

Evaluation of the Treatment Programme for Families with Children in Andalusia: An analysis of the impact on the children

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Abstract

The Treatment Programme for Families with Children in Andalusia is fundamentally aimed at promoting the integral development of children and adolescents through the strengthening of parental competences and family preservation strategies. In the last 20 years, this programme has been applied to over 75 000 families, involving about 150 000 children and adolescents. The aim of this study was to analyse the effects of this family intervention programme on the quality of life and behaviour problems of the children. This quasi-experimental and longitudinal study had two non-randomized groups (intervention group and comparison group) and two evaluation measures (pre-treatment and post-treatment). The intervention group was constituted by 297 families (540 children) who had participated in the programme. The comparison group consisted of 95 families (138 children) at a similar risk level, although these families had not participated in the programme. The results showed a significant improvement in the quality of life of the children of the families that belonged to the intervention group, which was significantly greater than the evolution detected in the children of the families that belonged to the comparison group. The results of efficacy and efficiency of this type of practice constitute a quality criterion of evidence-based programmes and a requirement to maintain public investment.

KEYWORDS

child adjustment, effectiveness, parental competences, quality of life, Treatment Programme for Families with Children

1 | FAMILY INTERVENTION FROM THE POSITIVE PARENTING APPROACH

Formal support to families is carried out with a considerable political coverage at the international level and in the framework of the legislation of each country. Currently, in Spain, and thanks to an approach that guarantees the rights of the family and children, the public

administrations are in charge of ensuring that both families and children have the necessary resources to warrant the good functioning of the family system and an adequate development of its members, safeguarding the well-being of children and adolescents (Law 26/2015).

The incorporation of positive parenting as a central element in working with families is consolidating interventions from a preventive approach based on strengths, leaving behind the traditional

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intervention models based on a conception of deficit. This approach of family intervention becomes especially relevant in those situations in which the families, for different circumstances, are not safe environments and compromise the development and adjustment of children and adolescents who grow up in them (Jeong et al., 2021; Lippard & Nemeroff, 2020). Formal interventions and support actions for families at psychosocial risk are aimed at family preservation and satisfying the needs of children and adolescents, promoting their well-being and an optimal and balanced development (Rodrigo et al., 2023).

In Spain, in practically all regions, there are family and child care services that incorporate preventive programmes and/or actions aimed at supporting vulnerable families in the exercise of parenting and the promotion of a positive upbringing (Spanish Ministry of Social Rights and Agenda 2030, 2021a, 2021b). An increase in this type of initiative has been observed in the scope of family intervention in the last decades. This achievement implies a new challenge: ensuring that such initiatives are interventions that fit the international quality standards. Researchers and policy-makers agree that actions implemented in the field of preventive family intervention must meet the criteria of evidence-based practices and programmes (EBPs; Almeida et al., 2021). Therefore, they must be founded on theoretical models with scientific support, have a certain degree of manualization (structured and systematized objectives, contents and activities), demonstrate their efficacy and efficiency, define the fundamental aspects for their implementation and have guarantees for their dissemination (Gottfredson et al., 2015; Miho & Thévenon, 2020).

The need for having external, rigorous and systematic evaluations that endorse the efficacy and efficiency of these interventions constitutes the most characteristic quality standard of EBPs. However, according to the available data, the programme evaluation processes in the family scope are not very rigorous, perhaps due to the fact that one of the main strengths of these interventions is the adaptability to the particularities of each family, which hinders the systematization and structuring of the interventions (Hidalgo et al., 2023).

Having evidence-based family intervention programmes poses an important challenge to researchers, professionals, institutional managers and politicians. All the agents involved must work jointly in their design and implementation, with the aim of developing programmes that (1) have a good theoretical foundation, (2) guarantee the rights of the families and their children, (3) are adapted to the needs and strengths of each environment, (4) are sensitive to cultural variability, (5) respect their own central components and (6) and are conducted with the same implementation conditions (Jiménez & Hidalgo, 2016).

2 | EVALUATION OF THE EFFECTIVENESS OF FAMILY INTERVENTIONS

Intervention programmes aimed at families share a common purpose: promoting the upbringing skills through a positive, strengthening and preventive approach (Daly et al., 2015; Jeong et al., 2021; Sanders et al., 2022). This purpose is specified in different objectives

depending on the target population and the implementation conditions, which imply very differentiated effects (Fernandez, 2007; Rodrigo et al., 2023). Some programmes are aimed at influencing the well-being of the children indirectly, by promoting the well-being of the parents (Barlow et al., 2012) and/or improving their parental competences (Kaminski et al., 2008; Linhares et al., 2022; Rios & Williams, 2008). Other programmes are directly focused on favouring the emotional and behavioural adjustment of children and adolescents (Almeida et al., 2012; Arruabarrena et al., 2022; Barlow et al., 2012; Lundahl et al., 2006; Sanders et al., 2014).

In any case, the results regarding the development of children are neither unanimous nor conclusive. In a systematic review about parental education programmes to prevent violence and abuse (Altafim & Linhares, 2016), the authors found that such programmes promote very diverse results that range from the reduction of disruptive behaviours and the improvement of emotional and behavioural adaptation of children to an increase in the psychosocial well-being of the parents. Similar results were reported by Prime et al. (2023) and Li et al. (2021) in a systematic review and meta-analysis about the effects of positive parenting programmes about child development; this study also revised variables that influence the effects of the interventions, such as age, sex and certain peri-natal and post-natal risk situations of the children. The mentioned authors describe studies in which these variables did not influence the effects of the programmes (Gardner et al., 2019; van Aar et al., 2017). They also gathered investigations that did identify the influence of said variables, with greater effects being detected in socioemotional and behavioural variables on younger children and in those who presented risk factors before and after birth (Gardner et al., 2010; Sanders et al., 2014), as well as in cognitive dimensions for male children (Gardner et al., 2017).

In general, the studies focused on the effect of interventions on children demonstrate the difficulty in finding global measures of child adjustment that reflect the positive impact of such interventions. Specifically, the Triple P programme (Positive Parenting Programme) did not generate consistent effects in some subdimensions of child behaviour, such as prosocial behaviour, internalizing problems, impulsiveness and attention deficit, and behavioural problems (Li et al., 2021). Moreover, there was no statistically significant change in any of the five subdimensions related to the educational practices evaluated, such as supervision and physical punishment (Eisner et al., 2012). In the same vein, Malti et al. (2011), in regard with the effectiveness of this programme, did not report significant effects on the externalizing behaviours of the children after the intervention. Nevertheless, in the study of Fujiwara et al. (2011), the mothers of the intervention group (IG) of the Triple P programme reported an immediate improvement in the behavioural problems of the children during its implementation.

Other studies have also detected improvements after the implementation of some programmes such as the ACT Parents who rear confident children. The efficacy of said programme has been proved in different studies, finding a decrease in the behavioural problems of the children after the intervention and lower indices of bullying at school after the implementation of the programme (Burkhart

et al., 2013; Knox & Burkhart, 2014). The Strong Families programme has favoured a significant decrease in the aggressive behaviour of the children (Conner & Fraser, 2011), as well as improvements in academic performance and in the relations with their caregivers and peers.

The PACE (Parenting our Children to Excellence) preventive programme has also generated improvements in the adjustment measures of the children. An active and quality participation in this programme predicted positive changes in the children's coping competence from a previous evaluation to the termination of the intervention and follow-up (Begle & Dumas, 2011). Similar results have been reported in the study of Maalouf and Campello (2014) about the FAST programme after its application in five countries, showing a decrease in child behavioural problems after the intervention.

With respect to the Spanish context, there are numerous and very different programmes of family intervention aimed at promoting parenting competences and/or adequate parenting styles, although very few programmes work directly with the children. The Learning Together programme stands out for its relevance and effectiveness as one of the few interventions that are directly aimed at both the family and the children. The results show an improvement in both the adults and the child adjustment at the school, family and community levels after the application of the intervention (Amorós et al., 2015). The EmPeCemos (Let us Begin) programme, which is aimed at intervening children with behavioural problems and their family members and teachers, has also generated improvements in this indicator, thus also favouring the social and communicative competence of the participants against drug use (Romero et al., 2016). Another example of these initiatives is gathered in the study of Hidalgo et al. (2018), who analysed the efficacy of the child day-care programme developed by the city hall of Seville. The results of the mentioned study showed improvements in different aspects of the quality of life of the children, as well as a positive impact on other indicators, such as social skills, internalizing problems and intelligence. The Incredible Years programme, which is a multicomponent group-based programme designed to promote young children's psychosocial adjustment and improve parenting practices and child-parent relationship, has also shown to be effective in attaining parenting goals and preventing children's behaviour problems (Arruabarrena et al., 2022). However, in Spain, most of the effectiveness evaluation results are focused on changes in dimensions related to parental performance (Amorós et al., 2016; Berastegui et al., 2020; Martínez-Muñoz et al., 2019; Vázquez et al., 2016). Therefore, in the evaluation of these programmes, it is necessary to include measures of child and adolescent adjustment, development and well-being that allow determining whether the changes in the adults are reflected in their children and whether these effects persist in time. In a study with a Spanish population, Reyes et al. (2023) pointed out the importance of favouring indulgent and authoritative parenting styles, as they produce the best results in child and adolescent development and adjustment (Martínez-Escudero et al., 2023). In this line, Císcar et al. (2021) suggested the need to develop sensitization and awareness programmes aimed at parents that directly address the attachment bond with their

children and highlighted the importance of parental competences such as tools for satisfying the needs of their children and not merely as a measure of adult adjustment. The present study is in this research line, as it specifically analyses the effects of a family intervention programme on the quality of life and behavioural problems of the children.

3 | THE TREATMENT PROGRAMME FOR FAMILIES WITH CHILDREN AT SOCIAL RISK

In the whole territory of Spain, teams have been established to develop preventive and therapeutic actions aimed at families that have been declared to be at social risk with one or more of their children. The Treatment Programme for Families with Children is a guaranteed service within the Public System of Social Services of Andalusia, whose development depends, at the regional level, on the relevant department in matters of childhood, and, at the local level, on the county councils and city halls of the municipalities of more than 20 000 inhabitants (BOJA, 2022).

Since its creation over two decades ago, this programme is fundamentally aimed at promoting the integral development of children and adolescents by strengthening parental competences and family prevention strategies (BOJA, 2015). The programme is based on a preventive approach and provides personalized attention to the families. The main objectives are (1) to support the families in providing a safe development environment to their children; (2) to preserve the integrity of the families; and (3) to enable, whenever possible, the reunification of the family in those cases in which a protection measure has been adopted (Casares, 2017). Throughout the last 20 years, over 75 000 families and 150 000 children and adolescents have been attended to through this programme. Decree 100/2022 (BOJA, 2022) granted it stability, thus guaranteeing its continuation as a secondary prevention service of the Public System of Social Services of Andalusia.

The implementation of the programme is the responsibility of the Family Treatment Teams, which are integrated by three professionals from the fields of social work, psychology and social education. Based on an ecological-systematic basis and an interdisciplinary framework, professionals carry out their work with the collaboration, coordination and networking of other institutions and agents of the Public System of Attention and Protection of Children (López-Verdugo et al., 2022). AQ18 (Author cited)

The permanence time and frequency of the treatment are established for each family as a function of the goals set in the intervention plan. The maximum length of the intervention is 24 months, with the possibility of carrying out a follow-up of 6 months after the end of the intervention. From an individualized approach and a psychoeducational and/psychotherapeutic perspective, the programme addresses contents focused on both the acquisition of parental competencies (educational, personal, and those related to family organization, social support and the community) that allow carrying out adequate parenting and promoting the healthy development of children and

adolescents, with the aim of favouring their family, educational and social integration (BOJA, 2022).

The institution responsible for the programme has assumed in the last years a clear commitment to the approach of EBPs and to improving the quality of the services provided. Such commitment has allowed developing a rigorous project for the evaluation of the effectiveness shown by the programme following the quality standards of EBPs. The study is framed within that broader project, which has a double objective: (1) to determine the real impact of the programme on the functioning of the families and on the quality of life of their children and (2) to contribute to the incorporation of good evidence-based practices in policies of attention to children and their families (Hidalgo et al., 2022).

The aim of the current study was to evaluate the impact of the Treatment Programme for Families with Children in Andalusia on the children of the participating families. Specifically, we analysed the effect of the intervention conducted with the families on the quality of life of their children and on the behavioural problems shown by the latter. We hypothesized that this programme would have a positive impact on the children and adolescents of these families. The first hypothesis was that children in the programme, compared to children with the same level of social risk but not participating in the programme, would improve their quality of life. The second hypothesis was that children in the programme, compared to children not participating in it, would show less emotional and behavioural problems.

4 | METHODS

4.1 | Design

The study had a quasi-experimental and longitudinal design, with two non-randomized groups and two evaluation measures (pre-treatment and post-treatment). Quantitative measures were used. The informants were the participating families and the professionals responsible for the implementation of the programme.

The participants were from two comparable family groups, which differed for participating (IG) or not participating (comparison group [CG]) in the evaluated programme. On the one hand, an intragroup analysis was carried out, comparing the pre-test measures (before the intervention, T1) and post-test measures (after the intervention, T2).

On the other hand, an interaction analysis was performed, comparing the changes shown by the families with whom the intervention was conducted (IG) and those of the families that were not involved in the programme (CG).

4.2 | Participants

The participants were from two groups:

1. IG: This group consisted of families that participated in the Treatment Programme for Families with Children in Andalusia between the years 2018 and 2021, with a total of 540 children or adolescents who belonged to 297 families. For the families with more than one child, the criterion was to select the two oldest children.
2. CG: This group was constituted by families at an initial risk level similar to that of the IG families but whom did not participate in the Treatment Programme for Families with Children in Andalusia. This group had a total of 138 children or adolescents who belonged to 95 families. As in the IG group, for those families with more than one child, the two oldest children were selected.

The analyses were performed with the available data of the same dimensions obtained at the two time points, that is, pre-intervention and post-intervention. The sociodemographic characteristics of both groups are gathered in Table 1. All participants included in these analyses had at least one child aged between 3 and 17 years.

4.3 | Measures

An ad hoc sociodemographic questionnaire was designed to gather information about the sociodemographic profile of the parental figures that participated in the programme and their families, as well as some relevant data about the relationship with the social services and risk history that characterizes the family situation. This questionnaire consists of items with different response formats (dichotomous, multiple-choice and open-ended), and it is completed by the reference professional of each family.

	CG n (%) / M (SD)	IG n (%) / M (SD)	Differences	p	Φ/d
Sex					
Male	76 (54.68%)	270 (49.36%)	$\chi^2(1) = 1.05$	0.306	-0.04
Female	63 (45.32%)	277 (50.64%)			
Child age	10.78 (3.85)	10.15 (3.98)	$t(684) = 1.68$	0.094	0.16
Child risk Level 1	1.51 (1.55)	1.66 (1.44)	$t(363) = -0.81$	0.420	0.10
Child risk Level 2	1.06 (1.42)	0.97 (1.07)	$t(224) = 0.51$	0.437	0.07

Abbreviations: CG, comparison group; IG, intervention group.

TABLE 1 Sociodemographic characteristics of the children and adolescents of the comparison and intervention groups: Descriptive and contrast statistics.

The KIDSCREEN-10 questionnaire (The KIDSCREEN Group Europe, 2006) evaluates the health-related quality of life of children and adolescents. This study uses the short, 10-item version for parents. Thus, mothers and fathers answer about their children. Specifically, the areas of quality of life evaluated by this version of the questionnaire are physical well-being, emotional well-being, family quality of life, peer relationships and quality of life, quality of school life and global quality of life. Each item is responded in a Likert format with five response options from 1 (*not at all*) to 5 (*a lot*) (e.g., *As a parent, do you feel that you have treated your child fairly?*). It provides a total score of the quality of life, which was used in this study. The analysis of the reliability of the global scale showed Cronbach's alpha of 0.80.

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001) is an instrument for screening emotional difficulties and behavioural problems of children and adolescents aged 3–18 years, and it is completed by the parents. It consists of five scales: emotional symptoms, behavioural problems, hyperactivity and inattention, relational problems and prosocial behaviours. It is constituted by 25 Likert items with three response options (0 = *not true*, 1 = *somewhat true* and 2 = *yes, absolutely true*) (e.g., *He/she frequently throws tantrums or shows a temper* and *He/she frequently complains of headaches, stomach aches or nausea*). Its Spanish version (Ortuño-Sierra et al., 2015) presents good psychometric properties with an acceptable total reliability ($\alpha = 0.75$). The reliability of the instrument in this study showed the following results: global scale (0.73), emotional symptoms (0.73), behavioural problems (0.73), hyperactivity and inattention (0.44), relational problems (0.58) and prosocial behaviours (0.69).

4.4 | Procedure

This project was approved by the relevant regional ethics research committee (MVH ETF-C.1.1482-N-18), with the necessary permits from the heads of each administration to contact the participating population, and it meets the standards of the regulations about the protection of personal data.

Firstly, all the Family Treatment Teams of Andalusia were contacted, requesting the participation of their professionals. The selected families were informed of the objectives of the research and its voluntary character. All participants signed an informed consent. A member of the research team of each province visited each team to perform individual interviews with the professionals and the participating families. For IG, the selection criterion was to incorporate the first three families that were admitted to the Treatment Programme for Families with Children in each of the teams. An evaluation was carried out before the intervention (T1), and another evaluation was conducted after the intervention (T2). For the selection of families of CG, it was established that they should be comparable in terms of sociodemographic indices and risk level with the families in IG and that the CG families could not be users of the programme. These families were also interviewed in two time points (T1 and T2), separated by a period of 9 months.

4.5 | Analysis

Firstly, comparative analyses were conducted between the pre-intervention characteristics (T1) of the two groups (CG and IG), for the sociodemographic and risk variables and for the outcome variables in both groups. For the effectiveness analyses, repeated-measures ANOVAs were performed for the quantitative variables, analysing the significance of the effect of the time \times group interaction (IG and CG). The results were interpreted considering a statistical significance level of 95% ($p < 0.05$) and η_p^2 as an indicator of the effect size of this contrast, following the recommendations of Cohen (1988).

In addition to exploring the effectiveness of the intervention, the magnitude of change was calculated for each of the study variables by group (IG and CG). The calculation of these magnitudes was the result of the application of an algorithmic equation (LN2) of the quotient between the two evaluation time points (pre-test–post-test). For the result of this equation to be positive when the effect was expected (positive impact) and negative when the effect was not expected (negative or detrimental impact), a positive (e.g., for behavioural problems: $\text{LN}(\text{Behavioural problems}/\text{Behavioural problems})/\text{LN}(2)$) or negative (e.g., for quality of life: $-\text{LN}(\text{Quality of life}/\text{Quality of life})/\text{LN}(2)$) equation of the algorithm was applied depending on the variable. Thus, the positive algorithm was applied when a decrease was expected in the post-test, and the negative algorithm was applied when an increase was expected. Once all magnitudes of change of the variables were calculated, the scores were compared between the two groups using Student's *t* test with a statistical significance level of 95% ($p < 0.05$). Cohen's *d* was employed as effect size, according to the values established by Cohen (1988), which were previously indicated.

To quantify the magnitude of change of each participant of the IG considering the changes in the CG (adjusted magnitude of change), the mean of the CG was subtracted from each magnitude of change value of the IG. This calculation provided a score of the adjusted magnitude of change for each of the variables. Lastly, the results of the logarithmic scales were interpreted based on decimal scales, in order to facilitate the interpretation of the impact of change. The procedure followed to calculate the percentage of change in each variable was the square of the result of the algorithmic equation, minus 1 and multiplied by 100.

5 | RESULTS

5.1 | Preliminary comparison analyses IG and CG

The sociodemographic and family characteristics of the CG and IG groups were compared. As is shown in Table 1, no statistically significant differences were observed between the two groups in the sex, age or initial risk level of the children. Regarding the characteristics of the main caregiver, no significant differences were found between the groups in sex, age, initial risk level, place of birth or kinship/

	CG M (SD)/n (%)	IG M (SD)/n (%)	Differences	p	Φ/V/d
Sex					
Female	69 (87.36%)	245 (82.49%)	$\chi^2(1) = 0.74$	0.389	-0.05
Male	10 (12.66%)	52 (17.51%)			
Age	39.37 (8.91)	39.16 (9.32)	$t(365) = 0.18$	0.857	0.02
Risk level	6.20 (2.84)	6.08 (3.39)	$t(366) = 0.28$	0.773	0.03
Kinship/relationship					
Parent	75 (94.94%)	286 (96.30%)	$\chi^2(3) = 4.32$	0.229	0.10
Uncle/aunt	0 (0%)	2 (0.67%)			
Grandparent	2 (2.53%)	8 (2.69%)			
Other	2 (2.53%)	1 (0.34%)			
Place of birth					
Foreigner	8 (10.13%)	54 (18.18%)	$\chi^2(1) = 2.38$	0.229	-0.08
Spanish	71 (89.87%)	243 (81.82%)			
Employment situation					
Retiree/housewife	15 (19.48%)	61 (20.61%)	$\chi^2(2) = 0.24$	0.888	0.02
Unemployed	30 (38.96%)	121 (40.88%)			
Employed	32 (41.56%)	114 (38.51%)			
Education level					
Uneducated	6 (7.69%)	37 (12.85%)	$\chi^2(3) = 16.34$	0.001	0.21
Primary education	34 (43.59%)	170 (59.03%)			
Secondary education	33 (42.31%)	58 (20.14%)			
Higher education	5 (6.41%)	23 (7.98%)			
Single-parent family					
Yes	40 (51.28%)	143 (48.98%)	$\chi^2(1) = 0.05$	0.799	0.02
No	38 (48.75%)	149 (51.03%)			
Step family					
Yes	10 (12.99%)	211 (74.56%)	$\chi^2(1) = 4.65$	0.021	0.12
No	67 (87.01%)	72 (25.44%)			

Abbreviations: CG, comparison group; IG, intervention group.

relationship with the child (Table 2). The only significant differences show that, in the IG group, there was a greater proportion of main caregivers with lower education levels. Regarding family structure, there were no differences between groups in the proportion of single-parent families. Lastly, IG obtained a greater proportion of stepfamilies.

In addition, preliminary analyses were conducted for the variable 'group', comparing IG and CG in T1 in the target variables: quality of life, emotional symptoms, behavioural problems, hyperactivity and inattention, relational problems and prosocial behaviour. No significant differences ($p > 0.05$) were found in behavioural problems, hyperactivity and inattention, emotional symptoms or prosocial behaviour. Differences were found in quality of life ($t = 2.634$; $p = 0.018$) and relational problems ($t = 2.345$; $p = 0.019$). In T1, CG showed a greater mean score in quality of life and a lower mean score in relational problems.

5.2 | Analysis of the effectiveness of the intervention for children and adolescents

The first outcome measure of the study was the quality of life of the children, measured through KIDSCREEN-10. As is shown in Table 3, there was a significant interaction between time (T1-T2) and group (CG-IG). A statistically significant improvement was detected in the quality of life of the children in IG, with a small effect size ($\eta_p^2 = 0.029$) compared to the evolution observed in CG, where similar values were obtained in both evaluation time points.

The second outcome measures were the strengths and difficulties evaluated with SDQ. Regarding the relational problems, the effects of the interaction were significant. While the manifestation of this type of difficulty remained unaltered in CG between the two evaluation time points, the children and adolescents of IG obtained a significant decrease in this variable, with a small effect size ($\eta_p^2 = 0.047$), after the intervention.

TABLE 2 Sociodemographic characteristics of the main caregiver of the comparison and intervention groups: Descriptive and contrast statistics.

TABLE 3 Effectiveness of the intervention for children and adolescents: Descriptive and contrast statistics.

	Total M (SD)	CG M (SD)	IG M (SD)	F	p	η_p^2
Quality of life						
T1	4.01 (0.65)	4.13 (0.63)	3.99 (0.66)	6.35	0.012	0.01
T2	4.10 (0.61)	4.08 (0.57)	4.10 (0.62)			
Strengths and difficulties of children and adolescents						
Emotional symptoms						
T1	1.72 (0.56)	1.64 (0.53)	1.74 (0.57)	0.10	0.751	0.00
T2	1.65 (0.54)	1.59 (0.48)	1.67 (0.56)			
Behavioural problems						
T1	1.61 (0.49)	1.56 (0.50)	1.63 (0.49)	1.14	0.285	0.00
T2	1.55 (0.46)	1.53 (0.45)	1.55 (0.46)			
Hyperactivity and inattention						
T1	2.06 (0.57)	2.01 (0.58)	2.08 (0.57)	0.91	0.339	0.00
T2	2.01 (0.59)	1.99 (0.61)	2.01 (0.58)			
Relational problems						
T1	1.46 (0.43)	1.38 (0.42)	1.48 (0.43)	5.46	0.020	0.00
T2	1.39 (0.40)	1.39 (0.40)	1.39 (0.40)			
Prosocial behaviour						
T1	2.67 (0.40)	2.69 (0.35)	2.67 (0.41)	0.01	0.892	0.00
T2	2.71 (0.36)	2.73 (0.35)	2.71 (0.36)			

Abbreviations: CG, comparison group; IG, intervention group.

The rest of the dimensions, that is, emotional symptoms, hyperactivity and inattention, and behavioural problems, did not show significant effects; that is, their evolution was not significantly related to the group variable (CG or IG). Lastly, there were no differences regarding the change obtained in the manifestation of prosocial behaviours in IG with respect to CG. Figures 1 and 2 show the comparisons between CG and IG in the two evaluation time points in the two dimensions that showed significant differences.

5.3 | Magnitude of change obtained in both groups

The magnitude of change obtained in both groups was calculated. The magnitude of positive change observed in IG was statistically greater than that detected in CG in quality of life and relational problems. The effect size found for the perception of quality of life of the children was large ($d = 0.72$), while that for relational problems was moderate ($d = 0.26$). The mean scores obtained in IG were positive, indicating the existence of positive changes after the intervention, whereas the values obtained in CG were negative or closer to zero in some cases, which shows certain deterioration of the analysed dimensions in these families in T2 (Table 4).

- The magnitude of positive change obtained in IG was adjusted based on the mean score obtained in CG. The improvement observed in the quality of life after the intervention ($M = 0.06$, $SD = 0.21$) was 4.25%, and that obtained in strengths and

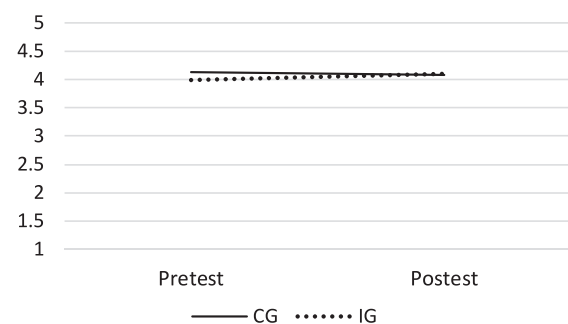


FIGURE 1 Effectiveness of the intervention in the quality of life of the children and adolescents. CG, comparison group; IG, intervention group.

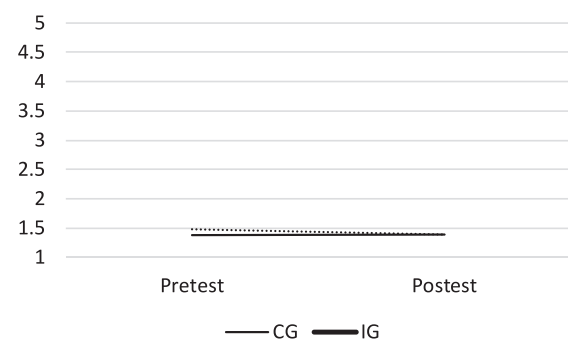


FIGURE 2 Effectiveness of the intervention in the manifestation of relational problems. CG, comparison group; IG, intervention group.

	CG M (SD)	IG M (SD)	t	p	d
Quality of life of the children	-0.14 (0.26)	0.05 (0.27)	-2.45	0.014	0.72
Strengths and difficulties of the children					
Emotional symptoms	0.04 (0.41)	0.06 (0.42)	-0.44	0.661	0.05
Behavioural problems	0.02 (0.34)	0.06 (0.35)	-1.20	0.230	0.12
Hyperactivity and inattention	0.02 (0.36)	0.05 (0.36)	-0.74	0.457	0.08
Relational problems	-0.01 (0.33)	0.08 (0.37)	-2.49	0.013	0.26
Prosocial behaviour	0.02 (0.20)	0.03 (0.26)	-0.11	0.910	0.04

TABLE 4 Magnitude of positive change: Descriptive and contrast statistics.

Abbreviations: CG, comparison group; IG, intervention group.

difficulties ($M = 0.06$, $SD = 0.21$) was 2.81%. Both magnitudes were positively and significantly correlated (Pearson's $r = 0.32$, $p < 0.001$).

6 | DISCUSSION

The aim of this study was to explore the impact of the Treatment Programme for Families with Children in Andalusia on the children of families who are referred to this service. Although the evaluation of the effectiveness of the programmes is increasingly imposed as a quality criterion, there are still few programmes promoted from the public social welfare services that include an assessment of their effectiveness focusing on the child's development and/or adjustment (Amorós et al., 2015, 2016; Berastegui et al., 2020; Rodrigo et al., 2023; Vázquez et al., 2016). Including results of the efficacy and efficiency of this type of practice is a quality criterion of EBPs and a requirement to maintain public investment. The funding of these initiatives depends on their contribution to improving the needs of the target population and, therefore, to solving the associated social problems. Likewise, the empirical evidence can help to guide or modify the existing programmes with the aim of increasing their effectiveness (Gottfredson et al., 2015; Miho & Thévenon, 2020).

The results of this investigation show, based on the hypothesis of this study, a significant improvement in the quality of life of the children of the families in the IG, which was significantly greater than the evolution detected in the children of the families in the control group. Despite the fact that quality of life is not a commonly evaluated indicator in the analyses of the effectiveness of family intervention programmes focused on children and adolescents (Hidalgo et al., 2018), other studies report similar results, showing improvements in well-being or more positive development trajectories in the children whose families participated in initiatives aimed at improving their parental competences and educational resources (Fernandez, 2007; Rodrigo et al., 2023).

A larger number of studies have evaluated the adjustment difficulties or specific competences of the children as indicators of the impact of different family support programmes. In this regard, the results of this study showed a decrease in relational problems among the children whose caregivers belonged to the experimental

group compared to the children of the families in the control group. However, no change was detected between the two groups in terms of the evolution of other dimensions, such as hyperactivity and inattention, emotional symptoms, behavioural problems and prosocial behaviour. This result partially supports the established hypothesis, and it demonstrates several aspects that are worth highlighting. Firstly, the programme shows a different impact depending on the type of adjustment indicator evaluated. In this sense, previous studies also seem to be in agreement with this finding, reporting that the same intervention programme may have a positive influence on certain dimensions of the child development, and it may not show effects on other deficit areas that the intervention was designed for (Eisner et al., 2012; Li et al., 2021; Malti et al., 2011).

Secondly, when these initiatives deal exclusively with family support programmes, evaluating the impact on the children of these families who receive this support, the results are even more difficult to obtain, because an indirect effect is analysed, as there is no direct intervention with the children and adolescents in whom improvements are expected to be generated through the intervention with their caregivers (Berastegui et al., 2020; Li et al., 2021). The professionals underline this limitation and highlight that it is necessary to complement the programme with other specific objectives when the aim is to intervene in some concrete problems related to the children of the recipient families (e.g., disruptive behaviours, school failure, drug use and violence) (Almeida et al., 2021). In this sense, other parenting programmes that have also included children as a target of the intervention have found better results regarding their psychosocial adjustment (Arruabarrena et al., 2022).

This result could also be interpreted in light of the nature of the analysed indicator. From this perspective, previous studies that have explored the impact of family intervention programmes also seem to find more difficulties in improving the externalizing behaviours of the children (Eisner et al., 2012; Malti et al., 2011) compared to other types of maladjustments, such as relational problems, which are reflected to a greater extent in the academic scope (Burkhart et al., 2013; Conner & Fraser, 2011; Knox & Burkhart, 2014). This could be due to the informative bias of the families, who are more aware of certain child behaviours than others and are more exposed to those that take place in the household, potentially perceiving more positive changes in their children compared to other scopes, such as the school. Furthermore, the differential impact of the programme on

children adjustment indicators could be moderated by the children's level of psychosocial risk or age, as previous studies have shown (Li et al., 2021; Sanders et al., 2014).

To conclude, the results of this study confirm the efficacy of the Treatment Programme for Families with Children in Andalusia regarding its positive effect on the children and adolescents of the families participating in this resource. Specifically, the caregivers who participated in the IG perceived a significant improvement in the quality of life of their children and a decrease in the relational problems of the latter after the intervention. However, other indicators did not show significant changes, demonstrating the limited reach of this intervention programme, which, although it contributes to improving the well-being of the families and their children, must be complemented with other intervention initiatives when approaching specific child or adolescent problems, such as hyperactivity, emotional symptoms, behavioural problems and prosocial behaviours of the children (Sanders et al., 2022). In any case, it is important to consider that the efficacy of the family interventions is moderated by the particularities of each family and by the differences that the children show in the study dimensions, which hinders the systematization and evaluation of the intervention initiatives (Hidalgo et al., 2023; Li et al., 2021).

This study has some limitations that must be pointed out. The first limitation is related to the small number of families in the control group compared to the number of families in the IG, given the difficulties in finding a comparable sample of families that are willing to participate in this type of research voluntarily. A larger sample of participants in the control group would favour the generalization of the results. Another limitation is related to the gathering of information about the adjustment and well-being of the children and adolescents through the caregivers; while this is necessary for very young children, it is recommended to include the latter as informants when they show the capacity required to accurately evaluate themselves.

Future studies should increase the number of participants in the control group, thus balancing the sample in both groups, additionally granting the children a participatory role as representatives of the target group. It is also necessary to carry out follow-up evaluations to understand the short-term and long-term effects and verify the persistence of the common objective of the family interventions about promoting parenting skills through a positive, strengthening and preventive approach (Daly et al., 2015; Jeong et al., 2021). It would also be interesting to assess the mediational effect of the change in parenting competences on the results focusing on children as other studies did, highlighting the importance of taking into account this way of assessing the impact of parenting programmes on children (Arruabarrena et al., 2022; Linhares et al., 2022). In the same line, future studies should assess moderating factors, such as the age and level of risk of the children, which have been shown to affect their outcomes when their parents have taken part in a parenting programme (Li et al., 2021).

CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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