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BENEFITS AND CHALLENGES IN THE ADOPTION OF EVIDENCE-BASED PRACTICES IN THE CHILD AND FAMILY SERVICES

BENEFÍCIOS E DESAFIOS NA ADOÇÃO DE PRÁTICAS BASEADAS EM EVIDÊNCIAS NOS SERVIÇOS PARA A CRIANÇA E A FAMÍLIA

María José Rodrigo Facultad de Psicología, Universidad de La Laguna Santa Cruz de Tenerife, Canary Islands, Spain

Abstract

The Council of Europe's Recommendation (Rec 2006/19) to promote positive parenting, aimed at fostering child development and protecting child rights, has emphasized a preventive approach to support all families, the need to strengthen parental capacities and empowering communities, and the adoption of evidence-based practices (EBP) to improve the quality of professional work with families. This paper, revolved around this Recommendation and expanded in three related directions: (a) described the modern view of parenting as articulated in three facets: dyadic parenting, team parenting, and social parenting, and their corresponding support needs; (b) proposed the challenges and redefinition of EBP for the field of child and family services; and (c) showcased the building of the national agency-university partnership, the translational research-practice bidirectional process, and the implementation and evaluation of evidence-based programmes to foster the adoption of EBP in Spain. The conclusions highlighted the benefits involved in this complex process of quality assurance.

Keywords: Positive parenting, parenting task, evidence-based practice, evidence-based programmes, standards for evidence, quality assurance

Resumo

A Recomendação do Conselho da Europa (Rec. 2006/19) para promover a parentalidade positiva, destinada a promover o desenvolvimento infantil e proteger os direitos da criança, enfatizou uma abordagem preventiva para apoiar todas as famílias, a necessidade de fortalecer as capacidades parentais e capacitar as comunidades, e a adoção de práticas baseadas em evidências (PBE) para melhorar a qualidade do trabalho profissional com as famílias. Este artigo reflete em torno desta Recomendação e desenvolve-se em três direções relacionadas entre si: (a) descreve a visão moderna da parentalidade articulada em três facetas (parentalidade diádica, parentalidade em equipe e parentalidade social), e as correspondentes necessidades de apoio; (b) aponta os desafios e a redefinição da PBE para o campo dos serviços à criança e à família; e (c) apresenta a construção da parceria nacional agência-universidade, o processo bidirecional de pesquisa-prática translacional e a implementação e avaliação de programas baseados em evidências para promover a adoção da PBE na Espanha. As conclusões destacam os benefícios envolvidos neste complexo processo de garantia de qualidade.

Palavras-chave: Parentalidade positiva, tarefas parentais, prática baseada em evidências, programas baseados em evidências, padrões para evidências, garantia da qualidade

Introduction

Our conception of what parenting should look like has changed considerably in our modern society. This is due not only to the large variety of family structures and the diversity of cultures that currently co-exist in our society, but also to a shift in the conceptualization of the parenting task. Traditionally, competent parenting was taken for granted except in problem cases in which parents failed to behave properly. In the modern view, parenting is a task that requires a set of aptitudes and skills that can be learned (Budd, 2005; Martín, Cabrera, León & Rodrigo, 2013). It is also recognized that the quality of parenting does not depend on the psychological qualities of the parents within a social vacuum, but rather exists in a range of ecological conditions that surround the family that facilitate or hinder this task (Bronfenbrenner, 1986). There is also a need to replace the concept of parental authority, which focuses solely on meeting aims related to the child's obedience and discipline, with the much more complex and demanding concept of parental responsibility related to the child's confidence, communication, autonomy, empathy, and reflection (Grusec, 2011).

Although the United Nation Convention on the Rights of the Child (United Nations General Assembly, 1989) recognized that children's rights are better preserved and enhanced in appropriate family contexts and responsibility of parental figures (parents, legal guardians, or other persons responsible for the child), it took time for the international organizations and national governments to set the stage for a comprehensive and sustained child and family policy that encompasses legislation and policies which regulate and support families within a modern view of parenting.

The Council of Europe (COE), a major intergovernmental organization that currently includes 47 Member States, started the lead with the 'Recommendation on policy to support positive parenting' (Council of Europe, 2006, p. 3) that emphasizes the governments' duty to create the ecological conditions for positive parenting. COE defines positive parenting as the parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child. Under this lens, the aim of the parenting task is to foster positive family relationships, based on parental responsibility that guarantees the child's rights, promotes the child's participation in the socialization process and optimizes her optimal development and active contribution to community life (Rodrigo, 2010; Daly, 2013; Daly et al., 2015).

Significantly, the COE Recommendation states that all families need support to a greater or lesser extent, and so the main challenge lies in knowing how to provide support for the broad diversity of family circumstances through appropriate, high-quality services (Rodrigo, Almeida & Reichle, 2016). On this regard, the positive parenting framework promotes the co-responsibility of the state in the development of programmes, projects, services and/or measures to support families from diverse domains of action (social, healthcare, educational and legal), to provide equal opportunities for families as they fulfil the functions entrusted to them by society. Under this initiative, the family should be considered as an asset, an investment in the future, a social resource that is to be protected and supported, given its key role in the development of individuals and the protection of their rights, especially of the most vulnerable, as well as an instrument for the social cohesion and welfare of communities.

This paper addresses three related topics that allow the implications of the Positive Parenting Recommendation to be further developed. First, described the modern view of parenting as articulated in three facets: dyadic parenting, team parenting, and social parenting, and their corresponding support needs. Second, proposed the challenges and redefinition of evidence-based practices (EBP) for the field of child and family services. Finally, showcased the adoption of EBP in Spain focusing on the operational aspects and benefits involved in this complex process.

Three facets of parenting today

The child and family policy with a focus on the parental role as the main quarantee of children's rights has implied a modern view of parenting (Figure 1). The three facets of the parenting task are totally embedded one inside the other like Russian dolls. The internal task is the "dyadic parenting" established very early through caregiver-infant encounters that consist of sensitive and responsive interactions to read the child's signals conveying her needs that fosters healthy, protective and stable emotional bonds for the baby (Bowlby, 1982; Weinfield, Sroufe, Egeland & Carlson, (2008). Early relational experiences and caregiver-infant interactions are very important in building lifelong health, early learning, social-emotional capacities, selfregulation and resilience (Metzler & Willis, 2020). In particular, the dyadic emotional availability observed during mother-child exchanges in a free play task (Biringen, 2000; Biringen et al., 2014), as well as mother-child temporal synchrony are fundamental to predict the quality of infants' attachment (Biro et al., 2017). In contrast, poorly sensitive and responsive mother-child interaction has been related to maternal alterations in the brain response to infant signals in neglectful caregiving (Rodrigo et al., 2016; Rodrigo et al., 2019). This dyadic factor has a high diagnostic value for the early child neglect among other maternal and social factors (Herrero-Roldán et al., 2021). Policy measures for parental leave (for both mothers and fathers) and public early care and education are very important to ensure support for dyadic parenting.

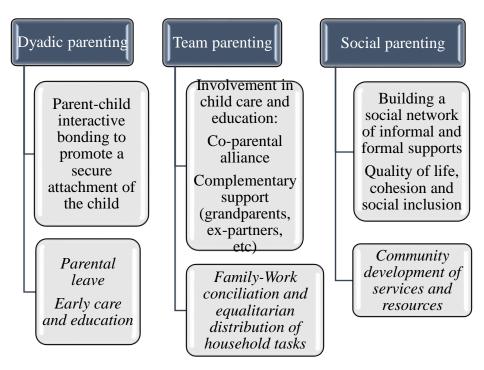


Figure 1. The complex task of parenting in modern societies and supportive measures

Just in parallel and close to the dyadic parenting, the establishment of the "team parenting" begins. This task consisted in the design of a structured environment for growing up in, with activities and routines that are applied flexibly to promote healthy habits and transmit rules and values of families without substantial environmental risk factors (Callejas, Byrne & Rodrigo, 2021; Guralnick, 2011, 2013; Grusec, 2011). The environment should also offer stimulation, support and opportunities for learning, as well as recognition of the child's achievements and abilities and the provision of everyday guidance (Cantor et al., 2021; Dunst et al., 2000). To prevent damages due to exposure to early adversity, the setting must be free of physical, verbal or emotional violence. Due to family diversity, the teams can be formed by the couple in a coparenting alliance (Favez, Tissot & Frascarolo, 2018) or through complementary support with ex-partners or grandparents. The support here can consist in the granting free time for the family leisure through family-work conciliation measures and the promotion of an egalitarian distribution of household responsibilities.

Finally, the outer layer of parenting is "social parenting" which involves the caregiver's work in building the social support network to overcome difficulties and reduce parental stress. Environmental conditions and circumstances affect the parents' abilities to respond to their child's needs (e.g., Bronfenbrenner & Evans, 2000; Dunst, 2021; Osher et al., 2020). Social networks can be generally defined as the set of

structural components of social relationships that surround individuals comprising kinship, friendship, employment or other community ties, while social support is a function of those social relationships (Cochran & Walker, 2005; Gottlieb and Bergen, 2010). Informal support is provided by personal networks made up of family members, friends, or neighbors, and is embedded in a natural framework of bidirectional, reciprocal relationships. Formal support can be obtained from institutions and professionals such as social workers, teachers, or police, and is embedded in a framework of unidirectional professional-client exchanges. Nowadays, the parents use of the Internet is an additional source of information to better promote their children's development and family wellbeing (Dworkin, Connell, & Doty, 2013; Niela-Vilén, Axelin, Salantera, & Melender, 2014; Suarez, Byrne & Rodrigo, 2018a). The use of the Internet and social media allows parents to obtain information and advice from experts, but also to exchange experiences with other parents and create virtual communities around certain child-rearing topics, and attend structured online programmes (Suarez, Byrne & Rodrigo, 2018b; Suarez, Byrne & Rodrigo, 2022). All sources of support are necessary for adequate parenting what implies strong community development of resources and services.

Redefinition of EBP practices for the child and family services

The complexities involved in the parenting task, the emphasis on prevention and promotion of capacities and resilience in the family and the need of parental support for a great variety of families poses many challenges for the professional work with families (Canavan, Pinkerton & Dolan, 2016; Dolan, Pinkerton, & Canavan, 2006; Rodrigo, Almeida & Reichle, 2016; Rodrigo, Byrne & Álvarez, 2016). First, professionals should recognise and respect family, socio-educational, cultural, and gender diversity, always based on the best interests of the child and the meeting of their needs. Second, they should follow an inclusive approach, providing universally and easily accessible services to families to normalise the use of these resources, while also ensuring that support reaches those most in need. Third, the preventive approach also involves support to families through a *collaborative approach* that involves the recognition and promotion of their strengths, to encourage their autonomous functioning and confidence in their possibilities. Finally, professionals should follow the participatory approach that places families in the centre of the services to enable their participation to ensure that their points of view and their needs are considered. And finally, there should be cooperation and interdisciplinary coordination between agencies, facilitating means of sharing and working in an interdisciplinary network.

Taking a preventive stance to family intervention also involves a profound shift in the way professionals understand their work with families towards the promotion of a culture of EBP as a professional model of practice (Barth et al., 2012). EBP is generally defined as the integration of the best scientific evidence with professional clinical expertise and patient/user preferences and values (Institute of Medicine, IOM, 2001; American Psychological Association (APA), 2006; Asmussen, 2012). International standards of evidence widely adopted by the scientific community have been proposed placing the use of Randomized Controlled Trials (RCTs) at the highest quality level (e.g., Society for Prevention Research, Flay et al., 2005). However, some researchers and practitioners consider that other standards of evidence should be considered when moving from clinical efficacy trials to multi-site effectiveness trials or to a multiagency delivery of practice in community settings based on prevention and strengthbased approaches (Berg, 2019; Boddy, Smith, & Statham, 2011). The situation is even more controversial when delivering evidence-based services for vulnerable families oriented to reducing social isolation and increasing social integration (Acquah & Thévenon, 2020). Some examples of suggestions for potential indicators of best evidence in this case include adapting the programmes to make it acceptable to a wide range of socioeconomic/cultural groups (Davis, McDonald, & Axford, 2012), ensuring that the programmes are implemented with fidelity by agencies and staff (Durlak & DuPre, 2008), and assuring sustainability by integrating the programmes into the network of public community resources. Fortunately, the current standards of the Society for Prevention Research have been sensitive to these demands and included all these aspects related to the implementation and scaling up of the programmes (see Gottfredson et al., 2015).

Figure 2 depicts the current view on evidence-based standards adapted to the child and family services proposed by the European Family Support Network (Almeida et al., 2021; EurofamNet). EurofamNet is a bottom-up, evidence-based, multidisciplinary network funded over a four-year duration as an Action (CA18123) under the European Cooperation in Science and Technology Programme (COST). EurofamNet was created with the purpose of stablishing a pan-European family support network by building collaborations between researchers, practitioners, policymakers, children and families, public and private agencies, and general society to inform family support policies and practices and to face current challenges at European level (European Family Support Network, 2020).

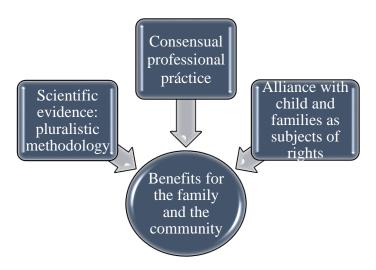


Figure 2. Model of evidence-based practices adapted to the child and family field

According to this view, standards for evidence should include three components to produce benefits for the families and communities. The first component refers to the scientific evidence that should entail a pluralistic approach with both quantitative and qualitative methodology used to evaluate the implementation process and the results of the practice (Fives, Canavan, & Dolan, 2017; Fixsen, Blasé, Naoom, & Wallace, 2009; Rodrigo, 2016). This evidence must be complemented by a second component that derives evidence from *consensual practical knowledge* achieved through the experience of professionals in a variety of contexts. Some people may believe the use of EBP deemphasizes decisions based on experience, authority or opinion. However, advocates of EBP do not minimize the importance of experience. Instead, they believe evidencebased programmes and practices should be integrated with the experiences and resources that agencies bring to practice. Finally, the third component of EBP is the necessary placement of the practice within a collaborative alliance with the child and family as active and collaborative members of the intervention. This implies recognizing that are subjects of rights, not just as consumers or recipients of help. To safeguard the rights of children, parents and families is a very distinctive aspects of the professional practice in this context. To sum up, EBP from a positive parenting standpoint, should combine the best evidence from applied science and agreed professional experience with respect for the rights of children and youth and the alliance with the family, all within a service provision framework that has been shown to be beneficial to families and the communities in which they live.

The process of adoption of EBP in Spain

The Council of Europe's recommendation on positive parenting has been widely disseminated in Europe (Rodrigo, Almeida, & Reichle, 2016). Spain is one of the southern European countries where the positive parenting framework has received the greatest support, due to the political involvement in the dissemination of this initiative at the national level (Rodrigo, Byrne, & Alvarez, 2016). Spain has adopted the preventive approach to family intervention, recognizing that strengthening parental capacities and empowering communities are the best ways to protect children, to preserve their rights, and to promote their development. The existing network of basic and specialized municipal social services in Spain offers a launch pad for family-based initiatives. Well-trained, motivated professionals prevention working multidisciplinary teams are the force that quarantee positive results for these initiatives. Spain is also fortunate to have a robust network of NGOs and volunteer movements providing support to families facing adverse circumstances or with special needs.

Nevertheless, as happened in other countries, there has been several obstacles to introduce the EBP into the mainstream of professional practice in child and family services in Spain. To start with, there are different family policies since Spain is vertebrated in autonomous regions. Professionals may come from different disciplinary backgrounds (e.g., social work, psychology, social education, and nursing) using different paradigms of intervention and working in different sectors directed at universal, selective and indicated populations (Frost, Abbott, & Race, 2015). There are different modes of service provision to the family: individual, home visiting, group, community, online. Finally, there is a lack of a consensual evaluation culture among professionals since the focus was mainly on the individual expertise acquired thanks to the experience in the service.

The necessary professional and scientific consensus on best practices in the field of child and family services is not often easily reached, readily adopted, or effectively translated into practice in the field, which is also a common obstacle among countries. Based on a review of the literature and interviews with expert researchers (Bellamy, Bledsoe, & Traube, 2006), four significant categories of barriers to the implementation of EBP have been identified: (1) lack of knowledge about how to best access, critically evaluate, and translate evidence for use with families; (2) lack of fit of currently available evidence with practice needs and populations; (3) suspicion and distrust of evidence and EBP based on objections related to political, ethical, or control issues; and (4) lack of resources for the training, materials, and staff time necessary to research the evidence.

Building upon the knowledge of the barriers and obstacles mentioned, the Spanish adoption of EBP was based on a process of systemic transformation under the project: "Families in positive" that started in 2009 (Rodrigo et al., 2018). The initiative was guided by three driving forces: (A) a *collaborative schema* between policymakers, researchers and practitioners; (B) a *transactional model* from research to practice and vice versa ending up in a quality assurance process applied to the relationships between services, practitioners and families; and (C) the implementation and evaluation of *evidence-based programmes* as a flagship of the EBP adoption in Spain. We described the operational aspects of each driving force in turn.

(A) The collaborative schema

A collaborative schema was stablished on one side between the Spanish Federation of Municipalities and Provinces (a nation-wide association of 7,331 local entities) and the Spanish Ministry of Social Rights and Agenda 2030 and, on the other side, with a group of experts on parental education and family intervention from seven Spanish Universities (Universidad Autónoma de Madrid, Universidad de La Laguna, Universidad de Las Palmas de Gran Canaria, Universidad de Lleida, Universidad de Oviedo, Universidad del País Vasco, and Universidad de Sevilla). It was also clear that there was a need to bring on board practitioners working in child and family services to build collaborative pathways between policymakers, researchers, and practitioners (Bellamy et al., 2008). A representative steering committee set dissemination and training goals each year through documents, conferences, and professional training cascading from seed groups composed of coordinators to local frontline providers from different sectors (Rodrigo, Máiguez & Martín, 2010 a, b; Rodrigo, Máiguez & Martín, 2011). The main goals of the collaboration were to implement a positive parenting policy to strengthen parental capacities and empower communities, and to adopt codes of professional best practices to improve prevention work in child and family services in Spain.

(B) The transactional model

This model was built to facilitate the connections from research to practice and vice versa to achieve a consensual adoption of EBP adjusted to services and professional work with child and families, through collaborative research with practitioners. The improvement of the quality of the assistance given to families is a challenge for both practitioners and services, who must rethink their professional practice in order to adapt to this new approach. The aim of the transactional model was to apply the adapted notion of EBP and to reach consensus with professionals

about quality standards under the positive parenting framework. Once a consensus on EBP was reached, it was very important to establish a new consensus, this time on the interprofessional competences required to provide services to families. In fact, EBP and professional competences are two concepts that enable and strengthen each other, such that one is not fully possible without the other. In turn, consensual interprofessional competences help setting professional standards for training and professional capacity, which in turn allows for the further consolidation of quality standards (Figure 3).

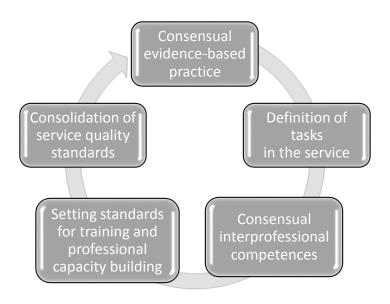


Figure 3. Cycle of enrichment and dissemination of EBP through interprofessional competences to consolidate quality standards in the service

Two main outputs of the transactional model were the "Best Practice Guide for Positive Parenting. A resource for practitioners working with families" (Rodrigo et al., 2015) and the "Guide of Interprofessional Competences in Positive Parenting. A resource for enhancing and consolidating best practices in services for children, youth and families" (Rodrigo et al., 2022). In both Guides EBP and their corresponding competences are provided in three domains of tasks: a) Characteristics of family support services and organisational culture; b) The process of professional work with families; and c) The implementation and evaluation of evidence-based programmes to support families.

In the "Best Practice Guide for Positive Parenting" series of EBPs are defined in more detail for each of the three domains, which are accompanied by indicators with a rating scale that contain even more specific wording that can help detect the presence or absence of this practice in professional or service work (a total of 25 EBPs and 189 indicators). An online version of the Guide was located in the official website: familias en positivo (http://familiasenpositivo.org) operating since 2015 that includes an extranet with news, monographs and materials for the general public with 420.000 visitors and 60% of return, and an intranet for politicians, professionals, researchers and students with educational programmes, evaluation tools, research synthesis, exchange of experiences, among others, with 2.500 entries. The very process of applying the Best Practices online protocol located in the intranet contributes to developing innovation and improving service quality. Its application requires, directly or indirectly, the involvement of all those individuals who are involved in the service, under the coordination of a "boosting group". Once the protocol is fulfilled, a final report is automatically delivered from the platform with the outcome of the evaluation in terms of strengths and weakness that should be overcome through a Plan of improvement sent to an official national committee for eventual approval. If the outcome is positive the service receives and official Recognition for the Promotion of Positive Parenting (https://familiasenpositivo.org/reconocimientos).

In turn, the "Guide of Interprofessional Competences in Positive Parenting" (Rodrigo et al., 2022) described the competences to develop joint and coordinated actions with other professionals from the positive parenting standpoint. The interprofessional competences are defined as an integrated set of knowledge, skills and attitudes/values that define work between professionals of different disciplines, in alliance with families and their social networks and communities, to improve the quality of the services provided and the results thereof. A consensus has been reached with professionals on the competences to be developed in the three domains of tasks already mentioned: a) Characteristics of family support services and organisational culture; b) The process of professional work with families; and c) The implementation and evaluation of evidence-based programmes to support families. For each of these areas, a set of competences (12 in total) and corresponding microcompetences (213 in total) are included, which are divided up into knowledge (49 indicators), skills (106 indicators) and attitudes/values (58 indicators). The Guide can be used to review and reorient the definition of competences in undergraduate and graduate degree programmes where future generations of child, youth and family practitioners are trained. The guide can be also useful for interprofessional training in professional associations, services and social entities. It can also help complement the Plan of improvement developed from the online protocol already mentioned, suggesting the needs of training of certain competences. Finally, an awareness of the interprofessional competences included in this Guide can facilitate the selection, guidance and supervision of practitioners working in services and social entities.

(C) Implementation and evaluation of evidence-base programmes

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

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

As an illustration of the increased use of evidence-based programmes in Spain, in the context of the EurofamNet project, members of the Spanish Family Support Network have identified 57 programmes implemented in Spain in education, healthcare, social, and community sectors (Rodrigo, Hidalgo, Byrne, Bernedo & Jiménez, in press; see also the whole monograph in the journal Educational Psychology). A common Data Collection Sheet was built under the consensus of the EurofamNet to carry out a formative evaluation of the programmes providing guidelines to improve the programme according to the standards for evidence. Although the list of programmes is not meant to be exhaustive, it represents the first catalogue of Spanish family support programmes rigorously contrasted with the same set of standards for evidence in the prevention science (see the full catalog of European

programmes in the website (https://eurofamnet.eu/toolbox/catalogue-family-support-programmes).

Finally, important outcomes are also the legal and policy actions at the Autonomous Community level that demonstrate the widespread of the positive parenting framework across Spain. There are Child Protection laws and Social Services laws in the 17 autonomous regions and two autonomous cities: Ceuta and Melilla. There are also Plans and Strategies for child and family support based on the Positive Parenting initiative in 14 autonomous regions. Finally, Positive Parenting has being included as a reference framework in Plans and Strategies for child and family support in the social, educational, health, and judicial sectors.

Conclusions

The UN Convention on the Rights of the Child (UNCRC, 1989) recognised that children's rights are best met in the family environment which secures their care and protection. Despite this, it took around two decades to develop mechanisms and resources for securing appropriate family support measures at the policy level. What happened in the meantime? Although Child Protection laws ensured the legal status of children's rights, parents disappeared as protective figures in the family setting and emerged as the main perpetrators of child abuse and neglect. Interestingly, this occurred at a time when the developmental sciences had accumulated strong evidence supporting the crucial role of the family as the context of child development. It seems that during these years there has been a divorce between the scientific and protective status of the family and the legal and policy status of the family.

The development of European parenting and family policies began with the Council of Europe's (2006) initiative on positive parenting. This initiative once-again relocated the focus on the protective role of the family and parental figures in the development and well-being of the child. It also offered an interesting vantage point from which to view parenting as it is collectively conceived of today. After many years of neglecting their importance, parents are seen as playing a key role in society, and parenting is recognised as needing public support "in-cash, in-kind, and in-time" (Dolan, Žegarac, N., & Arsić, 2020). However, the importance of the role of family support as central to meeting the children's need requires continuous reaffirmation by advocating that it be seen as a right of the child (Dolan et al., 2020).

Bringing the parenting task to the center of the family setting requires an exercise in theoretical integration between various developmental theories. Thus, in this paper we have mentioned that to envision what dyadic parenting implies, it is crucial to bring into account attachment theory (Bolwby, 1969/1982; Dunst, & Kassow, 2008).

Understanding what team parenting entails requires relying on theories that described the everyday setting as a realm for socialization practices (Grusec, 2011) and learning opportunities for child development (i.e., Cantor et al., 2021; Dunst et al., 2000; Guralnick, 2011, 2013). Finally, understanding social parenting requires, at the very least, incorporating Bronfenbrenner's ecological systems theory (1992), developmental systems theory (i.e., Cantor, et al., 2021) and family social system approaches (i.e., Dunst, 2021; Osher et al., 2020). Thus, the modern conceptualization of parenting tasks closely overlaps with that needed to contextualise child development and wellbeing.

This paper also advocated for the adoption of EBP, as redefined by the EurofamNet project, in the child and family services. This adoption brings several benefits. The incorporation of EBP not only produces changes in child and family wellbeing, but also leads to positive changes in professionals' work with families and contributes to a better organization of the services. The adoption of EBP allows services and entities to test the functioning of their professional practices; redirect efforts toward the provision of coordinated actions to improve efficiency; render due accounts of what has been done in the service and of the benefits obtained by the families and the community; ensure informed decision making in the services or entities that allow improvements to be made; and, finally, establish an informed and duly oriented family policy that creates the appropriate frameworks to facilitate improvement of services and the generation of knowledge for society.

The final section of the paper showcased the process followed in Spain to promote the adoption of EBP according to the 'Families in positive' project. Spain is an interesting case as the service provision to families has been steadily improving since the economic crisis in 2008, while at the level of general family policy - i.e. the combination of benefits, services, tax breaks and leave arrangements that support family members in raising and providing care to minor children and other dependent persons – the situation has undergone some changes but few major reforms (OECD, 2022). This situation is intended to change with the proximal approval of the "Ley de familias" (Law of families) aimed at increasing the state support to the family diversity. For its part, the national strategic plan currently under way to promote child and family well-being represents a new line of family policies, highlighting the important role that positive parenting plays as a protective factor for child development and recognising the need to provide more preventive and integrated support to families. The increasing implementation of evidence-based programmes in Spain in a sustainable way is an important step towards introducing the evidence-based movement in the domains of child and family services. In this regard, it is good news to see quality assurance in the provision of services increasingly placed at the forefront of efforts by policymakers, researchers, and practitioners to deliver the best evidence-based programmes to support parents.

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Bionote

María José Rodrigo is a professor and a researcher at the Departamento de Psicología Evolutiva y de la Educación, Facultad de Psicología, and at the Instituto Universitario de Neurociencias Universidad de La Laguna, Campus de Guajara, in La Laguna, Santa Cruz de Tenerife, Canary Islands, Spain.

Email: mjrodri@ull.es

ORCID: 0000-0001-5504-886X

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