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ABSTRACT

This study showcases the collaborative work between, on the one side, the Spanish Ministry of Health, Social Services, and Equality and the Federation of Municipalities and Provinces and, on the other side, a consortium of eight Spanish universities. The aims are to implement a positive parenting policy to adopt codes of professional best practices to improve prevention work with families. Sixty professionals from 30 local agencies collaborated in the drafting of a Guide of Best Practices in Positive Parenting and the development of an e-tool (http://familiasenpositivo.org). The e-tool allows for the assessment of 25 best practices and 188 indicators to improve the quality of positive parenting services, the professional work done with families, and the programmes provided. The process of dissemination among professionals is also described. Results showed that the e-tool is an instrument that is reliable and useful to introduce a culture of best practices and to promote quality assurance in the services.

Introduction

The Council of Europe's guidance 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. The Council of Europe's Recommendation (Rec, 2006) endorses the importance of growing up in a positive family environment and emphasizes the responsibility of the state to create the best conditions for this by providing parents with sufficient and adequate support. 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.

This study describes the three driving forces that have been critical for the implementation of the positive parenting policy in Spain: (a) the establishment of the national agency–university partnership, its objectives and working plan; (b) the introduction of an evidence-based culture for professional work with families to support the use of research evidence in practice; and (c) the use of

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web-based tools to promote parental capacities and improve the way professionals support families. As a practical outcome of the three driving forces, this study focuses on the development of an e-tool for assessing the quality of positive parenting services, practices, and programmes; this tool is hosted on the official website 'familiasenpositivo.org', which was created to support both parents and professionals as part of the drive to promote a positive parenting policy in Spain.

Establishment of the national agency–university partnership

In 2009, the Department of Families from the Spanish Ministry of Health, Social Services, and Equality created a line of collaboration with the Spanish Federation of Municipalities and Provinces (FEMP), a nation-wide association of 7,331 local entities. The rationale for this collaboration was to find an efficient way to reach out to the local and community services charged with providing services to families. It was clear from the very beginning that this collaboration would need to be enriched through the support of universities, which would provide the scientific basis and practical guidelines required to undertake this task. Thus, eight Spanish universities (Universidad Autónoma de Madrid, Universidad de Barcelona, 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), under a coordinator, joined this undertaking. Institutions with research groups that are well known for their prevention work with families and with great experience in creating training programmes for professionals were invited to collaborate. 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 policy-makers, researchers, and practitioners (Bellamy, Bledsoe, Mullen, Fang, & Manuel, 2008). With this aim in mind, we contacted professionals from public and private agencies and corporations all over Spain and invited them to collaborate with us at given points of the working plan.

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. Annual working plans were drafted during one-day meetings held each year in Madrid that brought together all members of the partnership schema; these plans were then worked out in more detail in several local meetings within and between the university groups and professionals. The first action set out in the working plan (2010–2011) was to produce scientific and didactic materials to disseminate the positive parenting framework among representatives, coordinators, and professionals of local agencies working in child and family services and to the network of social, health, and community services in Spain; these were produced in both print and online versions (Rodrigo, Máiquez, & Martín, 2010a, 2010b, 2011). We also organized national conferences (currently in their sixth edition), and implemented online postgraduate programmes offered by the universities involved.

The second action undertaken by the partnership (2012–2015) was to identify and evaluate existing evidence-based positive parenting programmes in Spain. The term 'evidence-based programmes' refers to a specific subset of programmes that are theoretically based, with their contents fully described and structured in a manual, their effectiveness evaluated according to standards of evidence, and the factors that influence the implementation process identified and taken into account to explore variations in programme results (e.g. Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Flay et al., 2005; Kellam & Langevin, 2003). We reviewed evaluation studies involving large-scale experiences of implementation of positive parenting programmes delivered through home, group-based, and on-line formats in Spain (Rodrigo, 2016; Rodrigo, Byrne, & Álvarez, 2016). The results showed that positive parenting programmes are being successfully applied in family preservation services delivered mainly through social services and other services run by NGOs. Special attention was given to the programme adaptations to different contexts, the profile of parents who benefited most from the programmes, analyses of the implementation process, and the assessment of parenting programmes in the community.

Establishing an evidence-based culture for professional work with families

Taking a preventive stance to family intervention involves a profound shift in the way professionals understand their work with families, moving from a deficit approach to one based on prevention and promotion (Dolan, Pinkerton, & Canavan, 2006). According to this view, prevention efforts should be directed at diminishing the impact of the risk factors and promoting the protective factors present in the family and the neighbourhood. Focus should be placed on the promotion of parental capacities, which means moving toward a strengthening approach that identifies parents' existing skills and strengths and builds on these capacities. Professionals should avoid making decisions for families, which can lead to excessive dependency on the services, but instead increase their self-confidence through a collaborative alliance. In this regard support should be provided in nonjudgmental, non-stigmatizing, participatory, inclusive, needs-led ways that require that parents be placed at the very centre of the services (Fukkink, Vink, & Bosscher, 2014). Interventions should be based on empowering children by promoting their strengths and resources and helping them to communicate their feelings and needs. And finally, there should be cooperation and interdisciplinary coordination between entities, facilitating means of sharing and working in an interdisciplinary network.

Along with these changes required in prevention work with families, there is a growing interest in introducing evidence-based practice (EBP) as a professional model of practice (Barth et al., 2012). This interest has reached the political level, with the need to establish a unified European system of evidence-based practices – or at least to share outcomes of the evaluation of different databases and systems – having been stressed as a key factor in facilitating the exchange of best practices across Europe (Eurochild, 2013). However, 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. 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.

Few studies have systematically examined strategies to facilitate the adoption of EBP (Addis, 2002; Gira, Kessler, & Poertner, 2004). As a consequence, although researchers have acquired useful knowledge about practices, the processes by which this new knowledge can be applied throughout the professional field remain largely unexplored in research. Indeed, much of the literature regarding EBP in social work has focused on the numerous challenges to the widespread incorporation of EBP in practice (Bellamy et al., 2008; Mullen, Shlonsky, Bledsoe, & Bellamy, 2005).

What follows is a tentative list of recommendations that have served as inspiration for the work done in Spain to introduce the EBP model. First, it is important to have the formal support of the agency, to motivate the professionals, and to give them enough space in their casework to carry out the necessary changes. Second, it is important to develop a professional consensus regarding the content of the best practices in work with families. For instance, implementing well-researched parenting programmes is a best practice that helps introduce the evidence-based movement in child and family services. Third, professionals should be trained in the use of those practices that are strongly supported by scientific knowledge and professional consensus. Fourth, efforts must be sustained over time to ensure the continued introduction and adaptation of the evidence-based approach in child and family services. Fifth, it is important to identify the professional competences required to work with families within this prevention framework, for both selection and training purposes. Some progress has been seen in the definition of professional skills and qualifications, especially in the context of parenting support. One example is provided by the USA National Parenting Education Network (NPEN, 2011), which is drafting best practice guides for professionals working in family support services. Another example is the Work with Parents National Occupational

Standards (NOS, 2011), which gives a strategic overview of the competencies required to fulfil the tasks required in work with parents. Finally, another important consideration for promoting an evidence-based culture is the need for sound evaluations of services and programmes, because this is an essential element for reflecting on and assessing the role of family practitioners (Asmussen, 2012).

Designing web-based tools to promote parental capacities and improve professional support to families

In recent years there has been an increase in the number of websites offering parents support in learning how to overcome difficulties in the family and better promote healthier child development and family wellbeing (Niela-Vilén, Axelin, Salanterä, & Melender, 2014; Nieuwboer, Fukkink, & Hermanns, 2013). The use of the Internet for parenting purposes allows parents to obtain information and counselling from experts, but also to exchange experiences with other parents and create virtual communities around certain child-rearing topics, creating a sort of online intimacy (Lomanowska & Guitton, 2016; McDaniel, Coyne, & Holmes, 2012). Participants usually report high satisfaction with the online services, at equal or better rates than those reported in the face-to-face parent education literature (Russell, Maksut, Lincoln, & Leland, 2016).

According to professionals, web-based support compares favourably with face-to-face support, since it offers abundant means through which parents can increase their self-efficacy and autonomous decision making with regard to family issues. The Internet also provides opportunities for parents to receive and give social support anonymously despite geographical distance or time constraints, and empowers a large group of parents to use universal and recommended prevention programmes with a low amount of professional involvement (Amichai-Hamburger, McKenna, & Tal, 2008). Online support for professional work could be also a very important resource to ensure a continuous professional development.

However, the extent to which online parenting resources provide effective support to parents depends in part on the quality of the websites browsed. Website designers, online service providers, and professionals who recommend websites to parents should take responsibility here, and only offer or recommend websites that meet high quality standards and provide consumers with credible information that has been developed with a global audience in mind. A recent study surveyed the ethical and content quality of international websites ($n = 100$) for Spanish-speaking parents, according to the positive parenting framework. Results showed that websites for official companies and information sites, as compared to parents' and interactive sites, scored higher in the ethical criteria of privacy, authority, justifiability of the information presented, and financial disclosure (Suárez-Perdomo, Byrne, & Rodrigo, 2018). High quality websites, unlike the low quality ones, valued gender equality and a positive parental role, modelled a variety of parenting practices, offered educational content with multimedia formats, and made use of experiential, academic, and technical information. We have followed the quality standards proposed both for the designing of the webpage and for the e-tool.

The present study

Within the scope of the three driving forces behind the progress of the positive parenting initiative in Spain, the present study describes the outcomes of the collaborative efforts undertaken at a national level in recent years (2015 to 2018). The objective of this study was to contribute to the culture of best practices by enhancing innovation and quality-assurance processes in child and family services. This was done by means of improvements to the organizational culture and professional practices (Austin & Claassen, 2008). We describe the drafting of the Guide of Best Practices in Positive Parenting and the development of the e-tool for the assessment of the quality of positive parenting services, professional practices, and programmes delivered to children and families in

Spain. We first describe the development of the Guide and the e-tool. Then, we describe the website that hosts the e-tool, and finally we explain the process of dissemination among professionals in child and family services.

Method and results

Development of the e-tool for the assessment of best practices

As a first step, we established a conceptual framework for the e-tool by drafting a Guide of Best Practices in Positive Parenting (Rodrigo et al., 2015). The Guide, which is meant to serve as a resource to support professional practice with families, has two objectives: (a) to identify best professional practices in positive parenting programmes and support services for children and families that are based on evidence obtained through research and consensus with professionals; and (b) to disseminate best practices in working with families and enhance the quality of support services through changes in organizational cultures and in the practices of these services. The Guide is aimed at professionals, service users, and policy-makers who carry out their work in the institutional areas of Social Services, Education, Public Health, Justice, and at services working with families.

The concept of best practice, as used in the Guide, refers to all experience, guided by principles, objectives, and appropriate procedures aligned with ethical principles, which has yielded positive results, thus demonstrating its effectiveness and usefulness in a specific context. This best practice may be a technique, a method, an attitude, a value, a direction of action, or a concrete behaviour that, through experience and research, has been proven to reliably lead to a desired result. The best practice should be sustainable in the services; empower families, professionals, and the community; and have an impact on other services and family policies.

As a first step, a panel of eight experts from the consortium of universities drafted a list of inspiring principles of good practices based on the positive parenting framework (Table 1). The panel also determined the three areas in which to search for best practices in preventive work with families: (1) the characteristics of the child and family support services and organizational culture; (2) the interactive or intervention process carried out with the family (i.e. reception, assessment, intervention, and supervision); and (3) the use of evidence-based preventive psycho-educational and community programmes targeting children and families. These areas cover three distinctive aspects of the

Table 1. Decalogue of inspiring principles of good practices from the positive parenting framework, as selected by the panel of university experts.

1. View positive parenting as a factor of achievement and personal satisfaction for parents, and of protection and prevention of problems in the development of children and adolescents.
2. Adopt an ecological view of parenting to understand the conditions that facilitate or hinder this task and promote co-responsibility of society and community development.
3. Recognize and respect family, socio-educational, cultural, and gender diversity, always taking into account the best interests of the child, the meeting of their needs, and the protection and promotion of their rights.
4. Provide universally accessible services to families, following a non-stigmatizing and non-exclusive principle, while also ensuring that support reaches those most in need through a principle of progressive universalism.
5. Encourage support services to families through a preventive approach that involves the recognition and promotion of their strengths, to encourage their autonomous functioning and confidence in their possibilities.
6. Enable the participation of families and their children in family support services, to ensure that their points of view and their needs are taken into account.
7. Promote, in the support services for families, the inclusion of evidence-based intervention programmes for parents, children, and adolescents, to expand the range of types of support provided.
8. Create spaces for reflection among professionals to enable the identification, incorporation, and dissemination of good practices in the service.
9. Identify the professional competences required for integrated work with families, placing them within the legal framework, family policies, and deontological principles of the Professional Associations working in this field.
10. Foster service quality and innovation in policy plans and actions to support families, so that they will be motivated and recognize the efforts being made in this direction.

professional best practices, that is, the way the service is conceived and organized, the way the work with parents is done, and the way the programmes to carrying on prevention and intervention work are selected, implemented and evaluated.

As a second step, eight new panels of experts were created (one at each university in the consortium), involving professionals from the local child and family services. To better distribute the workload, each site was tasked with identifying best practices in one of the previously identified search areas (Area 1, 2, or 3). These panels also decided how each practice was to be measured (item construction) in order to create an assessment tool. Consensus was reached on the following item structure: First, there would be a general definition of the best practice, accompanied by two or three questions to facilitate comprehension and reflection. Then, for each practice, indicators were to be developed that contained more specific formulations regarding how the presence of this practice could be observed in the service. Each indicator was to be scored according to a rating scale of 1 to 4 (Never, Sometimes, Almost always and Always). Through this process, 47 best practices were created: 17 for Area 1, 22 for Area 2, and 8 for Area 3, with a range of six to eight indicators each (for a total of 329 indicators). See examples in Table 2.

As a third step, a *pilot study* was run at the national level to test: 1) the reliability of the indicators defining each best practice; 2) the validity of the content in terms of the relevance, pertinence, and utility of the best practices selected in step 2; and 3) the feasibility of the assessment process. The profile of the services and professionals participating in the pilot study was as follows: 30 services (in Catalonia, the Basque Country, Asturias, Madrid, Andalusia, Gran Canaria, and Tenerife) from the social, educational, health, and justice domains; 30 professionals and 30 coordinators with ages ranging from 29 to 60 years old, evenly distributed by sex; 86% of the coordinators had more than six years of professional experience.

The three-part evaluation template designed for this pilot study is described in Table 3. Part 1a is aimed at examining to what extent the set of indicators consistently reflects the meaning and application of each practice. We obtain the internal consistence of the indicators (alpha Cronbach) pertaining to each practice ranging between acceptable (0.70) and excellent (0.94) over the three areas. Three best practices in Area 1 and five best practices in Area 2 were eliminated due to low reliability indexes (lower that 0.70). Results in part 1b showed that only two indicators were considered as eliminable and eight were deemed not available (no information). It was decided to add the category of 'not applicable' to the scoring system, since this situation happened quite often depending on the service in question (e.g. performing a follow-up on the results of a prevention programme was considered to be 'not applicable' to the health care services).

Table 2. Examples of best practices, questions posed, and indicators in each area of the assessment tool.

Best practice	Question posed	Indicators
Area 1: Services and organization culture BP4. Follow a proactive strategy and not just a reactive strategy in the service.	- Do you know which problems and strengths are present in different sectors of the community?	1. Time is spent on identifying the needs and strengths of families in the community. 3. The service is prepared to serve families with cultural, ethnic, gender, linguistic and social diversity that have different needs.
Area 2: Intervention work with the family BP16. Seek the collaboration of the entire family to achieve an intervention that has been agreed with the family.	- Do you agree that just having the mother come is not enough to start the intervention?	3. Visit times are adapted to guarantee, where appropriate, the active participation of the father. 6. Families are asked what they expect of the professional and of the intervention.
Area 3: Evidence-based programmes BP21. The programme has a scientific basis and formulates clear, exclusive, and measurable objectives.	- Is there any theoretical, methodological, or normative perspective used in the formulation of the programme?	1. It is based on previous studies in the population to detect formative needs in the families. 4. The objectives to be achieved are clearly formulated according to the needs and strengths detected.

Table 3. Evaluation template used in the pilot study to select the final content of the assessment tool: (1) reliability, (2) validity, and (3) feasibility of the process.

Evaluation criteria (measure)	Content
1a) Each indicator (1–4 rating scale)	Extent to which it happens or occurred in the service
1b) Each indicator (yes or no)	Extent to which the information is not applicable or available, or should be eliminated.
2a) Relevance of each best practice (0–2 scale)	It is removable (0), adequate (1), or essential (2)
2b) Pertinence of the tool (1–5 agreement scale)	It introduces the positive parenting approach in your service; it helps detect the need for a self-assessment of the service according to positive parenting principles; it allows the spread of good practices between your service and other, related services; it facilitates the identification and promotion of professional skills; it promotes collaboration channels between institutions, professionals, and researchers that have an impact on policies to support families.
2c) Utility of the tool (1–5 agreement scale)	It serves as a reflection on the characteristics of the service and its organization; it promotes reflection on professional practice in the service; it promotes reflection on the quality of educational programmes for parents, children, and adolescents; it helps you identify the strengths and weaknesses of your service; it allows you to analyze the training needs of professionals in the service; the sections of the guide include all the important aspects to be evaluated; the questions associated with each best practice contribute to its better understanding.
3) Feasibility of the assessment process (1–5 agreement scale)	Specific training is required to apply the protocol; the tool seems very long in its current form; it is possible to create a lead group to apply the tool; it can increase the commitment of professionals; it can detect the training needs of professionals; it favours the creation of spaces for reflection in the service; it can improve the degree of participation of families in the service; it is feasible to carry out an improvement process in your service that is sustained over time.

Part 2 was aimed at examining the validity of the e-tool. Part 2a, the relevance of each practice was scored (scale 0–2) between adequate and essential (Area 1: $M = 1.65$, $SD = .33$; Area 2: $M = 1.73$, $SD = .24$ and Area 3: $M = 1.70$, $SD = .28$). Importantly, the evaluation did not differ substantially according to the domain of the service, the agent who completed it (age and sex), or his/her years of experience. Higher scores were found in Area 1: use of a proactive strategy and encouraging the promotion of positive parenting in the service ($M = 1.81$, $SD = .40$), promoting work with other institutions that also work with children, adolescents, and families ($M = 1.84$, $SD = .37$); and in Area 2: maintaining from the beginning a relationship with the family based on trust and mutual respect ($M = 1.9$, $SD = .28$), identifying difficulties and support needs at a personal and family level ($M = 1.91$, $SD = .29$), helping families recognize their strengths and the opportunities that their environments provide during the intervention process ($M = 1.82$, $SD = .38$). Lower scores were found in Area 3: the programme has a proven scientific basis and formulates clear, exclusive, and measurable objectives ($M = 1.74$, $SD = .44$), the programme has set times and is supported by quality content and resources ($M = 1.75$, $SD = .44$), the programme is based on a well-designed group and individual methodology ($M = 1.74$, $SD = .43$), the programme is properly implemented and the professionals are trained in how to deliver it ($M = 1.83$, $SD = .48$), and the group is coordinated and energized effectively, fostering a positive relationship atmosphere ($M = 1.75$, $SD = .60$). Lowest scores were found in Area 1: incorporation of ICTs ($M = 1.2$, $SD = .65$); in Area 2: carrying out a complete evaluation of the family from an ecological and systemic perspective ($M = 1.37$, $SD = .57$), and in Area 3: use of models, practices, and evidence-based programmes ($M = 1.4$, $SD = .68$), collaboration with universities to perform the evaluation work ($M = 1.2$, $SD = .54$), and incorporation of programmes into the community resources network ($M = 1.5$, $SD = .50$).

Parts 2b, 2c and Part 3 were aimed at examining the pertinence, utility of the tool, and feasibility of the assessment process, respectively. The averaged results (scale 1–5) were very positive for pertinence ($M = 4.1$, $SD = .54$) and utility ($M = 4.26$, $SD = .53$), and slightly less so for the feasibility of the assessment process ($M = 3.71$, $SD = .46$). The evaluation did not differ substantially according to the domain of the service, the agent who completed it (age and sex), or his/her years of experience. Participants considered that it is highly pertinent to introduce the positive parenting approach in their

service ($M = 4.65$, $SD = .48$) and to introduce reflection on professional practice ($M = 4.43$, $SD = .89$). As for the utility, it was considered that the items of the tool included all the important aspects to be evaluated ($M = 4.61$, $SD = .50$). Participants also considered that the use of the tool would help identify the strengths and weaknesses of the service ($M = 4.65$, $SD = .48$). According to participants, the tool also allows for the dissemination of good practices between a service and other, related services ($M = 4.1$, $SD = .85$) and facilitates the identification and promotion of the skills of professionals working in the service ($M = 4.1$, $SD = .84$), though it is not clear whether it would help identify training needs ($M = 3.8$, $SD = 1.8$). Finally, with respect to the assessment process, professionals consider it quite feasible that a process of improvement in their service be carried out ($M = 3.8$, $SD = 1.1$), but the need for a self-assessment of the service is still not a priority ($M = 3.73$, $SD = 1.17$), and only in a few cases have the professionals systematically initiated a process to improve the service ($M = 2.3$, $SD = 1.2$).

Implementation of the e-tool for the assessment of best practices

As a result of the pilot study, 25 best practices and their corresponding 188 indicators (Area 1: 9 best practices and 69 indicators; Area 2: 11 best practices and 78 indicators; and Area 3: 5 best practices and 41 indicators) were selected for the final e-tool to be hosted on the website: http://familiasenpositivo.org. Only those practices and indicators showing the highest scores across the criteria were selected.

Familias en positivo ('Positive families' in English) is an online platform promoted by the Spanish Ministry of Health, Social Services, and Equality and the Spanish Federation of Municipalities and Provinces with the scientific support of a consortium of eight Spanish universities. *Familias en positivo* aims to promote positive parenting and strengthen support for it in the policies and public services of local governments and in NGOs. It offers an (open access) extranet space where families can find information, guidance, reasons for reflection, and, above all, a positive message to accompany them in their daily lives. Specifically, the extranet provides news, event announcements, monographs on topics of interest reported by services, regular newsletters, and educational videos, as well as family resources, activities, and didactic materials. *Familias en positivo* recognizes the important role played by professionals in providing child and family services. Therefore, it also offers an intranet space (requiring a login and password) where professionals and researchers can access information on evidence-based parenting programmes, research results, and evaluation tools; share experiences; and access the e-tool for assessing professional best practices. The website is run by a content manager, who is also available to assist visitors to the site and participants in the intranet, and a technical manager. Recent figures showed that the site had received 93,582 visits and had 926 professionals registered on it.

An ICT company was hired to design both the website and the e-tool in line with accepted standards of navigability and accessibility and to provide the technical setup to ensure tablet, computer, and smartphone access. The partnership members took special care to ensure that the website would follow ethical and content standards as defined in the study by Suárez-Perdomo et al. (2018). Special attention was also paid to the design of the final report that is automatically delivered after the tool has been filled out. This final report identifies the service under assessment and provides statistical data about the best practices already in use (strengths) and those which should be better implemented (improvements) against the average baseline accumulated in the database.

Once the first version of the e-tool was available, we invited a testing group of 35 professionals to Madrid for a one-and-a-half day seminar. The aim was to present the Guide of Best Professional Practices in Positive Parenting and the e-tool by means of a hands-on procedure. In particular, we were interested in promoting discussions around issues such as navigability, clarity of the instructions, simplicity of the form-filling procedure, and quality and relevance of the data included in the final report. The group was also asked about how the e-tool could be used in their services and how potential obstacles to this use could be overcome.

As a result of the group discussions, both the substance and the format of the e-tool were very much improved. The e-tool can now be easily self-administered by the service and does not require external providers or additional funding. An implementation plan was also drafted in collaboration with the professionals involving five phases: (1) the services themselves take the initiative to carry out the self-assessment process, thus ensuring their empowerment in questions of quality assurance; (2) a small 'lead group' of professionals takes charge of promoting reflection about professional practices under the positive parenting initiative and the need for quality assurance in the service; (3) this lead group encourages a participatory dynamic among professionals and families, who are invited to participate at different points of the process; (4) the lead group fills out the e-tool with the consensus of the professionals and receives the final report; and (5) the lead group, with the consensus of the professionals, proposes an action plan for improving the service along the lines of the final report, defining the priorities, resources needed, time required for completion, and outcome indicators of progress. The intention is that services should be able to implement this action plan at their convenience while ensuring follow-up and monitoring of the achievements made. The system is circular, since new efforts may be required if some parts of the working plan are not achieved.

Dissemination of the e-tool

Services' commitment to the use of the e-tool and the initiation of a plan for improvement cannot be taken for granted and should be promoted (Osterling & Austin, 2008). Therefore, a dissemination strategy was designed consisting of a number of actions. The first action consisted of providing annual training courses about the positive parenting initiative and the practical use of the assessment tool to professionals working in local and regional family services throughout Spain, as well as to professionals working in NGOs. The courses were held in Madrid with the support of the national agencies and university experts involved in the partnership (four such courses have been offered to date). Once trained, course participants are considered to form a 'seed group', whose mission is to motivate other service members and share their knowledge and skills with them. To this end, each member of the seed group is responsible for creating a 'peer training' group at their service site. In this way, the training course multiplies its effects and empowers the professionals to carry on the task by themselves. The second action consisted of ensuring a more sustained use of the e-tool by offering public recognition of the services' efforts to improve the quality of the service. In this action, services upload to the website their plan for improvement, officially certified by them; it is then submitted to a national committee of experts made up of representatives of the national agencies and university consortium members. The plan is then examined in line with the orientations given in the e-tool, and the final outcome is communicated to the service, with accreditation granted if the plan for improvement is unanimously approved (Gambrill, 2007). A list of accredited services is then made available on the website as a way to publically acknowledge those services that are working to promote positive parenting and are involved in a process of quality assurance. Finally, the third action consisted of organizing seminars on positive parenting at the national level (we are currently preparing the fifth edition); these seminars include talks by keynote speakers from the field and practical sessions during which professionals and services already involved in the process are invited to talk about their experiences, as well as the barriers to and benefits of the process.

Discussion

The study describes the collaborative efforts undertaken in Spain to introduce a culture of prevention within the European positive parenting initiative. It is difficult to build up this type of collaborative venture involving policy makers, researchers, and professionals as well as public and private agencies and corporations, but when successful, such partnerships represent a fertile ground for changing

views, optimizing organizational frameworks, and promoting prevention work with families (Austin & Claassen, 2008; Bellamy et al., 2013). Such collaborative efforts are also crucial for establishing a 'road map' to build up family policies that are sustainable over time (Gambrill, 2006). Thanks to the active dissemination of the positive parenting framework in Spain, researchers, professionals, and stakeholders from the network of social, health, education, juvenile justice, and community services now share a common language for communication about these issues, and a broad scientific and professional consensus has been reached on the importance of promoting preventive work with families.

European policy places a strong emphasis on the 'evidence base' as an underlying principle for the investment and transferability of good practice, which is particularly relevant for services providing family and parenting support (Eurochild, 2013). Similarly, the Spanish partnership has placed an emphasis on the identification, consensus, and evaluation of evidence-based parenting programmes. As part of the collaborative work undertaken through this partnership, an evaluation has been carried out of the existing preventive parenting programmes delivered mainly through local social services and other services run by NGOs that offer a new take on traditional individual interventions with non at-risk and at-risk families at local level (Rodrigo, 2016). The information compiled through this evaluation has helped improve our knowledge of evidence-based parenting programmes in Spain and understand their implementation processes and results, thus helping define the challenges that need to be addressed so that the current expansion of evidence-based parenting programmes can continue.

The Spanish partnership has also worked to identify and evaluate evidence-based practices performed in child and family services; this work has been the focus of the present paper. Based on three driving forces – namely, the establishment of the national agency–university partnership, the promotion of an evidence-based culture, and the use of web-based tools – we have drafted the Guide of Best Practices in Positive Parenting and the e-tool, which can be accessed at the official website http://familiasenpositivo.org. These outcomes are also the result of the collaborative efforts of many professionals working in public and private agencies in Spain, who provided feedback from the field throughout the drafting and testing process.

As evaluated by the professionals in a pilot study, the e-tool consists of a coherent set of indicators that facilitate the evaluation of each best practice. The evidence-based practices selected are considered to be adequate and essential to the three areas examined. The tool itself was rated as pertinent and showing utility for the service, and the assessment procedure is considered to be feasible. Professionals participating in the study remarked on the importance of focusing on the family's strengths instead of its deficiencies, and on the need to maintain from the beginning a relationship with the family based on trust and mutual respect (Dolan et al., 2006). Relatively less importance was given to best practices in Area 3 related to the introduction of the evidence-based movement into the professional practices. Therefore, participants scored as less important the need to establish a scientific basis in their programmes, set sound methodologies of evaluation, or assure proper coordination. The lowest scores were obtained for the incorporation of ICTs; the evaluation of the family from an ecological and systemic perspective; the use of models, practices, and evidence-based programmes; collaboration with universities; and the incorporation of programmes into the community resources network. Without doubt, there is room for improvement in all these areas.

Greater unanimity was obtained when it came to judging the pertinence and utility of the assessment e-tool. Participants recognized the timely nature of the task of developing a quality-assurance process to improve the services (Barth et al., 2012). Issues such as identification of best practices, disseminating them throughout the collaborative network, creating scenarios to reflect upon professional practice, knowing the training needs of professionals, and reflecting upon the quality of the programmes being delivered are clearly valued. Participants considered that most of the important aspects are dealt with in the e-tool, which is remarkable given the complexity and variety of the topics addressed. The format of the instrument itself is also rated highly, particularly the fact that it

includes questions to better facilitate understanding of the best practices under consideration and the evaluation process.

Professionals are more skeptical about how to implement the assessment process. It is worth noting that although professionals have a positive attitude towards the tool it is not yet a priority of the service to launch this evaluation process. In addition, few participants reported having attempted to launch such an assessment process in the past. Here is where we see some of the barriers reported in the literature arise (Bellamy et al., 2006). For this reason, we place great priority on the way the e-tool is implemented. With the help of the professionals themselves, we have sketched out a detailed procedure, which is described in the Guide of Best Practices in Positive Parenting and also recommended in the e-tool instructions. For instance, we avoid encouraging professionals to volunteer to join the lead group without first obtaining the permission of the service coordinator. We also recommend avoiding having a lead group fill out the tool too quickly without first having spent time promoting the spirit of the assessment process amongst their colleagues or collecting their views. Finally, we also emphasize the need to disseminate the tool among services and make the system sustainable by empowering professionals and involving them in the peer training process (Osterling & Austin, 2008). We have also established an external system of incentives to build up interest in the system amongst the services and promote the modelling of good practices. In this regard, we have established an accreditation award to demonstrate to society at large that certain services really are doing their best to improve (Gambrill, 2007).

Despite the progress made, some challenges remain. First, it is important to achieve sustainability of the quality-assurance process in the context of partnerships between families and services to fully implement a culture of evaluation in the field of child and family services. Second, we must achieve the sustainability of the evidence-based parenting programmes and ensure their integration into the preventive network. Third, we must fully extend the use of the assessment tool to the health, education, and community services; the aim is to promote a cross-sectoral preventive network by inviting professionals from these fields to participate. Fourth, it is important to identify the professional competences needed to work with families under this preventive framework and to improve training programmes accordingly. And finally, we must better assure that the family's perspective is incorporated into the services' quality-assurance process. To conclude, we are convinced that the continuation of the partnership scheme bringing together policy-makers, service providers and funders, professionals, and researchers in Spain will provide fertile ground for further promoting the positive parenting initiative.

Disclosure statement

No potential conflict of interest was reported by the authors.

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