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Assessment and preventive education for families, based on the principles of positive parenting

Enrique Arranz Freijo^a, Fernando Olabarrieta^a, Ainhoa Manzano^b, Florencia Belen Barreto^a, Claudia Patricia Roncallo^a, Maialen Sánchez Murciano^b, Joana Rezagorri^b and María Dolores García^c

^aUnivesidad del País Vasco. Dt. Procesos Psicológicos Básicos y su Desarrollo, San Sebastián, Spain; ^bEtxadi (Family Universitary Center), Bilbao, Spain; ^cAyuntamiento Vitoria-Gasteiz, Políticas Sociales y Salud Pública, Vitoria-Gasteiz, Spain

ABSTRACT

This paper presents the results of an assessment and preventive education experience involving 50 families with children aged 2. The families were assessed by means of an interview conducted during a home visit, and were subsequently provided with a series of everyday parenting guidelines. The results provide empirical evidence of the effectiveness of family assessment and preventive education strategies in the educational, health and social services fields.

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Introduction

There has been a marked increase in the implementation of positive parenting programmes over recent years, with *Recommendation 19* of the Committee of Ministers of the Council of Europe to member states on policy to support positive parenting (2006) serving as a springboard for the launch of diverse initiatives in this field. The recommendation urges member states to develop a series of family empowerment measures designed to facilitate high-quality childrearing. One key scientific reference in the field of positive parenting is the work by Asmussen (2012), which provides evidence of the efficacy of these types of programme and demonstrates their social profitability as a political investment in primary prevention which results in economic savings in other areas such as the justice, mental health and education systems, among others. Another seminal work in the field is the paper by Morrison, Pikhart, Ruiz, and Goldblatt (2014), which offers a systematic review of parenting interventions in European countries.

In Spain, the Ministry for Health, Social Services and Equality and the Spanish Federation of Municipalities and Provinces (FEMP) have recently published a new document entitled *A Guide to Best Practices in Positive Parenting* (Rodrigo et al., 2015), which offers a series of guidelines for guaranteeing the quality of positive parenting services and programmes provided in the educational, health, legal and social services fields. Positive parenting is presented as a new approach to the childrearing process in which parents and guardians are seen not only as their children's educators and/or caregivers, but also as people who build a family context which facilitates the healthy psychological development of all family members.

At a local level Vitoria-Gasteiz City Council's Child and Family Service (2009) launched a pilot experience within the field of preventive family context assessment, the results of which are presented here. The aim was to honour the commitments undertaken in relation to the strategic

objectives set out in the City Council's Local Child and Adolescent Plan (2009), which include empowering and supporting families in the childrearing process.

Having outlined the legislative framework underpinning policies designed to implement positive parenting programmes, we shall now present the theoretical and methodological framework which supports the various *parenting dimensions* that together result in the optimum profile of skills parents should possess and use in order to foster their children's healthy psychological development. These dimensions are a new development based on the theoretical proposals outlined in the works of Arranz and Oliva (2010) and Velasco et al. (2014).

The first dimension is called *Positive Treatment*. This concept, understood in a much more comprehensive and complex manner than mere absence of abuse, refers to the existence in the family context of conditions conducive to consolidating children's secure attachment bond with their parents and/or other carers. It also refers to the adequate management of expressiveness and emotional regulation, as well as to the existence of parenting practices that foster the development of autonomy, self-esteem and resilience (Anaut & Cyrulnik, 2014; Barudy & Dantagnan, 2005; DeHart, Pelham, & Tennen, 2006).

The second dimension is called *Development Promotion* and refers to the potential for stimulating development which exists in the family context and manifests itself in the presence in the home of learning stimulation materials, family play (Milteer et al., 2012), the presence of appropriate cognitive and language development stimulation (Lugo-Gil & Tamis-LeMonda, 2008), the diversity of experiences offered by the family and the quality of the physical environment shared by the family unit (Galende, Sánchez de Miguel, & Arranz, 2011). These variables have been identified as fostering development in diverse studies conducted over recent years, and their presence in the family context is assessed using the HOME scale (Blair, Raver, & Berry, 2014; Caldwell & Bradley, 1984).

The third dimension is called *Empowering Ecology* and refers to the social support received by the family during the childrearing process. This support is measured through factors such as the father's involvement (Huerta et al., 2013), the quality of relations with the extended family (Jæger, 2012) and the quality of relations between the family and the child's school (Crosnoe, 2015). Family ecology also includes the level of strain within the family system, manifested in the levels of conflict and stress experienced, which are elements that can either facilitate or impede positive parenting (Bloomfield & Kendall, 2012; Hanington, Heron, Stein, & Ramchandani, 2012). Social support also encompasses the influence of the family's social capital (McPherson, Kerr, McGee, Cheater, & Morgan, 2013) for parenting practices, measured through the availability of parenting support policies such as work-life balance measures, financial support, tax incentives and the possibility of accessing specific parental education programmes, etc.

The fourth dimension, which can also be described as a cross-cutting dimension which impacts all the others, is *Structure*, defined by Pourtois and Desmet (2006) as the most basic human need within the framework of the 12 needs paradigm. A structured family context provides children with a predictable environment which fosters security and, ultimately, ensures the existence of stable interaction routines in all areas of family life, from eating habits to the ongoing presence of play and other positive interaction activities. Routines provide the framework for their associated rituals, which have a major emotional and cultural significance that both enriches them and renders them more powerful and influential in children's development. The developmental importance of routines and rituals is clearly reflected in the work of Spagnola and Fiese (2007). Table 1 presents the outline of the four parenting dimensions.

The present study stems from a collaboration agreement between the Vitoria-Gasteiz City Council's Child and Family Service and the University of the Basque Country's research and knowledge transfer group *Haezi/Etxadi*, to carry out a pilot preventive family context assessment experience with families of 2-year-old children. The specific aims are as follows: (1) To determine the parenting skills of participating families, in accordance with the parenting dimension model. (2) To assess the impact of the experience on improving the parenting skills of these families.

Table 1. Parenting dimensions (0–2 years).

	Parenting dimensions	Secondary indicators	Factors
Structure	<i>Positive treatment</i>	Fostering of attachment	Emotional expressiveness/observation of parent–child interactions/father's or secondary care figure's involvement/quality of non-parental care/potential for play
	<i>Development promotion</i>	Fostering of resilience	Setting of limits and optimal frustration/enhancing self-esteem and autonomy
		Stimulating development	Learning stimulation materials/potential for play/diversity of experiences/stimulation of cognitive development/stimulation of language development/quality of the physical environment
	<i>Empowering ecology</i>	Social support	Relations with the extended family and social network of friends and services/stability of the child's social relationships and parental interest in them/relations with the school
		Family system strain	Exposure to family conflict/parental stress

Note: *Structure* is the essence and the foundation of all the dimensions and is manifested in a set of stable routines in all areas of family life.

Methodology

Participants

The Child and Family Service put out a call for volunteers to participate in the family context assessment experience, receiving a total of 50 responses. Of these 50 families, 45 (90%) had a traditional structure, 2 (4%) were large families (i.e. 3 or more children), 1 (2%) was an adoptive family, 1 (2%) was a single-parent family and in the remaining case (2%) the parents were separated.

As regards parents' educational level, 2 (4%) had only a basic education, 5 (10.2%) had A-level equivalent qualifications, 18 (36.8%) had vocational training qualifications, 11 (22.5%) had a university diploma and 13 (26.5%) had a university degree. Of the 50 mothers interviewed, 3 (6%) had a basic education, 3 (6%) had A-level equivalent qualifications, 12 (24%) had vocational training qualifications, 14 (28%) had a university diploma and 17 (34%) had a university degree.

As regards socioeconomic level, 35 families (70%) volunteered information about their financial status; of these, 12 families (24%) claimed to have a monthly family income of between €1000 and €2500, 22 families (44%) claimed to earn between €2500 and €5000 a month and 1 (2%) family had an income of over €5000. The remaining 15 families (30%) provided no information regarding their monthly income.

In relation to the gender, age and birth order of the children in the participating families, of the 53 participating minors, 35 (64.16%) were girls and 19 (35.84%) boys; 1 (1.9%) was aged between 20 and 24 months, 9 (17%) between 24 and 27 months, 19 (35.84%) between 27 and 30 months, 9 (17%) between 30 and 33 months, 9 (17%) between 33 and 36 months and 5 (11.26%) between 36 and 42 months. Of the 53 participating minors, 21 (39.62%) were only children, 10 (18.86%) were oldest children, 15 (28.30%) were second children, 1 (1.88%) was a third child, 4 (7.53%) were fraternal twins and 2 (3.77%) were identical twins.

Procedure

The institution contacted the participating families and provided them with all the relevant information. The only criterion for participating was that families not belong to the at-risk population. The assessment was carried out in the family home and was an opportunity also for the families to ask specific questions about those issues that most concerned them in relation to their children. A return interview was held a short time later, during which each family was informed of the specific protective factors, areas in need of slight or substantial improvement and priority issues to be

addressed that had been identified during the assessment. Families' specific queries and concerns were also addressed during this second interview.

After three months another face-to-face interview was held with the families, or they were contacted by either telephone or e-mail in order to monitor their progress after putting into practice the suggested improvement strategies. Families were also asked to complete a questionnaire assessing the data gathering process and the service provided.

Instruments

Sociodemographic questionnaire: this questionnaire gathers information about the family structure, parents' educational level and monthly income.

Service assessment questionnaire: families respond on a 4-point Likert-type scale to questions on the quality (7 questions) and efficacy (5 questions) of the service provided and their degree of satisfaction with it (3 questions).

Haezi Etxadi Scale (HES2): this scale is administered during the home visit and gathers information through direct observation, a structured interview, a joint questionnaire completed by the child's principal caregivers and individual questionnaires completed by each caregiver separately, designed to explore variables related to stress and conflict. The scale has a guidebook with instructions for administration, processing and correction, and has adequate reliability indicators (Arranz, Olabarrieta, Manzano, Martín, & Galende, 2012, 2014; Velasco et al., 2014).

The variables to be assessed are grouped into three sub-scales, with a total of 110 items.

Each sub-scale comprises different factors which are outlined below:

SUB-SCALE 1 (SCLD) Stimulation of cognitive and language development. Factor 1.1: Learning stimulation materials (LSM); Factor 1.2: Potential for play (PP); Factor 1.3: Stimulation of cognitive development (SCD); Factor 1.4: Stimulation of language development (SLD).

SUB-SCALE 2 (SSED) Stimulation of socio-emotional development. Factor 2.1: Emotional expressiveness (EE); Factor 2.2: Setting of limits and optimal frustration (SLOF); Factor 2.3: Enhancing Self-esteem and Autonomy (ESEA); Factor 2.4: Observation of parent-child interactions (OPCI).

SUB-SCALE 3 (OPESC) Organisation of the physical environment and social context. Factor 3.1: Quality of the physical environment (QPE); Factor 3.2: Father's or secondary care figure's involvement (FI); Factor 3.3: Quality of Non-Parental Care (QNPC); Factor 3.4: Relations with the extended family and social network of friends and services (REF); Factor 3.5: Stability of the Child's Social Relationships and parental interest in them (SCSR); Factor 3.6: Relations with the school (RS); Factor 3.7: Diversity of experiences (DE); Factor 3.8: Exposure to family conflict (EFC); Factor 3.9: Parental stress (PS).

In addition to providing scores for the various sub-scales, the instrument also offers the possibility of weighting the results using a series of *secondary indicators* which encompass the basic aspects of parenting and family context. Six indicators are obtained:

1. Fostering of Attachment and Parental Sensitivity (FA) includes the factors EE, OPCI, FI, QNPC and PP.
2. Fostering of resilience (FR) includes the factors SLOF and ESEA.
3. Stimulating development (SD) includes the factors LSM, PP, SCD, SLD, DE and *quality of the physical environment* (QPE).
4. Social Support (SS) includes the factors REF, SCSR and RS.
5. Family system strain (FSS) which includes the factors exposure to EFC and PS.
6. Family system risk (FSR) is a tertiary indicator that takes into account the mean score from the previous five indicators.

Each family obtains a direct score for each of the factors that make up each sub-scale, and which are grouped into secondary indicators. The score for each factor is calculated on the basis of the value assigned to each item: 1 (positive assessment of the item content) or 0 (negative assessment), in accordance with the criteria set out in the instrument guidebook. The direct scores for each factor,

sub-scale, indicator and dimension are weighted in accordance with a percentage scale in order to enable them to be categorized and compared.

As a result of this procedure, families are assigned to the following family context quality groups: very high (80–100%), high (60–79%), medium (40–59%) or low (0–39%). Whenever a participating family obtains a weighted score of between 80% and 100% for any given factor, this factor is identified as a protective factor for the family system, and the family is urged to continue employing the parenting practices that were positively assessed in it. If the family scores between 60% and 79%, the factor is considered to require *slight improvement*, and the family is encouraged to improve the parenting practices assessed here. If the family scores between 40% and 59%, the factor is considered to require *substantial improvement*, and the family is encouraged to change the parenting practices that were negatively assessed here. Finally, if the score obtained is between 0% and 39%, the factor in question is identified as a *risk* factor and a priority intervention is planned aimed at establishing positive parenting practices in this area.

Results

Results of the family context assessment using the Haezi Etxadi scale (HES2)

Global scores for the scale: the mean score in the global assessment using the scale, once the values corresponding to the exposure to conflict (EC) and PS factors had been inverted, was 87.64%, indicating very high-quality family contexts. The distribution of the results among the four family context quality levels in accordance with the factors, sub-scales, secondary indicators and parenting dimensions is shown in Tables 2–4.

Results regarding the guidance requests received from the families

The families participating in the programme were given the opportunity of voluntarily requesting information about parenting and childrearing issues in relation to their own specific family situation. Of the 50 participating families, 27 (54%) requested such information, with each one asking about

Table 2. Percentage of families in each family context quality level in the three sub-scales and their corresponding factors.

	Quality level			
	Very high	High	Medium	Low
SCLD sub-scale	74%	24%	2%	–
Learning stimulation materials (<i>LSM</i>)	96%	4%	–	–
Potential for play (<i>PP</i>)	52%	26%	14%	8%
Stimulation of cognitive development (<i>SCD</i>)	86%	8%	6%	–
Stimulation of language development (<i>SLD</i>)	80%	16%	–	4%
SSED sub-scale	82%	16%	2%	–
Emotional expressiveness (<i>EE</i>)	90%	6%	4%	–
Setting of limits and optimal frustration (<i>SLOF</i>)	78%	16%	2%	4%
Enhancement of self-esteem and autonomy (<i>ESEA</i>)	48%	34%	8%	10%
Observation of parent–child interactions (<i>OPCI</i>)	100%	–	–	–
OPESC sub-scale	94%	6%	–	–
Quality of the physical environment (<i>QPE</i>)	100%	–	–	–
Father's or secondary care figure's involvement (<i>FI</i>)	84%	10%	6%	–
Quality of non-parental care (<i>QNPC</i>)	100%	–	–	–
Relations with the extended family and social support (<i>REF</i>)	94%	4%	2%	–
Stability of the child's social relationships and parental interest in them (<i>SCSR</i>)	58%	40%	–	2%
Relations with the school (<i>RS</i>)	–	–	–	–
Diversity of experiences (<i>DE</i>)	96%	4%	–	–
Exposure to family conflict (<i>EFC</i>)	76%	12%	6%	6%
Parental stress (<i>PS</i>)	64%	18%	16%	2%
Total	84%	14%	2%	–

Notes: SCLD, Stimulation of cognitive and language development; SSED, stimulation of socio-emotional development; OPESC, organisation of the physical environment and social context.

N = 50.

Table 3. Percentage of families in each family context quality level in the secondary indicators and the tertiary indicator.

	Quality level			
	Very high	High	Medium	Low
Secondary indicators				
FA: Fostering of attachment and parental sensitivity (<i>EE, OPCI, FI, QNPC, PP</i>)	94%	4%	2%	
FR: Fostering of resilience (<i>SLOF, ESEA</i>)	54%	34%	8%	4%
SD: Stimulating development (<i>LSM, PP, SCD, SLD, DE, QPE</i>)	88%	12%	—	
SS: Social support (<i>REF, SCSR, RS</i>)	96%	4%	—	
FSS: Family system strain (high quality = low strain) (<i>EFC, PS</i>)	74%	10%	12%	4%
Tertiary indicator				
FSR: Family system risk (high quality = low risk) (<i>FA, FR, SD, SS, FSS</i>)	78%	20%	2%	

Table 4. Mean scores for Positive Parenting Dimensions and their corresponding secondary indicators.

Positive parenting dimensions	Secondary indicators
PT: Positive treatment 84.90%	Fostering of attachment 90.29%
	Fostering of resilience 79.52%
DP: Development promotion 88.99%	Stimulating development 88.99%
EE: Empowering ecology 87.20%	Social support 92.39%
	Family system strain 17.98%
S: Structure 87.11%	

one or more specific issues. A total of 43 queries were received and answered, distributed as follows: Tantrums: 11, Jealousy: 8, Bladder and/or bowel control: 6, Rules and limits: 5, Sleep habits: 5, Adjustment to the school environment: 1, Night terrors: 1, Constipation: 1, Criterion for use of pacifiers: 1; Articles and websites of interest: 1, Family diversity: 1, Guidance for seeing a specialist: 1, Non-parental care: 1.

Results of the satisfaction questionnaire completed by families

Of the 50 families who participated in the programme, 40 completed the satisfaction questionnaire. The mean score for the quality of the service provided was 24.65 out of a maximum of 28, which in percentage terms is 88.03%. The mean score for efficacy was 11.2 out of a maximum of 20, which in percentage terms is 56%. The mean score for satisfaction with the experience was 10.75 out of 12, or 89.58% in percentage terms. The mean overall score was 46.6 out of a possible maximum of 60, or 77.67% in percentage terms.

As regards the factors to which families attribute the changes that occurred in the positive routines in their respective family contexts, the mean score for attributing said changes solely to the child's own development was 2.2 out of 4 (55%). The mean score for attributing changes solely to the implementation of the advice received during the programme was 1.6 out of 4 (40%). And finally, the mean score for attributing changes to both the child's own development and the advice received during the programme was 2.55 out of 4 (63.75%).

Discussion

When analysing the results obtained, it is important to remember that all participating families had a traditional sociodemographic profile, as regards their structure, and relatively high income and

educational levels, since 44% of those who completed the corresponding questionnaire claimed to have an income level of between €2500 and €5000 a month, and the sample group included a high proportion (49% of fathers and 64% of mothers) of university graduates and Ph.D. Most of the other families in the sample group had also studied beyond the basic level, with only 4% of fathers and 6% of mothers having only elementary qualifications.

The situation described above constitutes, in principle, a favourable ecology for high-quality parenting. A good socioeconomic level often translates into educational resources and materials, as well as into experiences which stimulate cognitive and socio-emotional development. It is also worth highlighting the small size of the participating families, 40% of which had only one child and only 4% of which had three or more offspring. This means that the plentiful educational and economic resources are distributed between a low number of minors in each family unit.

Research data support the positive impact of families' high socioeconomic status on child development. One example is the association found between the mother's high educational level and children's cognitive development (Carneiro, Meghir, & Parey, 2013). Moreover, socioeconomic status constitutes an important part of what is known as social capital (McPherson et al., 2013), which has already been identified as a contributing factor to generating an *empowering ecology* for positive parenting in the introduction to this paper. The INE Report (2011) on how Spanish families spend their free time is also worth mentioning, since it identifies a directly proportional relationship between high socioeconomic level and the number of hours spent on parenting activities.

In relation to the first research aim (i.e. to determine the parenting skills of participating families), in general, we can affirm that the families involved in the experience had a high-quality family context, given that 88.02% were grouped in the very high-quality family context category in the global assessment conducted using the HES2 scale. This finding coincides with the favourable ecology of these families, as well as with the fact that they volunteered for the assessment, behaviour which is consistent with a positive self-perception of their own parenting skills.

If we look at all the factors contained in the different sub-scales, we see that the families obtained optimal mean scores (between 90% and 100%) in the following: LSM, EE, OPCI, QPE, FI, QNPC, REF, RS and DE. These results can be considered protective factors and were identified in the majority of the family contexts analysed in this study. This positive assessment is confirmed by the high scores obtained by participating families in the secondary indicators and parenting dimensions, as well as, more specifically, in the *structure* dimension which reflects the existence of positive intra-family interaction routines in the majority of cases, which in turn generates highly structured family contexts which are conducive to good development.

As a counterpoint to this positive situation, it is worth highlighting those results that indicate certain shortcomings in some of the participating families. If we start by analysing the results obtained in the three sub-scales of the HES2 instrument, we see that the lowest score (85.13%) was obtained in the SCLD sub-scale (*stimulation of cognitive and language development*). This was due to the fact that 13 of the families (26%) received the recommendation *slight improvement required* in the *potential for play* factor, 7 (14%) were assigned to the *substantial improvement* group for this factor and in four cases (8%), this factor was identified as requiring *priority action*. Another contributing factor to this lower score in the SCLD sub-scale was the identification of four families (8%) who received the recommendation *slight improvement required* in the SCD factor, along with a further three families (6%) who were assigned to the *substantial improvement* group for this factor. Also, in the SLD factor, eight families (16%) received the recommendation *slight improvement required* and in two cases (4%) this factor was identified as requiring *priority action*.

As regards the overall scores obtained in the SSED sub-scale (*stimulation of socio-emotional development*), eight families (16%) received the recommendation *slight improvement required* and one family (2%) was assigned to the *substantial improvement* group. When analysing the individual factors, it should be noted that three families (6%) received the recommendation *slight improvement required* and two families (4%) were assigned to the *substantial improvement* group in relation to the EE factor. Moreover, eight families (16%) received the recommendation *slight improvement required* in

the SLOF factor, 1 (2%) was assigned to the *substantial improvement* group for this factor and in two cases (4%), this factor was identified as requiring *priority action*. Finally, 17 families (34%) received the recommendation *slight improvement required* in the ESEA factor, 4 (8%) were assigned to the *substantial improvement* group for this factor and in five cases (10%), this factor was identified as requiring *priority action*.

The global results for the OPESC sub-scale (*organisation of the physical environment and social context*) reveal that only three families (6%) received the recommendation *slight improvement required*. It is worth noting that five families (10%) received the recommendation *slight improvement required* in the FI factor, while 3 (6%) were assigned to the *substantial improvement* group. Similarly, 20 families (40%) received the recommendation SCSR factor, while 1 (2%) was assigned to the *substantial improvement* group. Also, six families (12%) received the recommendation *slight improvement required* in the EFC factor, 3 (6%) were assigned to the *substantial improvement* group for this factor and in a further three cases (6%), this factor was identified as requiring *priority action*. Finally, nine families (18%) received the recommendation *slight improvement required* in the *parental stress* factor, 8 (16%) were assigned to the *substantial improvement* group for this factor and in 1 case (2%), this factor was identified as requiring *priority action*.

The most striking results in relation to the secondary indicators is that 4% of the participating families were assigned to the low-quality group for the FR (*fostering of resilience*) indicator, a further 4% were assigned to the low-quality group for the FSS indicator (*family system strain*), thus indicating a high level of strain in the family unit, and 2% were assigned to the medium-quality group for the tertiary indicator RSR (*family system risk*), which indicates the existence of family situations with serious shortcomings in a number of the factors analysed. In relation to the three parenting dimensions, the results reveal that the dimension in which families require most improvement is *positive treatment*, due to the results obtained in the FR indicator. This dimension is followed by *empowering ecology*, which requires improvement mainly due to the results obtained by some families in the EFC and PS factors. Finally, the *development promotion* dimension requires improvement due to the results obtained by some families in the *potential for play* and SLD factors.

In light of the results obtained, we can assert that the family context assessment instrument used was capable of identifying areas for improvement. This supports the use of the scale as a detection instrument and the basis for the customized guidance provided to each family. If, in families such as those participating in the programme, which have an ecology that is extremely conducive to good parenting, shortcomings were found in aspects such as potential for play, language stimulation, the setting of limits and the enhancement of self-esteem and autonomy, to mention only the most significant ones, then it is logical to assume that these same shortcomings are present to an even greater degree in families with a less favourable sociodemographic profile.

We make the above supposition with all due caution, given the use in this study of non-standardized scores that only reflect the percentage to which families comply with an idealized situation, and bearing in mind also the fact that the sample group is not statistically representative of the general population. Nevertheless, the assessment carried out is capable of identifying each family's strengths and needs, and is therefore compatible with the common assessment framework present in the literature on preventive action with families (Institute for Public Care, 2012).

Moreover, a new quality of family context assessment instrument was required due to the fact that previous studies conducted in the Autonomous Region of the Basque Country (Arranz, Oliva, Sánchez de Miguel, Olabarrieta & Richards, 2010) found that the best-known instrument for assessing this element, the HOME scale (Caldwell & Bradley, 1984) had only a low level of discriminatory power. The instrument used here assesses both the factors contemplated in the HOME scale and other family context factors which have been identified as important in the research conducted over recent decades. Moreover, its factor structure has been confirmed and its psychometric properties verified in a study carried out with 400 families with a sociodemographic profile very similar to the families who participated in this present study (Velasco et al., 2014).

In relation to the study's second aim, which was to estimate the impact of the experience on parental competence-building among the participating families, the assessment is, on the whole, positive, since the families expressed a high level of satisfaction with the quality of the service received and, albeit to a lesser extent, considered it to have had a positive impact on their attempts to construct positive intra-family interaction routines that foster their children's development. One obvious limit to the study is the fact that the principal reference for assessing the impact of the experience is the self-reports completed by the families. However, this experience was just the first step towards establishing a more rigorous procedure, based on comparisons between a control group and an experimental group as well as on the use of the *randomised control strategy*, which is recommended for this field of study (Asmussen, 2012).

Finally, it is worth considering that the results presented here support the possible establishment of a public preventive family assessment service, which could be made available to all families and professionals working with them in the educational, health and social services fields.

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Notes on contributors

Enrique Arranz Freijo is Professor of Family and Developmental Psychology at the Psychology Faculty of the Basque Country University and co director of the HAEZI research and transfer of knowledge group.

Fernando Olabarrieta is Lecturer of Developmental Psychology and Education at the Psychology Faculty of the Basque Country University and co director of the HAEZI group.

Ainhoa Manzano is Psychology Phd. and director of the ETXADI University Centre.

Florencia-Belen Barreto is predoctoral researcher in the HAEZI group working on the influences of family context on executive functions.

Claudia-Patricia is a Clinical Psychologist and predoctoral researcher on the field of prenatal bonding and pre / perinatal psychology.

Maielen Sánchez is an educational psychologist working at the ETXADI University Centre on positive parenting.

Joana Rekaorri is an educational and linguistic psychologist formerly working at the ETXADI University Centre on positive parenting.

M.Dolores Garcia is a Social Worker with an extensive background on social intervention and currently Head of the Family and Childhood Service of Vitoria-Gasteiz City Council (Spain).

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