PREVENTION TRAINING IN THE SOCIO-EDUCATIONAL FIELD: 
AN ANALYSIS OF PROFESSIONAL PROFILES

FORMACIÓN PARA LA PREVENCIÓN EN EL ÁMBITO SOCIOEDUCATIVO: UN
ANÁLISIS DE LOS PERFILES PROFESIONALES

FORMAÇÃO PARA A PREVENÇÃO NO ÂMBITO SOCIOEDUCATIVO: UMA
ANÁLISE DOS PERFIS PROFISSIONAIS

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train the trainers
programmes
evidence-based practice

ABSTRACT: The function of the trainer is key to the development of Evidence-Based Programmes (EBP); they are the people in charge of ensuring that components are rigorously applied, of maintaining motivation, and of promoting adequate relationships between participants. The aim of the study was to assess the levels of competence of professionals applying the Family Competence Program (PCF). In order to achieve the aims of the PCF, competences in the Intrapersonal and Interpersonal areas are especially relevant. The assessment was carried out using the CompeTEA instrument, which is specialised in assessing professional competences. Data analysis was structured in five areas: Intrapersonal, Interpersonal, Task development, Setting, and Management. The results show that the professionals possess “intermediate levels of competence”, with the Intrapersonal, Interpersonal, and Setting areas standing out with respect to the others. Associated to these dimensions, professionals obtained higher levels at both the criteria and normative level, in the competences Self-confidence, Communication, and Result orientation.
1. Introduction

The effectiveness of a prevention programme is related to a development of the implementation that will enable the expected results to be adequately reached. In the last few years, there has been a proliferation of highly structured programmes – based on scientific evidence – that include specific training processes for the professionals that are going to implement them (Sloboda & Petras, 2014; Israeliashvili & Romano, 2016). These professionals (trainers) need knowledge concerning the programme to be applied – contents, operation, and application process – as well as competences and generic pedagogical strategies that will enable them to manage learning dynamics (EMCDDA, 2018). Besides, the trainers must have an attitude of fidelity towards the structure and components of the programme to be implemented, and possess group management strategies (Orte, Ballester, Vives & Amer, 2015).

Indeed, effectiveness in the development of a programme is also linked to fidelity towards it, that is, respect towards the components of the programme and fulfillment of the criteria that ensure results (Bortnagger, Chorpita, Higa-McMillan & Weisz, 2009; Forehand, Dorsey, Jones, Long & McMahon, 2010). Hence, it is necessary for trainers to know the content of the programme, have competences for its application, and show a favourable attitude towards the intervention model.

Trainees must be predisposed to the application of a programme of these characteristics and be aware of the need to respect its structure, that is, they must have a positive attitude towards evidence-based practice (Aarons, Cafri, Lugo, & Sawitzky, 2012; Beidas & Kendall, 2010). This favourable attitude may have been acquired previously due to the training received, implementation of other programmes, or, it can be instilled based on the specific training process.

The characteristics and profile of the professionals who implement the programme are variables that can influence its results (Asgary-Eden & Lee, 2011). Together with a favourable ability and attitude towards the application of a structured programme, the generic competences, skills, and personality traits of trainers can affect the success of actions (Eames et al., 2010; Turner, Nicholson & Sanders, 2011). In fact, the bond between professional and participants works as a key element that regulates the components that ensure the effectiveness of the intervention.

At the methodological level, the training process of a prevention programme must promote active learning and interaction between participants through teaching dynamics and methodologies that favour the acquirement of competences (Tuner & Sanders, 2006), as well as building knowledge based on reflection on the experience (Ormrod, 2003; Bonwell & Eison, 1991). This type of learning includes active participation techniques.
that encourage direct intervention of participants in their training, such as role-playing, discussion, and reflexive questions (Beidas et al., 2012; Forehand et al., 2010; Scudder & Herschell, 2015; Turner, Nicholson & Sanders, 2011).

In accordance with this methodological and teaching model, the necessary competences are the skills of communication and empathy, the ability to explain the contents, group management, and participant motivation, confidence in their own skills, handling of participants with difficulties, personal responsibility in learning, and conflict resolution strategies (Orte et al., 2015). These factors can be considered and assessed as relevant variables in the development of prevention programmes. At the same time, these factors could be considered in the selection of trainers in order to refine and have the most adequate profiles (Forehand et al., 2010) or also to analyse the training needs of professionals so as to improve these skills, values, and favourable attitudes towards learning and change (Orte et al., 2016; Small et al., 2009).

The professional who participates in structured prevention programmes receives specific training in relation to the characteristics and techniques of the programme to be implemented, but it is necessary to consider the fact that their training and work experience guarantees a series of competences, skills, and attitudes that will facilitate the implementation, the relationship with participants, and group management. Precisely, this study involves an approach to professional competences based on the experience of the Family Competence (PCF).

The PCF is a multicomponent, family-focused prevention programme. Its aim is to promote protection factors and decrease the risk factors associated to young people through good family functioning. From a cognitive-emotional and socio-educational perspective, the PCF is aimed at strengthening family competence, family cohesion and organisation, communication, and cooperative problem resolution (Orte & Ballester, 2018). This programme involves a training process aimed at the professionals implementing it that includes the following thematic blocks:

- Specific knowledge concerning the PCF: theoretical and experimental bases.
- Structure and contents of the PCF: components and factors involved.
- Operation of the sessions.
- Representation of the sessions and development of group dynamics.
- Evaluation of the programme.

Thus, the aim of the study presented herein was to analyse the general competences of the professionals going to implement the Family Competence Program. The goals set were the following: (1) Define the levels of competences of the trainers; (2) Specifically analyse the levels of competence according to five dimensions: intrapersonal, interpersonal, setting, task development, and management; (3) Analyse the differences existing between dimensions and in relation to levels of competence; and (4) Assess the goodness of fit of the competences analysed to the training needs of professionals implementing the PCF. With regard to the last goal, it would be especially relevant for them to have competences in the intrapersonal and interpersonal areas.

2. Methodology

A quantitative study based on a test was implemented. The evaluation was carried out prior to the implementation of the PCF in order to establish the profile of the professionals, by finding out their competences and their skills.

2.1. Sample

Non-probabilistic, accidental sampling was performed. Hence, the target sample corresponded to the study population - professionals who were going to implement the PCF, who had enrolled for specific training in the programme, and who worked in institutions or organisations that intervened with families or with minors. There were a total of 133 professionals who met these requirements and who were contacted to take part in the study. In the end, the data-producing sample comprised of 74. Competences of the 74 professionals, with a clear female predominance (79.7%), were evaluated (see Table 1). Mean age of women was 38.53 years (SD=8.728) while that of men was 40.40 years (SD=5.779).
Most professionals had a university degree (98.6%), and a third (33.8%) indicated that they also had postgraduate training. As can be observed in Table 2, the sample revealed very heterogeneous profiles, in both the area of training and work. 73% worked in fields related to social intervention with families, specifically, in Social Services (Balearic Islands) or in third social sector organisations, such as *Proyecto Hombre* (Balearic Islands and Castile and León), *Fundación Natzarret* (Balearic Islands), *Igaxes* (Galicia), and *Agintzari* (Basque Country). The rest – 20 participants – came from primary and secondary education centres in the Balearic Islands.

One aspect to take into account is prior experience: 18.9% claimed to have more than 15 years’ experience working with families (see Table 2). Likewise, there was also a wide range of functions carried out, with professionals specialised in programme application (8.1%), in therapeutic intervention (10.8%), and in providing educational support to families (18.9%) (see Table 3).
### Table 3. Experience of socio-educational intervention with families

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informative assistance and orientation</td>
<td>14</td>
<td>18.9</td>
</tr>
<tr>
<td>Educational support to families</td>
<td>14</td>
<td>18.9</td>
</tr>
<tr>
<td>(Family educator programme)</td>
<td>11</td>
<td>14.9</td>
</tr>
<tr>
<td>School centre tutoring</td>
<td>8</td>
<td>10.8</td>
</tr>
<tr>
<td>Therapeutic intervention</td>
<td>6</td>
<td>8.1</td>
</tr>
<tr>
<td>Programme application</td>
<td>5</td>
<td>6.8</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>Group dynamics</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Training aimed at fathers and mothers</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Administrative or documentary management</td>
<td>10</td>
<td>13.5</td>
</tr>
<tr>
<td>Others</td>
<td>74</td>
<td>100.0</td>
</tr>
</tbody>
</table>

2.2. Instrument

In order to assess participants, the CompeTEA test (Arribas & Pereña, 2009; 2015), which is specialised in assessing professional competences, was used. This is a self-administered test and, in this case, completed on-line, aimed at assessing 20 professional competences. The CompeTEA test comprises 170 items, grouped in the 20 competences and 5 thematic areas. The competences making up each area are presented below, together with one item by way of example (Arribas & Pereña, 2015):

A. Intrapersonal Area. Referring to the way in which they relate to themselves.
   - Emotional stability – “I usually show a stable mood, with very few ups and downs”.
   - Self-confidence – “I feel good about myself”.
   - Resistance to adversity – “When difficult situations arise I face them as challenges to be overcome”.

B. Interpersonal Area. Relating to the way to relate to other people in the workplace.
   - Negotiation – “In a context of negotiation, it is difficult to understand some of the benefits that others want to achieve”.
   - Communication – “My co-workers find it hard to understand some of the things I communicate to them”.

- Establishment of relationships – “I enjoy a close relationship with each of my co-workers”.
- Influence – “I am a reference in the performance of the activities of other teams”.
- Teamwork – “People like working with me when forming a team”.

C. Task development Area. Relating to the way in which their work tasks are tackled.
   - Results orientation – “I usually achieve the goals I set myself”.
   - Decision-making – “I find it hard to make decisions when faced with a difficult problem”.
   - Analytical ability – “Before making decisions I carefully analyse the information available”.
   - Initiative – “I achieve goals better if I am left to myself as regards the way of doing it”.

D. Setting Area. Relating to the way in which they relate to organisations or other agents in the profession.
   - Knowledge of the company – “I am aware of the weak points of my company compared to other companies”.
   - Customer orientation – “I prefer not to deal directly with customers”.
   - Vision – “I am able to anticipate the effects certain current events will have on my organisation or workplace”.
   - Openness – “I am very interested in the technical innovations produced in my profession”.
   - Identification with the company – “I like the values and style of management practised in my company”.

E. Management Area. Relating to the way in which they manage, direct, or lead other people.
   - Management – “I prefer others to take charge of the management of and responsibility for a group of people”.
   - Leadership – “My colleagues consider me the ideal person to carry out public communications”.
   - Organisation and planning – “The structure and organisation of my company seem very complex to me”.

Items follow a Likert scale, with four response options; with A) always, and D) Hardly ever or never.

Alpha coefficients of internal consistency of the questionnaire ranged between 0.58 and 0.77. These can be established as satisfactory values if the nature of the variables assessed and test
length are taken into account. Alpha coefficients in psychometric instruments with the same aim are similar: BIP (0.63 and 0.86), and 16PF–S (0.61 and 0.85) (Arribas, 2009; Arribas & Pereña, 2015).

With respect to the validity of the construct, confirmatory factorial analysis verified that the theoretical model of CompeTEA fits the empirical data. A high Goodness of Fit Index was achieved (GFI)=0.972), which could indicate that it has adequate validity (Ibid). Besides, the instrument incorporates a sincerity factor that acts as a control variable (Ibid).

The duration for its administration is approximately 30 minutes.

### 2.3. Data analysis

Data analysis was divided into two differentiated levels:

A) **Normative level**: this level makes it possible to position the results with respect to the representative normative sample of the population to be measured (Arribas, 2009). Specifically, it refers to the standardised scores based on the general scale used for the Spanish population (see Table 4).

**B) Criteria level**: this level refers to the behaviours the subject performs or might perform based on their test responses as the criterion. Scores are associated to the levels of competence obtained according to the direct scores. In this category 4 levels are identified:

- Level 0: Very low degree of competence
- Level 1: Low degree of competence
- Level 2: Intermediate degree of competence
- Level 3: High degree of competence
- Level 4: Very high degree of competence

Correspondence between scores and levels of competence can be observed in Table 4.

### Table 4. Percentage of the general sample (N=18,036) in each level of competence of CompeTEA (Arribas & Pereña, 2015, p. 72)

<table>
<thead>
<tr>
<th>Levels</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stability</td>
<td>1.2</td>
<td>7.5</td>
<td>48.3</td>
<td>32.4</td>
<td>10.5</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>0.9</td>
<td>4.6</td>
<td>39.1</td>
<td>39.7</td>
<td>15.7</td>
</tr>
<tr>
<td>Resistance to adversity</td>
<td>1.2</td>
<td>8.5</td>
<td>45.1</td>
<td>32.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Negotiation</td>
<td>0.5</td>
<td>2.7</td>
<td>29.6</td>
<td>41.3</td>
<td>25.9</td>
</tr>
<tr>
<td>Communication</td>
<td>1.3</td>
<td>9.1</td>
<td>36.7</td>
<td>41.0</td>
<td>11.8</td>
</tr>
<tr>
<td>Establishment of relationships</td>
<td>1.3</td>
<td>9.7</td>
<td>51.0</td>
<td>27.4</td>
<td>10.6</td>
</tr>
<tr>
<td>Influence</td>
<td>0.3</td>
<td>3.8</td>
<td>42.1</td>
<td>40.5</td>
<td>13.3</td>
</tr>
<tr>
<td>Teamwork</td>
<td>0.1</td>
<td>0.8</td>
<td>11.2</td>
<td>51.1</td>
<td>36.8</td>
</tr>
<tr>
<td>Results orientation</td>
<td>6.6</td>
<td>41.4</td>
<td>46.7</td>
<td>5.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Decision-making</td>
<td>0.3</td>
<td>4.7</td>
<td>32.0</td>
<td>46.4</td>
<td>16.6</td>
</tr>
<tr>
<td>Analytical ability</td>
<td>0.2</td>
<td>1.3</td>
<td>15.8</td>
<td>50.5</td>
<td>32.2</td>
</tr>
<tr>
<td>Initiative</td>
<td>0.4</td>
<td>4.4</td>
<td>48.4</td>
<td>36.9</td>
<td>9.9</td>
</tr>
<tr>
<td>Knowledge of the company</td>
<td>0.4</td>
<td>3.4</td>
<td>23.8</td>
<td>42.7</td>
<td>29.7</td>
</tr>
<tr>
<td>Customer orientation</td>
<td>4.4</td>
<td>14.5</td>
<td>43.2</td>
<td>26.4</td>
<td>11.6</td>
</tr>
<tr>
<td>Vision</td>
<td>0.2</td>
<td>1.8</td>
<td>23.6</td>
<td>40.6</td>
<td>33.7</td>
</tr>
</tbody>
</table>

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3. Results

The sample studied revealed “intermediate levels” in the competences analysed. Namely, the five areas had mean standardised scores that ranged between 36.75 and 51.63 points.

Firstly, in the Intrapersonal area, according to the normative level, similarly weighted means were recorded on the global scale. Means ranged between 41.09 (SD=16.60) for Self-confidence and 41.90 (SD=12.74) for Emotional stability (see Table 5). At the criteria level, participants obtained levels of competence of an “intermediate degree”. In this sense, they recorded a higher level of competence in the Self-confidence competence, referring to how professionals feel in relation to themselves.

Table 5. Descriptive statistics concerning the scores obtained in the Intrapersonal area

<table>
<thead>
<tr>
<th>Scales</th>
<th>Means (Standard deviation) direct score</th>
<th>Means (Standard deviation) S score</th>
<th>Level of competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stability</td>
<td>19.72 (1.80)</td>
<td>41.90 (12.74)</td>
<td>2.13 (0.53)</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>20.57 (2.23)</td>
<td>41.09 (16.60)</td>
<td>2.27 (0.66)</td>
</tr>
<tr>
<td>Resistance to adversity</td>
<td>19.90 (2.14)</td>
<td>41.36 (14.92)</td>
<td>2.09 (14.92)</td>
</tr>
<tr>
<td>Intrapersonal Area</td>
<td>87.72 (24.52)</td>
<td>35.42 (11.27)</td>
<td></td>
</tr>
</tbody>
</table>

With respect to the normative level, referring to the Interpersonal area, professionals obtained higher standardised mean scores in Communication (M=47.4; SD=61.92) and in Stability in relationships (M=45.22; SD=17.43) (see Table 6). Nevertheless, at the criteria level, the sample had higher mean scores in the competences of Teamwork (M=2.88; SD=0.64) and also in Communication (M=2.4; SD=0.77). Meanwhile, the mean score in the Negotiation competence was lower (M=2; SD=0.49) (see Table 6). Therefore, if both levels are taken into account (normative and criteria), the sample revealed “intermediate levels of competence”, with Communication particularly standing out.
In the area of Task development, the Initiative competence obtained a mean of 50.77 (SD=18.80) in the standardised scores (that is, with respect to the normative population); however, at the criteria level, it was categorised as a “low level” (M=1.54; SD=0.64) (see Table 7). Of all the levels of competence evaluated, the lowest mean score was recorded in the Initiative competence (with mean scores lower than 48.4 considered as “low level”) (see Table 4). Nonetheless, the highest mean in this dimension was recorded for Results orientation, which produced a mean standard score of 43.51 (SD=13.89), with an “intermediate level” of 2.75. Intermediate-high scores in the Results orientation competence indicated that professionals preferred to work in accordance with demanding goals, by managing resources in order to achieve established goals.

The Setting area referred to the way in which examinees related to organisations and the participants they worked with. With regard to the criteria level, the competence of Customer orientation stood out as the one with a greater competence mean (M=2.75; SD=0.64). Meanwhile, as for the population – normative interpretation – the highest mean in standardised scores was the one awarded to Vision and anticipation (M=51.63; SD=14.96) (see Table 8).
Lastly, associated with the Management area, the scores showed “intermediate criteria levels”, with means ranging between 2.03 and 2.08 (with a deviation located between 0.69 and 0.75) (see Table 9). Means of the standardised scores could also be categorised as “intermediate results”, ranging from 36.75 (SD=16.27) to 43.65 (SD=16.16).

With respect to the differences between areas in professionals, it is worth highlighting that the Intrapersonal, Interpersonal, and Setting areas stood out as they had higher mean scores than Task development and Management. Specifically, based on a paired t test, statistically significant differences were identified between the scores obtained between the Interpersonal and Task development areas (p<0.01). Thus, higher mean scores were recorded in the competences referring to the Interpersonal area (M=35.4189; SD=12.99) than in that of Task development (M=30.22; SD=16.34) (see Tables 6, 7, and 10). Likewise, statistically significant differences appeared between the mean scores of the Interpersonal and Management areas (p<0.01), with the competences associated to the Interpersonal area showing higher mean scores (M=29.61; SD=13.68) (see Table 10). On the other hand, no statistically significant differences were observed between the Interpersonal and Setting areas.
It is worth noting that the **Intrapersonal** and **Interpersonal** dimensions had the same mean score in the normative interpretation (M=35.42), although different standard deviations were recorded (SD of the **Interpersonal** area = 12.99 as opposed to the SD of the **Intrapersonal** area = 11.27) (see Table 5 and Table 6).

Similarly, statistically significant differences were also identified between the **Intrapersonal** and **Task development** areas (p<0.05), with a mean difference of 5.20 points (SD=14.90) in favour of the **Intrapersonal** area. Likewise, statistically significant differences (p<0.05) were found between the **Intrapersonal** and **Management** areas, once again in favour of the **Intrapersonal** area (see Table 5 and Table 9).

However, no statistically significant differences were found between the **Intrapersonal** and **Setting** areas.

While greater mean scores were obtained in the area of **Setting**, no statistically significant differences were recorded with respect to the professional competences associated between this and the area of **Task development** (p>0.05). Along the same line, neither were any statistically significant differences recorded between competences in the areas of **Task development** and **Management** (p=0.644), with a mean difference of 0.61 (SD=11.27) (see Table 10).

Lastly, when comparing the areas of **Setting** and **Management**, statistically significant differences were identified between both mean scores (p<0.05), indicating that participants would have a greater level of competence in the area of **Setting** than in that of **Management** (M=3.82; SD=14.34) (see Table 8, Table 9, and Table 10).

**4. Discussion**

This study carries out an examination of the professional profile of participating professionals (and future trainers) in a train-the-trainer programme for prevention with adolescents, revealing intermediate levels of competence and some remarkable differences. A first reading of the results makes it possible to confirm that the level
5. Conclusion

The present study was aimed at analysing the generic competences of professionals who implement the Family Competence Program and their goodness of fit to the training needs of this prevention programme. The results show an intermediate level of competence, which ensures a correct implementation, but also indicate room for improvement in certain competences.

One limitation of the study lies in the size of the sample, which, on the one hand, does not allow for a generalisation of the results; and on the other hand, has prevented an analysis of the differences in level of competence according to the different personal and professional characteristics of the participants. Even taking these limitations into consideration, on the one hand, this study offers a view of the skills the professionals have; and, on the other hand, opens up new paths for research.

In this sense, it is worth noting that it would be interesting to go further into an analysis with respect to the potential differences existing between professionals in terms of their academic training and the fields of intervention of reference. Professionals with diverse training and roles participated in the study depending on their specialisation in the school setting, the field of socio-educational intervention with early childhood, youths and families, or the field of intervention specialising in the prevention of drug addiction. Hence, the analysis of the competences associated to the different professional profiles and corresponding academic profiles entail lines of future research. Further, a differentiated analysis of the competences will make it possible to design specific training actions for learning group management skills through strategies to improve communication, empathy, the ability to create a positive climate, motivation, and conflict resolution.

Other lines of research could, also, include the analysis of the level of competence of professionals before training in a preventive programme and after experience in the progressive application of said programme, in order to analyse the level of successive gain, if there is any, on the basis of training and first-hand experience.
**Note**


**References**


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