



Evidence-based family and parenting support evaluation strategies: The position of EurofamNet

Draft version, June 1st, 2022

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This document is based upon work from COST Action CA18123 The European Family Support Network, supported by COST (European Cooperation in Science and Technology).

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ISBN number pending



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Any citation of this document should use the following reference:

Almeida, A., Cruz, O., & Canário, A. C. (2022). *Evidence-based family and parenting support evaluation strategies: The position of EurofamNet*. EurofamNet.

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1. Introduction

There has been a general scientific consensus to emphasize that the optimal development of any child depends on the family context (parents or caregivers and the wider family), his or her living environmental conditions and circumstances affecting the parents' capacities to respond to their child's needs (e.g., Belsky, 1984; Bronfenbrenner & Evans, 2000). This theoretical premise draws an influential reference for the development of EU policies on behalf of the child and their wellbeing through childhood and adolescence and, particularly, parenting and family support. A marker for these policies of the new millennium, the Recommendation of the Council of Europe on positive parenting (Rec 2006/19), stresses that the caregiver role evolves from exercising capacities, developing skills out of experiences and, substantially, nurtured by the quality and quantity of available support (Ayala-Nunes et al., 2017; Martins et al., 2022). Therefore, in order for children to fully realise their rights and well-being, modern families will be better off whenever help and support is accessible, available and tuned to their characteristics (Daly, 2017; Canavan et al., 2016). The new mindset reclaimed universal needs, non-stigmatizing or mandatory to the at-risk families, and voiced it as an every child matter, specially prompting a strength-based perspective for family and parent support interventions. This all-inclusive framework on behalf of the development and implementation of parenting policies set the ground to endorse preventative measures capable of addressing family diversity, social backgrounds, health and mental health conditions, and family developmental cycles. Most importantly, it also pressured a different wrap-up for family support delivery giving a particular focus to positive parenting programmes (Jiménez, Antolín-Suárez, Lorence, & Hidalgo, 2018).

Decisively, in post-modern Europe, knowledge and understandings about parenting have also become an essential pursuit to improve family support services and broaden models and approaches to children and families in need (Rodrigo, Almeida & Reichle, 2016). Timely, it was foreseen the *zeitgeist* for advocating evidence-based interventions that combined prevention and promotion goals as a resourceful and efficient approaches to fulfil the right of children to grow in healthy family contexts. Nonetheless, consensus on the need to support families coexisted with striking differences in the provision of support across Europe and within countries (Molinuevo, 2013; Rodrigo et al., 2016). Diversity encompasses different types and modalities of support addressed to parents and children (Daly, 2007; 2012; Hermanns, 2014). This multiplicity applies for different prevention levels across public sectors and agencies while, at the same time, help to organize preventative measures among universal or mainstream services (such as early childcare, education, primary health care, prenatal consultation) and policies (work-family reconciliation measures), selective ones more prone to minimize social inequalities (income support and social welfare measures for single-parent families or large families) and, at a bottom-line, urgent, intensive and specialized care (out-of-home placements under child

protection measures, family reunification, therapeutic services). In this wide variety of types of support, parenting support services are singled out which essentially resume to three core features: (a) parents are the first-line target and the focus is on their parenting role; (b) the support provided is a service in kind; and (c) the focus is on parents' resources and child-rearing competencies (Daly, 2012).

Yet, more acute to narrow the modes of support delivery to the outcomes of policies and programmes was the importance of incorporating the framework of evidence-based practices in family and parenting support services (Axford, Elliott, & Little, 2012; Boddy, Smith & Statham, 2011; Rodrigo, Almeida, Spiel, & Koops, 2012). Identified with the principles and goals of evidence-based, family and parenting programmes resume versatility and structure to this intent, representing a resourceful *modus operandi* and a promising investment to realize the child's rights agenda for the XXI century (Moran & Canavan, 2019). Equally sensitive to universal and to the specific needs of more vulnerable children and families, these programmes are not exclusive of a single public sector but disseminated and integrated at all service-levels. It is important to say that responses should simultaneously provide helping devices and optimal levers to reduce transitional hazards and losses as well as major burdens of a multiplicity of material deprivations and impact on family lives (Thévenon, Clarke & de Franlieu, 2018). Consequently, the search of services and professionals pressured to change intervention practices, to avoid stigmatizing referrals, to adequate modalities of interventions to serve the plurality of family needs and groups targeted at universal, selective to indicated prevention levels endorsed the inquiry for evidence-based practices across the wide range of family and parenting interventions from individual, home visiting, group, community.

Indeed, the diverse nature of family and parenting support services disseminated in different public sectors (i.e., educational devices, health units, social services, community-based services, security forces, jurisdictional departments) also claim for programmes capable of bringing good inputs in terms of sustainability, feasibility, reliability and, not least important, proven efficacy to public cost. Not surprisingly, change requested better-informed professional practices, tapped the lack of an evaluation culture, and tackled the focus on the individual expertise's acquired thanks to the experience in the service. At this particular point, the importance of bringing evidence whether parenting programmes work, for whom and under which circumstances becomes an instigating challenge to professional practices and, in the meanwhile, calls for a plurality of approaches to evaluation (Fives, Canavan, & Dolan, 2017; Dekovic, Stoltz, Schuiringa, Manders & Asscher, 2012).

Recognizing that efforts are still necessary to reckon with the heterogeneity of service delivery in family support, the internal disparities of professional cultures upon the external input of evidence-based practices and the standards of an evaluation culture, this paper intends to contribute to a thoroughly position of the Eurofamnet COST action on parenting support

evaluation strategies. In what follows, this paper briefs the rationale of the evidence-based practice outlining its advances in family support services delivered in community settings. The short historical account traces how the perspectives and approaches to evaluate the putative effects of evidence-based parenting programmes also brought about an interest in the relations and linkages among research, professional practice and, more recently, policies and children and family participation. Concluding, a list of key messages recalls a number of influential principles and the standards of prevention science to a more and better-framed pluralist approach in what concerns family and parenting support evaluation.

2. Setting evidence-based practice in the area of social intervention

The concept of evidence-based practice (EBP) first came into view in the field of Medicine, with evidence-based medicine being described as a conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients (Sackett et al., 1976). Thus, EBP emerged from the confluence between the best research evidence available and the practitioner's clinical expertise, along with the understanding and respect for the client's values. In 2005, the American Psychological Association's task force on EBP reinforced the definition of EBP through these three components, while presenting a broadened scope of the client's values, encompassing each individual's characteristics, cultural background and preferences (APA, 2006).

EBP has surpassed the limits of medicine and clinical practice, and the broad concept of "evidence-based" was progressively adopted in the field of social sciences and in interventions delivered in community-based services, first in the United States, and thereafter in the United Kingdom and in Europe (Asmussen, 2011; McCall, 2009; McCall & Green, 2004). Claiming for accountability, policy-makers began demanding for "evidence-based services" in an attempt to prove that programmes and policies achieved their intended goals. The answer to such demands from the policy-makers, regarding the efficacy of the interventions where public investments were made, led to a collaborative bidirectional liaison between the fields of applied research and interventions delivered in community-based services.

The adoption of EBP by community-based services has been strengthened and reinforced mainly due to the interface and cooperation between researchers and scholars with the community-based practitioners and policies. European political guidelines have kept contributing to bring the academia and community closer. Community-based intervention projects funded by European programmes often include a compulsory assessment of the social impact of the interventions delivered. This requirement fostered an approximation between professionals working in communities and the academy while, at the same time, deepened the know-how about the interventions' impact assessment, triggering a change in the initial paradigm, exclusively based on the professionals' practice. In fact, a narrower linkage between professionals and academics contributes to the transferability of scientific knowledge, through a bidirectional cooperation, meaningful for the professionals working in community-based services, but also for researchers, whose applied research in communities allows them to validate interventions.

The decision of adopting and implementing EBP on community-based services is not linear and straightforward, but instead influenced by multiple determinants. Two of these determinants deserve particular attention as they highlight the specificities of practice within

community-based services, and lead to the presentation and further development of the three components of EBP. The first regards what counts as evidence on EBP, whereas the second refers to the social perception of children and families as clients when they should be considered subjects of their own rights. Further details are presented below.

2.1. What counts as evidence

In EBP, evidence comes from the systematic and rigorous evaluation of an intervention's efficacy, determining if the intervention's objectives are in fact achieved, i.e., whether the intervention actually leads to changes in those who receive it, as defined in the programme's theoretical conceptualization. But how is this evidence defined? Researchers and scholars have had a role in defining what counts as evidence. The use of science-based procedures to evaluate the efficacy of an intervention naturally led to the selection of experimental designs as the hallmark paradigm in this field (McCall & Green, 2004). The standards of evidence from the Society for Prevention Research present a hierarchy regarding the quality of scientific evidence, defining as a major criterion for the evaluation of the efficacy the use of randomized controlled trials (RCT), evaluated through precise analytic procedures, selecting reliable instruments and measures, and using a sample size adequate to the generalizability of the results. It is a common understanding that the randomization in a controlled context is a warrant to the research's internal validity and clarification of the causal inference, determining whether the intervention contributed to the observed changes in the participants recruited to take part in the study, further documented at least up to 6-months after the intervention (Flay et al., 2005; Gottfredson et al., 2015).

A consensus among researchers is that experimental and quasi-experimental designs are important to address the question "Is the programme effective in producing the intended changes in its target population?". However, these designs are not the only single way to address programme's evaluation. There is also a wide agreement that the value and selection of the appropriate methods are determined by the research questions raised by scholars and professionals (Fives et al., 2017). Evidence on the outcomes of the interventions is of central importance, but are not the only information needed when the interventions are delivered in community-based settings or in a multi-agency delivery setting. Moreover, when it comes to the interventions' external validity, most of the research questions go beyond the causality relations between an intervention and its outcomes, addressing issues related to the implementation, who benefits the most from the intervention, and its economic evaluation and sustainability over time. Verifying the interventions' internal validity is as important as evaluating the external validity, informing on its ecological validity and practical relevance (McCall & Green, 2004, Proctor & Brestan-Knight, 2016; Rodrigo et al., 2016).

Understanding that the frame of EBP does not confine to outcomes measurement and that it applies to all the levels of program evaluation design is implicitly acknowledging that evidence is not accounted from a single perspective, theoretical framework or single method (Campbell and Fiske, 1959). Besides, the complementarity of the different methods does not imply a lack of theoretical foundation or the absence of a rationale for using the different methods. Indeed, a critical multiplism approach to EBP can be an advantage, especially when accommodating complex research issues that involve different theories, and claim a diversity of methods, measurement procedures, analyses and outcomes – these last ones often scrutinized under the lens of generalization and specificity (Shadish, 1986; Shadish, Cook, & Campbell, 2002). Thus, contrary to an antinomy classification, evidence is to be addressed upon a methodological pluralism roadmap. A “planned critical multiplism” (Shadish, 1986) or a “pluralistic approach” (Fives et al., 2017) to research and evaluation design is also pleaded by the European Family Network (EurofamNet) action’s principles:

“Adopting a pluralistic approach to research and evaluation seeks to achieve greater fit between the demands of academic rigor in research/evaluation and the “real worlds” of policy and intervention. It embraces the full range of design and methodological possibilities to address the diversity of contexts within which research studies and evaluations are set” (EurofamNet, 2020).

2.2. Children and families: From clients to subjects of rights

The view of children and families as consumers and recipients of care, which is typically used in the evidence-based practice approach, is misleading in this context. The Convention on the Rights of the Child and other international treaties state the right that children have to live in a family that provides and care for them, acknowledging them as subjects of their own rights. The Convention identifies children as rights’ holders, and in line with this, the EurofamNet presents a rights-oriented position in its principles safeguarding the rights of children, parents and families. Family support targets the promotion and protection of children, parents, and families, representing a right of the child. The family is identified as crucial for the full realisation of children’s rights through an entire range of rights guaranteed to the children. It is also acknowledged that parents often need support in developing effective parenting skills (Dolan et al., 2020). According to the recommendation of the Council of Europe on positive parenting (Rec 2006/19), it is a responsibility of the member states of the European Union to guarantee that the conditions to provide family and parenting support to the families in need of such services are available through central and local level policies.

When delivering EBP to families and children as rights’ holders, professionals should adopt a family-centred approach, developed in a collaborative framework, established on a relation of trust with the families. It is necessary to reframe EBP, in such a way that it not only

brings together the best available research and professional expertise, but also the inputs of children, youth and families regarding their values, goals, needs and preferences, considering them as rights holders. In this family-centred approach, the professional focuses on the family's needs, and prompts the family to assume the lead in decision-making, fostering the family's empowerment, personal competence, and autonomy towards problem-solving, along with personal agency. Family support should be delivered in light of the rights of children and families, but is also on itself a fundamental right of children, as it is implemented in a multi-agency delivery field to promote children's rights and children's and families' wellbeing, also being crucial for children's and families' protection (Dolan et al., 2020). A bidirectional relation exists between children's rights and family support: children's rights are a determinant for family support services implemented in community-based services, and family support services contribute to the promotion and protection of children's rights.

In sum, when delivered in community-based settings, and particularly within family support services, the question of how to consider those receiving the EBP gains a new meaning in comparison to the EBP delivered in clinical practice settings. Other than classifying or diagnosing the families and its individual members in categories (e.g., as functional or dysfunctional), the EBP delivered in community-based services needs to attend to the families' diversity. In line with the preventive interventions' approach, evaluating the risk and protective factors within each family's systems is crucial for the professionals working with them (Proctor & Bresta-Knight, 2016).

3. Evidence-based programmes: A flagship of integrative efforts to promote family well being

Over the last three decades, the area of parenting support has witnessed a strong development of structured interventions known as evidence-based parenting programmes (EBPP). Developed within a theoretical framework supported by evidence, the purpose of EBPP is to improve parents' resources for raising children, promoting parents and family's wellbeing and children's development and psychosocial adjustment. These resources can be delivered in the form of information, knowledge, skills, social support, and competence development (Dolan et al., 2020). EBPP have been found to be effective in preventing and reducing negative outcomes for children and parents (Weber et al., 2019) and are recommended by the European policies as an underlying principle for the investment and transferability of good practice (Rodrigo et al., 2016). However, the use of EBPP as a service provided at community-based settings is not a generalized practice in most European countries (Baumann et al., 2016). The interventions delivered in community-based services are family-centred and tailored to the family's needs and characteristics, nevertheless these intervention protocols often do not include structured programmes.

EBPP are theoretically driven and empirically validated interventions, with contents described and structured in a manual, that had their efficacy/effectiveness evaluated, and the factors related to the implementation process identified (Rodrigo, 2016). EBPP may be delivered in different formats, such as in group or individual format, delivered face-to-face or remotely, self-directed with or without professional support. They are designed to target the specific needs of parents and children (e.g., parents of children of different ages, with different statutes of mental or physical health, etc.) and specific family risk levels (low-universal prevention, medium-selective prevention, high-indicated prevention). To be delivered by professionals that were not involved in the conceptual development of the programme, EBPP include specific training, and often also rigorous accreditation procedures. At the very least, it is mandatory for professionals to attend training on the programme rationale, the strategies, and activities to be presented in each session, and the evaluation protocol to be implemented.

EBPP presents a set of advantages for its users (UNODC, 2010). First, these programmes are based on theoretical models supported by scientific research which have themselves been empirically tested within the context of human development and education research. The theoretical model explicit the "theory of change" of the programme, which explains the relationship between the objectives of the programme, the strategies and activities proposed and the expected outcomes in parents and children (Asmussen, 2011). Having the contents described and structured in a manual allows professionals to have a standardized reference,

ensuring that the EBPP is delivered with fidelity and the objectives of the programme are achieved. This is a sensitive issue, given the services' tradition of delivering non-structured interventions, defined according to the needs of the families. However, the EBPP are not rigid entities or unresponsive to the idiosyncrasies of families and intervention contexts. There is already a considerable amount of literature on the "adaptation versus fidelity" balance in the implementation of evidence-based programmes. EBPP developers should clarify what are the core components of the programme that should be absolutely respected and what elements can be altered without compromising the core components of intervention (Barrera et al, 2016). Changes in non-core aspects, such as sensibly adjusting the number of sessions, or using more culturally appropriate examples and images, are favourable, do not compromise the fidelity of delivery and, on the contrary, promote its effectiveness. More recently, in the context of the COVID-19 pandemic, evidence has shown that interventions designed to work in person have been successfully implemented remotely (Canário et al., 2021).

A second advantage is that EBPP were object of applied research to verify if their effects were beneficial to the target population of the programme. This is a demanding and time-consuming process, requiring financial and qualified human resources. For these reasons, this process is often carried out in academic settings, through research projects with competitive funding. The evaluation of the programmes' effects is performed through systematic and rigorous methods, whose quality has been addressed by several organizations presenting the standards of evidence (Gottfredson et al., 2015). At the end of the evaluation, there is a guarantee of quality from scientific research performed and from the publication of the findings in peer-reviewed journals. It is more likely that the programme leads to positive and not negative effects (Asmussen, 2011). The evidence available allows for the services in community-based settings to choose the most adequate programme to work with its target population. It also allows the services to recruit the families according to the characteristics and objectives of the programme, ensuring that the programme has the potential to provide the best possible response to the specific needs of the families. Fitting the programme to the needs of the target population also allows its implementation to be reliable, contributing to outcomes in children, parents and families in line with those defined in the theory of change of the programme.

As a third advantage of EBPP, the economic evaluation and accountability informs on cost-sensitive decisions, thus contributing to social policies and decision making as well as allowing investing in types of support that fit the families' characteristics, fostering family wellbeing and child development, and reducing societal burden and costs. Several studies have shown that EBPP are cost-effective in treating behavioural problems over time (Sampaio et al., 2018; Nystrand et al., 2019). Despite the costs related to the training and implementation, the investment in EBPP as preventive interventions averts further investments in other family support interventions that do not offer a guarantee of effectiveness. An initial economic

investment is always required to implement an EBPP. There are costs related to professionals' training and the acquisition of all the materials necessary for delivering the programme to parents (Scott, 2011). In addition, developing new parenting programmes require a long-term costly investment to evaluate the efficacy and safety of the interventions over time (UNODC, 2010). Often the final product needs extra investment in the preparation of the infrastructure that allows the transferal of the programme to the community: editing of handbooks and other materials to support the delivery of programmes, translation into different languages, training and accreditation of professionals and their supervision, etc. However, all this effort results in the knowledge that the EBPP can be offered to a greater number of families with a guarantee of effectiveness.

On top of the previous advantages, to deliver the EBPP at community-based services can potentially contribute to change the practices usually carried on by the professionals at those settings, requiring reframing the professional practice within the EBP framework. Practitioners have to make crucial changes in the service organization, select the appropriate target group, standardize the intervention, and evaluate its outcomes. The understanding of the rationale underlying the EBPP and each implemented strategy, allows the professionals to be more self-conscious and intentional in their practice, improve their expertise and feel greater confidence and motivation to the intervention. Moreover, practitioners become very satisfied and feel empowered because they perceive the intervention as being effective, producing changes in parents and children, with medium and long-term consequences for the effectiveness of services (Scott, 2011). By promoting an evaluation culture among professionals, contributions to practice come from the outcomes of the interventions, the costs and effects of the interventions can be weighted and the professionals became better informed to answer the stakeholders' and decision-makers' accountability demands.

To sum up, EBPP allow to integrate EBP on the family support services provided by community-based settings. Even though the culture of evaluation following the standards of best evidence is still not widespread and, therefore, EBPP are not extensively implemented and/or properly evaluated, there are several advantages regarding the integration of EBPP on the family support services provided by community-based settings, stimulating a restructuration of the services in order to contribute to the wellbeing of a greater number of families.

4. Evaluation as a keystone of EBPP

Programme evaluation is a fundamental and ubiquitous component in EBPP. Programme evaluation refers to the systematic collection of empirical information about the activities, characteristics, and outcomes of programmes to inform evaluative judgments (Patton, 2012). Different methods allow collecting different kinds of information and their value depends on their aptness to answer the question being posed within a specific context and with a specific population (Fives et al., 2017; McCall & Green, 2004). As such, experimental and non-experimental designs, as well as quantitative and qualitative methods can be considered the best match if they allow answering adequately the research question raised (Proctor & Brestan-Knight, 2016). As abovementioned, the EurofamNet embraces a pluralistic approach to research and evaluation enabling a wider range of design and methodological models and addressing the diversity of contexts within research studies and programme evaluations (EurofamNet, 2020).

Some of the questions often raised requiring a pluralistic approach when programmes are delivered in the community services are described in the following paragraphs.

Is the programme ready to be delivered in community-based services? Evaluation of programme accessibility.

To be delivered in community-based services, the professionals must have access to the programme, as well as to all the materials necessary for the implementation. They should also have access to specific training and accreditation procedures, if the programmes' promoters require accreditation procedures. While delivering the programme, the professionals should be able to attend supervision sessions and contact implementation consultants to make queries related to any procedure or content adaptation, in order to ensure implementation fidelity. These are relevant aspects that contribute to the adoption, implementation, and sustainability of the intervention by the professionals and services (Proctor, 2011).

Do the required conditions for programme delivery exist in the community-based service? Evaluation of the service conditions.

The delivery of a programme usually demands for the existence of two types of conditions. The first one regards professionals' willingness to innovate in their practice, providing the best services to fit the families' needs and characteristics. The second one relates to the existence of an infrastructure within the service supporting the implementation of the programme. Logistic conditions such as adequate spaces for parents, children and families, a working schedule that fits the families' needs, the programme's materials available, and support for parents regarding transportation, meals or babysitting, are important to ensure parents' recruitment, retention and participation rates throughout the programme delivery. Providing these conditions for the families

also reflects the acceptability of the programme by professionals and stakeholders, revealing that they consider the programme an asset to the service and its objectives (Proctor, 2011). A *posteriori* evaluation regarding the above presented conditions related to the success of the intervention determines the feasibility of the programme, i.e., the extent to which the programme can be successful delivered within the community services (Proctor, 2011).

What are families' needs? Initial assessment of the families' needs and resources

It is essential that the programme fits the needs of each family. The initial programme evaluation protocol usually includes the assessment of parenting behaviours, attitudes, knowledge and sense of competence, parental adjustment, and perceptions of child behaviour. If the measures are reliable and present an adequate sensitivity and specificity, the information collected prior to the intervention (often at the moment of recruitment) allows the professional to understand whether the programme, in its characteristics, is suitable for the family. It also allows screening for specific conditions among the members of the family that can determine possible referrals to other professionals or services (Proctor & Brestan-Knight, 2016). Several programmes include a session to provide feedback of the initial assessment to the family or the parents, so that the family can use this information to set goals for change. The initial assessment with sensitive and specific measures allows a comprehensive assessment to determine the appropriateness of the programme for each family (Proctor, 2011), and how it can be tailored to the family's needs, without compromising the programme integrity.

Is the programme effective for the family? And for how long? - Evaluation of short- and longer-term effects

When the initial assessment protocol is implemented following the end of the programme, allows assessing the impact of the programme in each family, i.e., if there were positive changes in behaviours, cognitions, sense of competence, etc. Thus, the assessment protocol has a double function: to assess the initial needs of the family, and to evaluate the effects of the programme. This second function is critical, not only to understand if the programme was an asset for each family (or not), but also to question why it did not work as was expected and if the family needs to be referred to an additional support. Ultimately, the effectiveness evaluation contributes to ensure that the services in community-based settings are offering the best care service to families.

Ideally, the evaluation of programme's effects should be carried out not only in the short term (i.e., immediately after the end of the programme), but also in a longer term, to understand if the changes are maintained over time. In addition to assessment instruments that allow for quantitative scores, it is desirable to include other assessment formats that comprise observation of child and family interaction, and individual or group interviews. Likewise, to further understand

the effects of the programme on children, in addition to the parents' reports, it is advisable to use multiple sources of information (e.g., from teachers).

How is the programme delivered by professionals? - Evaluation of implementation fidelity

Monitoring the programme implementation allows examining if the programme is being delivered with fidelity. EBPP have core components that must be identified and accomplished to avoid compromising the fidelity of the intervention delivered. EBPP usually have fidelity checklists, which must be completed by practitioners at the end of each session. Monitoring the programme's implementation is always important, but even more when there is an adaptation process ongoing, for example in a new country or with a new language, as part of a "continuous quality improvement cycle". It is essential that the evaluation is carried out rigorously so that valid conclusions can be drawn. The results should be published in order to increase the knowledge of the services in community-based settings about the effectiveness of the intervention, whether adapted or not (UNODC, 2009).

How were parents during programme delivery? Evaluation of parental engagement

The impact of a parenting programme may be compromised if parents are not sufficiently engaged along the intervention process. Parental engagement in family and parenting support interventions is a multi-stage process, including for instance enrolment, retention, attendance and participation in the activities within and between sessions (Piotrowska et al. (2017).

The degree of parental engagement in the programme is operationalized through several specific behaviours, such as sessions' attendance (presence/absence), punctuality, active participation in the activities carried out in the sessions, performing the homework tasks, and satisfaction with the intervention. This information should be collected systematically along the intervention process and used to monitor participants' engagement. As an outcome, this information is relevant to better understand the effects of the programme in each family, i.e., determining whether worse/better intervention outcomes relate to lower/higher parental engagement rates.

For whom and in what conditions is the programme effective? - Evaluation in effectiveness studies

Effectiveness studies are those developed to determine if the programme which had its efficacy ascertained in a research context is effective when translated to services in community-based settings (Gottfredson et al., 2015). Effectiveness evaluation should include the evaluation of the programmes' outcomes, using the measures defined in the programme assessment protocol, before and after the intervention and, ideally, in additional follow-ups over time. This is particularly important to understand if the intervention works and if the effects are sustained over time (van Aarj et al., 2017). Effectiveness evaluation should also address individual

characteristics of children, parents, and programme delivery that can contribute to explaining for whom and under which circumstances the intervention is effective. Other important aspects are those related to the processes that contribute to explaining how changes take place throughout or after programme delivery, for instance, whether a parenting programme impacts child behaviour through the change in parenting practices.

Is the programme cost-effective? Economic evaluation of the programme implementation

An economic evaluation of the programme should also be made within an effectiveness evaluation (Crowley et al., 2018), being particularly relevant to inform cost-sensitive decisions regarding the programme's dissemination. This is particularly relevant for social policies and decision-making, informing on the different EBPP that fit the needs of the families, according to their characteristics, and contributing to reduce family and societal burden and costs.

What is the penetration and the sustainability of the programme? - Evaluation in scale-up studies

Large-scale implementation studies are developed in a wider translation process, following or during programme dissemination (Gottfredson et al., 2015). Developing a scale-up study on programme dissemination requires the existence of a structure that streamlines and monitors the implementation of the programme in the area/region/country where the programme is being delivered. The evaluation of scale-up studies includes all the aspects previously presented regarding effectiveness evaluation. Two key aspects should be considered: penetration and sustainability (Proctor, 2011). What is the integration of the programme within the community services? And to what extent is the programme sustained over time in the community services? At this point, engaging stakeholders is also relevant to determine whether the programme is culturally competent and meaningful (Gill et al., 2016). The outcomes of scale-up evaluation studies are important to inform policies and guidelines.

To sum-up, programme evaluation is a key component of EBBP, informing about its characteristics, processes, and outcomes. The worth of specific evaluation methods depends on their appropriateness to answer specific questions. When programmes are implemented in the community services, evaluating the external validity is as important as the internal validity, through a pluralistic methodological approach to programme evaluation.

5. Conclusion

EBPP, structured parenting interventions within a theoretical framework supported by evidence, have been proved effective in preventing and reducing negative outcomes for children and parents in multiple countries and cultures. However, the use of EBPP as a service provided in community-based services is not a generalized practice in most countries, including in Europe.

The dissemination of EBPP in community-based services demands for a pluralistic approach in the evaluation of the support provided to address the different questions at the different stages of EBPP implementation. This can be achieved by resorting to a multiplicity of methods and procedures, in a straight collaboration between researchers and professionals in community-based services.

Furthermore, to achieve positive and reduce negative outcomes for children, families and communities, the work developed by family support professionals in real world dynamics should rely on their expertise but also on a collaborative framework with the families, acknowledging children, parents, and families as active and collaborative members of the intervention in a dynamic process to deliver the best family support service.

The implementation of EBPP in community-based services brings along multiple advantages for those who deliver and benefit from family support services. EBPP are underpinned by a theoretical background including a theory of change which are key for a standardized intervention model that allows defining clear objectives and goals for each family and evaluating whether these objectives and goals are accomplished. EBPP evaluation outcomes inform family support professionals on the programmes' fit according to the families' needs and characteristics. EBPP outcomes paired with results from economic evaluations and accountability inform cost-sensitive decisions and contribute to social policies and decision-making. Delivering EBPP in community-based services contributes to increased practitioners' self-consciousness and intentionality while working with families, as well as their sense of confidence and professional engagement.

Scaffolding the evidence-based paradigm in parenting programmes with the principles of implementation research will be the next movement forward in community-based services at many levels. The complexity of the questions raised along the process of implementation demands for a diversity of methods and procedures that are relevant to accommodate and answer different queries and needs raising from the family support practices in real-word dynamics. This will also encompass the development and refinement of evaluation methodologies in line with EurofamNet's pluralistic approach to research and evaluation (EurofamNet, 2020). Such a quest will enhance researchers, professionals, families and



politicians to think, plan and act together how to improve parenting and family support in the different sectors of care.

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