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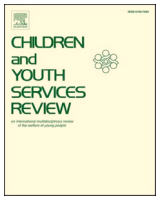

The use of evidence-based programmes in family support across Europe: A comparative survey study

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ABSTRACT

The importance of using evidence-based programmes to ensure children's rights and families' wellbeing is increasingly recognized in Europe. However, there are few and partial attempts to gain insight into the scope of prevention and promotion programmes currently implemented in child and family services across Europe, often located outside the formal peer-reviewed channels. The objectives of this study are empirically examining the diversity of family support programmes delivered and the extent to which they meet evidence-based standards for programme formulation and provide a picture of the typologies according to programme descriptors, operational aspects and implementation components. The Family Support Programmes' Survey was used to identify existing programmes addressing family support in participating countries. The sample includes 193 support programmes from 17 European countries, members of the European Family Support Network corresponding to three regions of Europe (Northern, Southern and Central-Eastern). The comparative survey was conducted using the Data Collection Sheet to gather information about program characteristics. Descriptive and cluster analyses were carried out. Results show that a large number of programmes fulfil evidence-based standards for programme formulation, such as clearly defined theoretical framework, manualization, and methodology components. In addition, three cluster profiles of programme formulation components were determined corresponding to the three European regions. Implications for research and practice on the development of family support programmes according to evidence-based standards for programme formulation are discussed.

1. Introduction

Family support is an all-encompassing plethora of activities oriented to improving family functioning, grounding child-rearing in supportive relationships and strengthening formal and informal resources (Daly et al., 2015). The modern conceptualization of family support opens up the lens of the systemic view of families, acknowledging the need for supporting not only parental roles but also parents' wellbeing as contributing to overall familial wellbeing which in turn is foundational to meet the children's needs (Devaney et al., 2022). This adoption of a family and parenting support practice is also embedded within a wider framework of European policies addressing children and families, notably the European Pillar of Social Rights (European Parliament, 2018). Undoubtedly, the stimulus of the Council of Europe Recommendation (2006)19 on policy to support positive parenting endorsed responsibilities and resources of parents to the forefront of child and family policy, and acknowledged the importance of quality and conditions of parenting in European countries. The Council of Europe conceptualized positive parenting as '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' (Council of Europe, 2006, p.

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2) consistent with parenting values and practices reflecting implementation of children's provision, protection, and participation rights (Pećnik, 2007). These parenting values are also supported by research on relational view of socialization (Kerr et al., 2003; Kuczynski & Parkin, 2006) and parenting dimensions (involvement, structure, autonomy support) that facilitate children's and youths' satisfaction of basic psychological needs for relatedness, competence, and autonomy (Grolnick et al., 2008) grounded in the self-determination theory (Ryan & Deci, 2000).

The paradigm shift was critical in stimulating development of parenting and family support to promote children's wellbeing and fulfilment of developmental potential. In this line, the Recommendation (2006)19 and the European Commission Recommendations (2013a, 2013b) stressed the complexity of contextual and situational influences that may put at-risk parents and children in need for selective and indicated support. Furthermore, family and parenting policy development explicitly leveraged European Member States to create the necessary conditions for positive parenting by (1) ensuring that parents have access to appropriate resources (material, psychological, social) and that society is receptive to the needs of families with children; (2) removing barriers to positive parenting (e.g. work-life balance), and (3) attending to non-stigmatizing ways to stimulate the parents' participation in the programmes (Council of Europe, 2006). Besides addressing the content and the context of parenting, this recommendation promoted a rights-based approach, supplementing universal parental support measures with those targeted at circumstances when parenting is more challenging, like in families with particular needs/disability, families under difficult socio-economic circumstances, or in situations of parental separation/divorce. Meanwhile, the assemblage the support delivery of family and parenting services pictured the diversity of community resources, their specificity and scope of reach (Sandbæk, 2007). Recognized as the ground force of parenting support in Europe, the roll-out of services, experts, and organizations working with families and children has advocated the 'progressive universalism' (i.e. support available for all, with more support for those who need it most) as the most effective and less stigmatizing form of delivery (Hidalgo et al., 2018; Molinuevo, 2013). A recent report of OECD (2021) recalls governments the need to develop longer-term, structural responses to underpin families support services, make them more effective in reaching families in need, to strengthen their quality, and use of modern technology to enhance its reach as well as speed of delivery. Moreover, the child and family policy measures, family support and parenting support provisions have been articulated to promote positive parenting (Rodrigo et al., 2023) and prevent child maltreatment (WHO, 2022), strongly addressing the need to accommodate empirical evidence in the practitioners and policy demands. In addition, a systems-contextual approach to parenting support (Sanders & Mazzucchelli, 2022) embeds programmes into complex systems, including processes related to targeting of specific populations, service delivery systems that can deliver parenting support in destigmatized contexts, producing wide range of outcomes on multiple levels (e.g. child, parent, family, community, population). Aligned with these more recent researches claiming for quality and reach of family support and parenting support provisions, the present study focuses on evidence-based family support programmes and aims to empirically examine how they are formulated across Europe. This study also engages with these processes by analyzing characteristics such as operational domain, target population, group and outcomes of family support programmes across Europe.

1.1. *Evidence-based family support programmes*

Evidence-based parenting programmes are distinctive psycho-educational resources among a myriad of family support interventions (Daly, 2015; Rodrigo et al., 2016). Rather promising standards of evidence require that these programmes adopt criteria to prove their efficacy, effectiveness, and large-scale dissemination (Flay et al., 2005; Gottfredson et al., 2015; Small et al., 2009). These efforts have documented that effective parenting interventions share the following standards of evidence-based programmes: (i) a well-specified target population (e.g. the child's age and abilities, family's level of need as being prioritized); (ii) systems for monitoring, evaluation, and improvement of family needs during the programme participation; (iii) evidence-based content (e.g. attachment, social learning theory, self-determination theory); (iv) sufficient dose to make a difference; (v) adequate practitioner training (including education and training of staff for the specific programme delivery); (vi) quality assurance systems (including fidelity) to establish the means for monitoring and supervision during the programme delivery; (vii) agency support; (viii) evidence of effectiveness based on internationally recognized hierarchies of evidence. Each of these standards are associated directly and/or indirectly with one or more phases (i.e. formulation, delivery, evaluation and dissemination) in the development of a high-quality family support programme (Özdemir et al., in press).

Among the characteristics of evidence-based programmes that account for their reliance on family and parenting support across different settings or delivery sectors, we highlight two distinctive components that are of significant importance to the programme formulation: (i) the intrinsic structure of this intervention and (ii) its theory-driven nature. The structure of evidence-based programmes accounts for a clear organization concerning the programme formulation and implementation process, namely goals, number of sessions and their periodicity (dose), and detailed description of the activities and resources. A manualized intervention protocol enables uniformity of the procedures and ensures the programme's integrity across practitioners, settings, and cultures. In addition, manualization is an advantage to replicating and disseminating the programme by trained professionals (Beidas & Kendall, 2010; Durlak & DuPre, 2008). Moreover, at the same time, the evaluation of the programme allows us to understand its outcomes and impact and to gain insights about its beneficial increments and possible adjustments to improve the results obtained with families and parents. In this sense, a recent meta-analysis on parenting programme content for disruptive child behaviour (Leijten et al., 2022) revealed that leaner programmes focused mainly on behaviour management obtained better results than those with a more diverse set of components. Thus, assessing the effectiveness of programmes components allows the formulation of programmes to be adjusted to better match expected outcomes and parents' main needs.

A more distinctive feature of evidence-based programmes in the realm of family and parenting support is their conceptual rationale, which will render them a unique flagship among the multiplicity of interventions. The programme's theoretical framework underlines the conceptual approach regarding parenting's role in child development and socialization process. As pointed out by Özdemir et al. (in press), an evidence-based conceptual understanding of various influences to the development and wellbeing of children and families is the critical point of a quality programme formulation. Implicitly, each programme theory framework leads to a theory of change in the intervention ground. This entails the operational domain, target, goals, mechanisms, and processes that should be adopted in the design and implementation of the programme (Bornstein et al., 2022).

In theory, the lessons learned in prevention science have enabled researchers to pull together the programme's formulation rendering it more fitted to the promised outcomes while objective guidelines were made available to the practitioners and stakeholders. Surely, this became a solid ground to proceed and embrace the challenges of implementation science (Eccles & Mittman, 2006). A closer tie between the ecology of families (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Bubolz & Sontag, 2009) and concerns raised by theories of change (Chen, 1990; Coryn et al., 2011) has merged since then. Today, whenever adopting a stakeholder's perspective, evidence-based programmes are not only more likely to be effective because of being guided by evidence from the existing literature, but all engaged parties in family

and parenting support consider them as more reliable.

Evidence-based parenting programmes are integrated resources in community-based services addressing a diverse set of family expectations and living conditions, which encompass parenting needs and improve their capacities and sensitivity in parent–child interactions (Almeida et al., 2022). Therefore, the core features for programme formulation keep their essential practicality in the mode of delivery of family and parenting programmes, be it distinguished in home visiting, group-based, individual, online, and self-directed.

Besides, whether designating an universal, selective or indicated, depending of the target population (Asmussen, 2011; Gordon, 1983), family support can be described as services available to all families as they aim to adjust to the different family needs' and, inherently, abiding by ethical norms of non-stigmatization and family-centred approach principles. In this respect, Leijten et al. (2022) meta-analysis concluded that there are differences in the effectiveness on programme content clusters depending on prevention or treatment settings, i.e., whether it is aimed at the indicated/selective or universal population, highlighting the importance of taking into account the characteristics and needs of families in programme formulation.

1.2. The present study

Regardless several policy and research reports (Asmussen et al., 2010; Boddy et al., 2011; Daly et al., 2015; Molinuevo, 2013; Rodrigo et al., 2016) accomplishing comprehensive summaries of family and parenting support implementation and evaluation across European countries, a thorough catalogue of evidence-based programmes, including data on programme formulation, still merits the effort that awaits ahead. Yet, some distinctions according to programme formulation have been drawn. Nordic countries apply a universalistic approach providing services for all parents seeking preventive goals and more intensives support for parents who face more significant challenges with children's behaviours (Sundsbø, 2018). In turn, parenting support programmes in Eastern and Southern European countries are mainly focused on child's wellbeing and also mainly target vulnerable families (Sokolovic et al., 2022; Williams et al., 2022). Specifically, in Spain, most of the programmes target at-risk families (Bernedo et al., 2023), aimed at parents (Hidalgo et al., 2018), but they do not give to their children a participatory role as representatives of the target group (Bernedo et al., 2023), as stated the Recommendation on positive parenting (Council of Europe, 2006).

The European policy is placing a strong emphasis on adopting an evidence-based practice (EBP) approach to promote quality assurance in child and family care services (Rodrigo et al., 2016). The European system of evidence-based practices attempts to connect different databases and systems of good practices across Europe. So, there is a need for comparative evidence exploring the actual incorporation of EBP into services and professional practice across European countries. Under the European Family Support Network (EurofamNet), involving collaboration among researchers and stakeholders in family support from several European countries, this study proposes a picture of the typologies according to programme formulation.

In light of the above, we used the Family Support Programmes' Survey to identify existing evidence-based programmes addressing family support in a sample of European participating countries. The first objective was to describe and determine the extent to which they meet evidence-based standards for programme formulation. The second objective was to examine to what extent the components of these programmes are assembled, yielding a comparison among the different groups. The last objective was to characterize the different profiles of programme formulation across the European participating countries. The main groups of variables were programme descriptors, operational aspects, and implementation components. To examine the different profiles of programmes, the operational components were used. The identification of groups was made using the descriptors and the implementation variables.

2. Method

2.1. Programme sample

The sample includes 193 family support programmes from 17 European countries corresponding to three regions of Europe: a) Northern Europe (52 programmes): Netherlands (14), Norway (7), and Sweden (31); b) Southern Europe (79 programmes): Italy (8), Portugal (14), and Spain (57); and c) Central-Eastern Europe (62 programmes): Austria (1), Albania (3), Croatia (12), Czech Republic (23), Latvia (4), Lithuania (6), North Macedonia (1), Moldova (5), Romania (1), Serbia (3), and Slovenia (3). The following inclusion criteria were taken into account: a) authorship (original and/or adaptations), b) supported by a theoretical background, c) programmes of over three sessions, and d) programmes with at least an available written report on results. The exclusion criteria were as follows: a) organization that delivers the programme was unidentified, b) target population was adults unrelated to parenthood and family issues, and c) programme content and methodology were unknown.

2.2. Instruments and data collection

To collect programmes' information, a data collection sheet (DCS, editable pdf) supported the Family Support Programmes' Survey performed by a group of experts under the international quality standards of evidence-based for family support programmes (Rodrigo et al., 2023). The programmes' survey included 41 items, which were incorporated in six sections: 1) programme identification, 2) programme description, 3) implementation conditions, 4) programme evaluation, and 5) programme impact, dissemination, and sustainability. This study focused on 23 items from programme description, operational aspects and some aspects about implementation components with different types of responses consisted of short answer, checkbox Yes/No, and checkbox with more than one option and Likert type scales (Table 1).

2.3. Procedure

Within the framework of the project entitled "The Pan-European Family Support Research Network: A bottom-up, evidence-based, and multidisciplinary approach" (EurofamNet, code CA18123), carried out framed under the COST (European Cooperation in Science and Technology, 2018) programme (https://www.cost.eu). EurofamNet is an initiative involving collaboration among key actors in family support from across Europe aimed at providing evidence-informed responses at European level. The present study was conducted as part of this Action within the responsibility of EurofamNet Working Group 3.

The programmes were identified and based on the data collected by EurofamNet national-level representatives from each of the 17 countries mentioned above. All the members were key informants as they were experts in the field with in-depth knowledge of programmes and belong to national, regional, and local sectors and took also advantage of their connections in the practice field.

Members of EurofamNet from the participating countries were informed about the purpose of the study and their assistance with data collection was requested. Then, they received a 5-hour online training on how to select family support programmes, record their information and complete the data collection sheet for each programme; and on how to address knowledgeable informants (i.e., coordinators and practitioners of child and family services) regarding programmes that met the inclusion criteria. They were also informed that they had to send the complete data sheet to the project coordinator for storage and uploading to the intranet of EurofamNet's website (see the full catalogue of programmes in https://eurofamnet.eu/toolbox/practice-resources). Data collection took place from May 2020 to June 2022.

Table 1
Programme Description. Operational Aspects and Implementation Components Used for the Analysis.

Dimension	Type of response
Programe description	
Version	Checkbox: Original or translated version
Agency delivers the programme	Checkbox (more than one option possible): Public agency. Private company. NGO
Agency scope	Checkbox: National. Regional. Local
Agency sector	Checkbox (more than one option possible): Education. Social. Health. Community
Programme scope	Checkbox: International. National. Local (multi-site). Local (one site)
Programme accessibility	Checkbox (more than one option possible): Programme is copyrighted. Involves training costs. Free to use. Website available
Manualized	Checkbox: None (only session contents are explained). Partially (part of the necessary info is specified). Fully (there is a full description that allows reliable application of the programme)
Number of sessions	From 4 to 100 sessions
Frequency	Checkbox: Twice a week. Weekly. Every 2–3 weeks. Monthly. Every 2–3 months. Every 4 months or more. Other
Session duration	From 30 to 180 min.
Duration (dosage)	Checkbox: 1–2 weeks. 3–4 weeks. 2–3 months. 4–5 months. 6–7 months. More than 8 months
Operational aspects	
Operational domain	Checkbox (more than one option possible): Individual. Family. Education (School). Health. Community. Sports. Leisure. Gender. Culture. Inclusivity. Other
Target population	Checkbox (more than one option possible): Universal (unselected). Selective (at-risk). Indicated (subclinical and clinical)
Target group	Checkbox (more than one option possible): Couple. Parents (paternal and/or maternal figures). Children. Family. Community. Other
Target age of children	Checkbox (more than one option possible): Early childhood (0–5). Middle childhood (6–9). Pre-adolescence (10–12). Adolescence (13–18)
Target outcome	Checkbox (more than one option possible): Promotion of positive parenting. Positive couple relationships. Reducing neglect or abusive parenting. Promotion of child competences. Educational skills and attainment. Physical and emotional wellbeing. Reducing child behavioural problems. Promotion of adolescent competences. Reducing adolescent behavioural problems. Reducing adolescent delinquency. Reducing adolescent substance use. Community development
Implementation components	
Mode of delivery	Checkbox (more than one option possible): Face-to-face. Online and Blended (Mixed)
Method of delivery	Checkbox: Individual. Couple. Group. Community
Facilitatoŕs training	Checkbox Yes/No

Note. Adapted from "Evidence-Based Standards in the Design of Family Support Programmes in Spain". by I. M. Bernedo. M. À. Balsells. L. González-Pasarín and M. A. Espinosa. 2023. Psicología Educativa. 29(1). p. 16. Public Domain.

2.4. Data analysis

The data that had been uploaded to the intranet of the EurofamNet project were first exported to a Microsoft Excel spreadsheet, and then imported into SPSS 25.0. To meet the first objective, descriptive analyses of frequencies and percentages were performed to report the characteristics of family support programmes in Europe and the extent to which they had been formulated in accordance with evidence-based standards. In terms of the second objective where this study aimed to explore to what extend the components of these programmes are assembled, descriptive analyses of frequencies and percentages were performed. To accomplish the third objective and identify typologies of programmes based on their differential characteristics, a two-step cluster analysis was carried out, using as clustering method the farthest neighbour and as a distance measure the Euclidean squared (Picón et al., 2003); including as classification variables the operation domain, target population, target group, target age of children, and target outcomes. Firstly, a hierarchical analysis following Ward's clustering method with standardized z-scores was performed to explore the initial setup, and the visual examination of the dendrogram, the cluster's sizes, and the theoretical interpretation were considered (Aldenderfer & Blashfield, 1987). Secondly, once the number of clusters was determined, an iterative non-hierarchical *k*-means cluster analysis was carried out, and ANOVAs were performed to determine the significant variables that contributed to the solution. For the final solution, crosstab analyses among the clusters were performed for interpretation purposes, with Pearson's chi square as statistical significance and adjusted standardized residuals as reported values.

2.5. Ethical considerations

All the experts who participated in the study took part voluntarily after signing an informed consent form in accordance with the Declaration of Helsinki. The study was carried out in accordance with the European Cooperation in Science and Technology Association policy on inclusiveness and excellence, as set out in the CA18123 project Memorandum of Understanding (European Cooperation in Science & Technology, 2018).

3. Results

3.1. Description of the family support programmes

The 193 programmes identified according to the above inclusion criteria were written in 17 different languages corresponding to the countries where they were implemented. As it can be seen in Table 2, the majority of programmes were original, fully manualized, had training cost and Website available. In terms of their scope, programmes were most commonly nationally implemented in public agencies.

With respect to the agencies involved in programme delivery (Table 3), the same programme could be delivered at different levels (national, regional, local) and by more than one type of agency involved in several service sectors. The most common agency was public (65.8 %) delivered at national level (48.8 %) in the social sector (45.1 %). Regarding the NGOs, 44 % were involved in delivering family support programmes, mainly at national level (55.8 %), and, as public agencies, they operated most commonly in the social sector (32.6 %). Finally, with

Table 2
Programme Description (N = 193).

	n	%
Version[1]		
Original	136	70.5
Translated	57	29.5
Manualized[1]		
None	3	1.6
Partially	44	22.8
Fully	138	71.5
Missing	8	4.1
Programme availability[2]		
Programme is copyrighted	61	31.6
Training costs	95	51.9
Free to use	86	44.6
Website available	130	67.4
Programme scope[1]		
International	61	31.6
National	90	46.6
Local (multi-site)	17	8.8
Local (one-site)	21	10.9
Missing	4	2.1
Type of agency delivering the programme[2]		
Public agency	127	65.8
Private company	27	14
NGO	85	44

Note. [1]Sum is 100 %; [2]percentage is for each category for N = 193.

Table 3
Characteristics of the Agencies Delivering the Programmes (N = 193).

	Public		Private		NGO	
	n	%	n	%	n	%
Total	127	65.8	27	14	85	44
Agency scope[1]						
National	62	48.8	16	61.5	48	55.8
Regional	41	32.3	5	19.2	20	23.3
Local	24	12.4	5	19.2	18	20.9
Agency sector[2]						
Social	87	45.1	15	7.8	63	32.6
Health	56	29	17	8.8	26	23.5
Education	50	25.9	10	5.2	31	16.1
Community	29	15	12	6.2	29	15

Note. [1]Sum is 100 %; [2]percentage is for each category for N = 193.

respect to the private agencies (14 %), they were most likely national in scope (61.5 %), with the other two companies (regional and local) being equally represented (19.2 %), and in the health sector (8.8 %).

3.2. Programmes' operational aspects

Regarding the adequacy of the operational domain and target group, family was the most common operational domain with variety in the target group, being the most common parents (80.3 %), followed by the family as a whole (44.6 %) and children (41.5 %). In terms of the target age of children, these programmes were aimed mainly at pre-adolescents (61.1 %), although the percentages were similar in all ages (Table 4).

With respect to the expected outcomes, the primary goal was to promote positive parenting (86.3 %), followed by to improve children's physical and emotional wellbeing (72.5 %), promote children's competences (48.7 %), reduce child behaviour problems (47.2 %) or neglect or abusive parenting (39.4 %). In addition, it was worth noting that a small percentage of the family support programmes analysed had the goal of reducing adolescent behaviour problems (5.2 %) or delinquency (4.1 %). These results suggest that the programmes analysed are aimed more at enhancing positive behaviours than diminishing negative ones (Table 4).

3.3. Time-related characteristics and mode of delivery of the programmes

Regarding the time-related characteristics of programme implementation (Table 5), the majority last between 2 and 3 months (31.6 %), followed in equal proportion by 4–5 months and more than 8 months (21.8 %). In addition, most of the programmes had 10 sessions or less (50.5 %), lasting between 90 and 120 min and involved weekly sessions (57.5 %).

The dimensions method of delivery and setting were organized with independent variables, including only the programmes that answered yes to each individual question (e.g., group, individual, couple, community, social services, school, NGO, Health Centre). As for mode of delivery (Table 6), the majority of programmes were implemented face-to-face (75.6 %), mostly in group format (81.3 %) and in social services (48.1 %), followed by school, health centre, and NGOs settings (between 32 and 36 %). It should be noted that only two were available exclusively online. Regarding support facilities for practitioners, the great majority of programmes offered training (81.5 %).

3.4. Typology of family support programmes

191 programmes were included in the hierarchical cluster analysis, two of them were not considered because they didn't have the information for all the variables. A three theoretically meaningful clusters of programmes were identified, based on their operating domain, target population, target group, target age of children, and target outcomes. A subsequent iterative non-hierarchical 2-mean cluster analysis was carried out, with squared Euclidean distance values between centres of cluster greater than 1 indicating a satisfactorily discriminating solution. Cluster sizes were adequate to perform an intergroup analysis. The variables that contributed significantly to the clusters are presented in Table 7.

Table 4
Operational Domain, Target Group, and Goals of the Programmes (N = 193).

	n	%
Operational domain[1]		
Family	170	88.1
Individual	103	53.4
Health	60	31.1
Education (School)	48	24.9
Community	48	24.9
Inclusivity	44	22.8
Leisure	17	8.8
Gender	12	6.3
Culture	9	4.7
Sports	3	1.6
Other	14	7.3
Target population[1]		
Universal	76	39.4
Selective	126	65.3
Indicated	67	34.7
Target group[1]		
Parents	155	80.3
Family	86	44.6
Children	80	41.5
Community	19	9.8
Couple	13	6.7
Other	129	66.8
Target age of children[1]		
Early childhood (0–5)	112	58
Middle childhood (6–9)	109	56.5
Pre-adolescence (10–12)	118	61.1
Adolescence (13–18)	93	48.2
Target outcomes[1]		
Promoting positive parenting	159	82.4
Physical and emotional wellbeing	140	72.5
Promoting child competences	94	48.7
Reducing child behavioural problems	91	47.2
Reducing neglect or abusive parenting	76	39.4
Educational skills and attainment	60	31.1
Community development	55	28.5
Positive couple relationship	50	25.9
Promoting adolescent competences	47	24.4
Reducing adolescent substance use	27	14
Reducing adolescent behavioural problems	10	5.2
Reducing adolescent delinquency	8	4.1

Note. [1]percentage is for each category for N = 193.

The frequency, percentage, and adjusted standardized residuals for the contributing variables for each cluster are presented in Table 7. According to this table, the first cluster, Universal Programmes, was characterized by programmes aimed mainly at universal population, working with children, families and communities at any age of children, that plan to obtain results at a wide range of domains (individual, education, health, community, inclusion, leisure, gender) and target outcomes (positive couple relationship, child competence promotion, educational skills and attainment, physical and emotional wellbeing, reducing child behavioural problems, adolescent competences promotion, reducing adolescent behavioural problems, delinquency or substance abuse, community development). The second cluster, Universal and Indicated Programmes, was characterized by programmes aimed at universal and indicated population, working mainly with parents or other type of groups apart from family and community, mainly at early childhood, that plan to obtain result particularly at individual, community, and inclusion domain, and focused in specific target outcomes such as reducing neglect or abusive parenting, educational skills and attainment, physical and emotional wellbeing, child competence promotion, and community development. The third cluster, Indicated

Table 5
Time-related Characteristics of Programmes (N = 193).

	n	%
Duration		
1–2 weeks	4	2.1
3–4 weeks	9	4.7
2–3 months	61	31.6
4–5 months	42	21.8
months	21	10.9
>8 months	42	21.8
Missing	14	7.6
Number of sessions		
0–10	97	50.5
11–20	59	30.7
21–30	13	6.8
>30	24	12
Frequency (intensity)		
Twice a week	10	5.2
Weekly	111	57.5
Every 2–3 weeks	17	8.8
Monthly	6	3.1
Every 2–3 months	1	0.5
Every four months or more	1	0.5
Other	28	14.5
Missing	19	9.8
Session duration (in minutes)		
<60	56	29
90–120	93	48.2
150–175	41	21.2
Missing	3	1.6

Table 6
Mode and Method of Delivery, and Facilitators Training (N = 193).

	n	%
Mode of delivery		
Face-to-face	146	75.6
Online	2	1.0
Blended (Mixed)	42	21.8
Missing	3	1.6
Method of delivery		
Group	157	81.3
Individual	65	33.6
Couple	47	24.3
Community	21	10.8
Setting		
Social Services	90	48.1
School	68	36.4
NGO	61	32.6
Health Centre	60	32.1
Home	43	23
Private agency	24	12.8
Online	22	11.8
Other	43	23
Facilitators training		
Yes	137	81.5

Programmes, was characterized by programmes aimed at indicated population, working more with parents and other kinds of groups rather than children, families or community at any age of children, more focused at an education or health operation domain and target outcomes related to adolescence competences promotion and reducing adolescent substance use, mainly at health centres settings.

According to Table 8, the programmes included in this classification had specific profiles. The programmes included in the first cluster, Universal Programmes, were more prevalent in Southern European countries; their use is conditioned to pay the copyright license or it is with free access to be used at a national level in the countries, delivered mainly at home, schools and NGO. The second cluster, Universal and Indicated Programmes, is related to programmes more typical from Central-Eastern Europe, developed more at a local level, mainly by NGO agencies and at home. Lastly, the third cluster, Indicated programmes were more representative of Northern European countries; their use was conditioned to pay a professional training to be able to implement the programme, used at an international level.

4. Discussion

The evidence-based criteria for family support programmes formulation and implementation described and screened in this study portray the current defined guidelines for an evidence-based practice (EBP) within a conceptual framework for standardization and quality of interventions, assisting the specific needs of parents and stakeholders (Rodrigo, 2022). To date, in family support programmes, adherence to criteria have supported the increasing quality of programme's formulation, implementation, and dissemination. Such testimony is the ever-growing list of programmes focused on parenting and family support, which have eagerly cared to incorporate both the standards of prevention and implementation science (Asmussen et al., 2010; Rodrigo et al., 2016). Thriving to liaise key elements relating the internal validity of the programmes (i.e., structure, conceptual framework, goals, contents covered, theory of change, outcome assessment) to the factors that influence their effective implementation in real world circumstances have become a premise to tag, among those programmes that had proven efficacious, the ones that were effective and, ultimately, the ones that were 'effective and ready to disseminate' (Flay et al., 2005). Overall, the 193 programmes highlight the benefits of the international task force on the EBP to uptake the scientific guidelines into routinized practices, thereby improving the quality and effectiveness of family and parenting support programmes.

The analysis of these evidence-based programmes provides a fairly comprehensive, although non-exhaustive mapping of how international standards of evidence are being adopted in Europe. Such an endeavour shows an attempt to reckon how some characteristics are distinctive and influencing trends across different countries, sectors, and target populations. Across the 17 European countries, such improvement is woven into a vast set of characteristics pertaining to programme formulation and implementation. Nonetheless, as the programmes' fit to targeted populations incorporates the evidence-based practice standards, their assemblage mirror the cultural values and beliefs as well as the history of family support organizations across the different European regions and countries (Acquah & Thévenon, 2020; Almeida et al., 2022; Asmussen et al., 2010; Rodrigo, 2022; Rodrigo et al., 2023; Rodrigo et al., 2012).

4.1. *Formulating evidence-based family support programmes*

Adopting evidence-based criteria has considerably boosted programme formulation across EurofamNet participating countries. Clearly recognizing the diversity of family support programmes to respond to family needs, service organizations, and cultural specificities, the large majority of the programmes in the participating countries have a national origin. By itself, the superiority of programmes with a national imprint represents the extraordinary task force undertaken in several countries to meet the quality standards of most evidence-based programmes. Besides, its formulation has corresponded in most cases to a full manualization of the programmes. Manuals detail core contents, informed by a theoretical background, the programme and session's duration, the frequency and number of sessions, and the target population. Moreover, the manualization reflects the programmes' inner structure and standardization, allowing the programme's dissemination at a larger level with fidelity to the core contents (Beidas & Kendall, 2010). Another key element is training for professionals provided by the majority of evidence-based programmes, reinforcing the integrity at the programme's delivery.

The programme's formulation has also contributed to its delivery in a variety of formats and contexts across sectors of service, no matter the surveyed programmes' are mostly delivered at a face-to-face modality, in group format and in social and health services by public agencies and

Table 7
Cluster Solution with Operational Variables and Inter-cluster Distance (N = 191).

	Universal programmes (n = 62)	Universal and indicated programmes (n = 65)	Indicated programmes (n = 64)	F (2,190)	p
Operation domain					
Individual	0.73	0.58	0.31	12.531	0.000
Family	0.94	0.85	0.89	1.291	0.277
Education	0.53	0.11	0.13	23.779	0.000
Health	0.53	0.15	0.27	12.326	0.000
Community	0.40	0.23	0.13	6.966	0.001
Sports	0.05	0.00	0.00	3.228	0.042
Leisure	0.23	0.03	0.02	11.785	0.000
Gender	0.13	0.05	0.02	3.759	0.025
Culture	0.06	0.06	0.02	1.061	0.348
Inclusion	0.34	0.26	0.09	5.854	0.003
Other	0.13	0.05	0.05	2.113	0.124
Target population					
Universal (unselected)	0.47	0.45	0.28	2.802	0.063
Selective (at-risk)	0.66	0.68	0.64	0.094	0.911
Indicated (Sub-clinical)	0.21	0.34	0.50	6.146	0.003
Target group					
Parents (father/mother figures)	0.63	0.92	0.88	11.286	0.000
Family	0.69	0.25	0.42	14.795	0.000
Children	0.74	0.28	0.25	24.479	0.000
Community	0.21	0.08	0.02	7.319	0.001
Couple	0.08	0.06	0.06	0.113	0.893
Other	0.48	0.78	0.75	8.322	0.000
Target age of children					
Early childhood	0.50	0.66	0.59	1.722	0.182
Middle childhood	0.71	0.25	0.77	27.112	0.000
Preadolescence	0.89	0.03	0.95	291.132	0.000
Adolescence	0.71	0.00	0.77	90.901	0.000
Target outcomes					
Promoting positive parenting	0.79	0.91	0.80	2.015	0.136
Physical and emotional wellbeing	0.95	0.75	0.50	19.659	0.000
Promoting child competences	0.90	0.37	0.22	48.478	0.000
Reducing child behavioural problems	0.71	0.34	0.39	11.223	0.000
Reducing neglect or abusive parenting	0.42	0.52	0.25	5.311	0.006
Educational skills and attainment	0.47	0.42	0.06	16.617	0.000
Community development	0.52	0.26	0.09	15.970	0.000
Positive couple relationships	0.37	0.22	0.20	2.885	0.058
Promoting adolescent competences	0.61	0.02	0.13	52.770	0.000
Reducing adolescence substance use	0.26	0.05	0.13	6.275	0.002
Reducing adolescence behavioural problems	0.11	0.00	0.05	4.223	0.016
Reducing adolescence delinquency	0.10	0.02	0.02	3.519	0.032
Inter-cluster distance					
1	–	1.883	1.637		
2		–	1.512		
3			–		

NGOs. However, concerning the characteristics, the multi-agency and inter-sectorial approach to family support in Europe should be highlighted, which is consistent with the recommendation of the World Health Organization, Regional Office for Europe (WHO, 2020). Indeed, our results have shown that, in general, the same programme could be sometimes delivered from a larger to a narrower geographical scope (national, regional, or local) and by more than one type of agency involved in several service sectors. Finally, it should be pointed out that the programmes analysed in this study, draw upon different approaches to promote positive parenting, where some of them are focused on prevention and promotion (primarily parental and children's competences and children's physical and emotional wellbeing), while others on a model of deficit and risk (mainly, reducing child behavioural problems and neglect/abusive parenting). This finding may suggest that in Europe, there is a progressive adoption of evidence-based programmes informed by the principles of positive parenting, together with efforts to build families strengths, improving the psychosocial context of family and children (Almeida et al., 2022; Council of Europe, 2006; Pećnik, 2007).

However, there are characteristics of the surveyed programmes that demonstrate less compliance with important European recommendations on positive parenting and children's rights (Council of Europe, 2006; European Commission, 2013a, 2013b, 2021). For instance, the programme formulation reveals the reduced participation of children and adolescents in European family support programmes. This is an aspect yet to be fully addressed. Despite the number of programmes analysed that seek improvements directly in children's wellbeing and competences, less than a half of them provide children with an active role. When children have a participatory role in family and parenting support programmes, to improve the functioning of the family as a system (Martín-Quintana et al., 2009). So, it is still necessary to give children and adolescents a relevant role as representatives of the target group for interventions.

4.2. Typology of family support programmes

In the search of the typology of family support programmes, the resulting clusters yield a blend of their commonalities and differences. Commonalities provide a means to determine the standardization of EBP, its progressive universalism and its multidimensional nature of delivery across sectors and agencies. Across prevention levels, the common programmes' characteristics endorse, respectively (i) for the operating domain, the importance of addressing family without dismissing cultural aspects; (ii) for the target group, the need to include the

Table 8
Characterization of the Cluster Solution (N = 191).

	Universal programmes (n = 62)			Universal and indicated programmes (n = 65)			Indicated programmes (n = 64)			Chi-square	Cramer's V
	n	%	r_z	n	%	r_z	n	%	r_z		
Region										29.923***	0.396***
Northern Europe	11	21.6	−1.9	12	23.5	−1.8	28	54.9	3.8		
Southern Europe	33	41.8	2.3	19	24.1	−2.4	27	34.2	0.2		
Central-Eastern Europe	18	29.5	−0.6	34	55.7	4.3	9	14.8	−3.8		
Duration (dosage)										35.04***	0.313***
1–2 weeks	0	0	−1.5	0	0	−1.4	4	6.9	2.9		
3–4 weeks	4	6.5	0.6	2	3.4	−0.7	3	5.2	0.1		
2–3 months	12	19.4	−3.0	19	32.2	−0.4	30	51.7	3.4		
4–5 months	12	19.4	−0.9	18	30.5	1.6	12	20.7	−0.6		
6–7 months	9	14.5	0.8	8	13.6	0.5	4	6.9	−1.4		
>8 months	25	40.3	3.9	12	20.3	−0.7	5	8.6	−3.2		
Setting											
Home	20	46.5	2.2	16	37.2	0.7	7	16.3	−2.9	8.88*	0.219*
School	32	47.1	3.1	14	20.6	−2.7	22	32.4	−0.4	11.65**	0.250**
Health Centre	14	23.7	−1.8	14	23.7	−1.8	31	52.5	3.5	12.59**	0.260**
NGO	21	34.4	0.3	31	50.8	3.7	9	14.8	−3.9	19.25***	0.322***
Agencies that deliver the programme: NGO	27	43.5	−0.2	42	64.6	4.0	16	25	−3.9	20.52***	0.328***
Programme scope										14.18*	0.194*
International	13	21	−2.3	21	33.3	0.2	27	42.2	2.1		
National	37	59.7	2.3	23	36.5	−2.2	30	46.9	−0.1		
Local (multi-site)	5	8.1	−0.3	8	12.7	1.3	4	6.3	−0.9		
Local (one-site)	7	11.3	0.1	11	17.5	2.0	3	4.7	−2.0		
Programme availability											
Copyright	32	52.5	3.8	16	27.6	−1.2	13	20.6	−2.7	15.43***	0.291***
Training costs	22	36.1	−3.0	31	53.4	0.3	42	65.6	2.7	11.01**	0.245**
Free	41	67.2	3.9	22	37.9	−1.7	23	35.9	−2.2	15.06***	0.287***

couple in the target group; (iii) for the target population, the potential of identifying without stigmatizing at-risk families in universal and selective groups; (iv) for the target age, the priority of investing in early childhood; and ultimately, (v) for the target outcomes, the significance of promoting positive parenting. On contrast, diversity is drawn upon the comparison of the distinctive characteristics that become more prominent of their singularity.

Nonetheless, diversity outstands in many of the characteristics in the surveyed programmes. A large number of dimensions pertaining both to programme formulation and delivery across European countries and regions account for the typology of family support programmes proposed by this study. Partly resembling the levels of universal, selective and indicated prevention (Asmussen, 2011; Gordon, 1983), three types of family support programmes' were determined within the EurofamNet participating countries. The first type, Universal, with a slight predominance in countries of Southern Europe, the second type, Universal and Indicated, predominant among the programmes from Central Europe, and the third type, Indicated, mostly spread in the Northern Europe. The first typology of programmes was characterized by programmes aimed mainly at any age of children and was particularly relevant due to its extended duration when considering that many of these interventions are longer than eight months. A distinctive feature concerns the delivery settings, where schools and home rank higher than NGO's and Health Centres. This typology is also distinctively characterized by the surplus of programmes of national origin, despite fulfilling requisites as copyright, training costs and open accessibility. This finding is in line with recent studies (Hidalgo et al., 2018; Molinuevo, 2013) that show how services, practitioners, and organizations working with families and children have advocated the 'progressive universalism'. The second type of programmes was focused on early childhood and specific target outcomes such as reducing neglect or abusive parenting, educational skills and attainment, physical and emotional wellbeing, child competence promotion, and community development. Predominantly delivered by NGO's and duration oscillating from 2 to 5 months, the privileged scope of these programmes is the local at multi-sites. As it has been mentioned in the introduction, Council of Europe (2006) promoted universal and targeted approach to supporting parents and supplementing universal measures with those targeted at circumstances when parenting have been identified as at risk. Finally, the third type of programmes was more focused on education or health operating domain and target outcomes related to adolescence competences promotion and reducing adolescent substance use, mainly delivered at health centres settings. An indicated level of prevention is clearly associated with shorter programme's duration between 2 and 3 months. Contrasting the evenly proportion of international and national programmes, the proportion of programmes implemented locally and disseminated at multi-sites agencies is a distinctive feature of this type of programmes. To what matters programme availability, it is worth mentioning the prominence that training costs gets in comparison with the other two clusters of programmes. In addition, a note of specificity is remarked as this group of programmes does not guarantee free access, are not integrated in the service offering and, ultimately, is more demanding in terms of extra financial support and human resources. This reality reflected in our results contrasts with the Recommendation (2006)19 which stressed the responsibility of governments to support parents or caregivers, and families as a whole, in fulfilling their role and promoting child well-being, specifically when they are at risk.

The present study has a number of limitations that need to be acknowledged. Although the data collection procedure was very sensitive to the diversity of territories and fields of implementation, the sample analysed does not cover all the family support programmes that currently exist in Europe. Thus, the data collected could not sufficiently represent the different European regions included in this study. This made it difficult to cluster them according to a particular model to show a more representative picture of the programmes. In addition, even though experts who selected the programmes, answered the programmes survey and filled the DCS were trained, we cannot rule out potential biases in the responses to the data collection and thus in the conclusions drawn.

4.3. Conclusion and implication for practice

In sum, the family support programmes analysed from European participating countries in this study, picture the singular appropriation

of evidence-based standards for programme formulation (Özdemir et al., in press). These programmes cover most of the formulation components, remarkably have a clearly defined theoretical framework, and are manualized, including the criteria of the specification of the number, duration, and frequency of sessions. In addition, the interventions respond to the different developmental stages of children, and are also responsive to the needs of the target population and target groups. However, children and adolescents are still lagging the participatory statuses as subjects of their target group.

In terms of their scope, programmes were most commonly original and nationally implemented in public agencies and NGOs, responding to family needs, service organization, and cultural specificities. The programmes were mostly delivered at a face-to-face modality, in group format, and in social and health services. Considering several indicators, this study proposes a typology of programmes, which exhales the multidimensionality of three combinations. In spite that each of them characterizes a different pool of characteristics of evidence-based programmes, commonalities and diversities are found across the European countries and the different regions that integrated the present study.

Our findings show a promising situation in evidence-based family support programme formulation. Thus, a large number of such programmes in European countries do meet evidence-based standards in their formulation. It is also an opportunity to measure the selected programmes against the same template of quality standards, allowing a comparison on same basis. In addition, our results point out areas where more effort is needed to make further progress, giving a guide of work for researchers and stakeholders from the different European regions. In this sense, there is a need to make family and parenting support universally available, through the introduction of ICTs or the development of online programmes, and further consolidate a model of intervention based on capacity development. Furthermore, it is of great relevance to increase participation of children and adolescents in family support programmes as key actors of the family dynamics and, in many cases, the target group by excellence where outcomes are expected to be achieved. Finally, it is necessary to invest in organizational support to guarantee proper working conditions for the professionals and the social and political sustainability to support families in their role of care and promote the wellbeing of children.

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Data availability

The authors do not have permission to share data.

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