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The Strengthening Families Programme in Spain: a long-term evaluation

Carmen Orte, Lluís Ballester, Martí X. March, Joan Amer, Marga Vives and Rosario Pozo

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Abstract

Purpose – *The purpose of this paper is to first assess the long-term effects of the adaptation of the American Strengthening Families Programme in Spain (known as the Programa de Competencia Familiar, translated into English as the Family Competence Programme (FCP)). The second aim is to identify family typologies and family changes regarding family competence over time. The paper's initial hypothesis is that families have different behaviours and take advantage of the FCP in different ways.*

Design/methodology/approach – *Monitored applications of the FCP were conducted using a quasi-experimental design consisting of a control group and pre-test, post-test and two-year follow-up assessments. The sample was made up of 136 families who took part in the programme and another 18 who participated in the control groups. Validated instruments were applied to assess the methodological processes and the family assessments. A cluster analysis was undertaken to identify different family typologies and their evolution in relation to the FCP goals.*

Findings – *The FCP shows effective and consistent results over time for families in a variety of difficult situations, with important result maintenance. The longitudinal analysis (i.e. the two-year follow-up) demonstrates that the majority of changes identified (using the factors under consideration) maintained their relevance for most of the families, producing positive change.*

Originality/value – *There is little long-term evaluation or longitudinal analysis of family prevention programmes that are evidence-based and include cognitive-emotional content. This paper analyses the long-term evaluation of family prevention programmes and identifies the ways in which families change over time.*

Keywords *Parent education, Drug education, Family education, Health education, Prevention programmes, Scientific-based evidence programmes*

Paper type *Research paper*

Introduction

Recent decades have provided an accumulation of studies that relate parental behaviour with the social, emotional and psychological development of their children (Castro *et al.*, 2015; Majdandžić *et al.*, 2014). These studies have highlighted some of the consequences of improved parent-child relationships: parents with appropriate parenting skills (i.e. affective parents who respond to their children's needs, allowing them to actively participate in establishing family rules and who use positive discipline options) tend to have children who are independent, sociable, cooperative and self-confident.

These positive parental behaviours are related to high levels of adjustment, psychosocial competence, self-esteem and school adaptation (Martínez *et al.*, 2003). On the other hand, parent-child relationships dominated by aggression and rejection, in which there are no appropriate levels of affection and support, tend to be associated with emotional and behavioural problems n children, e.g. depression, aggressive behaviour, anxiety, aggressiveness and hostility (Repetti *et al.*, 2002).

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The Family Competence Programme (FCP) is an adaptation of the original American Strengthening Families Programme (SFP) in Spain (Kumpfer and DeMarsh, 1985; Kumpfer *et al.*, 1989, 2010, 2012; Kumpfer, 1998; Kumpfer and Alvarado, 2003). SFP is a selective multicomponent risk prevention programme; it was originally developed to reduce the influence of family risk factors amongst children of substance abusers whilst strengthening protection factors. The aim was to increase the children's resilience in the face of substance abuse and other possible problems. We understand "family competence" from an innovative socio-educational focus that consists of enabling parents and children in all areas where they can better their relationships and parental practice. All family members, not just parents, need training in order to face the social challenges of modern family dynamics. An integrated multicomponent perspective provides the skills necessary for positive parenting and the betterment of family dynamics (Sanders and Morawska, 2010). The US SFP is considered to be effective in preventing drug use and other behaviour problems (Foxcroft *et al.*, 2002; Foxcroft and Tsertsvadze, 2011), in both the general population as well as high-risk groups (Kumpfer *et al.*, 2010; Bröning *et al.*, 2012). When adapted for different cultures, the SFP's effectiveness has also been demonstrated in various countries (Kumpfer *et al.*, 2012).

The SFP can be considered a model programme in accordance with the classification made by the substance abuse and mental health services administration (SAMHSA). SAMHSA quality criteria include: intervention fidelity, process assessment, measurement of behaviour change and validity of the measuring procedures (www.samhsa.gov).

The Spanish FCP conducted by Orte *et al.* (2013) focused on two service agencies: a national NGO drug prevention programme called *Proyecto Hombre* (PH), dedicated to treating and preventing addictions and facilitating social reintegration; and on the social services (SS) provided by different municipalities of the Balearic Islands. Within each group, this research worked with both an experimental group and a control group. This study analyses controlled implementations that took place between 2009 and 2011.

Because this Spanish adaptation of the SFP sought to meet quality criteria, a pre-test/post-test assessment was used, as well as control groups and process measurements obtained from the process outcome assessments. The assessments focused on the outcomes and processes carried out. With regards to change observed in the participants, we selected factors that reported change in the families as a whole.

The SFP is founded on a cognitive-emotional approach based on a multicomponent structure (work with parents, children and families); SFP uses a comprehensive curriculum derived from experimentally tested theoretical benchmarks (Kumpfer and Alvarado, 2003).

The strengthening families approach requires adopting a systemic view of the challenges and reactions of a family within certain contexts and over time, rather than a transversal view at a given moment, limited to current symptoms. A basic premise of this approach is that serious difficulties affect the whole family and, at the same time, family coping mechanisms influence the recovery of all the members and of the family as a unit (Pittman, 1987). How the family faces and deals with a problematic experience – handles stress, reorganises itself effectively and reinvests its energies in different projects – influences all the members' adaptation. Their ability to cope with future challenges increases by stimulating the family's ability to overcome their difficulties in the short term.

The general goals of the research project (which surpass this paper's scope) are: first, the establishment and verification of the effectiveness of a family competence evaluation system; and second, to comprehend the long-term maintenance of the FCP effects on the participating families, paying special attention to the main risk factors facing families. This paper's specific goal is to grasp the programme's different applications in relation to different family situations and typologies, as well as the way family competence change over time.

The FCP functions over both the short and medium term (Orte *et al.*, 2013; Kumpfer and Alvarado, 2003). However, we understand that the programme does not work in the same way for all families. For this reason, our research hypothesis is that families have different ways of taking advantage of different aspects of the programme. The research presented in this paper analyses whether there is maintenance of the FCP effects in the long term, based on the two-year follow-up longitudinal analysis.

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Method

The research used a quasi-experimental design with pre-test and post-test measurements (see results at Orte *et al.*, 2013) and a non-equivalent control group. Due to the small number of families that met the admission criteria, a non-randomised and non-equivalent design was selected. The longitudinal analysis was based on a third measurement, i.e. two years after completing each of the FCP implementations. A rigorous control of the experimental conditions in all the implementations and in the longitudinal follow-ups allowed the investigators to treat the various experimental cohorts as a unique group with various implementations. However, the PH group and the SS have been considered separately. The experimental implementations in both care agencies focused on families with parenting difficulties, but with a different approach. PH is a specialised drug treatment service, while SS is a service with a prevention goal and a long-term involvement with their users.

The control mechanisms applied to the programme applications were diverse. A series of hindering variables were eliminated (access and transport difficulties, day-care for children under six and others of minor importance). The experimental conditions were held constant due to the direct control exercised by members of the research team: the same programme was always implemented with monitored fidelity, the duration of the sessions was controlled and the ambient conditions of the rooms were similar. The same instruments were used at the three data collection points, which were carried out using the same protocol and included all the participant subjects.

Regarding the controls used in the two-year follow-up sessions, it was necessary to take a series of difficulties into account. These arose from contacts being refereed to the study by care agency professionals (PH and SS), helping to neutralise the participants' surprise at the follow-ups and undertaking the final evaluation (i.e. the longitudinal study) after the time lapse. The family evaluations were implemented with the same instruments, scaled according to age for diagnosis. The evaluation protocols were strictly respected in all cases.

Sample

In total, 136 families were included in the study, with 136 children. In order to avoid over representing the characteristics of one family, only one child per family was included, thus there were the same number (136) of children as of families. This decision ensured that when one particular family is mentioned, there is no repetition. The PH experimental group was formed by 73 families that had completed the FCP in 2009-2011. Within this PH group, 44 families completed the 24-month evaluations, representing 60.27 percent of the families that participated in the programme. The PH experimental group was based on 11 implementations of the FCP completed in 11 Spanish cities between 2009 and 2011.

The SS experimental group was composed of 217 families that completed the FCP in 2009-2011; monitoring was completed for 92 families (42.40 percent). The SS experimental group was based on 29 implementations of the FCP, completed in 17 municipalities (or grouping of municipalities) in the Spanish Balearic Islands between 2009 and 2011.

Table I presents a summary of the most relevant data from the sample: 136 families were considered (46.9 percent), reflecting a very significant percentage of the original experimental groups.

Please see Table II for information regarding age differences between groups.

Table I Monitoring of the participant families

	Starting PCF	*Ending PCF*	*%*	*Completion*	*% (final PCF)*
PH-families	87	73	83.91	44	60.27
SS SS-families	292	217	74.32	92	42.40
Total	379	290	76.52	136	46.90

Table II Ages parents and children (Proyecto Hombre and social services)

	Age mean parents	*Age mean children*
Proyecto Hombre (EG)	39.77 (SD 4.094)	12.09 (SD 2.448)
Proyecto Hombre (CG)	41.67 (SD 6.861)	12.5 (SD 2.345)
Social services (EG)	41.46 (SD 7.952)	11.25 (SD 1.942)
Social services (CG)	41.42 (SD 13.983)	10.58 (SD 1.782)

The control group includes 18 families of the 41 that were evaluated at the end of implementation of FCP (of these 41, 16 belonged to PH and 25 to SS). In the two-year follow-up, 18 control families could be evaluated, of which six corresponded to PH (37.50 percent of the original group), while 12 families corresponded to SS (48 percent of the original group). The follow-up of control families has been complicated due to the lack of incentives and the dedication that requires the complete evaluation. Changes in the relations of families with the agencies (SS and PH) and economic crisis also impacted.

With regards to participant gender, 50 percent of the children from the PH experimental group were female, whereas in the control group the figure was 83.33 percent. The criteria for the inclusion of families, as well as the volunteer character of the family involvement, limited the capacity to increase the share of male children in the control group. In the SS experimental group, 33.70 percent of the children were female, whereas in the control group it was 50 percent.

Instruments

The analysis of change in the families was based on the factorisation established by Kumpfer in her questionnaires for parents and children (Questionnaire KK-Parents and Questionnaire KK-Children, Kumpfer, 1998). The questionnaires for the behaviour assessment system in children (BASC) and teenagers (Reynolds and Kamphaus, 2004) were also used. For the BASC questionnaires, only the scales for the assessment system (validated specifically for the Spanish population) were used. In this paper, we scrutinise the results concerning the 11 factors obtained form Kumpfer questionnaires.

Questionnaire KK-Parents (Kumpfer, 1998) includes 13 scales with 135 items (30 minutes length approximately). Scales are positive parenting and parental involvement, family conflict, family organisation, clear rules about drugs, drug consumption, parental supervision, parental effectiveness, communication and parenting skills, family cohesion and strength, learning skills and social skills, impulsivity, concentration problems/depression and aggressiveness. In the questionnaire, there are 135 items about:

1. Socio-demographic profile of families and family relations.
2. In total, 40 items about self-evaluation of parents and about parent-child relationship. The heading question is "How often you and your children […]?", with a five-level Likert response: 1, never; 2, rarely; 3, sometimes; 4, often; 5, always.
3. Five options about alcohol and drug consumption by parents (SAMHSA GPRA/NIDA). In each of the five options it is asked for the days of substance use (alcohol, tobacco, marihuana and other drugs) in the last 30 days.
4. In total, 12 items about family strengths and family resilience. These items should be graded between 0 and 5, following self-evaluation of parents presence in family (0 is nothing and 5 is plenty).
5. Items about potential family shared activities, indicating how often they do them and how long they last.
6. In total, 44 parent observations about children activities. The heading question is "How often you and your children […]?", with a five-level Likert response: 1, never; 2, rarely; 3, sometimes; 4, often; 5, always.

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Questionnaire KK-Children (Kumpfer, 1998) (for children aged seven or elder) includes ten scales with 134 items (30 minutes length approximately, with the presence of an evaluator). Scales are positive parenting, communication, parental supervision, excessive control, disruptive behaviour, lack of self-control, drug abuse, prosocial behaviour-social skills, empathy-social skills and assertiveness-social skills. The questionnaire for children includes 134 items:

1. In total, 22 items about their relations with their fathers and 22 (same items, considering gender variation) about their relations with mothers. The heading question is "How often you and your parents […]?", with a five-level Likert response: 1, never; 2, rarely; 3, sometimes; 4, often; and 5, always.
2. Five items about family dynamics (meetings, quarrels, etc.); three items about school difficulties and two about tobacco and alcohol consumption.
3. In total, 40 items about self-evaluation of behaviour, with the heading question "How often you […]?".
4. In total, 18 items about social skills of children, with the heading question "How often you are good at […]?" (five-level Likert response).
5. As in the parents' questionnaire, items about potential family shared activities, indicating how often they do them and how long they are.

BASC (Reynolds and Kamphaus, 2004) is a multi-dimensional evaluation system that measures several behaviour and personality aspects. There is a self-report for children and then a report for parents and another for teachers. Children self-report provides information about the following scales: negative attitudes towards school, negative attitudes towards teachers, social stress, anxiety, depression, interpersonal relationships, relations with parents and self-esteem. Questionnaires for parents and teachers measure aggressiveness, hyperactivity, behaviour disorders, attention problems, learning problems, depression, anxiety, adaptability, social skills and study capabilities. Length of the questionnaire is about 30 minutes for the children (self-report) and 20 minutes for parents and teachers.

In the validation of Kumpfer's questionnaires for the Spanish population, her factorisation is updated. Results are similar, with small differences in some items and in the consistency of scales (see Tables III and IV). Tables III and IV also include a selection of factors from BASC questionnaire, used in overall research. Nevertheless, for the purpose of this paper, only factors from KK questionnaires are analysed with regards to the psychometric aspects of the questionnaires for KK-Parents and KK-Children, the α values near to 1.0 show an elevated internal consistency, while the values near to 0 indicate an absence. However, in the scales with many items, the very high results may hide a certain repetition or redundancy amongst items. This is why, in this case, the investigators worked with subscales involving few items. In addition to the Cronbach α coefficient, analysis also

Table III Parents' questionnaire: factors

	Cronbach's α	*Number of items*
Positive parenting and parental involvement	0.868	7
Family conflict	0.813	4
Family organisation	0.731	3
Clear rules about drugs	0.486	3
Drug consumption (parents)	0.491	4
Parental supervision	0.757	3
Parental effectiveness	0.890	3
Communication and parenting skills	0.850	5
Family cohesion and strength	0.746	4
Learning skills and social skills	0.898	9
Impulsivity-lack of self-control	0.824	17
Concentration problems-depression	0.747	8
Social skills	0.797	6
Agressivity	0.725	7

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Table IV Children's questionnaire: factors

	Cronbach's α	*Number of items*
Positive parenting	0.798	5
Communication-positive parenting	0.698	5
Parental supervision	0.663	5
Excessive control-physical punishment	0.615	3
Disruptive behaviour (children)	0.854	10
Impulsiveness-lack of self-control	0.751	7
Social skills	0.678	5
Depression	0.648	4
Drug abuse-lack of self-control	0.631	5
Drug abuse	0.456	3
Prosocial behaviour-social skills	0.747	5
Social skills	0.701	4
Empathy-social skills	0.701	4
Assertiveness-social skills	0.677	4

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tends to focus on the contribution of each item to the scale's α coefficient. With the aforementioned analysis, it is possible to identify and eliminate any items from the scale that contribute little or nothing to the internal consistency of the scale which is evaluating the factor. In the valid versions of KK-Parents and KK-Children questionnaires, the items that contribute little to the assessment have been eliminated.

The reliability of the test-retest (with an interval of four months between the first and second time the test was administered) for $n = 89$, was 0.91 in the parents' questionnaire and 0.89 in the children's questionnaire. The concurrent validity (using the BASC scale as criteria) for $n = 89$ was 0.83 (89 subjects considered in the tests). Tests were made along 2007 and 2008 (please see Orte *et al.*, 2013).

The various following tables present a summary of the coefficient factors under consideration in the study, differentiating between the parents' and the children's questionnaires.

As shown in Table III, all the values indicate a good consistency with the exception of the drug consumption factor (this factor was mentioned a number of times in the questionnaire), as well as that concerning clear rules on drug consumption.

This questionnaire also shows values adapted to Cronbach's α for all factors, with the exception of the drug abuse factor.

In Tables III and IV, factors from KK questionnaires and a selection from BASC are included, since they are used in the overall research. Nevertheless, for the purpose of this paper, only factors from KK questionnaires are analysed (see Table V).

Table V Factors from Kumpfer questionnaires

	Cronbach's α	Number of items
Factors from parents' questionnaires		
EPIS 1 positive parent-child relationships	0.911	23
EPIS 2 control of family conflict	0.782	7
EPIS 3 family organisation	0.45	5
RESI resistance-family strength	0.856	11
Factors from children questionnaires		
FACT 1 parental supervision and involvement	0.848	14
FACT 2 control of family conflict	0.764	4
FACT 3 supervision of school problems	0.524	3
FACT 4 social skills	0.809	13
FACT 5 ability to set limits	0.623	2

With regards to the BASC's[1] psychometric qualities, the BASC is an evaluation system that includes various instruments for each age group. Our study used the following BASC components:

1. the teacher rating scales and the parent rating scales; and
2. the children's self-evaluation scale: self-report of personality.

The BASC-2 is a multi-dimensional evaluation system that takes into consideration various aspects of behaviour and personality, including positive (adaptive) and negative (clinical) dimensions (Reynolds and Kamphaus, 2004). This is achieved by including self-evaluations from the child, the teachers and the parents with the different scales.

The ensemble of scales achieves a reliable average of 0.80 for the children, varying between 0.54 and 0.93; while the average for the parents and teachers is 0.70, varying between 0.67 and 077. In general, the scales show adequate consistency in the three types of questionnaires used. The results of the test-retest reliability show very high correlations, with average values of 0.89 for the children, 0.85 for the parents and 0.82 for the teachers. This Spanish FCP study obtained similar values to past American studies (Reynolds and Kamphaus, 2004, pp. 125-9 and 171-5). The various informants' replies showed an elevated consistency over time.

Since this validation was done, the denomination of some factors has been improved (Table VI).

Design

The observation of the results, for both parents and children, is based on a comparison between the experimental group's initial (pre-test) and final (post-test) situations upon completion of FCP and the longitudinal analysis carried out two years after post-test. In order to compare each of the factors assessed in the research, comparison with the control group was carried out using a variance analysis (ANOVA with Tukey's *post hoc* contrasts). When the measurements for either PH or SS groups were carried out, the sample size limited the inferential analysis, but the validity of the results was very consistent. From this perspective, the results can be confirmed for an ample series of factors. In order to establish their significance, the differences in data between the completion of the FCP and the two-year follow-up have been examined.

Although the analysis was carried out within the context of two different care agencies (PH and SS), they were similar in that both dealt with families at risk. In PH, families deal with a wide variety of potentially harmful situations associated with illegal drugs; the principal problem is how drug consumption has created interpersonal and social challenges. The SS families' situation can be characterised as multi-problematic, with socioeconomic challenges being a principal determining factor in the interpersonal and social problems. In the two care agencies, the family dynamic had been strongly affected by the risk situations.

Table VI Correspondence of factors in Table V with factors in Tables VII/VIII and IX/X

Table VI	*Tables VII/VIII and IX/X*
Parents	*Parents*
EPIS 1 positive parent-child relationships	Factor 2 parent-child relationship
EPIS 2 control of family conflict	Factor 3 family cohesion
EPIS 3 family organisation	Factor 4 family organisation
RESI resistance-family strength	Factor 1 family resilience
	2 factors about competencies added (contrasted with BASC):
	Factor 5 positive parenting
	Factor 6 parenting skills
Children	*Children*
FACT 1 parental supervision and involvement	Factor 1 family involvement
FACT 2 control of family conflict	Factor 2 family cohesion
FACT 3 supervision of school problems	Factor 3 control of school problems
FACT 4 social skills	Factor 4 social skills
FACT 5 ability to set limits	Factor 5 ability to set limits

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The data analysis is presented in a summarised format, listing the main identified factors as well as the statistical information needed to explain the subsequent discussion. The analysis was carried out with SPSS 21. The variance analysis allowed for the integration of multiple comparisons (between pre- and post- groups; as well as between experimental subjects and control group subjects) in all the analysis undertaken.

With regards to the presentation of each care agency's results, first the PH results are presented, and then the SS results. The differences between the family situation upon completion of the FCP and their situation two years later were considered first, followed by an examination of the differences in the two-year follow-up between the experimental group and the control group.

The investigation's hypotheses were systematically contrasted in two ways. First to be examined was the question of the maintenance of effects for the experimental group in the timeframe between FCP completion and the follow-up two years later. Second, the hypothesis of the maintenance of differences between the experimental group and the control group, in favour of the experimental group, was examined. This second hypothesis posited that the protective factors related to family competences were expected to hold and to produce different results from those of the control groups. These two initial hypotheses were complemented by two further hypotheses. The third hypothesis posited that greater family vulnerability at the outset was associated with worsening family dynamic and worse results in the two-year follow-up. Finally, the fourth hypothesis stated that there were different family typologies regarding family use of FCP and effective change. This fourth hypothesis is tested in a cluster analysis. The other paper of this journal by the same authors deals with the analysis of the effects. In order to be able to fully contrast first hypothesis, analyses of the overall research are required. The current paper includes part of the analysis undertaken.

The family vulnerability index (FVI) is calculated using three indicators: work situation, education level and family structure. A family with an unemployed parent, very low levels of education and with no interaction with the children (institutional care or temporary placement with other relatives) would obtain a higher score on the family vulnerability index. A family with dual caregivers with a fixed-term contract, college education and a stable family structure would get a lower score in the FVI index.

Results

The first set of analysed factors refers to the whole family or the parents. The six factors resulting from the factorisation of the parents' questionnaire were examined. First, the PH family results are presented (see Tables VII and VIII). Factors 2, 3 and 5 are statistically significant. Factor 2 refers to the relationship between parents and children within the family context. The results show a significant increase in the observed values upon FCP completion ($p = 0.017$). Factor 3 is related to family cohesion. In the parents' questionnaire this factor refers to a low conflict level and good relationships. The results also show a significant increase in the values observed upon FCP completion ($p = 0.017$). Factor 5 reflects positive parenting. The results show a significant improvement upon FCP completion ($p = 0.007$).

Table VII Family and parents factors

Proyecto Hombre (PH)

Group	*Experimental (n = 44)*	*PCF completion Mean*	*PCF completion SD*	*Follow-up Mean*	*Follow-up SD*	*Change t Test*	*Change Signif.*
Factor 1	Family resilience	40.39	8.412	38.16	13.965	0.971	0.337
Factor 2	Parent-child relationship	87.59	11.591	92.25	8.976	–2.475	0.017
Factor 3	Family cohesion	16.84	10.468	20.52	8.062	–2.486	0.017
Factor 4	Family organisation	16.23	6.796	16.57	4.910	–0.430	0.669
Factor 5	Positive parenting	10.36	2.092	11.36	1.699	–2.819	0.007
Factor 6	Parenting skills	9.82	3.266	9.16	3.988	1.029	0.309

Source: *Cuestionario KK-Padres* (KK-Parent Questionnaire)

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Table VIII Family and children factors

Proyecto Hombre (PH)							
	Experimental	*PCF completion*		*Follow-up*		*Change*	
Group	*(n = 44)*	*Mean*	*SD*	*Mean*	*SD*	*t Test*	*Signif.*
Factor 1	Family involvement	46.02	8.045	49.36	7.374	–2.904	0.006
Factor 2	Family cohesion	16.05	3.846	16.52	3.831	–1.032	0.308
Factor 3	Control of school problems	11.93	2.327	12.43	2.039	–2.164	0.036
Factor 4	Social skills	45.77	8.975	49.55	8.822	–3.119	0.003
Factor 5	Ability to set limits	7.89	1.832	8.68	1.506	–3.093	0.003

Source: *Cuestionario KK-Hijos* (Questionnaire KK-Children)

The second set of factors analysed for the PH families refers to the whole family and the children. The five factors resulting from the factorisation of the childrens' questionnaire are examined in Table VIII. Factor 1 deals with family involvement, understood to be the active involvement of parents in the psychological development of their children. Four of the five factors show statistically significant results when comparing the improvement of results between the end of the FCP and the 24-month follow-up evaluation. The results show a moderate increase in the observed values upon FCP completion. The difference is significant ($p = 0.006$). Factor 3 refers to the control of school problems for which a moderate but significant improvement was observed ($p = 0.036$). Factor 4 deals with a wide range of strategic social skills for children (listening, relating, being assertive, etc.) where the data again shows a significant improvement ($p = 0.003$). Finally, Factor 5 (the ability to set limits) also shows a significant improvement ($p = 0.003$).

Regarding PH family results, the contrast between the experimental and the control group does not present significant differences for Factors 2, 4 and 5. The mean values for these three factors have a higher value for the control group.

Factor 1 shows significant differences in favour of the families of the control group (family involvement) ($p = 0.012$); whereas for Factor 3 (control of school problems) ($p = 0.031$) the difference favours the FCP families.

For the SS families, the results for the first set of analysed factors are similar to those of the PH families, although the SS families show more outstanding results (Table IX). Five of the six factors offer statistically significant results when comparing the improvement of results between the completion of FCP and the 24-month follow-up. Factor 1 deals with family resilience, showing a significant difference ($p = 0.035$) in favour of the follow-up two years later. This suggests that the families' resilience improves over this period. Factor 2 deals with the parent-child relationship and children within the context of the family. The results show a significant increase in the observed values upon FCP completion ($p = 0.020$), similar to that observed in the PH families. Factor 3 deals with family cohesion. The results also show a significant increase in the observed results

Table IX Family and parents factors

Social services							
	Experimental	*PCF completion*		*Follow-up*		*Change*	
Group	*(n = 92)*	*Mean*	*SD*	*Mean*	*SD*	*t Test*	*Signif.*
Factor 1	Family resilience	37.76	7.902	40.49	12.571	–2.137	0.035
Factor 2	Parent-child relationship	86.50	13.566	90.02	12.451	–2.369	0.020
Factor 3	Family cohesion	22.30	3.905	23.15	3.502	–3.512	0.001
Factor 4	Family organisation	20.03	2.884	19.74	2.701	1.209	0.230
Factor 5	Positive parenting	10.38	2.213	11.42	1.951	–4.350	0.000
Factor 6	Parenting skills	9.47	2.783	10.25	3.621	–2.192	0.031

Source: *Cuestionario KK-Padres* (KK-Parents Questionnaire)

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upon FCP completion ($p = 0.001$), a similar change to that of the PH families. Factor 5 deals with positive parenting. The results show a significant improvement in the period analysed after FCP completion ($p = 0.000$), similar to the PH families' results. Finally, Factor 6 deals with parenting skills. The results show a significant improvement ($p = 0.031$), i.e. a moderate improvement over the positive results observed upon FCP completion.

The comparison between the experimental group and the control group does not present significant differences for Factors 1, 3 and 6, although the mean values for these factors are higher in the experimental groups. Significant differences are observed in favour of the FCP participant families for Factor 2 (parent-child relationship) ($p = 0.0481$), Factor 4 (family organisation) ($p = 0.004$) and Factor 5 (positive parenting) ($p = 0.005$).

The SS family results are presented via the factorisation of the children's questionnaire (Table X). The results show a moderate improvement in two out of the five observed values. The difference is statistically significant ($p = 0.023$), similar to that of the PH families. Factor 4 reflects a set of social skills; the data show a significant improvement ($p = 0.024$) similar to that of the PH families.

When the association between the evaluated factors and he FVI were considered, it was found that the comparison between the experimental group and the control group does not show significant differences for any of the five factors. The mean values for Factors 1, 2, 4 and 5 are slightly higher for the control group, whereas Factor 3 offers higher results for the experimental group.

The research question of how levels of vulnerability influence the family dynamic arose from the differences in the families' vulnerability levels. The third research hypothesis stated that higher levels of vulnerability levels would indicate a worsening of the family dynamic. The family vulnerability index was used to test this hypothesis.

FVI correlation analysis (Spearman's σ) was carried out for every evaluated factor. For the PH families that participated in the programme (Table XI), the hypothesis is refuted, this is to say: the null hypothesis of no significant influence concerning the factors and scales results was confirmed. Only two of the 11 scales (control of school problems and family cohesion) were correlated, showing a positive correlation with moderate values.

The data for the SS families that participated in the programme (Table XII) also refutes the null hypothesis concerning the influence of family vulnerability: no significant influence on factors and scale results was found. Only one of the 11 scales (ability to set limits) was correlated to the FVI.

In order to understand and explain the long-term results of the study, cluster analysis was used to create a typology of the families involved. The goal is to differentiate homogeneous groups (with significance) according to their family competence. A specific objective is to test whether parent and child processes are similar. Best scenario is a similar positive evolution of the whole family. Another specific objective is to detect which are the most relevant differentiating factors in the family groups. The analysis was carried out with all of the PH and SS families; later their

Table X Family and children factors

Social services							
	Experimental	*PCF completion*		*Follow-up*		*Change*	
Group	*(n = 92)*	*Mean*	*SD*	*Mean*	*SD*	*t Test*	*Signif.*
Factor 1	Family involvement	49.34	11.322	51.15	13.500	−2.313	0.023
Factor 2	Family cohesion	15.40	4.395	15.80	4.050	−1.487	0.140
Factor 3	Control of school problems	10.37	2.655	10.62	2.550	−1.327	0.188
Factor 4	Social skills	48.35	9.326	49.76	9.430	−2.296	0.024
Factor 5	Ability to set limits	80.5	1.835	8.67	1.513	−1.943	0.190

Source: *Cuestionario KK-Hijos* (KK-Children Questionnaire)

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Table XI Correlation between the evaluated factors and the family vulnerability index (FVI)

Proyecto Hombre (PH) (follow-up 2 years later)			
Group	*Experimental (n = 44)*	*Correlation coef.*[a]	*Significance*
Factor 1	Family resilience	0.130	0.423
Factor 2	Parent-child relationship	0.039	0.809
Factor 3	Family cohesion	0.051	0.755
Factor 4	Family organisation	0.154	0.343
Factor 5	Positive parenting	0.195	0.228
Factor 6	Parenting skills	0.066	0.686
Factor 1	Family involvement	0.094	0.566
Factor 2	Family cohesion	0.338	0.033
Factor 3	Control of school problems	0.353	0.025
Factor 4	Social skills	0.046	0.778
Factor 5	Ability to set limits	−0.016	0.920

Note: [a]Spearman's σ
Sources: *Cuestionario KK-Padres* (KK-Parents Questionnaire); *Cuestionario KK-Hijos* (KK-Children Questionnaire)

Table XII Correlation between the evaluated factors and the family vulnerability index (FVI)

Social services (follow-up 2 years later)			
Group	*Experimental (n = 92)*	*Correlation coef.*[a]	*Significance*
Factor 1	Family resilience	0.027	0.807
Factor 2	Parent-child relationship	−0.062	0.568
Factor 3	Family cohesion	0.096	0.379
Factor 4	Family organisation	0.099	0.360
Factor 5	Positive parenting	0.036	0.743
Factor 6	Parenting skills	−0.040	0.712
Factor 1	Family implication	0.184	0.089
Factor 2	Family cohesion	0.040	0.715
Factor 3	Control of school problems	0.084	0.437
Factor 4	Social skills	0.177	0.101
Factor 5	Ability to set limits	0.294	0.006

Note: [a]Spearman's σ
Sources: *Cuestionario KK-Padres* (KK-parents questionnaire); *Cuestionario KK-Hijos* (KK-children questionnaire)

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typology was distributed to each of the care agencies. The typology was analysed upon FCP completion and in the two-year follow-up. The typologies were not exactly the same in both instances, as the relative factors had also changed.

For the purpose of differentiating the family typologies, eight factors were chosen via variance analysis (Table XIII). One of the initial stages of the cluster analysis is based in testing – through variance analysis – the explanation capacity of the analysed factors. Only factors with a significant *F* can be kept as discriminators of the different groups. One can observe how, upon FCP completion, family vulnerability was still not significant in distinguishing between family types; but it proved to be so for families that participated in the longitudinal analysis.

The ten factors that did prove significant in the follow-up context for differentiation of family typologies were also selected through a variance analysis (Table XIV).

Upon completion of the FCP, a cluster analysis (based in the non-hierarchic cluster model *K*-means) was carried out on the 136 families that had also participated in the longitudinal study; the analysis distinguishes between three family types that make up 95.59 percent of the

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Table XIII Family typology analysis. Considered factors

Proyecto Hombre (PH) and social services (SS SS) (PCF completion) (n = 136) *Variance analysis between Types*	*F*	*Significance*
Family resilience	35.457	0.000
Parents-children relationships	123.959	0.000
Family cohesion	6.162	0.003
Positive parenting	31.636	0.000
Family implication	56.123	0.000
Control of the school problems	3.250	0.042
Children's social skills	38.818	0.000
Ability to set limits	7.305	0.001

Table XIV Family typology analysis. Considered factors

Proyecto Hombre (PH) and social services (SS SS) (follow-up 2 years later) (n = 136) *Variance analysis between types*	*F*	*Significance*
Family vulnerability synthetic Index	4.818	0.010
Valuation of the change achieved through PCF	9.129	0.000
Family resilience	30.956	0.000
Parents-children relationships	51.774	0.000
Family cohesion	3.720	0.027
Positive parenting	16.189	0.000
Family implication	52.496	0.000
Control of the school problems	13.004	0.000
Children's social skills	33.833	0.000
Ability to set limits	5.918	0.004

participant families (Table XV). The first type consists of families with the best results (36.03 percent); the second type consists of families with medium-level results for the children and slightly worse results for the parents (27.94 percent); the third type are families with medium-level results for the parents and slightly worse results for the children (31.62 percent).

In the follow-up two years later, the cluster analysis (*K*-means) discerned three family types that describe 91.18 percent of participant families (Table XVI). The first type was families that received the best results (25.00 percent); the second type was families that held medium-level results (50.00 percent); and the third type was families that held medium-levels but had high vulnerability levels (16.18 percent).

At FCP completion (post-test), the distribution of family typologies (Table XVII), confirms that there were fewer families with better results in the PH group (31.82 percent) compared to the SS group (38.04 percent). It also shows a higher percentage of families with medium results among the PH parents (45.45 percent) compared to the SS families (25.00 percent). The PH parents scored better results than the SS parents; this tendency was observed in the families' typology upon FCP completion.

Table XV Family typology analysis

Proyecto Hombre (PH) and social services (SS SS) (PCF completion) (n = 136)	*Family type identification*	*Number of families*	*%*
Type 1	Best result	49	36.03
Type 2	Medium results for children and lower for parents	38	27.94
Type 3	Medium results for parents and lower for children	43	31.62
No classification	No classification	6	4.41
	Total	136	100.00

Table XVI Family typology analysis

Proyecto Hombre (PH) and social services (SS SS) (follow-up two years later) (n = 136)

	Family type identification	*Number of families*	*%*
Type 1	Best results – good PCF valuation – FVI medium level	34	25.00
Type 2	Medium results for children and lower for parents	68	50.00
Type 3	Medium results for parents and lower for children	22	16.18
No classification	No classification	12	8.82
	Total	136	100.00

Table XVII Family typology analysis per agency (Proyecto Hombre and social services)

Proyecto Hombre (PH) and social services (SS SS) (PCF completion) (n = 136)

	Proyecto Hombre (PH)		*Social services (SS SS)*	
	Number of families	*%*	*Number of families*	*%*
Type1	14	31.82	35	38.04
Type 2	10	22.73	28	30.43
Type 3	20	45.45	23	25.00
No classification	0	0.00	6	6.52
Total	44	100.00	92	100.00
Pearson's χ^2			7.761 ($p = 0.051$)	
Association contingency coefficient			0.232	

Verification of the difference between the PH and the SS typologies (using Pearson's χ^2 test) provided non-significant results that were at the limit of significance ($p = 0.051$).

At two-year follow-up, the distribution of families according to care agencies (Table XVIII), confirmed the presence of the same families with best results for both care agencies (25.00 percent). It also showed a higher presence of families with medium-levels results in the PH group (54.55 percent), compared to these kinds of results in the SS group (47.83 percent). Finally, for the two-year follow-up, in the PH group there were fewer families with lower results and high levels of family vulnerability index (11.36 percent), compared to the SS group (18.48 percent).

Verification of the differentiation between the PH and SS typologies (using Pearson's χ^2) offered non-significant results ($p = 0.752$).

The final step was to analyse the change in the families' typologies. The following four figures illustrate these changes. In the first family type (those with good results), Figure 1, one can see that 46.9 percent of these families maintained their higher scores. However, it may be more significant that 38.7 percent of families reduced their relative results, leading to classification within a more precarious group. A very important portion of families that completed FCP with high

Table XVIII Family typology analysis per agency (Proyecto Hombre and social services)

Proyecto Hombre (PH) and social services (follow-up two years later) (n = 136)

	Proyecto Hombre (PH)		*Social services (SS SS)*	
	Number of families	*%*	*Number of families*	*%*
Type 1	11	25.00	23	25.00
Type 2	24	54.55	44	47.83
Type 3	5	11.36	17	18.48
No classification	4	9.09	8	8.70
Total	44	100.00	92	100.00
Pearson's χ^2			1.205 ($p = 0.752$)	
Association contingency coefficient			0.094	

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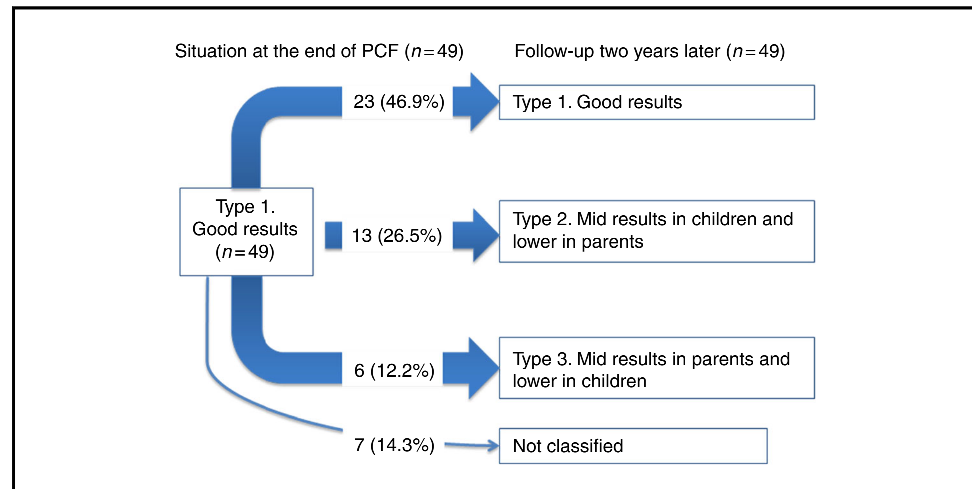
Figure 1 Changes in family types (1)



values maintained them, but it can also be observed that there were downwards variations in parents (26.5 percent) and children (12.2 percent).

For the second family type (families with medium levels for the children and lower levels for the parents), Figure 2, shows how 15.8 percent of these families improved and were later classified among the families with best results. Of these families, 47.4 percent maintained the medium levels and 31.6 percent saw a reduction in the relative results of the children. A considerable number of the families that completed FCP maintained medium results.

For the third family type (those with medium results for the parents and lower results for the children, Figure 3, 11.6 percent of these families improved and were later classified among the families with the best results. Of these families, 79.1 percent maintained medium levels and 7.9 percent had reduced relative results for the parents, showing high vulnerability levels. Also, as provided under Figure 3, six families are not classified by the cluster analysis.

The most significant information about these families upon FCP completion is their stability; the same levels of programme use were maintained for 79.1 percent of the families that completed FCP with medium levels of use amongst the parents and lower results for the children.

Figure 2 Changes in family types (2)

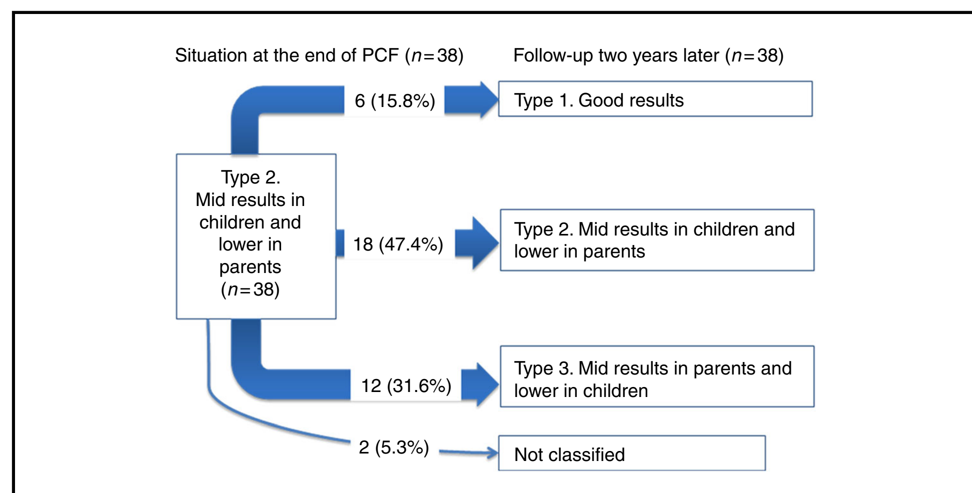


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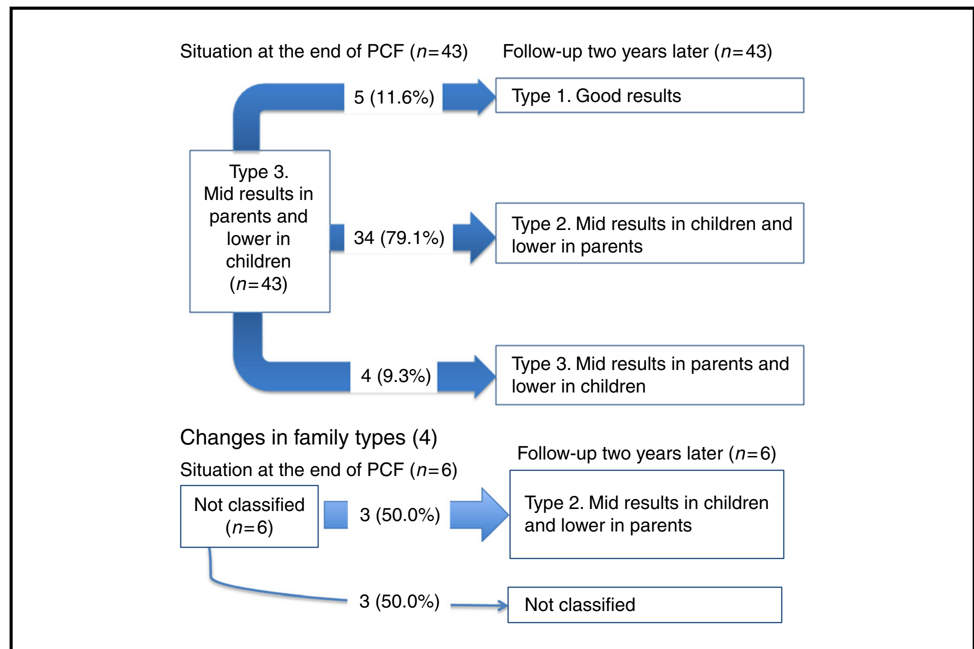
Figure 3 Changes in family types (3)



Discussion and conclusions

Regarding the first hypothesis, which concerns the maintenance of effects for the experimental group in the timeframe between FCP completion and the follow-up two years later, the FCP demonstrates that it obtains good results for families facing a variety of challenges over time, with an appreciable maintenance of results: out of the 22 differences scrutinised, 14 were statistically significant. In other words, for 14/22 outcomes the situation improved and for eight it stayed the same.

In the longitudinal analysis, most of the changes identified through observed factors kept their relevance for most of the families, obtaining quite positive results in factors associated with family functioning. With regards to the parent and family factors, results maintenance upon FCP completion was confirmed. The SS families' evolution seems more positive than that of the PH families. For the SS families, maintenance of results upon FCP completion was also confirmed. In all cases, it is worth pointing out that a significant development change was observed in the children, as two years can represent – in some cases – a considerable psychosocial maturing. With the second and third cluster analysis groups, different results for parents and children were detected (Figures 2 and 3).

In relation to the second hypothesis, which concerns the maintenance of differences between the experimental group and the control group, in favour of the experimental group, the differences that the researchers expected to find when comparing the experimental group to the control groups are inconclusive. It remains unclear whether this was due to the limited dimensions of the control groups or to the progressive levelling of the families. With regards to the PH families control group, the work done in other PH programmes may have contributed to obtaining results that are almost comparable in all factors to the FCP families. The care agencies family control group presented lower, but not especially significant scores. The progressive levelling between experimental and control group does not imply that there were no effects in the experimental group at the end of FCP. Changes in experimental group may have happened earlier and become more consistent before those of the control group. Over time, a similar evolution has been detected in some factors of the control group.

The third hypothesis posited that a greater vulnerability was associated at the outset with a worsening family dynamic and worse results in the two-year follow-up. The study shows that there is no association between family vulnerability at the beginning and results at two-year

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follow-up. Finally, the fourth hypothesis stated that there were different family typologies regarding family use of FCP and effective change. The research results indicate a series of considerations that are worth pointing out:

1. FCP has proven its efficiency in maintaining participation over time, obtaining quite a considerable sample size.
2. FCP has proven its efficacy in maintaining positive results for the majority of considered factors.
3. For all the socio-educational family programmes, a series of issues remain unclear; issues that, in the FCP's case, were clarified in the longitudinal studies:
   - identifying the long-term effects and what factors are key in the maintenance or loss of those effects; and
   - identifying how the FCP interacts with the changes that the families undergo.

The research results for both PH and SS groups are just as consistent as the results from Kumpfer's original application as well as results from international adaptations of the SFP (Kumpfer and Alvarado, 2003; Kumpfer *et al.*, 2008).

Regarding the limitations of this research, first is the potential influence of social desirability affecting the parents' and children's responses. While the triangulation of the evaluations with diverse informants introduced a level of control over the responses, it still must be acknowledged that questionnaires based on a subject's self-declarations carry this risk. The second limitation arises from the sample selection of families that agreed to take part in the longitudinal study. Not all the families that participated in the FCP programme were available for follow-up; this loss of contact between families and SS was caused by families either moving away or a taking a voluntary break with SS. A third limitation is that only parents who completed the programme were included and that of those, only the ones who were willing to complete a later questionnaire are included. In other words, the study arguably ends up looking at the families who are most motivated.

The following implications and action proposals for socio-educational care work with families has have emerged from the evidence and conclusion of this study:

1. Socio-educational care work with families should be considered as one of the best intervention options in order to obtain consistent positive changes in the family dynamic. The results obtained from this study suggest that parents and children who participate in FCP obtain a deeper understanding of their role and more positive parenting (as shown in Table VII and IX, factor 5 "Positive parenting"; and in Table VIII and X, factor 4 "Social skills").
2. Promoting an increase in time dedicated to positive daily interactions between parents and children is essential for improving the family dynamic. Increasingly demanding work schedules tend to minimise the number of hours invested in family relationships; this seriously damages communication relationships and the capacity to develop consistent positive parenting, as well as other key factors (see Table VII and IX, factor 2 "Parent-child relationship"; and in Table VIII and X, factor 1 "Family involvement").
3. Applications of FCP should respect the criteria chosen by families, as well as the sessions' written guidelines. The applications which respect how families are chosen according to programme criteria allow for reinforcement of the various types of socio-educational interventions, as well as a better connection between participants and the programme's internal principles.
4. An overall family commitment (parents and children) should be promoted in FCP for the maximum number of sessions (including the preparatory session and the subsequent follow-up ones at the end of the programme). In a similar manner, it is also important to promote the participation of parents and children in the actual organisation of the programme's complementary activities (shared meals, group outings); participants should not just be passive programme receptors.

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The implementation of the Spanish FCP has proven to have considerable positive results in the medium and long term for families with social and educational challenges that are receiving care agency services. The duration of the effects is consistent with the model from which the programme was developed and confirms the FCP's usefulness for the great majority of established objectives in the short, medium and long term regarding its adapted application to the Spanish population.

Implications for policy and practice

- Socio-educational care work with families could be considered as one of the best intervention options in order to obtain consistent positive changes in the family dynamic.
- Promoting an increase in time dedicated to positive daily interactions between parents and children is essential for improving the family dynamic.
- Applications of family evidence-based programmes should respect selection/admission criteria of families and should promote fidelity towards programme manuals and contents.

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Note

1. Although the paper does not use BASC data, it is necessary to include basic information about the applied instruments. Coherence among the different publications about this research recommends its inclusion. Researchers interested in our research could ask for these results.

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