitude and stance when there are conflicts between different family members.*

COMPETENCES	MICROCOMPETENCES
Competence 2 Knows how to communicate with the family in a way that fosters recognition of their strengths and promotes realistic, consensus-based action	**Knowledge**
	1. Is familiar with the theoretical approaches that analyse communication processes between the practitioner and the family.
	2. Is aware of the importance of taking a positive approach that promotes competences when working with a family.
	3. Is familiar with the influence of the community context on family functioning.
	Skills
	1. Puts themselves in the family's position, accepts what they say, how they say it and how they feel, and considers their standpoint and values.
	2. Uses active listening and reflective questioning to better understand the family's standpoint.
	3. Uses observation to comprehend and grasp the family's standpoint and needs.
	4. Uses assertive communication strategies and expresses themselves in a clear and convincing manner so that the family understands their arguments and shows a collaborative attitude.
	5. Keeps communication open with all family members, including those who may be less available but equally responsible for care and upbringing.
	6. Helps mothers and fathers identify their own strengths and personal, family and social resources.
	7. Helps the family detect situations of transition and crisis that place family functioning at risk.
	8. Helps the family set reasonable goals and face life challenges.
	9. Agrees and achieves the family's commitment to the aims of the guidance and family intervention.
	10. Proposes or suggests alternatives when problems arise in the work with the family.
	Attitudes -values
	1. Keeps a positive view of parent figures, children and families.
	2. Is sensitive to the specific needs of the different family members.
	3. Is flexible in their views and compares them against other standpoints.
	4. Shows respect for parent figures and supports the development of their abilities.
	5. Understands that the social and employment status of fathers and mothers has a great impact, among other factors, on childraising and family life.

COMPETENCES	MICROCOMPETENCES
Competence 3 Carries out a rigourous assessment of the needs and strengths of the family as a whole and of its individual members, evaluating parenting skills and child and youth well-being	**Knowledge**
	1. Is aware of the specific needs of families and considers different family types, cultures and circumstances and the functional diversity of family members.
	2. Is familiar with valid and reliable forms of assessment (interviews, questionnaires, observations scales, journals, etc.) that can be used to assess the family's needs and strengths.
	3. Knows that evaluation and intervention are part of the same process and that family collaboration is required in both cases.
	4. Is familiar with the signals that flag high-risk situations for children, youth and families and knows the protocols to be followed.
	Skills
	1. Conducts evaluation processes that can identify both a family's needs and its strengths.
	2. Evaluates the degree of development of children and youth and their needs.
	3. Evaluates parenting skills in adults and how they relate to the quality of the childraising environment in the family.
	4. Evaluates the personal, family and social factors that affect the parenting task.
	5. Evaluates the opportunities, resources and community support available to the family.
	6. Uses different means and informants to obtain information in the evaluation process.
	7. Involves families in the evaluation process to foster their collaboration and participation.
	8. Reviews the results of the family evaluation and shares them with the team.
	9. Follows up as needed to adjust and modify the family intervention plan.
	10. Supervises and intervenes immediately in extreme circumstances where children or youth require protection.
	Attitudes -values
	1. Maintains individuals' privacy and the confidentiality of what is said in the initial information interview.
	2. Is polite when conducting evaluations and ensures that individuals do not feel like they are under interrogation.
	3. Is reflective to ensure maximum objectivity in decision making.
	4. Ensures that families, children and youth are heard in the evaluation and intervention process.
	5. Keeps families and children apprised of all relevant information throughout the process.

COMPETENCES	MICROCOMPETENCES
Competence 4 *Is able to design and carry out activities involving guidance, mediation and intervention at the individual, group and community level to promote positive parenting and family well-being*	***Knowledge***
	1. *Has access to updated information on the legislation in force, public policies, community services and family support resources.*
	2. *Is familiar with psychological development processes in the family context.*
	3. *Is familiar with group methodologies and group dynamics.*
	4. *Is familiar with the coordination and referral protocols that apply between different community and specialised services.*
	Skills
	1. *In individual, group, community and online interventions, employs strategies that promote positive parenting.*
	2. *Promotes affective bonding, childraising practices and an organisation of family life that ensure the satisfaction of the children's needs and that stimulate their development and well-being.*
	3. *Intervenes in a way that fosters parent figures' reflection on childraising practices and their consequences on children.*
	4. *Uses observation and shared reflection with fathers and mothers to help them have the appropriate expectations of the development of their children and recognise their developmental achievements.*
	5. *Fosters parent figures' participation in their children's school activities.*
	6. *Makes sure that parent figures are agents of health promotion for their children in collaboration with the health services.*
	7. *Promotes communication and conflict resolution skills that foster appropriate and autonomous family functioning.*
	8. *Helps reduce the negative impact of stress and crisis situations in the family.*
	9. *Encourages parent figures to develop informal support networks (family members, friends, neighbours).*
	10. *Help family members identify, access and use community resources.*
	11. *In group and community work, knows how to establish a good emotional atmosphere and foster social support between participants.*
	12. *Obtains the support of other professionals or services where necessary throughout the evaluation, guidance and intervention process.*
	13. *Participates in promotion and prevention activities together with other services (e.g., schools, leisure centres, healthcare) aimed at supporting children, youth and families in the community.*
	Attitudes -values
	1. *Takes into account the personal needs and characteristics of parent figures and children when designing interventions.*
	2. *Is persistent and knows how to persevere in achieving improvement for the family, despite any obstacles that arise.*
	3. *Recognises the importance of close supervision of families in difficult cases.*

Annex 4.
interprofessional competences related to the implementation of evidence-based practices and programmes

COMPETENCES	MICROCOMPETENCES
Competence 1 *Is able to use appropriate methodology when designing and evauating projects/ programmes*	***Knowledge***
	1. *Is familiar with the positive parenting approach as a theoretical basis for designing intervention programmes for families.*
	2. *Is familiar with the methodology and structure required for evidence-based programmes (identifying needs, aims, content, implementation methodology, activities, timing and evaluation).*
	3. *Is familiar with the programme methodology involving group dynamics and how it differs from a methodology based on individual intervention.*
	4. *Is aware of the physical, cognitive and emotional developmental needs of children and youth and takes them into account when planning and implementing positive parenting programmes.*
	Skills
	1. *Knows how to apply evidence-based programmes in family, social and community contexts and strictly follow the correct methodology and structure.*
	2. *Selects or designs complementary programme materials in a way that they can be understood by participants.*
	3. *Clearly formulates specific programme aims and the changes expected in participants based on their previously detected needs and strengths.*
	4. *Associates programme aims with dimensions of change in participants or practitioners resulting from the programme that can be measured and assessed.*
	5. *Promotes institutional and community involvement to support programme development and sustainability (dissemination, development, user selection criteria, programme continuity, integration in the resource network, etc.).*
	Attitudes -values
	1. *Shows a positive attitude toward the introduction of innovative programme methodologies in professional practice with families.*
	2. *Considers it essential for practitioners to stay up to date in evidence-based programme methodology.*

COMPETENCES	MICROCOMPETENCES
Competence 2 Ensures quality implementation of projects/ programmes	***Knowledge***
	1. Is familiar with the human and material resources needed to effectively carry out individual, group, community or online programmes for parents, children and youth.
	2. Identifies in participants possible contributing factors to programme abandonment.
	Skills
	1. At the start of a programme, spends time exchanging impressions with participants to identify their main concerns.
	2. At the start of each session, briefly reviews with participants the content of the previous session and notes any progress and difficulties in putting them into practice.
	3. Gives participants the opportunity to feel that they have a central role in each programme session.
	4. Recognises and reinforces small personal changes or relational skills in participants.
	5. In group or community programmes, encourages the exchange of experiences between participants so they can learn from each other.
	6. In group or community programmes, fosters respectful relationships between participants when they express their opinions or views on the topics at hand.
	7. Connects with other services (schools, healthcare, etc.) to establish collaborative relationships that facilitate programme implementation.
	Attitudes -values
	1. Is aware of their own learning and of the importance of accepting mistakes to improve professional practice.
	2. Respects the underlying philosophy and original structure of the programme being run with families.
	3. Demonstrates critical yet respectful thinking.
	4. Feels motivated when running a programme with families.
	5. Feels professionally and personally enriched by contact with families and when running a programme.
	6. Respects the diversity of family situations and childraising styles of families participating in the programme.

COMPETENCES	MICROCOMPETENCES
Competence 3 Conducts rigourous and effective evaluation of projects/ programmes	***Knowledge***
	1. *Is familiar with the different programme evaluation models and theoretical and methodological premises on which they are based.*
	2. *Is familiar with the technical characteristics to be met when collecting data using the standard procedures (scales, systematic observation, questionnaires, interviews, etc.) to ensure data are reliable and valid.*
	3. *Possesses methodological and statistical knowledge that allows them to analyse and interpret the results of an evaluation.*
	Skills
	1. *Selects and uses validated procedures (scales, systematic observation, questionnaires, interviews, etc.) to evaluate the effects of a programme on participants or practitioners.*
	2. *Collects data before and after programme implementation to test its effectiveness.*
	3. *Collects data on programme implementation processes to test their effects on the results obtained.*
	4. *Uses quantitative, qualitative and/or mixed methodologies to evaluate a programme and analyse the results.*
	5. *Involves participants in the programme evaluation.*
	6. *Checks participant progress in achieving the programme aims.*
	7. *Evaluates participants' degree of satisfaction in the programme.*
	8. *On programme completion, follows up with participants to evaluate the degree of consolidation over time of the skills acquired.*
	9. *Analyses the degree to which the programme is found motivating and satisfactory by practitioners.*
	10. *Uses the results of the evaluation to foster, at an institutional level, the programme's ongoing development and sustainability in the service.*
	Attitudes -values
	1. *Records all information required for the programme evaluation in a way that is reliable, respectful and accurate.*
	2. *Respects the confidentiality of the comments and results of individual programme participants.*
	3. *Appreciates the opportunity offered by evidence-based programmes to work in accordance with quality standards and best practices that ensure the appropriate conduct of professional practice.*

COMPETENCES	MICROCOMPETENCES
Competence 4 Writes technical reports evaluating the programme and communicates results effectively	***Knowledge***
	1. Is aware of the rigour and objectiveness required of professional reports.
	2. Can understand and interpret research and evaluation reports from evidence-based programmes.
	3. Masters the appropriate professional language required for communication with other professionals and dissemination of report results.
	Skills
	1. Effectively compiles, analyses and presents information both in writing and orally.
	2. Appropriately structures the technical reports providing case analysis and programme evaluation.
	3. Drafts technical reports in a clear and precise manner.
	4. Considers the audience of a report (families, other professionals, social entities) and selects the appropriate information to be included to different ends.
	5. When communicating with others, takes into account their needs, the context, the aims of the communication, and all rules and professional ethics.
	Attitudes -values
	1. Where appropriate, comes to an agreement with the team on what the technical reports should contain, ensuring that they are respectful of families.
	2. Includes information obtained from different sources when formulating objective conclusions about programme results.
	3. Respects the confidentiality of reports containing individual personal data.
	4. Meets ethical requirements and rules governing the issuance of technical reports.

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