OECD Social, Employment and Migration Working Papers
No. 260

Looking beyond COVID-19: Strengthening family support services across the OECD

Sophie Riding,
Olivier Thévenon,
Willem Adema,
Gráinne Dirwan

https://dx.doi.org/10.1787/86738ab2-en

OECD

OECD Social, Employment and Migration Working Papers
No. 260

Looking beyond COVID-19: Strengthening family support services across the OECD

Sophie Riding,
Olivier Thévenon,
Willem Adema,
Gráinne Dirwan

https://dx.doi.org/10.1787/86738ab2-en

OECD

Organisation for Economic Co-operation and Development

DELSA/ELSA/WD/SEM(2021)7

Unclassified English - Or. English

24 March 2021

DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS COMMITTEE

Cancels & replaces the same document of 24 March 2021

Looking beyond COVID-19: Strengthening family support services across the OECD

JEL codes:
L88: Industry Studies: Services/ Government Policy.
D02 Microeconomics; Institutions: Design, Formation, Operations, and Impact.
D04: Microeconomic Policy: Formulation, Implementation, and Evaluation

Key words:
Family support services, Integrated services, Family and Child policies and outcomes, Digital tools, Evidence-based practice.

Sophie Riding, Sophie.Riding@oecd.org
Olivier Thévenon, Olivier.Thevenon@oecd.org
Willem Adema, Willem.Adema@oecd.org
Gráinne Dirwan, Grainne.Dirwan@oecd.org

JT03473498

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

OECD Social, Employment and Migration Working Papers

www.oecd.org/els/workingpapers

OECD Working Papers should not be reported as representing the official views of the OECD or of its member countries. The opinions expressed and arguments employed are those of the author(s).

Working Papers describe preliminary results or research in progress by the author(s) and are published to stimulate discussion on a broad range of issues on which the OECD works. Comments on Working Papers are welcomed, and may be sent to els.contact@oecd.org.

This series is designed to make available to a wider readership selected labour market, social policy and migration studies prepared for use within the OECD. Authorship is usually collective, but principal writers are named. The papers are generally available only in their original language – English or French – with a summary in the other.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law. © OECD 2021

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for commercial use and translation rights should be submitted to rights@oecd.org.

Table of contents

OECD Social, Employment and Migration Working Papers **2**

Acknowledgements **6**

Abstract **7**

Résumé **8**

Aim and structure of the report **9**

1. Overview and main recommendations **11**

1.1. What are family support services doing? 11
1.2. Family support services have become more visible with the COVID-19 crisis 13
1.3. Effective delivery of family support services throughout childhood 14
1.3.1. Early childhood - the first 1000 days 16
1.3.2. Services for families with school-age children 18
1.3.3. The cash+ approach 18
1.4. Promoting high quality family support services 19
1.4.1. Promoting practitioners' qualification and training 19
1.4.2. Increasing service capacity to address complex needs 20
1.4.3. Gaining feedback and input from service user and providers 22
1.4.4. Enhancing the use of evidence based practices 22
1.5. Leveraging digital tools and recognising potential within data 23
1.6. The way ahead 26

2. A compendium of family services **28**

2.1. Definition and scope of family support services 28
2.2. Overview 30
2.3. Services for expectant mothers and families 30
2.4. Services for families with children aged 0-5 32
2.5. Services for families with school-age children (6- 17 years) 35
2.6. Services for families with complex needs 36
2.7. Family support policies: different histories, heterogeneous approaches 38
2.7.1. Policy priorities and Governance 39
2.7.2. Cost and Funding 40

3. Promoting high-quality family support services **42**

3.1. Ensuring staff have the necessary professional qualifications and receive support to undertake their role 42
3.2. Development and promotion of evidence-based practices 44
3.2.1. An emerging area of evidence-based policy making 45
3.3. Adapting services to families' complex needs 46
3.3.1. Integrative methods 46
3.3.2. A client centred approach 50
3.3.3. Collaborative methods used by service providers 51

4. Strengthening the effectiveness of service delivery **54**

4.1. Conducting needs assessments 54
4.2. Approaches to coordinating access to services 56
4.2.1. Supporting families through a two-generation approach 57

4.2.2. Supporting families through home visiting programmes 58
4.2.3. Supporting families through wrap-around services..... 59
4.3. Retaining service users and expanding service reach 60

5. Gaining feedback and input from service users 62

5.1. Families participation in family support services 62
5.2. Collecting information related to family support services..... 63
5.2.1. Gathering feedback from service users 63
5.2.2. National strategies to gain feedback from service users and service providers 65
5.3. Strategies for knowledge sharing on family support services..... 66
5.3.1. Service providers role in knowledge sharing 66
5.3.2. How are OECD countries sharing knowledge about family support services?..... 67

6. Leveraging digital tools and data potential for integrated family support services 69

6.1. Opportunities of using digital tools within family support services 69
6.1.1. Engaging service users through digital tools..... 69
6.1.2. Service providers' internal use of digital tools..... 70
6.1.3. Leveraging technology for integrative services 71
6.2. Making the most of administrative data and data linkages 72
6.2.1. Impact of Family Support Services Data on Policy 72
6.2.2. Potential of real-time data for delivery of family support services 75
6.2.3. Protecting individual and family privacy 76

References 78

Document annexes..... 88

Tables

Table 1. What do organizations evaluations include? 64
Table 2. Use of information gained from evaluations 64
Table 3. How family's opinions and needs are taken into account to guide policies 65
Table 4. How are service providers sharing knowledge about their practices and outcomes? 67
Table 5. Examples of services providers' use of digital tools 69
Table 6. Use of administrative data and data linkage 73

Figures

Figure 1. Family support services by family types 15
Figure 2. Social expenditure in family services is limited 41

Boxes

Box 1. OECD questionnaires on family support services 12
Box 2. Strong Foundations: Getting it Right in the First 1000 Days 17
Box 3. Delivering services that prioritise families 21
Box 4. OECD 2019 Family Support Services Questionnaires 29
Box 5. Maternity care in France, Germany, Ireland, Japan and Turkey. 31
Box 6. Early childhood education and parental support for expectant mothers and families 32
Box 7. Counselling services for families with children 34
Box 8. The United Nations Convention on the Rights of the Child and the role of the State in providing Family Supports 39
Box 9. France's family and parenting support strategy 47
Box 10. Lithuania's Action Plan for Complex Family Services 48

Box 11. Needs assessment tools reported by Family Support Services Providers 55
Box 12. Engaging young people and children in communication about family support services 70
Box 13. The Vulnerable Kids Information System (VKIS) in New Zealand 71
Box 14. Using administrative data in the USA 74
Box 15. Consolidating data for family support services 75
Box 16. Legal framework for data privacy 77

Acknowledgements

This paper was prepared by the Family Policy Team from the OECD Directorate for Employment, Labour, and Social Affairs (ELS) under the senior leadership of Stefano Scarpetta (Director of ELS), Mark Pearson (Deputy Director of ELS), and Monika Queisser (Senior Counsellor, Head of the OECD Social Policy Division). The remaining mistakes are the responsibility of the authors.

Shannon Gedo and Daniel Acquah are warmly thanked for their early contributions to this work. Shannon Gedo contributed to the development of the questionnaires used in the analysis. While working at the OECD Directorate for Public Governance, Daniel Acquah helped identify key challenges to enhance the effectiveness of family service delivery.

This work was undertaken with support of the Bernard van Leer Foundation, and the Governments of Germany and Japan. Esther Goh, from the Bernard van Leer Foundation, provided valuable guidance throughout the project.

The project has benefited from access to family service providers given by the following organisations: International Step by Step Association, COFACE, European Social Network, International Federation for Family Development, Tusla and Families Canada.

Abstract

This paper provides an overview of the nature and key priorities of family support services operating in OECD countries to inform on the factors that contribute to their quality and delivery effectiveness. The evidence collated in this paper draws from the responses to Questionnaires answered by delegates to the OECD Working Party on Social Policy and by around 170 family service providers from OECD countries. The report discusses policy options to help countries develop and sustain the effective delivery of family support services throughout childhood, improve their quality, and to make better use of digital tools to enhance service delivery.

Résumé

Ce document donne une vue d'ensemble de la nature et des principales priorités des services d'aide aux familles opérant dans les pays de l'OCDE afin d'informer sur les facteurs qui contribuent à leur qualité et à l'efficacité de leur prestation. Les données recueillies dans ce document proviennent des réponses aux questionnaires des délégués du Groupe de travail de l'OCDE sur la politique sociale et d'environ 170 prestataires de services aux familles des pays de l'OCDE. Le rapport examine les options politiques pour aider les pays à développer l'offre de services de soutien aux familles tout au long de l'enfance, à améliorer leur qualité et à mieux utiliser les outils numériques pour améliorer la prestation de services.

Aim and structure of the report

1. Family support services are an important component of social policy in OECD countries as they aim to help ensure that families have the resources (including information, knowledge, skills and social supports) and competencies to provide children with the best start in life and meet their needs as they grow and develop.[1] And in many countries, there is a renewed interest in these family support services, in part because of the growing research evidence showing that high quality programmes can have positive effects on family functioning, parenting practices and child well-being (Daly, 2015[1]; Hamel, Lemoine and Martin, 2012[2]; Acquah and Thévenon, 2019[3]).

2. Family support services vary from country to country. Frequently, however, there is a group of services that is available to all families, while a greater range of services is offered to families where children and/or parents have specific or complex needs. Family support services are often geared towards a very large number of families in case of general health and parenting issues, as, for example, services to help parents with new-borns or infants and raise new parent's awareness on good nutrition, care and education practices and creating a supportive home learning environment. Such widely accessible family support services, if properly integrated into the social support network, can play a key role in identifying the needs of families and guide them to appropriate, often more specialist, services, of which there are many different types. Some services offer resources to families to deal with issues that affect family members' mental health, relationships between parents and children or issues that affect the socio-emotional or cognitive development of children. Other services assist children and parents in situations of high vulnerability requiring urgent, intensive and sometimes long-term interventions, for instance to assist families with medical, therapeutic or intensive care needs or to help family members exposed to domestic violence or sexual abuse (Hardiker, Exton and Barker, 1991[4]; Morgan, Rochford and Sheehan, 2016[5]).

3. The area of family support services is populated with a variety of actors and programmes of which the cost and quality may vary substantially and not all services on offer may live up to expected standards (Ulferts, 2020[6]; Daly et al., 2015[7]). At the same time, there is a wide range of families and children who would benefit from family support services, but who are not reached (Acquah and Thévenon, 2020[8]). Therefore, key challenges for family policy development include: ensure that families get access to quality services with proven evidence of their benefits; reach the most disadvantaged families and ensure that they know which services are available; and, guide them through the support system which in many countries remains complex and fragmented (OECD, 2015[9]; Acquah and Thévenon, 2020[8]).

[1] Family support services as defined in this study complement the support that families can receive towards the reconciliation of work and family life through leave entitlements for working parents, the provision of childcare and education services, as well as the cash benefits to raise families' living standards.

4. Indeed, there is limited knowledge about the positioning of these family support services in the overall social systems in OECD countries, the content of family services, and the way they operate to effectively help families in need (Acquah and Thévenon, 2020[8]). One reason for this lack of knowledge is that the provision of family support services is not organised under the umbrella of a single accountable agency, but rather depends on the action of several jurisdictions, administrations and agencies sharing responsibilities, while service deliver depends on a multitude of (often private) providers, with programmes that cover a small number of families and programme content that varies greatly.

5. In order to help complete the knowledge gap on family support services, this report provides an overview of the variety of services provided in OECD countries, including a description of the key priorities and characteristics of the main programmes. Examples of good practices and different initiatives by service providers highlight their ability to: engage families, including the most disadvantaged; make referrals to services which best meet families' needs; deliver high quality services; share their know-how; operate in line with the evidence available on what works; and, adapt service delivery in lien with feedback from service users. The report also sheds light on public policies that govern and promote the provision of family support services in OECD countries at national and local levels.

6. The discussion in this report is mainly based on information collected through two complementary questionnaires developed specifically for this project. The first questionnaire focused on how public policies approach the role of family support services, including its development and monitoring. The second questionnaire was sent to service providers to collect information on their delivery and monitoring practices.

7. The report is organised as follows. Section 1 provides an overview of main findings and key policy discussion, while section 2 provides an inventory of family support services identified through the questionnaires including a categorisation by main domains of intervention and by type of families receiving support. The subsequent sections discuss practices that contribute to the development of a quality family support service system. Attention is paid respectively to the qualification and training of staff (section 3), the approaches taken to strengthen service delivery effectiveness (section 4), to the inclusion of feedback from service users to adapt services to their needs (section 5), and to the potential generated by the development of digital tools and data sources that can be mobilised to provide appropriate and responsive services (section 6).

1. Overview and main recommendations

1.1. What are family support services doing?

8. Family support services increasingly focus on family functioning and parenting issues and are provided by a range of public and private agencies (Daly, 2015[1]; UN DESA, 2020[10]). In this report, family support services are defined as all services and supports provided to help parents improve their child-rearing capabilities and to make parenting behaviour and family functioning more conducive to good child outcomes. Supports to address the needs of families across OECD countries include health care and mental health services, child protection, support resources for basic material needs such as food and housing, and specialized services for vulnerable families.

9. Each family is unique, and therefore the family support system needs to flexible in its approach to working with children and families. The well-established 'cascading approach' of social services develops family support services along universal supports at a very early age, which help to identify special needs to be addressed by specialized services. This approach inspires a categorisation of family support services in five key policy areas (Hardiker, Exton and Barker, 1991[4]; AIHW, 2020[11]; OECD, 2009[12]), including:

- **Basic material needs**. Countries have various measures in place to help families who are finding it difficult to meet the basic material needs of household members (i.e. food, clothing, toiletries, housing and transport). These measures can take the form of programmes (e.g. school meal programmes), vouchers (e.g. food vouchers, clothing vouchers), payments (e.g. cash transfers), providing items directly to families (e.g. through food banks and support services), and subsidised access (e.g. social housing). To encourage uptake of services and programmes, sometimes vouchers and payments can be tied to families' participation (e.g. conditional cash payments not linked to general social assistance schemes).
- **Health care:** Countries provide a range of services and interventions to support good maternal, child and adolescent health. Services address maternal health needs (e.g. pre-natal and post-natal care), general physical health (e.g. regular check-ups for children, vaccinations, and payment of medical prescription), specialist health care (e.g. referrals to medical specialists and treatments) and mental health (e.g. psychiatric assessments, and counselling and other therapeutic supports).
- **Family functioning support services.** Countries provide various services to support family functioning such as family counselling services, case work and access to specialised social services agencies, respite services (short term family support with care for children during times of family crisis), in-home supports (individualised planning and service coordination provided within the family home) or additional assistance, services and resources for families who are finding it difficult to cope.
- **Parenting support and early intervention:** Countries provide a variety of services and programmes to build parents' knowledge and competencies around child-rearing and to improve the parent-child relationship. These services work with parents to meet set goals or to address issues that are causing the family difficulties but do not meet the threshold for child protection services. They can be delivered through a practitioner visiting the home, or in the community (e.g. in a support centre or school), and can take the form of casework (i.e. working in partnership with families and local services to achieve an agreed set of goals), counselling (individual, couple, or group-based), and behavioural-based

parenting programmes. Countries also provide services to children (e.g. ECEC placements and after-school clubs) to give them opportunities for learning that would not necessarily be available in the home or community environment.

- **Specialised services to address specific or complex needs.** Countries operate specialised services to address specific or complex needs of certain children and families. These include, for example, services for children with disabilities and their families, and services for families affected by addiction. Specialised services are also provided to families who experience social disadvantage or are marginalised because of their background, for instance, families from an indigenous or ethnic minority background, and families seeking asylum or with refugee status.

10. In addition to this range of services, countries operate statutory child protection services to receive and investigate allegations of child maltreatment and to provide support to families where children's safety and well-being are deemed at risk. Child protection services provide care placements for children (family-based foster care and residential care), support family reunification, and put in place support plans for youth ageing out of the care system. While child protection services are essential to protect children from basic harm, they are not covered by these questionnaires as understanding how the child protection systems work and the services offered in this area would require a fully dedicated questionnaire.

11. In order to gain a better understanding of family services, the OECD Secretariat sent two questionnaires in early 2020 to countries and service providers to obtain information on current practices and policies implemented at the national level as well as the local level in the capital cities of OECD countries (Box 1).

Box 1. OECD questionnaires on family support services

OECD Questionnaire on Family Services Policy

The Questionnaire was completed by 31 countries. It had 25 (qualitative and quantitative) questions covering the following topics: policy priorities and governance, programmes, support characteristics and use, cost and funding, monitoring and knowledge sharing. Questionnaire collected information on frameworks and governance of family support services, and the various practices can ensure the best coordination across the multiple levels of policy making. More detailed information can be found in the country summary notes on the topic of family support services.

OECD Questionnaire on Family Services Providers

The providers received 191 responses of the over 600 surveys sent to service providers in OECD countries. The survey has 63 qualitative and quantitative questions covering topics such as general information about the service providers, location, target population and content, funding and costs, strategies to reach families, monitoring and knowledge sharing, and training of practitioners.

1.2. Family support services have become more visible with the COVID-19 crisis

12. The COVID-19 pandemic has created new challenges for many families: in addition to health and economic issues, policy measures such as lockdowns, school closures and teleworking from home put considerable stress on families. The COVID-19 pandemic has highlighted immediate needs such as regarding financial resources or education supports for many vulnerable families who are likely to be most affected by the long-term economic, educational, health, and well-being consequences of the pandemic and family services have played a key role in helping families cope (OECD, 2020[13]; Dirwan et al., 2021[14]). In that sense, the pandemic underscores previously existing challenges for family support services.

13. During the pandemic many parents lost their jobs or were otherwise forced to reduce their economic activity, often without full compensation of lost earnings. OECD (2021[15]), found that among the respondents to the representative "Risks that Matter" survey, ran in 25 OECD countries from September-October 2020, 15% of households with children had their working hours reduced, while 16% of households with children had at least one member of who took paid or unpaid leave. Parents also had trouble paying bills: 12% of households with children failed to pay a usual expense, such as rent, mortgage, utility, or credit card bills, while 4% of all households with children asked a charity or non-profit institution for assistance because they cannot afford to pay for usual expenses (OECD, 2021[15])). Furthermore, maintaining work and parenting commitments as well as taking on the role of multiple professionals (day care provider, early childhood educator, and schoolteacher) has proven to be a considerable challenge for many a parent.

14. The pandemic has also increased the needs for mental health supports among children and young adults: a survey in the United Kingdom, for example, found that 83% of young people from age 13 to 25 with a history of mental health problems reported that the coronavirus pandemic had worsened their mental health (Young Minds, 2020[16]). Following an EU-wide assessment of the impact of COVID-19 on children, Eurochild (2020[17]) suggested that the combination of financial stress, uncertainty over the future, and confinement during lockdown led to children experiencing increased levels of anxiety, greater trouble sleeping, and increased incidences of aggressive behaviours. Those pressures also led to an increase in domestic violence and child maltreatment (OECD, 2020[13]; Pereda and Díaz-Faes, 2020[18]; Eurochild, 2020[17]).

15. The COVID-19 pandemic and the associated disruption of many education, health, social and family services has emphasized the importance of family services, including health care and mental health services, child protection, supports towards basic material needs such as food and housing, and specialized services for vulnerable families. Moving forward, the challenge for policy makers is to develop a package of family services that addresses the different needs of families, in times of crisis and in the COVID recovery. These services need to be delivered by the different public agencies and service providers in an integrated manner.

16. The need for these services became highly visible due to the high levels of family stress associated with countries' lockdown and other policy measures taken during the pandemic. As COVID-19 recovery plans seek to build a stronger future for families and children, countries will have to develop the range of mental health, counselling and respite services that families need to cope with the stress of such crisis situations.

1.3. Effective delivery of family support services throughout childhood

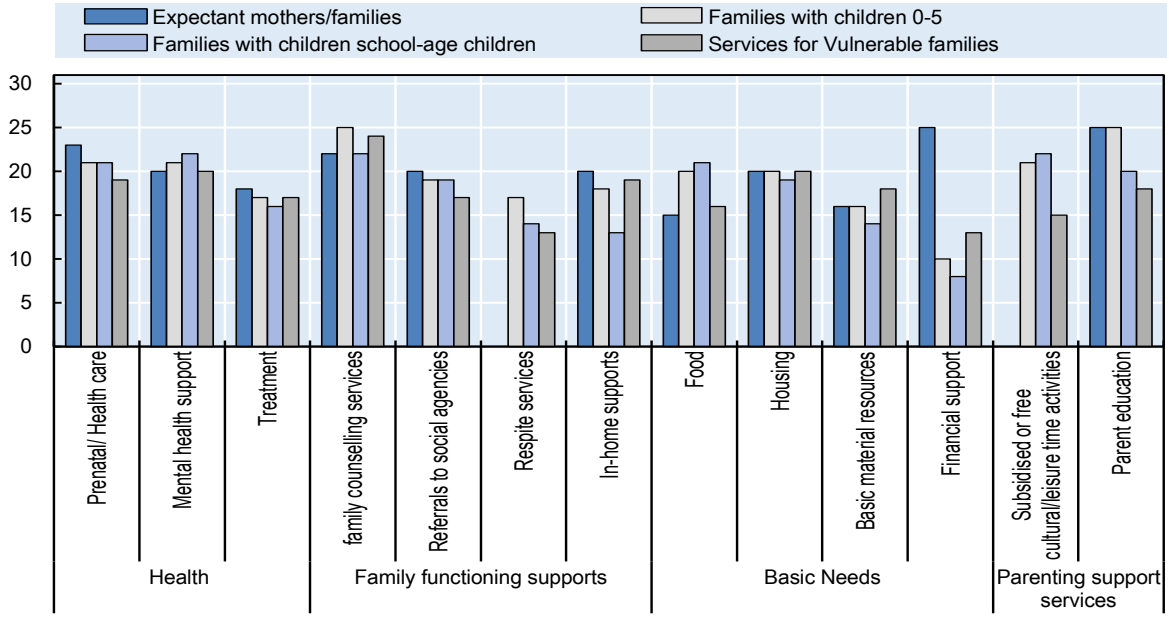
17. The provision of family support services differs across and within countries. It is impossible to get a full picture of all the disparities in a policy area where municipalities and other local authorities often play a key role in developing certain forms assistance towards families or significantly supplement action taken at national level. However, in order to have a first indication of cross-country differences, the OECD Questionnaire on Family Service Policy provides information on the range of services OECD capital cities reported to be part of programmes developed to cover (i) expectant mothers during the prenatal period; (ii) families with at least one preschool child (aged 0-5 years); (iii) families with one school-age child; and, (iv) families with complex needs (including families with a family member with a disability).

18. Figure 1 shows that the majority of countries offer a variety of family support services. Health related services are provided in most countries, including prenatal services to expectant mothers which are provided in 23 out of the 31 capital cities that completed the questionnaire. About two-thirds of capital cities report to provide mental health supports (e.g. counselling, psychiatric assessments, medication support) for all categories of families. A majority of capital cities provide support to improve family functioning through in-home supports and family counselling services which can cover a wide range of issues including psychological matters, conflict situations, parenting difficulties. Respite services offer a place to relax or share experience with other parents and are important to relieve stress and promote resilience in the long-term, but are globally provided in a lower number of capitals than other types of family counselling services.

19. Parenting education programmes are offered in more than two thirds of OECD countries to “expectant families” and families with children under 5, while support for cultural and leisure activities is often offered to school-aged children.

Figure 1. Family support services by family types

Number of OECD capital cities, out of 31, reporting the provision specific family support services



Note: The numbers reflect the number of countries with a capital city operating services in each of the mentioned area. Financial support refers to conditional cash support provided by capital cities to families taking up family services. Services for vulnerable families (and other families were needed) refer to specialized services targeted for specific family needs, such as counselling, psychiatric assessments and medication support. Unfortunately, the questionnaire generated only a limited response on information on public spending on family services, which makes it impossible to consider financial support outcomes across countries.
Source: 2019 OECD Questionnaire on Family Services Policy.

20. OECD countries have developed strong health care services to support families throughout pregnancies. Notably 23 out of the 31 OECD capital cities surveyed in the Questionnaire indicated that they operate prenatal health care services which can include pregnancy care, gynaecology and obstetric services, and other health checks. On average 90% of women in OECD countries had at least one antenatal visit during their last pregnancy (OECD/WHO, 2018[19]). OECD countries offer on average 35 professional midwives per 1,000 live births in 2018 (OECD, 2020[20]). However, an extensive range of supports can be provided beyond pregnancy support. OECD countries may choose to support families through pre-and post-natal services that can include the distribution of the contraceptive pill, co-financing in vitro fertilization treatments for couples with fertility problems, counselling regarding unplanned pregnancy, miscarriage, premature childbirth, as well as supporting women who are struggling with pregnancy termination or postpartum depression. For example, Germany's regional pregnancy counseling centers offer information and advice on matters of sex education, contraception and family planning as well as issues related to pregnancy including support services, medical care from a gynaecologist or a midwife, and help with selecting a clinic.

1.3.1. Early childhood - the first 1000 days

21. Many capital cities provide a range of support services for *families with new-borns and young children* to help them cope with the changes in personal, social and professional life that come with childbirth and parenting roles. Many of these programmes focus on equipping parents with knowledge and skills they need to care for and educate young children. For instance, internationally recognized programmes such as *Triple P's Positive Parenting* course (e.g. in Australia) or Circle of Security (CoS) (e.g. in the United States) focus on promoting relationships with secure attachment and parent's ability to create positive parent-child interactions, and there is evidence that these programmes can help parents develop practices that benefit children (Hoffman et al., 2006[21]). Similarly, programmes such as *Mother Goose programming* and *Sing and Grow* (Australia) engage both parents and children simultaneously through group activities such as rhymes, songs and stories to encourage child development whilst nurturing the positive interaction between parent and child through physical contact such as cuddling. The types of interactions developed in these programmes have been found to increase parenting efficacy and parents' ability to judge their child's sense of security in addition to improving children's language abilities (Terrett, White and Spreckley, 2012[22]; Scharfe, 2011[23])

22. A growing body of evidence suggests that the period of pregnancy and the first 1000 days of a child's life are particularly important for their development and future outcomes. For this reason, countries such as Australia, New Zealand, Finland, France and the United Kingdom aim to coordinate policies using the "first 1000 days" approach (Box 2). This approach seeks to provide tailored supports to pregnant women and families with infants, identifying their individual needs, and addressing them before small problems turn into serious issues. The strategy puts an emphasis on providing continuous assistance throughout early childhood development, as well as on the ability of the health care and social systems to do wellness checks, identify families' needs and detect problems early and guide families to appropriate services. Services around childbirth can also include some kind of coaching to help expectant parents become parents, as, for instance in Helsinki (Finland) where multi-professional family-coaching is offered to first-time fathers and mothers: it consists of family coaching and physiotherapy groups at maternity clinics prior to childbirth, and organized family activities at playgrounds upon childbirth.

Box 2. Strong Foundations: Getting it Right in the First 1000 Days

The earliest stages of child development- from conception to the child's second birthday- has become known in policy and research circles as the First 1000 Days and has helped frame the type of supports very young children and their families need in order to give children the best possible start to life (Moore, 2018[24]; Gradovski et al., 2019[25]).

The special focus on the first 1000 days comes from the growing body of scientific evidence showing the importance of the early life experiences for long-term healthy development and well-being. The First 1000 Days of life are regarded as the period in people's lives when public policy can have the most positive impact as brain plasticity as at its highest (Moore, 2018[24]).

All OECD countries provide pregnant women and parents of new-born babies and small children some kind of supports with regards to health care, income, and most countries also provide leave entitlements and childcare supports to help parents reconcile work and caring commitments. However, the perspective of the First 1000 Days would add several dimensions to this policy mix by putting an emphasis on (Pentecost and Ross, 2019[26]; Moore, 2018[24]; Cyrulnik, 2020[27]):

- the continuous support that is needed from pregnancy and throughout the early years of life to make parent's work commitments compatible with early child development;
- screening and preventive measures from the pre-natal period to ensure that possible child health issues do not accumulate over time, but are addressed through early intervention;
- the important roles of parents and the community in helping children reach their potential is leveraged. Providing parents with information and support around developing positive parenting practices and nurturing children's development is key.
- the provision of personalised supports plans, adjusted to the needs of children and parents, and help for families to navigate the system.
- a whole-of-government approach ensures that measures adopted in different policy areas are based on a common framework and shared objectives for enhancing early child development.

A few OECD countries, for example, Australia, Finland, France, New Zealand and the United Kingdom have put forward a First 1000 Days approach to structure policies for families with very young children. These initiatives share common features, such as measures to combat family poverty and help parents reconcile work and family commitments, support for good maternal and paternal physical and mental health, enhancing parents' awareness of good nutrition practices, improving the quality of parent-child interactions and reducing family stress, and improving the quality of childcare. Some countries focus their programmes on particular groups of children, for example, in Australia and New Zealand, on improving the well-being of Indigenous children (Arabena, Panozzo and Ritte, 2016[28]). In France, part of the First 1000 Days approach is the extension of paternity leave from 14 to 28 days to encourage fathers to spend more time caring for their babies to help support the bond between father and child that develops in the first year of life through the caregiving relationship (Cyrulnik, 2020[27]).

1.3.2. Services for families with school-age children

23. Families with school-age children can also access a wide range of services. The school environment is well placed to identify disadvantaged children, screen their needs, and be in contact with their parents or primary caregivers. The school allows to gather all children at one place, and makes it easier to follow up with children who otherwise are reliant on a parent to bring them to appointments. In many countries, health check-ups are carried out by school health services, but vary in terms of content and frequency (Wolfe, Mckee and Wolfe, 2013[29]; Guio, Frazer and Marlier, 2021[30]). Integrating psychological assistance into the education system, such as in Copenhagen, which includes interventions for adolescents (and young adults) through referrals from school counsellors and can include up to 10 meetings per case with a psychologist to cover topics such as drugs, well-being, stress, loneliness, depression or anxiety.

24. Supporting *families with school-aged children* may also include school-meal programmes. Austria, Brazil, Chile, Denmark, France, Finland, Hungary, Ireland, Lithuania, Latvia, Mexico, New Zealand, Portugal and Sweden are among the countries that use schools to provide meals for children as one mechanism of supporting families. Fees can be income-tested, such as in France or targeted to low-income families, large families, or families raising disabled children such as Hungary's "social catering programme". The social catering programme follows nutritional norms in order to prevent child obesity and reduce non-communicable diseases related to malnutrition. In Ireland, the *School Meals Programme* encourages food security for school-aged children through funding from local authorities as well as partnerships with NGOs and other voluntary organisations.

1.3.3. The cash+ approach

25. The combination of conditional cash transfers and support services can be an effective way to increase service take-up and enhance their impact on family outcomes. These programmes condition the payment of a cash benefit on the participation in a specific programme, such as, for example, medical screening, school meals or parenting classes. The evidence from experimental studies on "Cash+" suggest this combination attains better outcomes than when supports and cash transfers are provided separately (Bastagli et al., 2016[31]). The OECD family services policy questionnaire results show that this approach is increasingly popular in OECD countries, where about half of capital cities support families in need who are taking up services through conditional cash transfers. Providing a cash subsidy conditional on the use of a service can increase the use of services, and increasing the duration of cash payments makes it more likely that families use these services for longer. In general, higher levels of transfers are associated with a larger impact on educational, health and nutrition outcomes (Bastagli et al., 2016[31]). Tailoring cash transfer timing so that households have sufficient funds available at the right time to pay for services is also key.

1.4. Promoting high quality family support services

26. Promoting high quality services is crucial to avoid allocating public funds to services without proven positive outcomes for families. To do so, service providers and governments need to use several levers to ensure that they can call on qualified staff, disseminate good practice, reach vulnerable families, meet their often complex needs, and make the best use of available technologies to deliver appropriate services.

1.4.1. Promoting practitioners' qualification and training

27. Quality standards and staff qualifications play a central role to ensure that family support practitioners have the necessary skills to work with families facing often complex issues. Many OECD countries have set basic quality standards used in accreditation procedures to ensure the protection, safety and well-being of service users. Service providers licencing or accreditation may also require practitioners to hold basic health and safety training such as First Aid or more specialized training such as Applied Suicide Intervention Skills Training (ASIST) depending on the population they support such as is the case in Canada. Despite the importance of licencing or accreditation standard setting, only 56% of service providers who responded to the survey indicated that practitioners are required to renew their accreditation or participate in ongoing training or professional development.

28. Minimum qualification standards for practitioners help ensure quality and contribute to the professionalization of the field, which in turn can attract a more skilled workforce. However, qualifications required by service providers are often determined by national, regional or local authorities, and the requirements regarding minimum education of practitioners vary widely depending on their roles. Globally, less than half (46%) of service providers who responded to the OECD family service providers questionnaire required staff to have at minimum a bachelor's degree in order to work as a practitioner whereas 6% required staff to have a Master's degree. While the vast majority of family service providers require their staff to hold formal qualifications, 3% of service providers who responded indicated that they have no formal requirements for employment for their practitioners, but would regard relevant work and life experience in the hiring process. Ongoing training and workshops on good practices help practitioners to update their professional knowledge and raise service quality. About 6 in 7 service providers who responded to the survey indicated that their organisation provides service practitioners with training opportunities. A key element of training is to teach practitioners how to adopt good practices while also adapting them to the local contexts (Novins et al., 2013[32]; Hodge et al., 2017[33]).

29. Providing regular supervision to practitioners is important for achieving the best possible outcomes for families and to respond to the impact of the work on individual practitioner's well-being. While 55% of service providers reported providing individual check-ins and training as a method of supporting staff, only 33% indicated that they offer access to mental health resources and specialists. Private or group supervision allow practitioners to discuss difficult or challenging cases with a manager, professional or clinical supervisor, or their peers. Access to mental health resources, counselling and other specialist support can help practitioners manage their own stress or trauma that may come with the demands of working with families and individuals with complex needs. For instance, Cope Galway in Ireland highlights their Employee Assistance Programmes (EAP) as a way their organisation provides help to staff in order to cope with their own stress, especially when supporting disadvantaged families.

1.4.2. Increasing service capacity to address complex needs

30. Addressing families' needs requires dealing with different issues that often intersect; this makes cases management more complex for service providers as multiple issues such as for instance poverty, addiction, domestic violence, or health issues have to be addressed for family support to be effective. Matching families with services that meet their often complex needs requires close coordination between various organisations delivering services.

31. Inter-governmental working groups and committees, which bring together various levels of governments and ministries, can develop an integrated approach of service delivery. Such an approach would see public family support agencies join their efforts through funding, coordinated guidelines, and collaboration of monitoring and assessment of services. Integrative methods include using a *whole-systems* approach within national strategies, mechanisms such as coordinated access to services and encouraging knowledge sharing methods. Coordinated national strategies targeting parents and children, vulnerable families or health care issues are a concrete way to build integrated family support systems. For example, Lithuania's *Action Plan for Complex Family Services* (2016-2020) is implemented in collaboration with 60 municipalities throughout the country. The plan aims to ensure families' access to community support services in case of emergency, as well as supports towards the reconciliation of work and family commitments. The federal homelessness program in Canada is another example. Reaching Home: Canada's Homelessness Strategy supports communities across the country to prevent and reduce homelessness using a coordinated, housing-focused and data-driven response. The programme provides direct funding to address local homelessness needs with a policy direction to develop and implement community plans with clear outcomes, implement a local Coordinated Access system, and use the federally-supported centralized information management system called the Homeless Individuals and Families Information System (HIFIS, 2020[34]).

32. At the service delivery level, a *client-centred* approach allows families to be at the centre of coordinated services and supports. Service providers and organizations can utilise case-management methods to help families address key issues and connect with various support services. Case managers undertake assessments of families' needs for support and develop plans to bring about identified changes. Case managers focus on building a long-term working relationships with the family to provide ongoing support and information. Organisations give different "titles" to their case managers, including youth support workers, family support workers, intercultural support worker, key worker, community development worker, or project workers. A key point of a client-centred approach to making family services successful is to treat the family as one whole unit and to consider the needs of all family members through approaches that may vary (Box 3).

33. Multiple supports and different types of assistance such as social, psychological, educational, nutritional, housing, medical, and employment-related supports can be provided within one organization. For example, the YMCA in Halifax is the largest multiservice organization for women in Atlantic Canada. Their services include housing, anti-human trafficking support, emergency employment programmes, childcare and early learning, microloans, financial literacy, income tax clinics, and peer leadership training. This requires multi-disciplinary teams, with different professionals working with the same families, by means of a coordinated plan of support and engage in joint problem solving. Not all organisations have the necessary resources to develop such a comprehensive approach. An alternative to multiservice organisations is for service providers to engage in case conferencing, which allows practitioners from various organisations working with

the same family to periodically come together to discuss a coordinated support plan, preferable with the family present.

34. Among survey respondents, about 6 in 10 service providers indicated that they work with multi-disciplinary teams. Organisations and practitioners collaborate with other experts and stakeholders in the field in informal ways when there are not enough resources to formalise sustainable medium to long-term collaborations. Depending on resources and the local context, practitioners may co-locate in work spaces and offices with multi-disciplinary teams or refer service users to professionals outside their own organisation. Regardless of the collaborative method, the sharing of knowledge and information among family support services is encouraged. Around two-thirds (63%) of service providers report that they share information with other organisations and practitioners.

Box 3. Delivering services that prioritise families

Practitioners who work with families as a unit rather than only supporting one member of the family provide opportunities for more holistic interventions. Service providers can utilize various strategies to support families who are facing multiple issues.

Two-generation approach

Supporting families through a two-generation approach aims to improve family outcomes through access to services which enhance human capital and provide programming for adults and children (Lindsay Chase-Lansdale and Brooks-Gunn, 2014[35]; Acquah and Thévenon, 2020[8]). Two-generation programmes support children by investing in parents and increasing their capabilities by way of financial literacy programmes, postsecondary education, and job training. Two-generational programming also include health and education services, early childhood education, programmes addressing issues related to childhood trauma, parenting programmes, literacy, addressing mental health issues and prevention of child abuse or domestic violence.

Home visiting

Through various in-home support programmes, trained practitioners work within the family home to target a range of outcomes including improved maternal and child health, prevention of child abuse or maltreatment and improved school readiness and reduce barriers of accessing service. Practitioners are able to tailor services to families through regular visits which involve assessing family needs, providing education and supports to parents and connecting families to other resources in their local communities (Michalopoulos et al., 2017[36]).

Wrap-around services

Wraparound supports aim to provide services to families with complex needs while collaborating with all areas of a client's environment such as schools or workplaces, family and natural supports, and community-based supports (Thomson et al., 2017[37]; Vandenberg et al., 2003[38]; Silva et al., 2020[39]). For example, in Ireland the *Family Matters: Area Based Childhood (ABC)* programmes provide individualised wraparound supports to parents living in homeless or emergency accommodation. In addition, their home visiting support services are provided to expectant mothers to prepare them for the birth, reduce anxiety and encourage parents to engage with the relevant maternity services. Practitioners from the *Family Matters* programmes work collaboratively with various community specialists, social workers and public health nurses in order to support the family's needs.

1.4.3. Gaining feedback and input from service user and providers

35. Knowing what works, for whom and under what circumstances is a prerequisite to enhancing the development of family support services (Acquah and Thévenon, 2020[8]). This requires collecting information from family support service providers and users through feedback mechanisms such as evaluations on programme content, service delivery and individual outcomes. Feedback can be reviewed for assessing programme and policy strengths and weaknesses, to detect areas for improvement for service delivery, identify areas of need and gaps in services, inform new ideas on service delivery/methods, and build a local and national picture of best practices (Riding, 2020[40]). 85% of service providers who responded to the survey indicated that they conduct regular evaluations of service delivery practices and/ or effectiveness using a variety of evaluation strategies. However, impact evaluation seems to be less frequent, as just under half (47%) of respondents reported that they conduct assessments to measure child and/or family outcomes and/or better determine the impact of their services.

36. OECD countries use a wide range of means to collect feedback from service users directly through regular surveys, public consultations of family associations on family policy laws and amendments, or access to the ministry ombudsman through direct consultations of families via hotlines or emails. Service providers can also use the information collected for internal use, including for reporting purposes, budget allocations, identifying gaps in services as well as finding ways to address these gaps and for other strategic long-term planning purposes.

37. Government action is also crucial for promoting awareness of programmes and practices that improve family outcomes. This can be done by bringing different stakeholders in the field together, facilitating the sharing of their knowledge in order to solidify the evidence base, and to bring this evidence into practitioners practices (Acquah and Thévenon, 2020[8]). The use of the knowledge broker is one such mechanism for bridging the divide between experts, practitioners and decision makers. Though the knowledge brokerage function looks promising, research on its effectiveness is still at an early stage. There is growing evidence to suggest that by facilitating policy makers' access to evidence repositories and other resources, their use of evidence increases. A body with a knowledge broker function – such as Research & Evaluation Clearinghouses in the United States or the European Platform for Investing in Children in Europe - can stimulate the debate on the quality criteria family support services can be expected to meet.

1.4.4. Enhancing the use of evidence based practices

38. Evidence-based interventions are actions that have been proven effective (to some degree) through outcome evaluations. They are an efficient tool for policy makers and service providers to understand what practices work, creating empirical data which help measure outcomes, ensure programme effectiveness and to scale-up best practices. OECD countries are increasingly using 'standards of evidence' to support the creation of effective programme design, development, implementation and evaluation for early interventions within family support services (Acquah and Thévenon, 2020[8]). Academic research can contribute to building a scientific basis for determining service standards, identifying family needs, creating implementation programmes and creating or adapting policies.

39. The shift to a knowledge-based approach has also influenced the way countries distribute financial resources to family support providers. While these tools help monitor services and identify service providers' work they also place the burden of data collection and reporting on individual service providers who face the challenge of reporting "positive results and growth" in order to secure funding. In response, programmes are often adapted to include practices with proven positive impact on family service effectiveness and on family outcomes in order to secure funding. While 85% of service providers who responded to the survey indicated that they conduct regular evaluations of their service delivery practices, just under half (47%) said that they conduct impact assessments on child and family outcomes. Such evaluations are expensive and require expertise that many smaller organisations do not have in-house and do not have the capacity to develop or pay for. However, such evaluations are important in order to prioritise services that have a proven impact on family outcomes. Longitudinal studies and evidence-based programme evaluations can help better understand effective interventions.

40. Evidence-based interventions empower decision makers, policy makers and practitioners to implement and develop effective family supports services more widely. However, stakeholders are often limited in their time and capacity to contribute to the research necessary grow the inventory of evidence-based practices; in addition, they may also find it hard to access the latest knowledge and research (Burkhardt et al., 2015[41]; Oliver et al., 2014[42]). Policy makers can collaborate with family service providers to collect feedback on policy implementation and develop effective ways of measuring supports. Including feedback practices into the framework of evidence-based programmes encourages an integrated implementation of services and a "whole-system" approach to family supports. For example, in the Netherlands, the emphasis on providing evidence-based interventions has become part of professional guidelines.

1.5. Leveraging digital tools and recognising potential within data

41. There are opportunities to leverage technologies at all levels of family support services in order to empower service users, engage service providers in collaborative and integrative methods. If information is able to be shared in real-time or at earlier stages then service providers can use this information to create prevention strategies, early intervention methods and build plans with relevant supports (Statham, 2011[43]). Policies can encourage practitioners and provider's ability and resources to leverage digital tools. During the Covid-19 pandemic, service providers were required to quickly adjust and adapt their services in order to continue meeting the needs of their community. Technology became a vital tool for service providers to maintain contact with families and continue supporting those in high-risk situations due to the lockdown measures (OECD, 2020[44]). During the initial stages of the pandemic international and local organizations quickly developed a wealth of resources, information, and on-line supports for families. For example, Child Mind and UNICEF's COVID-19 parental resources offer support in a wide range of areas.

42. However, prior to the COVID-19 crisis, the use of digital tools does not seem to be a common practice since less than a quarter (23%) of the 168 family service providers who responded to the survey question indicated that they used at least one type of digital tool within their practice. Service providers who adopted and integrated technology into their operations prior to the pandemic could make the necessary adjustments more quickly, while service providers without the training, resources or funding to use digital tools are at a disadvantage.

43. Digital tools offer service users enhanced accessibility, supports in finding appropriate family supports and navigating family service systems. While accessing services might be difficult for some due to transportation issues, conflicting schedules or other barriers, digital tools provide an opportunity for families to overcome those barriers (Newman et al., 2019[45]). Engaging with service users directly through digital tools such as phone applications, closed group communication tools such as SLACK, WhatsApp or private Facebook groups as well as open social media such as blogs, websites, Facebook, YouTube videos and webinars provide diverse platforms for distributing resources and information. Technology provides organisations with more flexibility to engage families and accommodate different times at which they are available. For example, live webinars during lunch and in the evening or video conferencing lactation consultancy offered by the *Royal New Zealand Plunket Trust* in New Zealand. Policies which promote the use of digital tools among service providers include online methods of gathering feedback, creating a digital map of family support service which facilitates the distribution of relevant and updated information, encouraging inter-disciplinary cooperation of family support services, and investing in digital tools which complement the work of practitioners. Service providers have much to gain from the use of digital tools. Despite 85% of service providers indicating that they conduct regular evaluations of service delivery practices and effectiveness only 1% of service providers use online methods for surveys or internal evaluations. Service providers can use digital tools for online surveys (e.g. Evasys), virtual supervision and or skype/online meetings.

44. Organisations and practitioners can leverage digital tools to help with administrative work and internal communication for example, through online methods of record keeping, case work documentation, streamlining programme applications and registrations, consent form signatures and storage as well as tracking programme attendance, distributing digitalized materials or resources and providing access to online videos for training/ online training (Riding, 2020[40]). However only 4% of service providers indicated that they use tablets and paperless systems within their work. In line with the development of an integrated system, portals for internal communication can ensure that all relevant practitioners are updated on the needs of the service user (Rai, 2017[46]). For example, the Vulnerable Kids Information System (VKIS) in New Zealand is a centralized system used by practitioners on the children's team within Oranga Tamariki, the Ministry for Children, to coordinate support efforts through recording and sharing of relevant information regarding children in vulnerable situations (OECD, 2015[47]; Oranga Tamariki — Ministry for Children, 2020[48]). The federal HIFIS system used in Canada is provided at no cost to communities. This web-based platform allows service providers within the local housing and homelessness systems to better collaborate and coordinate access to available services, develop innovative solutions to the need for real-time data to drive effective service delivery. HIFIS allows these providers to document transactions, manage service plans, and report real-time information about clients experiencing or at-risk of homelessness in a community. HIFIS also keeps track of information about current capacity to serve, such as nightly occupancy in emergency shelters (HIFIS, 2020[34]).

45. Rapid matching of demand and the supply of available is important in general, and is particularly desirable in case of urgent needs. Mobile applications such as HelpSeeker in Canada benefit service users through a free and easy to use platform which allows them to search for relevant services in their community. Similarly to the 211 service in Canada which help people navigate the complex network of government, community programmes and services through a 24 hour helpline offered in 150 languages by phone, chat, online/website, and text, the tool works mainly with service providers but holds data useful for policy makers. These services rely on the timely updating of service profiles by individual organisations, as the HelpSeeker application uses that data to create a virtual map of the services. This systems mapping strategy is beneficial for anyone trying to navigate the wide range of services within the field of family supports. The data generated from HIFIS, 211 and HelpSeeker are of use to organizations and local authorities in their work to understand gaps in services, identify duplication of services, and perform various cost-benefit analysis (HelpSeeker, 2020[49]; 2020[50]).

46. The ability to keep information up-to-date in real-time helps local authorities to adapt services to local crises or events such as COVID-19. In Canada, the Benefits Finder was introduced in May 2020 May 2020 to help Canadians impacted by the global COVID-19 pandemic. It is a tool to help citizens find benefits and services that they may be eligible to receive from federal, provincial or territorial governments. Similarly, in Norway, the Directorate for Children, Youth and Family Affairs is developing an online resource with an overview of knowledge-based parental support and parental guidance to facilitate the strengthening of parental support work in the municipalities to be launched in 2021. To be effective, these initiatives require collaboration between government agencies, non-profits and private organizations which support integrated coordinated access in addition to methods of gathering data on supply and demand that can be used to respond to short-term needs but also for longer-term service development plans in local areas (HelpSeeker, 2019; Riding, 2020).

47. Similar practices can be undertaken with the use of administrative data. Citizen's administrative data is often collected through their interactions with various public services providing policy makers with knowledge that could be leveraged within family service planning, budget initiatives and policy changes. For example, in the United States, the administrative data collected from the Administration for Children and Families (ACF) proves valuable when policymakers estimate the costs and benefits of changes to new or existing programmes.

48. While there are many benefits to technology and the use of digital tools within family services, a drawback is that the most vulnerable families are least likely to have regular access to the internet or digital tools (OECD, 2020[13]; European Commission, 2020[51]). Family support services users face many barriers to using digital technologies, including the lack of internet access, affordability of digital tools, as well as lack of basic and digital literacy and a lack of familiarity or trust in the protection of family privacy (Schmida et al., 2017[52]; UNESCO, 2018[53]; Riding, 2020[40]). Practitioners can advocate for families and raise awareness of barriers and accessibility by ensuring vulnerable families have access to assistive technologies including text-to-speech software, tablets or promote digital inclusion toolkits which include information on where to find free WiFi in the community, basic information about internet and data providers, programmes that are working to provide low-cost devices and technology as well as programmes that offer digital learning such as digital literacy and online educations (City of South Bend Indiana, 2020[54]). Resource sharing models such as community tool libraries can also be used to create technology libraries where anyone in need can borrow laptops and other assistive technology (Hamilton, 2020[55]; Riding, 2020[40]).

49. There are limits and risks to what digital tools can help achieve therefore it is essential that a solid legislative framework is in place in order to protect individual rights, family privacy and strengthen caseworkers' ability to deal with complex needs (Statham, 2011[43]). Data sharing requires appropriate legal foundations to create a safe space for integrated services, ensuring that data cannot be misused, and to build trust in the system. Legal safeguards for family support services are particularly important to address the risk of misuse of data, surveillance of families and the fear of having child taken into care unnecessarily (Byrne, Kirwan and Mc Guckin, 2019[56]). However, laws and legislations have a hard time keeping up with the speed of the changes in technology including the mechanisms used to collect and process personal information. General data protection protocols are being set in a growing number of countries which is fundamental to implementing best practices. There should also be more specialized data sharing agreements and protocols to ensure the protection of clients while facilitating the use of information to provide swift responses to families' complex needs.

50. In addition to legal challenges, technology itself can cause issues. Technologies are tools which have glitches and bias in their algorithms, left unchecked these can cause harm to families (Eubanks, 2018[57]). Supporting families with complex needs requires a hybrid system where digital technology and available data support family service workers to do their job more effectivity but protects clients against bias and misuse of data.

1.6. The way ahead

51. In conclusion, the far-reaching economic, social and health impacts of the COVID-19 pandemic has brought to the fore the necessity to strengthen family support services across the OECD. Governments will need to develop longer-term, structural responses to underpin families support services, make them more effective in reaching families in need, strengthen their quality and make good use of modern technology to enhance its reach as well speed of delivery. Needed reforms include:

- **Provide family support services throughout childhood**, including:
    - The first 1000 days of a child's life are particularly important for their development and future outcomes, so health and social care systems must identify families' needs, address these with appropriate services and for the most vulnerable families, provide continuous assistance throughout the early years.
    - Families with school-age children need services too. A better use can be made of existing (public) infrastructure by using schools and community centres for the delivery of a range of services, including for example, school meals, health screenings or psychological assistance. The provision of in-home supports for this age group.
    - Consider introducing conditional cash transfers (CCTs) linked to family service use. Increasingly, public authorities use CCTs, which provide monetary benefits provided to families that recipients use certain services. They encourage take-up and extended use of service.

- **Improve the quality of family supports services**. Policy options include:
  - Set minimum qualification requirements for practitioners; ensure regular renewal of licencing and accreditation of practitioners subject to their participation in training and professional development programmes, also in group peer settings.
  - To address complex needs, put families at the centre of co-ordinated service delivery, which involve "multi-disciplinary teams" of professionals from one or more agencies simultaneously addressing issues facing parents and children.
  - Collect feedback from service users and use it to identify needs and gaps in service delivery; identify programme strengths and areas for improvement; develop new ideas on service delivery/methods; and, build a local and national picture of best practice in service delivery.
  - Where available, use outcome evaluations to identify and use evidence-based policies that have proven to be effective to some extent.
- **Better use digital tools to enhance service delivery**. Policy options include:
  - Make greater use of digital tools to help users find the service they need, enhance ease of access, and speed up the mapping of needs with services. Providers can use digital tools to facilitate administrative tasks, speed up case work documentation and communication among professionals and thus improve service delivery.

2. A compendium of family services

2.1. Definition and scope of family support services

52. The term family support services is shorthand for a range of services provided to families with children, and they are rarely a completely stand-alone measure or policy. Moreover, the fact that family's needs vary requires service provision to be flexible and to navigate across a variety of specialized supports. Some countries use a 'continuum of care' or cascade approach to develop family support services which allows universal supports provided to young children to evolve into specialized services as the child grows older and more specific needs emerge (AIHW, 2020[11]; OECD, 2009[12]; Hardiker, Exton and Barker, 1991[4]). The advantage of starting with universal services is that it helps reduce any stigma around accessing family support services.

53. Based on the information collected in the Questionnaires (Box 4), family support services in OECD countries provide a wide range of interventions to promote family functioning and child well-being. Interventions cover five (sometimes overlapping) policy areas and complement those identified in the main literature on the development of parenting supports policies (Daly, 2015[58]). These policy areas are:

- **Basic material needs**. Countries have various measures in place to help families who are finding it difficult to meet the basic material needs of household members (i.e. food, clothing, toiletries, housing and transport). These measures can take the form of programmes (e.g. school meal programmes), vouchers (e.g. food vouchers, clothing vouchers), payments (e.g. cash transfers), providing items directly to families (e.g. through food banks and support services), and subsidised access (e.g. social housing). To encourage uptake of services and programmes, sometimes vouchers and payments can be tied to families' participation (e.g. conditional cash payments not linked to general social assistance schemes).
- **Health care:** Countries provide a range of services and interventions to support good maternal, child and adolescent health. Services address maternal health needs (e.g. pre-natal and post-natal care), general physical health (e.g. regular check-ups for children, vaccinations, and payment of medical prescription), specialist health care (e.g. referrals to medical specialists and treatments) and mental health (e.g. psychiatric assessments, and counselling and other therapeutic supports).
- **Family functioning support services.** Countries provide various services to support family functioning such as family counselling services, case work and access to specialised social services agencies, respite services (short term family support with care for children during times of family crisis), in-home supports (individualized planning and service coordination provided within the family home) or additional assistance, services and resources for families who are finding it difficult to cope.
- **Parenting support and early intervention:** Countries provide a variety of services and programmes to build on parents' knowledge and competencies around child-rearing and to improve the parent-child relationship. These services work with parents to meet set goals or to address issues that are causing the family difficulties but do not meet the threshold for child protection services. They can be delivered in the home (i.e. a practitioner working with the family within the home environment), or in the community (e.g. in a support centre or school), and can take the form of casework, counselling (individual, couple, or group-based), and behavioural-based parenting programmes. Countries also provide services to

children (e.g. ECEC placements and after-school clubs) to support their development and to give them opportunities for learning that would not necessarily be available in the home or community environment.

- **Specialised services to address specific or complex needs.** Countries operate specialised services to address specific or complex needs of certain children and families. These include, for example, services for children with disabilities and their families, and services for families affected by addiction. Specialised services are also provided to families who experience social disadvantage or are marginalised because of their background, for instance, families from an indigenous or ethnic minority background, and families seeking asylum or with refugee status.

Box 4. OECD 2019 Family Support Services Questionnaires

In order to gain a better understanding of current provision of family support services and family support policies, the OECD Secretariat developed two questionnaires targeted at government administrations and service providers (Annex B). These questionnaires were shared in early 2020 via email to be completed on the *LimeSurvey* portal with supported from the OECD.

OECD 2019 Questionnaire on Family Services Policies

This questionnaire was issued to OECD member countries and key partner countries to obtain information on current practices and policies implemented at the national level and at the local level in the capital cities. The questionnaire received responses from 31 countries. These countries were: Austria, Belgium, Brazil, Canada, Chile, **the** Czech Republic, Germany, Denmark, Spain, Estonia, Finland, France, Hungary, Ireland, Israel, Japan, Korea, Lithuania, Luxembourg, Latvia, Mexico, **the** Netherlands, Norway, New Zealand, Poland, Portugal, Slovenia, **the** Slovak Republic, Sweden and Switzerland.

The questionnaire was made up of 25 questions (qualitative and quantitative) covering four subjects: policy priorities and governance; programmes, support characteristics and use: cost and funding, and monitoring and knowledge sharing. More detailed information can be found in the country summary notes on the topic of family support services.

OECD 2019 Questionnaire on Family Services Providers

The OECD Secretariat with support from International Step by Step Association, COFACE, European Social Network, International Federation for Family Development, Tusla and Families Canada sent out this questionnaire to over 600 service providers in OECD countries, key partner countries and non-OECD countries, receiving back in total 191 completed questionnaires I Responding service providers were based in the following countries: Australia, Armenia, Austria, Belgium, Brazil, Bulgaria, Canada, Chile, Croatia, the Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Malta, Mexico, the Netherlands, New Zealand, Poland, Romania, the Slovak Republic, Spain and Turkey.

The questionnaire contained 63 questions (qualitative and quantitative), covering the following topics: general information, location, target population and types of services offered, funding and costs, strategies to reach families, monitoring and knowledge sharing, and training of practitioners.

2.2. Overview

54. In order to provide a clear overview of the different types of family services provided across countries, the information gathered in the Questionnaires was broken into four categories based around the age of children or the needs of children and families. These categories are: (i) expectant parents and families with new babies; (ii) families with at least one preschool child (aged 0-5 years); (iii) families with at least one school-age child (6-17 years of age); and (iv) families with complex needs or who are socially marginalised.

2.3. Services for expectant mothers and families

55. All OECD countries have nationally governed programmes of regular medical check-ups and health care services for pregnant women. In addition, 23 out of the 31 OECD capital cities indicated in the survey that they operate prenatal health care services which can include pregnancy care, gynaecology and obstetric services, and other health checks. Pre-natal care can be intensive, for example in Norway, where all expectant mothers are offered eight check-ups throughout the pregnancy from a midwife at a health clinic or a doctor's office if that is their preference.

56. The range of services on offer is wide and goes beyond the pure assistance of pregnancies with a mix of medical and social support. For instance, in France, pre- and post-natal services play a role in the distribution of the contraceptive pill. *Protection Maternelle et Infantile* (PMI) centres (Box 5) provide free contraceptives to minors and adults with no social insurance, on medical prescription. They also provide counselling prior to termination of pregnancies and screen for sexually transmitted diseases. They can also provide advice on a range of other sensitive issues, such as intimate partner violence.

57. In some countries, specialised centres provide psychological support services to pregnant women and their partners. For instance, in Lithuania, a non-governmental organisation "Critical Pregnancy Centre" assists women going through or who have gone through crisis pregnancy, miscarriage, premature childbirth, as well as women who are struggling with pregnancy termination or postpartum depression. Free confidential support to women and their partners is provided in the form of material and financial assistance, psycho-social support, legal advice, and access to medical care (e.g. gynaecologists and to geneticists).

Box 5. Maternity care in France, Germany, Ireland, Japan and Turkey.

In **France**, le service *Protection Maternelle et Infantile (PMI)* provides medical and social services to expectant parents cy and up until their child turns 6 of age. Each PMI service is under the responsibility of a departmental doctor with the services on offer depending on the funds granted by the Departmental Councils. The PMI service is provided by a multi-disciplinary team of doctors (gynaecologists, paediatricians and general practitioners), midwives and nurses; some conduct on-site consultations, while others make home visits. Depending on the budget, the multi-disciplinary team may also include a dietician, psychologist, early childhood educator, marriage counsellor or psychometricians and therapists. The service also collaborates with the many other social services in the local area, such as the school health services or the child protection services.

Expectant mothers can choose to have all prenatal examinations carried out in their local PMI centre, delivered either through consultations on site or home with visits from a midwife. Some PMI centres also offer childbirth preparation sessions and provide information on social protection entitlements and applications. Baby post-natal consultations (within 8 weeks of the birth) are also covered by the PMI.

Germany has over 1,600 regional pregnancy counselling centers, with this provision mandated under federal law. Each center has at least one full-time adviser for every 40,000 inhabitants (or the equivalent part-time). Support and information related to pregnancy is provided, including help accessing prenatal care in a gynaecological practice or from a midwife. In Germany family planning services are provided through various methods including the Federal Centre for Health Education (BZgA) which provides information about family planning, a support hotline for "Pregnant Women in Need", a specialised website, as well as relevant laws.

In **Ireland**, every woman who is pregnant and a resident in Ireland is entitled to free maternity care under the Maternity and Infant Scheme. Ireland operates a national child health programme delivered by hospital-based maternity services, and primary care teams in every community. This programme includes maternity and infant care, the first visit from the Public Health Nurse after the baby arrives at home, and a supportive schedule of child health reviews, vaccinations and screening provided by General Practitioners, Primary Health Networks and Community Medical Doctors.

In **Japan**, decisions and rules regarding pre-natal health care provision taken at the local level. All Japanese municipal governments provide financial support to pregnant women to help cover prenatal check-ups to ensure, at least, a minimum number of doctor visits. All municipal governments issue expectant mothers a mother-and-baby notebook, boshi-kenko-techo", which records the health status of mother and baby from prenatal, perinatal through postnatal period.

In **Turkey**, public training programmes are provided by the "Reproductive Health and Healthy Motherhood" programme, which provides information to families to support the healthy development of mothers and infants during pregnancy and upon childbirth.

Source: : 2019 OECD Questionnaire on Family Services Policy.

58. 21 OECD countries indicated that they provide parenting education to expectant parents focusing on early child development in the different areas i.e. gross and fine motor, emotional and social skills, and ensuring that parents have the basic skills and resources to care for their new babies and infants. Such programmes are often provided for free by the health care system or family support services (Box 6), although the delivery mechanism differs across OECD countries. They can take the form of individual, groups or home based interventions, or online. For example, in Ireland Tusla (Child and Family Agency) provides parenting information online through www.parenting24seven.ie and the Health Service Executive has developed 'my child' books and website through the Healthy Childhood Programme. Parenting supports are mainly available for face to face programme delivery and education, expecting parents can either access.

Box 6. Early childhood education and parental support for expectant mothers and families

In **Israel**, the welfare administration runs parenting groups with approximately 15 new mums and a team leader for the dissemination of parenting education and to create support networks. Each group is also given a Facebook page so that they can share with each other data and new resources from childhood development experts. Parenting education is also provided at the municipality's child-parent centres and in direct sessions with parents' dedicated social worker.

In **Poland** expectant parents have access to child birth education, social workers and family assistants from the Social Welfare Centre (OPS). Various comprehensive relevant trainings are offered for parents, managers and staff of Warsaw nurseries. The training involves the development of emotional intelligence in children, parents and guardians, through the implementation of lectures and workshops using Positive Discipline, Non-Violent Communication and solution-focused education.

Source: 2019 OECD Questionnaire on Family Services Policy.

59. 16 out of the 31 capital cities indicated they provide some form of access to basic resources to expectant parents experiencing financial hardships that supplement nationwide payment of family cash benefits. Capital cities mainly provide economic and material support through one time cash allowances or vouchers to buy basic material resources for the new baby such as clothing, diapers, cribs, hygiene items, car seats etc. These supports are targeted to low-income families and families who may be vulnerable for a particular reasons. For example, New Zealand provides safe sleeping devices/cribs to vulnerable families to prevent sudden infant death syndrome under its SUDI (Sudden Unexpected Death in Infancy) prevention programmes operated by the Ministry of Health in New Zealand. Many municipalities have programmes to provide material assistance for families in emergency situations: 19 out of 31 capital cities reported that they provide food and housing assistance to expectant parents.

2.4. Services for families with children aged 0-5

60. OECD countries provide a variety of supports to family during the child's first years of life before formal education begins. Providing supports to family at this early stage is very important. The arrival of a baby brings about significant changes to family life and to the personal, and professional life of parents, some of which parents need help adjusting to. Some OECD countries target their policy intervention towards the first three years of life – i.e. the first 1000 days of life (Box 2). The idea behind this focus is that this is a critical period of life that is key to child physical, cognitive and emotional development (Moore, 2018[24]). In order to help children develop in these different dimensions, it is therefore important to provide children with adequate nutrition, good conditions for parental care and regular health checks to identify needs and possible problems as early as possible. Good care and education practices from the first months of life are then seen as a part of a package to prevent later problems and ensure that children can reach their full potential.

61. 25 out of the 31 countries indicated that they provide counselling supports for families with children ages 0-5 to address a number of personal issues, such as psychological distress, conflict resolution and parenting difficulties, or to cope with family bereavement (Box 7). Service providers play a key role in directing families to appropriate services. For instance, in Latvia, social workers conduct assessments of a family's situation, in order to ascertain the most appropriate service(s), for instance individual psychological support, and referrals onto other services. On the other hand, fewer country capitals (17 out of 31) report that they offer respite services where stressed or burn-out parents can find places to relax, receive counselling or share experience with other parents in the similar situation.

62. Parenting programmes reinforce parents' child rearing skills and promote the family's social integration. Parenting programmes such as *Positive Parenting, Circle of Security* (CoS)*, Parent Plus, Nobody's Perfect Parenting Programme, Partnership with Parents Programme* (PWP) focus on promoting positive parent-child interactions. They help build communication skills with children and improve parent's own emotional regulation. During such programmes parents are instructed on positive strategies to discipline children such, for example, using 'time-out' or 'time-in' to help children understand in an age-appropriate way that their behaviour was not acceptable. Time-out strategies are used at the point of a child's misbehaviour to give to give the child the opportunity to realise which types of behaviour needs to stop or change. Using time-in strategies, parents actively support children to regulate their emotions through positive modelling of behaviour and discussion. Disciplining children in an age appropriate manner and providing children consistent messages about their behaviour are key elements of these parenting programmes (Doyle, Hegarty and Owens, 2018[59]; Acquah, 2017[60]).

63. Other parenting programmes work from a two-generation approach: for example, *Incredible years, Mother Goose programing, and Ready Set Go*. They engage parents as well as children in age appropriate activities for child development and modelling by parents of positive discipline strategies and communications. The social aspect of these programmes also allow parents to find peer support from other parents and establish a natural support network in community. In addition it allows the children to engage with other children and build their social skills. In Lausanne (Switzerland) "*petits pas, apprendre en jouant*" is an early prevention programme targeting families, with children aged 1 to 4 years, who are in a socially vulnerable situation. It helps enrich parent-child interaction on a daily basis through play and early learning activities that stimulate all areas of child development.

64. Specialized parenting support programmes such as *Parenting after Separation,* or *Parenting after Domestic Violence address particular probl*ems and issues affecting certain families. These programmes focus on parents' behaviours in the home that at times can reach be serious enough to be considered a child protection concern. Helping parents reduce and manage conflict can impact the overall wellbeing of the family and future outcomes of the child.

Box 7. Counselling services for families with children

In **Ireland,** family counselling services are funded by Tusla (Child and Family Agency) and the Health Service Executive through the ACCORD programme which focuses on the role of parents as a central foundation of the family. This programme offers professional counselling services throughout its 55 centres across Ireland. The practitioner facilitates couples and individuals to explore, reflect upon and work to resolve difficulties that arise in their marriages and relationships. ACCORD counsellors are very experienced in working with individuals and couples on a wide range of issues and difficulties that arise in their relationships i.e. communication, intimacy, sexual issues, infidelity, problem behaviours, conflict, domestic abuse, health, family issues, finances, loss. Another intervention is family mediation which is provided for free by the Legal aid board to help separating couples and parents whose relationship has broken down to negotiate their own agreement.

In accordance with **Slovenian** legislation and following a set standard, each kindergarten in Ljubljana has its own allocated counsellor The role of the counsellor is to provide support to families and to address issues with parents in collaboration with other competent institutions (social service, police, etc.).

In addition, Ljubljana has established the Counselling Centre for Children, Adolescents and Parents. This is a professional public institution integrating various fields of health care, education and social welfare. The centre provides professional help through prevention, diagnostics, counselling and treatment therapy for children, adolescents and parents. The centre also provides educational materials and trainings to educators and parents. Other projects include the Educational Centre Pika which provides counselling for parents of children with special needs, e-counselling and counselling via telephone, in addition to lectures, seminars and educational materials for parents and the *Mala ulica Family Centre which* provides programmes for families, including the *Incredible Years* programme

65. Many municipalities provide services allow children and families opportunities to engage in leisure and cultural activities. 20 capital cities in OECD countries indicated that they provide subsidised and/or free cultural and leisure time activities such as access to free admittance to public pools, museums, exercise classes, supervised playground activities, dedicated areas within community or neighbourhoods which facilitate engagement of families through cafes and organized games and activities. The provision of these services is often done in close cooperation with local or national authorities in charge of cultural development. For instance, in Hungary, the *Treasure Kindergarten of Culture Programme* operates in cooperation with cultural institutions to create programme packages with several cultural activities for kindergarten children to improve their artistic and moral competencies. The development of these services at the local level can also build on national initiatives.

66. According to the Questionnaire, half of capital cities indicated that they provide assistance to families with young children with respects to meeting basic material needs (clothing, diapers, wipes, baby bath, hygiene items), and a few more also provide assistance with regards to access to food and housing. By contrast, only eight OECD capitals indicated that they provide some form of financial support on top of the support granted by the national tax and benefit systems. Financial supports for families taking up support services can be distributed in the form of conditional cash payments or vouchers for specific services. Families may receive one-time, targeted, or periodic allowances based on their income and situation. Cities such as Paris (France) have a social support budget in the city budget for families living in poverty or on a low-income, who may help with paying household bills, including rent, water, electricity and gas. An example of a comprehensive programme to help families facing material hardship is the Israeli *Families First* programme which operates out of Otzma (empowerment) centres and focuses on assisting disadvantaged families across the country. Approximately 4,500-5,000 families with

preschool children receive assistance through the *Families First* programme within the 24 Otzma centres in the municipality of Jerusalem. The *Families First* programme provides assistance in a two-generation method through parental employment, provision of basic needs, individual and family capability, utilization of rights, and assistance with budgeting or financial literacy. Conditional cash payments can be issued on a specific-needs basis.

2.5. Services for families with school-age children (6- 17 years)

67. Around two-thirds of OECD capital cities indicate mental health as an area for which they provide some assistance to families with children. However, where data are available, they indicate large treatment gaps (OECD, 2014[61]; 2018[62]; Coppens, 2015[63]). Despite high prevalence of moderate mental disorders amongst young people in OECD countries, specialist services are disproportionately focused on adults. Also, child and adolescent mental health services tend to treat individuals with the most severe disorders and the most acute needs, while mild-to-moderate mental disorders amongst children often remain untreated. Many adolescents with a psychiatric disorder do not receive adequate care or get no treatment at all. Various barriers contribute to the low accessibility, including the anticipation of stigma, poor help seeking behaviours, the lack of parental support, and the undervaluing of the importance to investing in mental health relative to other areas (Coppens, 2015[63]).

68. The school system plays an important role in detecting children with health issues, by providing a setting to organise for instance vision, earing and dental screenings. It can also help detecting mental health issues or needs for psychological assistance, notably through school health services and the inclusion of psychologists within teams of school counsellors and professionals looking after children. For instance, selected schools in Copenhagen (Denmark) offer mental health interventions to adolescents through referrals from school counsellors. Interventions can be provided on campus and can include up to 10 meetings with a psychologist. Supports cover topics such as well-being, stress, loneliness, depression or anxiety, and drug consumption. In addition, many OECD countries have already integrated social and emotional skill development into their national and sub-national curricula. Some countries have gone the step further by developing school-based emotional well-being frameworks focused on improving aspects of the school climate and learning itself (Burns and Gottschalk, 2019[64]).

69. Many countries provide school meals for children, for example, Austria, Brazil, Denmark, France, Finland, Hungary, Ireland, Lithuania, Latvia, Mexico, New Zealand, Portugal and Sweden. Cost of the school meals are sometimes means-tested, for instance in France where the cost for can range from as little as 13 cent to as much as 7 EUR per meal. Certain countries provide school meals at no cost to families, for instance Hungary where all children enrolled in grades 1 to 8 are provided with free meals. In addition, a few countries operate some kind of provision during the holidays (Guio, Frazer and Marlier, 2021[30]). For instance, in France, school canteens are not open but there are recreational holiday centres, used by around two million children that include lunch on similar financial conditions to school meals. In Spain, public (but not private) schools and school canteens remain open during the first 6 weeks of the summer break period. Free holiday catering for Hungarian are also available to all school-age children within schools in Hungary, but there is no available study regarding the effectiveness of this service.

70. Very often, food assistance to families involves a network of actors working together to reach needy families and provide them with timely support. For instance, the Municipality of Tallinn in Estonia hold cooperation contracts with food banks which are funded by EU food aid fund and from the city budget. In Israel, food assistance is generally provided at the national level by the Ministry of Labour, Social Affairs and Social Services

and the National Insurance Institute (NII), but families can also be assisted by joining the Ministry's 'National Initiative for Food Security' which is run in collaboration with the Amutat Eshel Jerusalem civil society association. A total of 80,000 individuals from over 10,000 families benefit from this programme.

71. Providing children access to cultural, sport and leisure activities is supported in many countries as a mechanism for social inclusion and to promote child well-being (Frazer, Guio and Marlier, 2020[65]). While sport, art and music practices provide fun and thereby help to engage children, art education help develop cognitive skills, such as coordination and balance, and they also contribute to learning teamwork, discipline, and how to focus on a goal (Bidzan-Bluma and Lipowska, 2018[66]). Initiatives in some countries to promote the social inclusion of all school-age children include the provision of leisure and artistic activities. For instance, in Portugal, the Ministry of Culture and the Ministry of Education launched a joint initiative 'National Plan for Arts' 2019-2029 which has the aim of enhancing and expanding on existing cultural offers under the following areas: 1) National Reading Plan; 2) National Cinema Plan; 3) Aesthetic and Artistic Education Programme; 4) School Library Network Programme; 5) Portuguese Museum Network.. Part of this initiative entails providing children and young people with a discount card to access cultural events.

2.6. Services for families with complex needs

72. Some families require support from specialised services because of their social circumstances or children's higher care needs. This is particularly the case of families with a disabled child requiring special care and attention. 20 capital cities indicated that they provide assistance to families with a disabled child delivered through health and/or social services. These can include psychological consultations, social rehabilitation programmes, respite services and/or specialized day care centres. For example, Slovenia's Educational Centre Pika provides counselling, lectures, seminars, workshops and educational materials to parents of children with disabilities. The city of Ljubljana also assures funding for payment of wages or reimbursing wage payments including insurance contributions to family assistance. In Japan, support centres for persons with developmental disorders, "Hattatsu-syougaisya- shien centre" are sponsored by each prefectural government. New Zealand's Parent2Parent programme supports parents and carers of children with disabilities, including through training programmes and peer support.

73. A few countries have recently taken some initiatives to improve guidance regarding the support that families with a disabled child can get. For instance, in 2018, Hungary's "Creating and Improving Access to Professional and Public Services for Persons with Disabilities" or MONTÁZS established 22 information and coordination points (IKOP) across the country. Using social work tools and methods 'disability advisors' provide consulting services. They have a key role in providing professional information, networking, establishing and maintaining collaboration, connecting services and users, helping service users' access special services, collecting and updating the information system database with local news and services, and maintaining contact with other members of the network.

74. There are also many local initiatives to promote the inclusion of children with disabilities in care services and schools with other children (Hunt, 2019[67]). For example, Ljubljana (Slovenia) has undertaken systematic measures to build capacity in mainstream kindergartens and schools (e.g. infrastructure, human resources), and establishing special classes for children with disabilities. Efforts are made to support children with disabilities in regular classrooms by providing adjusted and individualized programmes and the allocation of a key worker to provide one-on-one support and sign language interpreters in kindergartens for children with a hearing or speech impairment. In addition, Ljubljana finances school transport for children with disabilities enrolled in schools for children with disabilities.

75. For families with complex needs, it is essential to have access to information and advice on how to navigate the system and find the appropriate services. In order to improve family referral, a majority of capital cities (i.e. 18 out of the 31 who responded to the survey) provide support centres where families can connect directly with specialists working in multi-disciplinary teams. Through targeted or specialised services families can access the professional support of various specialists such as clinical psychologists, occupational therapists, physiotherapists, speech and language therapists, special educators, social workers, nurses, paediatricians, etc. In some cases, the connection with social workers and other specialists takes place in the home of the needy families. For instance, Vilnius (Lithuania) operates psychosocial services for children and families to provide services within the family home. This consists of a multidisciplinary team that include a paediatrician, child and adolescent psychiatrist, clinical psychologist and a social worker who. The services of the mobile specialist team are financed from the budget of the Vilnius City Municipality and are provided free of charge to recipients. In Copenhagen (Denmark), the Social Services Administration also provides in-home supports for vulnerable families. The services include supporting the family by structuring their everyday life, supporting and motivating the family to engage in the society outside of the family household and ensure children attend school or after-school activities. This support can be provided for different periods of time, depending on the need of the specific family; some families need support for several hours a day, while others only need the it once a week.

76. Special services for families to address social disadvantage and discrimination and to provide cultural appropriate services for Indigenous families and families with minority background are present in several countries, including Canada, Australia, Ireland, Sweden, Denmark, New Zealand and Brazil. For example, Denmark target services at vulnerable Greenlander families with programmes, such as counselling, community networking, social activities etc. Ireland provides services to families who are part of the Travelling community (an Irish ethnic minority) through dedicated health and child protection and welfare services, while also funding community and voluntary agencies to provide advocacy and supports. New Zealand provides various programmes for Māori families, including cultural sensitive maternity care, such as among many others the Whirihia programme which empower, enrich and support hapuu maamaa (pregnant mothers) and whaanau to learn the stages of haputanga (pregnancy), whakawhanau (birth) parenting support, home safety, and water safety.

77. Hungary has developed a network Safe Start Children's Centres to support socially marginalised families (from Roma and non-Roma backgrounds) aimed at addressing social disadvantages and child poverty. Safe Start Children's Centres are established in areas of high deprivation. Currently, 106 homes are in operation and 2,500 (0-3 years old) children and their parents benefit from the service. In the 2014-2020 programming period, an additional 80 Safe Start Children's Homes have been earmarked for development.

2.7. Family support policies: different histories, heterogeneous approaches

78. Recent years have seen dramatic changes in family support policy. From the 1990s onwards, family and parenting support services in many countries have started to develop on a larger scale, as governments started to become more ''family focused' and began to look at how they could strengthen families and provide parents with the resources and skills to meet children's needs (Rand, 2019[68]) (Littmarck, Lind and Sandin, 2018[69]). However, the development of family and parenting supports builds on various rationales, including the recognition of children as rights holders (Martin et al., 2017[70]; Daly et al., 2015[7]) (Box 8).

79. Though the development of family support services vary by country, there are common features that mark their development. These include: pursuing public health goals (e.g. childhood vaccinations, screening of developmental delays) (Knijn and Hopman, 2015[71]); the diversification of family structures (e.g. parental separation, family reconstitution, and lone parent households) (Martin et al., 2017[70]); the move away from late intervention or removal of children from the care of parents to prevention (Buckley and Burns, 2015[72]); public awareness of child maltreatment and demand for accountability (Buckley and Burns, 2015[72]; Freymond and Cameron, 2005[73]); better understanding of child development and environmental influences (Sanders and Mazzucchelli, 2017[74]); and the development of the child rights agenda.

80. Preventative interventions inform an important ethos of family support policies. The interest in prevention over delayed intervention grew in the 1990s from the understanding that intervening early to modify a child's behaviour before it reached the dysfunctional level was less costly and more effective; prevention could also reach larger numbers of families. It could also reach those parents who engage in problematic parenting causing harms to children's well-being yet the family would never reach the threshold of intervention for child protection services. Though the cost of maltreatment prevention may be regarded as high, it averts waiting until the family situation worsens for child protection interventions, avoiding an accumulation of adverse consequences for children, families and societies (Sanders and Mazzucchelli, 2017[74]).

81. A growth in a right-based approach was instrumental in the evolution of family supports. This began with the recognition of the need for professionals to work in partnership with parents and of their inclusion in decision making regarding their children. It corresponded with a focus on families' strengths and resources (Devaney and Dolan, 2017[75]). This matured into attention been given in policy development and service delivery to children's rights and children's best interests, meaning that the rights of parents and of children were placed side by side and the family was no longer seen as an 'institution', rather as a collection of individuals (Knijn and Hopman, 2015[71]). The United Nations Convention on the Rights of the Child (CRC) stipulates the role of the State to provide assistance to parents and legal guardians in the performance of their child-rearing responsibilities and to take legal and administrative measures to protect children from maltreatment while in the care of their parents or of others (Box 8).

Box 8. The United Nations Convention on the Rights of the Child and the role of the State in providing Family Supports

The articles of the United Nations Convention on the Rights of the Child (CRC) define the rights of children, and the obligations on behalf of State Parties and the international community. The CRC functions as an anchor point for the multitude of efforts underway to deliver on the well-being of children.

The CRC acknowledges the primary role of parents and the family in the care and protection of children, and the role of the State in helping them carry out these duties. In upholding the rights of children, the CRC does not infringe on the rights of parents to decide what is best for their child; rather it states that States should make every effort to keep the family intact and provide parents with support to fulfil their duties in regards to the upbringing of children and nurturing their development. For example, Article 18 stipulates that State should recognise the common responsibilities of both parents, and make available appropriate assistance and ensure the development of institutions, facilities and services for the care of children. It also stipulates that children of working parents have the right to benefit from childcare service to which they eligible. Article 19 sets out the responsibility of the State in the protection of children from all kinds of maltreatment and exploitation, and its role in establishing preventative measures, including social programmes to provide necessary support to children and their caregivers.

State parties to the CRC recognise the right of children to an adequate standard of living that promotes multiple aspects of their development (i.e. physical, mental, spiritual, moral and social). The CRC states that States should take appropriate measures to assist parents and caregivers, and if necessary provide material assistance and support programmes, particularly in the areas of nutrition, housing and clothing.

2.7.1. Policy priorities and Governance

82. Primary responsibilities for providing family support services varies among OECD countries. National governments are responsible in Estonia, Ireland, Latvia, New Zealand, Portugal, Slovenia and the Slovak Republic, but in the majority of countries the responsibility is shared between national and local authorities. In Belgium, the responsibility rests with various regional governments and in Luxembourg, the Netherlands and Poland family support services are within the remit of local government (municipalities or district governments). All OECD countries have a lead administrative body or authority which is responsible for family support policies such as ministries for welfare, social affairs and social services or specific departments for families, children and youth affairs.

83. Good coordination mechanisms are required to share the governance responsibilities for family support services. Across countries, such mechanisms are established through councils, committees, working groups and/or inter-ministerial bodies. Some countries have chosen to further encourage cooperation and collaboration through implement a national strategy to provide a framework and goals for family support services.

84. Seventeen countries that responded to the OECD Questionnaire indicated that they have a national strategy with well-identified goals regarding the provision of family support services. National strategies can cover topics related to parenting supports, plans for promotion, protection and promotion of the rights of children and teenagers, ensuring a range of programmes and measures regarding the provision of family support services in terms of care, education, health and others, initiatives towards the reduction of child poverty, and/or commitments to preventive work and early interventions.

2.7.2. Cost and Funding

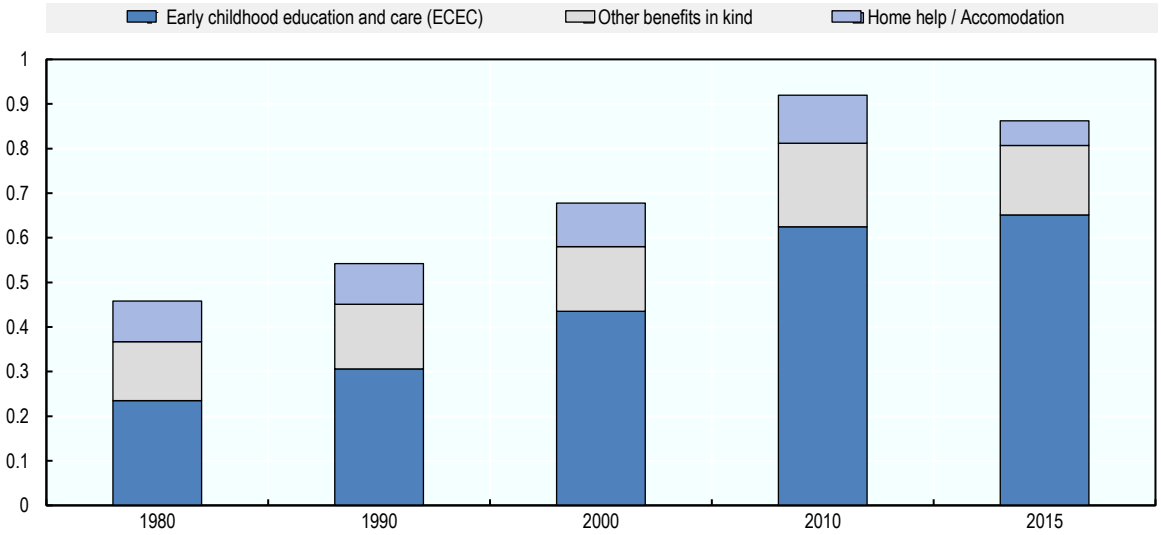
85. Making a clear comparison of how much public money is spent in different countries on family support services is extremely challenging. The categorisations used in the international classifications of social protection accounts do not allow an accurate nor comprehensive identification of public spending on family services at all levels of government administrations. Despite the services covered by expenditure data not matching the definition of family services used in this report, the available data nonetheless suggest that the share of expenditures on family services have increased since the early 1980s but remain limited: OECD countries spend on average 0.3% of their GDP on home help and other benefits in-kind, while the bulk of service spending is focused on early education and childcare services (Figure 2).

86. Countries' approaches to funding family support services vary depending on the governance structure. Twenty four countries indicated in the policy Questionnaire that family support services are publicly subsidized. Public funding can be utilized to provide grants or subsidies to service providers such as in Poland. Countries may also provide money to service users by means of earmarked subsidies or conditional cash transfers that are strictly related to the use of the service Thirteen countries indicated that central government was the sole source of public funding, whereas six countries indicated that public funding was financed by local governments: seven other countries indicated that the source of funding came from national and regional funds equally.

87. Given the scale and complexities of delivering family support services, countries undertake efforts to measure the costs associated with various programmes and strategies. Budgets for family support services often allocated from tax revenue. However, eleven OECD countries who responded to the policy survey were unable to identify what percentage of family support services is financed by tax revenue at national or local levels. One reason is that funding can come from mixed sources such as taxes and social security contributions, making it difficult to pin point exact contributions. Family support services are also spread across various social assistance programmes and funding streams that are difficult to track in the national accounts.

Figure 2. Social expenditure in family services is limited

OECD average government spending on family services as a percentage of GDP, 1980-2015



Note: Expenditures included in the category "home help / accommodation" include spending on shelter and boarding provided to children and families on a permanent basis (such as in nursing homes and foster families). "Home help" refer to goods and services provided at home to children and/or to those who care for them. Other benefits in kind include miscellaneous goods and services provided to families, young people or children (holiday and leisure centres), including reductions in prices, tariffs, fares and so on for children or large families, where expressly granted for social protection. This category also includes family planning services.
Source: OECD Social Expenditure Database and OECD Education Database.

88. Policies regarding the access of family support services to funding vary in OECD countries. In Estonia, Finland, France, Japan, Latvia and Sweden, family support services are mainly supported by local funds, whereas in Belgium, Brazil, the Czech Republic, Hungary, Ireland, Norway, Poland, Portugal and Slovenia they are mainly supported by national funds. Family support services in Austria, Germany, Denmark, Lithuania, Mexico, Netherlands and the Slovak Republic are supported equally by national and local funds. To secure funding, service providers may face the challenge of meeting requirements at multiple levels of governance.

3. Promoting high-quality family support services

89. Promoting high-quality family support services is key to ensure that they are up to the task of meeting families' needs and that public money is not misspent on interventions with little evidence of effectiveness. This starts first with professionals in family support services being well trained and adaptable to changes in the field, and that practices with proven good outcomes be promoted and shared across stakeholders. Mechanisms to ensure that services match with the complexity of families' needs are also critical to providing high quality services. The results of the OECD Questionnaire on Family Service Providers show that practices in this area vary widely.

3.1. Ensuring staff have the necessary professional qualifications and receive support to undertake their role

90. Qualified staff with the expertise to respond to families' needs is crucial for providing high-quality services. Specialized knowledge of health, psychological and social issues are required to address issues directly with families or refer them to appropriate services. To this end, the majority of family support services require staff to have a minimum level of education. The standards of professional qualifications vary by country and scope of services.

91. Taking measures when hiring staff to ensure the safety of children and families in receipt of family services is critical. This can consist of background checks at the beginning of the hiring process for workers who will have direct contact with children and families. These background checks can include child protection screening (i.e. a record check with child protection services to see if the individual has ever had any involvement, for example, if they were ever subject to a child maltreatment investigation), and criminal record check (i.e. to ascertain if the individual has a criminal record or if police hold a record of concern that could present risks for child protection). Many organizations also require health and safety training such as First Aid, while others require specialized training such as suicide prevention training like Applied Suicide Intervention Skills Training (ASIST), depending on the population they serve.

92. The vast majority of family service providers require staff to hold formal qualifications, although requirements regarding the minimum level of education vary widely. A very small number (3%) of service providers indicated that there was no formal requirements but past work and life experiences were valued and considered as an 'asset'. In some countries, family support employees must have successfully completed formalized educational training as a prerequisite for employment in the field. Almost half (46%) of service providers who responded to the OECD family service providers questionnaire required staff to have at a minimum a bachelor's degree in order to work as a practitioner, whereas 6% required staff to have a Master's degree. 56% of service providers who responded to the Questionnaire indicated that their practitioners need to maintain their accreditation certificates or receive ongoing training/ continuing education in order to provide relevant services.

93. The qualifications required by service providers are often determined by national, regional or local authorities. For instance, in most EU member states, legislative and regulatory frameworks include qualification requirements for professionals and practitioners working within child protection services (European Union agency for Fundamental rights, 2015[76]). Standard setting methods such as licencing procedures and accreditation ensure compliance with current legal and policy requirements and promote the availability of qualified practitioners. In the province of Ontario, Canada, staff working in the Early Childhood Education and Care sector are required to have at least a 2-year diploma in Early Childhood Education and registration with the College of Early Childhood Educators. Some service providers prefer to have an interdisciplinary team in order to meet the requirements, but at least one of their staffers running a programme has to be accredited as a Registered Early Childhood Educator (RECE). Other staff bring complementary strengths to the service. Programmes with more funding are able to create multi-disciplinary teams which include social workers, language therapists, health practitioners and/or counsellors. Certification and accreditation procedures ensure a sufficient number of qualified and well trained professionals are available to support families.

94. Qualification requirement depend largely on the practitioner's role, and sometimes it can be challenging for organisations to find practitioners to hire with the right set of skills and qualifications. For example, a study in the United States on home visiting interventions found organizations face challenges in identifying candidates with appropriate level of qualification, necessary language skills and cultural aptitudes in order to serve the need of diverse communities (Paulsell, Del Grosso and Supplee, 2014[77]). Service providers face particular difficulties when it comes to finding practitioners with the expertise to support families with complex needs such as mental health or severe disabilities (Paulsell, Del Grosso and Supplee, 2014[77]; Dauber et al., 2017[78]).

95. Providing access to up to date training and continuous professional development allows practitioners to learn about new intervention methods and evidence-based practices. For this reason, a high number (84%) of family support services reported that they provide practitioners training opportunities to improve their skills and knowledge. However, less than half (45%) currently receive support from subnational and/or national levels of government to develop training for their employees. Access to funding is a critical element to ensure that the family service workforce receives regular quality training.

96. Ongoing training serves several purposes. For instance, it is one way to ensure practitioners' adherence to protocols and make sure that programmes are implemented with fidelity to service delivery methods (Turner, Nicholson and Sanders, 2011[79]; Sethi et al., 2014[80]; Sanders and Prinz, 2018[81]). Training can help service providers understand how to adapt aspects of intervention strategies to best fit the local context and conditions and which components of to the core methodology should not be altered. Training sessions are also opportunities to practice newly learnt skills and get feedback from trainers and supervisors. Participating in training and professional development also appear to be the most consistent predictor of quality child-staff interactions with the highest effect on child development and learning (OECD, 2019[82]; Fixsen et al., 2013[83]).

97. A critical component of professional development includes specialized training regarding the context of services provided and diverse backgrounds of service users. Currently over half (57%) of family support practitioners receive regular training on how to work with vulnerable families from different cultural backgrounds. 19% of respondents also indicated that they provide occasional trainings that address, for example, anti-discrimination and anti-racism practices, Indigenous awareness and Aboriginal cultural education, issues facing immigrant and refugee families, and reducing service barriers for LGBTQI people. According to the Questionnaire, service providers create strategic

partnerships with relevant stakeholders in their community to share knowledge and training resources. For example, community centres providing parenting supports are partnering with immigration services for collaboration with experts in their field. In Finland, the Federation of Mother and Child Homes and Shelters have a specialized worker who provides staff training, and access to materials, and methods to work where there is a language barrier and a translator is not available. In addition, in Helsinki the communal social and health sector branch offers training to personnel who work with clients coming from diverse backgrounds (e.g. immigrants, and LGBTQI+ parents).

98. Practitioners benefit from direct supervision and support to help improve individual practice and to reflect on issues that arise to see if they could be approached differently. Regular supervisions by programme managers or clinically trained staff is an integral part of sustaining quality programme implementation, as it contributes to high levels of adherence and fidelity to intervention models (Novins et al., 2013[32]; Hodge et al., 2017[33]). Effective supervision include direct assessments and feedback on performance (Gottfredson et al., 2015[84]). Regular supervision is associated with reducing practitioner's burnout and turnover (Hirst, 2019[85]; Ben-Porat and Itzhaky, 2011[86]; McFadden, Campbell and Taylor, 2015[87]).

99. It is critical to provide support to staff to help them cope with job stress and vicarious trauma incurred by working families with complex needs. Family support services have different strategies to support the mental health and well-being of practitioners: over half (55%) of service providers reported providing individual check-ins and training as a method of supporting staff, Many service providers indicated that some form of regular weekly supervision is provided to staff. But only one third indicated that they offer access to mental health resources and specialists. Many service providers indicated that some form of regular weekly supervision is provided to staff. Depending on the role, some practitioners have regular check-ins with their managers or they participate in clinical supervision, either internally or externally. Employee Assistance Programmes (EAP) can be offered as part of an employee's benefits package. These services can provide on the phone or in-person counselling for practitioners at any time. In Ireland, Tusla (Child and Family Agency) has an internal health and well-being department that is accessible to all staff.

3.2. Development and promotion of evidence-based practices

100. Effective service delivery is dependent on the ability of service providers to adapt programmes and strategies to the local context. Well-trained practitioners have the competencies to utilize existing frameworks of empirically supported interventions and adapt them to the local community and target populations. Given the cost of developing new intervention methods, it is important that professionals have the resources to make the appropriate adjustments while ensuring that the integrity of the intervention methods are not compromised (Kumpfer, Magalhães and Xie, 2017[88]; Wadsworth et al., 2013[89]; Sundell, Ferrer-Wreder and Fraser, 2014[90]; Gardner, Montgomery and Knerr, 2016[91]). Taking into account cultural differences and context is challenging for practitioners, yet if interventions are not aligned to the context and population culture there will be challenges in recruiting and retaining service users (Kumpfer et al., 2002[92]).

3.2.1. An emerging area of evidence-based policy making

101. Policy makers and service providers should develop strategies to ensure resources and incentives are available to develop evidence-based practices. For this reason, it is important during programme development and data collection stages that there is a focus on the methods required to scale up interventions (Flay et al., 2005[93]). To promote evidence-based practice, governments are increasingly using 'standards of evidence' to support the creation of effective programme designs, development, implementation and evaluations in the area of early intervention. According to the OECD policy Questionnaire, Belgium, Germany, Norway and Sweden use systematic review methods such as evaluations and quality assessments to identify best-practices. Monitoring services in this way can provide empirical data to recognize the good work done by service provider. In many OECD countries, information gained in evaluating family support services is used to determine future funding and policy choices.

102. The adoption of a knowledge-based approach in OECD countries has influenced the way countries distribute funding to family support providers. For example, in Estonia, one of the main principles in the *Strategy for Families and Children* is that financial resources should be invested in evidence-based practices. Institutions such as the Estonian National Health Institute, the Social Protection Institute of the Republic of Slovenia, the Social Security Institute of the Ministry of Labour, Solidarity, Social Security in Portugal and the Hungarian Central Statistical Office are responsible for monitoring and measuring the impact of family support services and programmes. In the Netherlands, there is an emphasis on providing evidence-based interventions has become part of professional guidelines. It has been embedded in the educational systems as well as the daily practice of family support services. Rooting evidence-based practices in the framework of family support services encourages a holistic implementation and whole-systems approaches (see below). Depending on the countries' policies, service providers have adapted their programmes to include recognized evidence-based practices. Currently 93% of service providers who responded to the OECD questionnaire use proven best practices to adapt and improve its service delivery.

103. In order to receive funding organizations are obligated to submit progress or outcome reports. In almost all circumstances service providers indicated in the Questionnaire that they have to report evidence of impact and cost effectiveness through evaluations and programme tracking. Service providers must account for topics such as population served, service users feedback, effectiveness of services, strategies to reach families as well as outcomes of their services such as an impact analysis. Family support services face the challenge of reporting positive results and growth, which is the primary argument to secure funding from local or national budgets. Service provider's ability to adapt to policy changes and funding regulations helps ensure long-term funding from the state budget.

3.3. Adapting services to families' complex needs

104. Vulnerable families can have complex needs that require interventions from specialised services (OECD, 2015[9]). As there is often many interlinkages between these difficulties that vulnerable families have to live with, for example, living in poverty and poor mental health, it can be counterproductive if services only target improving individual issues. This complexity highlights the need for coordination among services and to also counter service users' frustration and confusion from trying to navigate large support systems. Coordination of services at national and local levels is also very important for identifying gaps and duplication in support services. Three main strategies of adapting services to families with complex needs can be drawn from the OECD Questionnaires. These are: (i) integrative methods, (ii) client-centred approaches and (iii) collaborative methods to strengthen multi-disciplinary work. Family support services in OECD counties may choose to use a combination of strategies, depending on their national context.

3.3.1. Integrative methods

105. Methods of integration aim to create an environment where organizations join efforts through funding, coordinated guidelines, collaboration for the monitoring and assessment of services. Countries looking to move away from a fragmented family supports system can find a number of benefits in supporting integrative methods. The OECD Questionnaire identified multiple ways in which service providers and counties currently incorporate integrative methods. These include taking a whole-systems approach through national strategies, strengthening coordination mechanisms, including access to services, and encouraging knowledge sharing.

106. 18 out of the 31 countries who responded to the Questionnaire on Family Services Policy reported that they have adopted and developed national strategies or action plans with well-defined goals regarding the provision of family support service. These strategies target various aspects of service delivery to meet the needs of families. They are designed to promote the implementation of integrative methods at the national and local levels. Targeted national strategies include those targeted at the prevention of domestic violence, promoting the social inclusion of disadvantaged families and children, and promoting the inclusion and rights of children with disabilities, or marginalized groups. Below are various examples of current national strategies and action in OECD countries.

Parenting and Childcare Support strategies

107. A few countries have Strategies focused on families with young children, which aim at providing parents support in their role as parents, access to childcare, child health promotion, and measures to help parents balance work and family life. For instance, Ireland has a cross-departmental strategy to support babies, young children and families called the *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families* (2019-2028). It provides a range of policy options to balance work and family commitments, for example, developing new parental leave scheme for mothers and fathers and greater flexible working arrangements. The Strategy aims to promote positive health behaviours, develop a dedicated child health workforce, reform the early learning and care system through an affordable childcare scheme, and address poverty in early childhood. Overall, the Strategy aims to make significant enhancements to early childhood itself in Ireland and important contributions over short, medium and long term to the lives of young children, their parents, and society and the economy.

108. Many countries have introduced Strategies to promote the well-being of children and families. Australia, for example, has its National Framework for Protecting Australia's

Children 2009-2020, which was endorsed by the *Council of Australian Governments* (COAG) to provide a long-term approach to ensuring the safety and wellbeing of children. This Framework is currently under review to determine what will succeed it. In Sweden, the National Strategy for Parenting Support ('En nationell strategi för ett stärkt föräldraskapsstöd') has the goal of offering all parents parenting support until their child get the age of 18, in order to strengthen children's health and development. This Strategy is linked to other national strategies such strategies to promote the rights of children, the national gender policy and the national programme for crime prevention and the national strategy for mental health and the national disability policy. Connecting strategies that address specific topics related to children and families is an example of taking a whole-of-government approach. Similarly in Estonia, the *Strategy of Children and Families* (2012-2020) include among its objectives the protection of children's rights and support programmes for families to improve the quality of life and future of children. In Korea, its third national strategy t*he Basic Plan for Ageing Society and Population* for 2016-2020 aims to improve the standard of living of families through measures towards housing and education costs (OECD, 2019[94]).

109. Both France and Norway have adopted plans in 2018 to strengthen their support towards parents and enhance prevention and early intervention for children and families in need. In France, the *Caisse Nationale des Allocations des Families* (CNAF) is reviewed every five years to ensure the effectiveness and accessibility of services. The 2018-2022 plan focuses on providing early and accessible parenting supports as well as preventing family breakdowns (Box 9).

Box 9. France's family and parenting support strategy

In France, the development of services for families is mainly supported and financed by the *Caisse nationale des allocations des familles* (CNAF) and its territorial network (CAF de département). In order to develop these services, a Convention agreed with the State is renewed every five years to strengthen support and ensure the effectiveness and accessibility of the services offered. Strengthening parenting support is one of the components of the last development plan (2018-2022) with three major objectives: (i) Supporting parents when their child arrives by improving existing systems and helping them to work together (ii) Supporting parents in bringing up their children, particularly adolescents (iii) Preventing family breakdowns and supporting families after family dissolution.

The National Parenthood Fund (expected to reach 34.5 million euros in 2022) will contribute to achieving these objectives, and is made up of three parts: (i) Supporting actions from the Networks for Listening and Supporting of Parents (Reaap) which develop actions aimed at strengthening parents' skills and enhancing their abilities through dialogue and exchange; (ii) strengthen local parenting support policies and reduce territorial inequalities by clarifying policy objectives and by a better coordination of service provision in different domains (health, mental health, social, childcare, etc.); (iii) the third component focuses on supporting centres and innovative projects to support parents, by helping coping with stress, developing parental respite schemes, equipping families to deal with the digital world, providing tools and training for families, professionals and volunteers on parenting issues. Support is also focused on structures offering multiple supports for parents in one place. The National Parenting Support Strategy is presented in a report entitled Dessine moi un parent.

Source: 2019 OECD Questionnaire on Family Services Policy

Strategies targeting vulnerable families

110. OECD countries often use national strategies to target parenting supports and policies at the most vulnerable families. Very often, special support for vulnerable families is included as part of a package of support to help a wider range of families. For example, in the Czech Republic, the 2019 *Family Policy Strategy* included measures such as ensuring accessibility of pre-school, childcare, supporting flexible working arrangements and support of single-parent families. Ireland's *Roadmap to Social Inclusion* (2020-2025) provides a framework for poverty reduction and social inclusion, including universal Child Benefit payments, means tested adult and child dependent allowances for people in receipt of welfare payments and additional financial supports for exceptional or urgent needs. Since 2011, the Hungarian National Social Inclusion Strategy has been reviewed each year and reviewed every third year. The 2018-2020 action plan targets the most disadvantaged children including Roma children. In response to demographic challenges (i.e. declining birth rate), Hungary has also introduced a Family Protection Action Plan in 2019. In 2019 nearly 100,000 families have received some form of support as part of the Family protection Action Plan including supports such as loans for young married couples expecting a child, home-start loans, car purchase subsidy for large families, tax exemptions for women with four children, etc.

111. In some cases, highly vulnerable families with complex needs are the focus of specific support plans. For instance, in Lithuania, the *Action Plan for Complex Family Services* (2016-2020) is being implemented in collaboration with the country's 60 municipalities and aims to ensure families' access to community support services in case of urgency, address any conflicts between work and family commitments (Box 10).

Box 10. Lithuania's Action Plan for Complex Family Services

Within Lithuania, there are few national initiatives that relate to the provision of family services. One example is the Action Plan for Complex Family Services 2016-2020, according to which all 60 municipalities in Lithuania implement Complex Family Services projects, funded by the European Social Fund under the Operational Programme of the European Union Funds Investments 2014-2020. The aim of the Action Plan is to ensure that families have access to comprehensive services, as close as possible to their place of residence, and enable families to overcome crises and reconcile family and work responsibilities. The project provides families with access to services such as positive parenting training, psychosocial assistance, family skills development and socio-cultural services, mediation, child care and guidance, transportation service.

On October 19th, 2017 the Law on Family Strengthening was adopted in Lithuania, and the implementation of the 'Basic Family Services Package' began in June 2019. This Package describes the most basic and important services that must be ensured in each municipality for families, as well as criteria on their accessibility, service provision methods, and their progress. The Basic Family Services Package describes 14 psychosocial, social skills education and support, childcare and training, health, education, socio-cultural services that provide essential assistance to enhance family capacity to address emerging challenges and enable safe, healthy, and harmonious environments in families' daily life.

Source: 2019 OECD Questionnaire on Family Services Policy.

Health Care strategies

112. Many countries have strategies that aim to better integrate health care initiatives into family support programmes, especially for families with children in their first few years of life (Box 2). For instance, Sweden's National Strategy for Parenting Support (2018) aims to strengthen integrated policy and promote support for families where mental health or disabilities are an issue. Hungary provides another example where home visitor nursing care (health visitor) has been part of the family support strategy for over 100 years and is an important part of the national primary health care system. The countries' strategy includes preventative health care work and is particularly successful at reaching vulnerable and underserved populations. District health visitors are also based in schools and hospitals and often work in collaboration with various partners in the family support sector who play key roles in supporting families.

113. In 2019, the Norwegian government launched a comprehensive initiative for children and young people's mental health, as part of its Strategy for Good Mental Health - Mastery across the lifespan, (2017-2022). The initiative was developed by the Ministry of Health and Care Services in collaboration with several other ministries. One of its goals is that all children and young people in Norway will experience good mental health and enjoy a good quality of life. Norway will work towards delivering more comprehensive services for children and youth in areas where it is needed. An important principle is the development of patient-centred health care services, where the needs of the patient are the focal point: "No decisions about me will be taken without me". Over the last six years, this high priority has resulted in more user involvement, an increase in the number of outpatient and local based services, and shorter waiting times.

Developing coordination mechanisms

114. The implementation of the aforementioned plans or strategies depends on the coordination mechanisms put in place between the different decision-making levels involved in family support service programmes. Responsibility for family services is usually shared by national and local authorities in one way or another, and coordination mechanisms differ among OECD countries, depending on which level of government is primarily responsible for family support policies.

115. Countries who share the responsibilities for family support services between national and local authorities often create inter-governmental groups to address the variety of needs in different areas of the country and implement the national strategy. For example, since 1992, the *Council of Australian Governments* (COAG) has coordinated the multiple actions by all Australian Governments including matters relating to families and children. In Canada, inter-governmental working groups and committees are created with federal, provincial and territorial ministers in order to coordinate different areas related to family supports. In Sweden, the *Family Law and Parental Support Authority* supports the implementation of the national strategy on parenting support by means of developing training materials, and various support materials. County Administrative Boards support the different regional and local actors. Similarly in the United States, councils and working groups are established by the federal government.

116. When family supports are addressed mainly at the national level, countries aim for more horizontal integrative methods for working with stakeholders. This method breaks away from fragmented or silo systems in order to bring together various sectors to work simultaneously on the same issue (OECD, 2015[47]). *The National Social Appeals Board* (Ankestyrelse) in Denmark is responsible for practice coordination and identifying gaps in service, and responsible for providing support and advice to municipalities on, for example, the implementation of social services methods and best practice. Estonia has a child protection council is one of its government committee. Among its many functions, is to establish the objectives, coordination and implementation of relevant recommendations for cross-sectoral preventive child protection measures.

3.3.2. A client centred approach

117. Case management is a client-centred approach which is used to work with disadvantaged families to address multiple needs and to coordinate the role of different services (OECD, 2015[9]). The case manager acts as a guide for families to navigate systems of support and can help reduce the administrative burden on families of applying for multiple supports. Case manager works with families in a holistic manner, assisting them through the process of accessing relevant supports and addressing their needs as they arise. Case managers work with families to provide them advocacy, information and guidance, depending on individual needs and outcomes of risk assessments. The use of a case manager attached to single agency has been found to increase the likelihood of individuals receiving necessary services.

118. Fifty percent of service provider survey responses indicated that organizations within the OECD work within a case management system. In addition, 42% of organizations indicated that families interact with the same case-worker throughout their participation in programmes. Organizations often deliver case management under various titles such as youth support workers, family support workers, intercultural support worker, key worker, community development worker, or project workers. Despite the difference in roles, the overarching goals are the same i.e. to address families' needs based on needs assessments, to build long-term working relationships, and to providing families with resources, information and advocacy on an ongoing basis.

119. Cases managers are often well trained and highly qualified in order to best support families within local and regional systems. Practitioners can have a variety of backgrounds such as social work, play therapy, psychotherapy, family therapy, community development or counselling. While case management ensures that the main contact for families remains consistent, it also allows collaboration between practitioners who are working with the same family from different lenses of expertise. Some organizations are able to provide a dedicated case manager to all families that access their services while others rely on regional navigators which are external providers that work within the organization periodically. Organizations such as Tusla (Ireland's child welfare agency) works with family support practitioners within their programmes that target families with complex needs and require additional supports.

120. It is best practice to refer a family to the appropriate support service if the current service is not able to adequately address an issue or if it falls outside of their remit. When organizations specialize in one field they often need to provide families referrals for programmes that are better equipped to support their complex needs. Case managers can utilize local and region specialized supports by working with other stakeholders including other service providers, NGOs, governmental agencies, health services or schools. 72% of surveyed service providers make referrals for specialized services. Signposting, making appropriate referrals and making alternative services more accessible help families navigate large support networks.

3.3.3. Collaborative methods used by service providers

121. The third main strategy to coordinate services at local and national levels includes partnership agreements and supporting the collaborative methods of multi-disciplinary teams. In some cases, service providers work within formal partnership agreements where they co-deliver services in collaboration with organizations within the same field or with different expertise. For example, a community centre offering parenting programmes may invite an agency specialized in financial literacy, addictions or domestic violence to come support targeted families in need or deliver a specific programme to the community. Service providers use different tactics to integrate family support services on a local level. Organizations and practitioners may choose to collaborate with other experts and stakeholders in the field, co-locate with multi-disciplinary teams or refer service users to professionals outside their own organization. Service providers that work within integrated family support services can utilize three main mechanisms of communication and collaboration which ensure client-centred supports. (i) Organizations can provide families multiple supports and different types of assistance within one entity, (ii) building multi-disciplinary teams (iii) or engaging in case conferencing.

Organizations providing multiple support services and programmes

122. The OECD Questionnaire found that 60% of service providers currently deliver multiple family support services and programmes to families. Multiple support services involves organizations and practitioners providing different types of assistance to families at the same time in order to meet multiple needs. These supports may address parents and children's various social, psychological, educational, nutritional, housing, medical, employment-related and other basic material needs. Organizations that provide multiple services within the same institution deliver supports through a community space dedicated to the programme, through outreach or in-home supports. Organizations often receive funding for multiple services under one umbrella programme.

123. Organizations that are large enough to provide multiple services and programmes to families are able to address many family support topics. This means that at any one time families are able to access various programming, events and specialized supports. For example, In Spain, the *Isadora Duncan Single-parent Foundation* target four main issues regarding family life. These include financial education and programmes addressing poverty, gender- based violence support, a migrant women programme and a care centre for single-parent families. In New Zealand, *The Home & Family Society Christchurch Incorporated* is a multi-agency collaboration which provides wraparound services regarding issues of domestic violence. Their primarily aim is to provide resources to parents in order to develop stronger skills so that their children can remain in their care. In Ireland, Tusla (Child and Family Agency) funds 121 Family Resource Centres which offer a designated space for community services to provide a range of supports and activities in one central location in the community. Family Resource Centres can offer computer courses for adults and carers; parenting programme; men's shed; back to work programmes; women's groups; consultation with a public health nurse; training and supporting volunteers in the community; mindfulness, meditation and art therapy; counselling services for adults and children; parent and toddler groups; information services; community welfare service; disability support group; and courses on cyber safety; financial literacy programmes, health and nutrition programmes, positive mental health programmes. The YMCA in Halifax is the largest multiservice organization for women in Atlantic Canada. Its services include housing women with previous experience of homelessness, anti-trafficking support, emergency housing, employment programmes, childcare and early learning, microloans and case management, financial literacy, income tax clinics, and peer leadership training.

124. Practitioners from various partner organizations can choose to co-locate in order to maintain integrative work yet still remain employed by their own agency. Cooperation between service providers who cover multiple topics and have various expertize are able pool their resources through co-locating in the same building. Co-location can contribute to reducing the barriers of access for service users (Statham, 2011[43]). In Canada, the *Family and Community Services* (FCS) in Strathcona county are co-located with several community organizations to facilitate cooperation between services. FCS's model of service delivery is based on providing holistic, seamless services to all users. Its *Home Visiting programme* provides families with access to a nurse who provides nutrition and medical advice and care. *The Navigation Services* support service users in accessing services related to housing, employment, domestic violence, justice and counselling.

Multidisciplinary teams

125. A second strategy service providers can use to collaborate is creating multi-disciplinary teams of several professionals to work with the same families with complex needs to deliver coordinated support and joint work. Multi-disciplinary teams can be made up of social workers, school teachers, paediatricians, etc.

126. In the Questionnaire, 62% of family services operate with multi-disciplinary teams. Examples of such services include in New Zealand *The Champion Centre - Tamariki Toiora* which is designed to meet children's social, psychological, educational and nutritional needs. Their family support team assists families' accessing housing and employment opportunities. In addition, each child is connected to a support liaison for medical professionals working on their case. In Italy, *Bottega di Geppetto* has a multi-disciplinary team which includes educators, social services and neuroscientist who work together on cases with children with special needs. *Confederación Española de Familias de personas sordas* (FIAPAS) in Spain has also identified working within multidisciplinary

teams and ensure coordination with relevant specialist such as medical professionals and children's teachers. In Portugal, multidisciplinary teams within *Centro de Apoio Familiar e Acolhimento Parental* (family and parental support centres) provide community support to families, children and young people at risk.

127. Other parenting support providers offer multiple services which are able to work with families who are at high risk of experiencing multiple needs and require simultaneous support in different area. For example, Parenting Shops in Belgium provide a one-stop 'shop' for parenting support in all areas. Professional staff have backgrounds in social work, social welfare studies, psychology, etc., and interventions are delivered through information sessions, parenting classes, home visits and brochures and leaflets. In Australia, the Communities for Children Facilitating Partners provides early intervention and prevention services, including parenting support, group peer support, case management, home visiting, community events and life skills courses

Case conferencing

128. Case conferencing is a client-centred strategy that facilitates practitioners from various organizations working with the one family to periodically come together to discuss a coordinated support plan. Service users are often present at a case conference to actively participate in making decisions about their needs and support methods. *Cope Galway* in Ireland (which provides support services for homeless families, women experiencing domestic abuse, etc.) includes case conferencing as a part of their service delivery methods and includes all agencies working with the families to address on-going needs. In Malta, the *Agency for Community and Therapeutic Services* (ACTS) conducts a detailed assessment of eight focal points including emotional well-being; parenting and child development; social networks and relationships; legal issues; financial literacy and income stability; employment and employment readiness; lifelong education; and, housing and household stability. After an initial assessment is completed a care plan is drafted depending on the goals identified. Interventions are implemented accordingly with families and the multi-disciplinary team. In Finland, It is common practice for case conferencing meetings to include families, a worker form the *Federation of Mother and Child Homes and Shelters* (Ensi- ja turvakotien liitto) and workers from local social welfare services.

4. Strengthening the effectiveness of service delivery

129. Strengthening the effectiveness of service delivery requires reaching the families most in need and overcoming the multiple different financial, material, social and cultural barriers that can deter families from using services (Oates, 2010[95]). These efforts will be undermined if the right kind of services do not exist in the first place and if needs assessment are not undertaken to ensure families are engaged with services that best meet their need. Keeping families engaged with support services for either long enough for programmes to have their desired effect or until families no longer have such a need is also a challenge. To understand how countries address these issues, the OECD Questionnaires asked service providers and public authorities to provide information on (i) practices regarding needs assessments, (ii) approaches to coordinating access to services, and (iii) methods of retention and to expand service reach.

4.1. Conducting needs assessments

130. The development of family support policies and family services depend on robust assessments of the needs of families who could or should benefit from family support services. Such needs assessments should be undertaken in a systematic manner, gathering information on social issues affecting families and the types of needs of (potential) service users. Needs assessments can inform at least two levels of family support services delivery: one is about family's need for a service and seeks to design the best mechanisms to deliver services; the other seeks to collect information on what direction policy should go in order to ensure that full range of families' needs are addressed.

131. Among survey respondents, three in four (74%) service providers indicated that they conduct needs assessments to gain better insight into family's experiences and to support programme planning. Needs assessments can be conducted formally or informally, depending on service provider's initiative and resources. Informal assessments are conducted by service providers who have established a certain level of trust in their relationship with service users, and are frequently used by smaller providers with close ties with the community. Practitioners are able to talk with families about their needs and develop a good understanding of their circumstances while simultaneously developing positive relationships with family members. Informal assessments can help increase family engagement in the process, leading to a greater awareness of additional needs and associated support requirements. However, informal assessments or ad hoc methods of collecting information on family's needs can result in fragmented service delivery which may not be the most effective use of scarce resources due to the unstructured nature of the information collected. Formalized assessments can provide valuable information for practitioners, service providers and policy makers within family support services. Formalised needs assessments also make it easier to share and diffuse best assessment practices across practitioners. Tools being used to make formal assessment vary widely across service providers (Box 11).

Box 11. Needs assessment tools reported by Family Support Services Providers

Formal needs assessments are conducted in different ways depending the practitioners' training and purpose of the organisation, among other things. Some organisations have developed their own needs assessments that are systematically carried out when they look to start working with a family. The level of detail of information collected depends on the service provider and its resources. Some organisations conduct standardized needs or risk assessments by using tools such as strength and needs/difficulties questionnaires, well-being questionnaires, or health needs assessments (HNA) Others reported that they use evidence-based assessment tools such as Barnardos Assessment Framework (BAF), *Signs of Safety*, Meitheal method, *Outcomes Star*, The Systemic Clinical Outcomes and Routine Evaluations-15 (SCORE-15), *Eyberg Child behaviours inventory*, The Incredible Years Parenting Practices Interview (PPI). Regardless of the formalized assessment tool used, the information gained from them helps practitioners to understand the issues facing families, their support networks and r current needs.

These tools can help service providers develop intervention plans, outcome goals, and realistic timeframes for working with families. For example, *Signs of Safety* is a comprehensive risk assessment and planning framework for working with families where there are child protection concerns, and is implemented in several countries, for example, Australia, Canada, Ireland, Japan, New Zealand and the United Kingdom. The approach expands the risk investigation to identify the families' strengths, and periods of safety and good care that can be built on to stabilise children's home situation. This evidence-based method incorporates the information gathered into a one-page Signs of Safety assessment protocol for each family which can then be used by practitioners as a road map for what changes need to happen for families. *CUPS* in Calgary, Canada implement the assessment tool The Resiliency Matrix which practitioners use identify positive and strengths in a child's life (e.g. protective factors) as well as vulnerabilities and adversities. It places an emphasis on the practitioner getting to know the child and talking to different adults who have a relationship with the child.

Source: OECD Questionnaire on Family Service Providers.

132. Practitioners can focus their assessment on only one dimension, or they make a more comprehensive assessment of family situation by, for instance, looking at issues around poverty, violence, addiction, mental health and child protection (Kendall, Rodger and Palmer, 2010[96]). However, not all practitioners have the capacity or skills to make such a broad assessment of families' needs; and the concern to protect family privacy is also a reason that may discourage service providers from questioning families on too broad a spectrum of dimensions.

133. Families' needs assessment can help service providers identify whether their services are best suited to support families with specific needs: nearly three in four (72%) service providers indicated that if their organization is not able to provide a specific service to families in need, they will help them find appropriate services that are able to meet their needs. In order to make appropriate referrals, service providers must be well informed of support systems available in their community, and this requires mechanisms of collaboration and coordination among the many providers. If a programme does not provide all relevant supports, there is a risk that families stop engaging with the programme altogether: practitioners can leverage their knowledge to encourage families to continue engaging with appropriate services and provide additional support or referrals as needed (Kendall, Rodger and Palmer, 2010[96]).

134. While service providers collect feedback directly from service users, policy makers rely heavily on the information transmitted by service providers and practitioners to gauge what are the support needs of families. Japan, Lithuania, the Netherlands, Hungary and Ireland report relying on close cooperation with practitioners and service providers who work directly with families. Government administrations can also use the connections that support programmes establish with families to survey their needs. For instance, in Israel, families receiving assistance from the municipality's welfare administration can participate in service evaluation through a fixed questionnaire and classification scale. The classification scale identifies the family's needs and what support should be provided in relation to certain categories (i.e. poverty relief, assistance managing disabilities, after-school support, etc.). Based on this fixed evaluation process at intake, a very tailor-made intervention programme is established. A similar system in Portugal is used for all families applying for Social Insertion Income (Rendimento Social de Inserção) which addresses individuals and families who are in a severe situation of economic deprivation. The programme ensures families have access to an income allowance and a social inclusion programme (employment, education, vocational training, heath care service and other social services). An interview with the families helps identify which are the main problems and needs of the household leading to set actions and integration programmes.

135. Public authorities may also use administrative data to connect with families and survey their needs for prospective purposes. For instance, in Denmark, the Social Service Administration Copenhagen carries out a yearly survey on service user satisfaction to identify the potential for improvements of existing services and to identify emerging needs. The Administration also assess demographic and social trends to identify future challenge, needs and the associated financial consequences of social service delivery in Copenhagen. Countries including Brazil, Estonia, Finland, France, Hungary, Ireland, Israel, Lithuania, Mexico, the Netherlands, Portugal and Slovenia, also report the regular collection and analysis of statistical and administrative data on family service delivery to strengthen policy intervention in this area.

4.2. Approaches to coordinating access to services

136. Referral mechanisms and processes are critical to ensure families can access the right service in a timely manner. Co-ordination at the systems-level among the range of services operating in the field is critical (ESDC, 2019[97]). In its absence, families may register on a number of different waiting lists: that's if they can find their way to the appropriate service in the first place. It may also put a burden on families in vulnerable and stressful situation to repeat their story unnecessarily to different service providers. It can help achieve both short- and long-term positive results as families accessing the right service in the first place is good for achieving programmes goals and positive changes or outcomes for families (OECD, 2015[47]; Acquah and Thévenon, 2020[8]). For example, Canada has introduced 'coordinated access' as a component of its homeless strategy (Reaching Home: Canada's Homelessness Strategy to ensure the local coordination of services for individuals and families experiencing or at risk of homelessness. It is an integrated process that supports a comprehensive systems-based approach to service delivery rather than an agency-by-agency or programme-centred approach (ESDC, 2019[97]). It helps prevent service providers from working in silos, reduces duplication of services and ensures that families can access a range of services (Polak and Saini, 2018[98]; Acquah and Thévenon, 2020[8]).

137. Organizations often foster connections within the community to form broad networks that can be mobilised to help service users' access a variety of different supports beyond the scope of any one organization. Broad networks are created formally and informally to ensure a 'no wrong door' approach: i.e. children, young people and families in need of support will be connected to the right service provider, regardless of how this help is sought. Broad networks of service providers aim to create an integrated approach. Service providers can share knowledge on local services and local issues. In Ireland, each Tusla (Child and Family Agency) catchment area has a 'Child & Family Support Network', which consists of all services that play a role in the lives of children and families in a given area. This includes local statutory children and families' service providers (e.g. psychology, public health nurses, social work, justice, education and welfare) and local voluntary and community children and families' services and services & organisations funded through other public sources. The goal of these Networks are that families should experience services as easily accessible and integrated at the front line in their own communities.

138. Some service providers are moving towards more holistic or "integrated" interventions to address multiple issues simultaneously, rather than only targeting one specific area of need of families or children. Such holistic support services work with families as a unit rather than only supporting the child or parent in need. Strategies to provide "integrated" support can use (i) a 'two-generational' approach, (ii) in-home supports or (iii) wrap-around services.

4.2.1. Supporting families through a two-generation approach

139. A 'two-generation' approach is used in service delivery to engage family members as one unit through services delivered under one roof or the pairing of programmes targeted at children with services targeted at parents. It focuses equally and intentionally on services and opportunities for the child and the adults in their lives. They articulate and track outcomes for both children and adults simultaneously.

140. Two-generational programming can include health and education services, early childhood education, programmes specializing in addressing issues related to childhood trauma, parenting programmes, literacy, addressing mental health issues and prevention of child abuse or domestic violence. Programmes with a 'two-generation' approach have been proven to be an effective way to support early learning (Love et al., 2005[99]; Bornstein, 2015[100]; Acquah and Thévenon, 2020[8]). Almost two-third (63%) of service providers include support for children and training for parents, although the programmes vary in their emphasis on directly supporting children versus parenting behaviours.

141. The 'two-generation' approach has seen key supports that were previously kept in separate silos (e.g. parent employment training, counselling, child care etc.) come together under one service to provide programming for adults and children. Two-generation programmes support child well-being by capitalizing on increasing parents' capabilities by way of financial literacy programmes, post-secondary education, certificates and job training (Lindsay Chase-Lansdale and Brooks-Gunn, 2014[35]; Acquah and Thévenon, 2020[8]).. Examples of "two-generation" programmes include *CUPS* in Calgary (Canada) which is a science-informed health and social service agency that works with families with complex needs. CUPS operates health services (i.e. health clinic and family health services) and child and family support programmes (i.e. a child development centre and a family development centre). Parents can access a variety of supports, from parenting education to emotional support and financial and housing assistance. Children can access preschool, day care and therapeutic supports.

142. In the United States, a two generation approach, known as 2Gen, has been adopted by the Interagency Council on Economic Mobility initiative. The approach involve pairing programmes targeted specifically at improving child outcomes such as early childhood education programs, health screenings, etc. with parallel yet separate programmes targeted specifically at parent outcomes, such as workforce training, food and nutrition assistance, etc. The initiative provides a list of federal programmes which can support a two generational approach. In addition the US Council provide resources to practitioners, service providers, states and policy makers.

4.2.2. Supporting families through home visiting programmes

143. Home visiting or in-home supports are interventions targeted at improving outcomes through provision of information, resources and direct in-kind support by trained professionals (e.g. health care professionals or social workers) within the family home (Michalopoulos et al., 2017[36]; Duggan et al., 2018[101]; Acquah and Thévenon, 2020[8]). Working within the family home has many advantages: it helps practitioners get a better sense of how family members engage in their daily home activities and what are the challenges. It provides services more tailored to families' needs (Michalopoulos et al., 2017[36]). 1 in 4 (24%) service providers indicated that case workers visit families in their home to assess their needs while less than 1 in 5 (17%) said home visiting only occurs under certain circumstances. Home visiting programmes typically target a range of outcomes, including improved maternal and child health, prevention of child maltreatment, and building school readiness. Home visiting are typically offered to at-risk families during pregnancy or from the birth of a child. Depending on the programme, professionals visit the family home periodically until their youngest child is two years old.

144. Some organizations provide one-on-one parenting support within home visiting and in-home support programmes. *The Incredible Years Parenting Programme* or *Home Visiting Coach* is an evidence-based curriculum that focuses on strengthening parent-child interactions and attachment in the family home. For example, there are different stages to the *Incredible Years* series, some target parents, teacher and children, but they are complementary. Practitioners can use consistent parenting programme plans between group settings and individual meetings in order to strengthen the parents' capabilities. The *Home Visiting Coach* includes parent workbooks for various age groups designed to enhance parent-child relationships and attachment, promote language development, along with ideas for parent-child activities.

145. Home visiting and in-home supports can be expensive in the short term, but evidence shows consistent effects on families economic self-sufficiency and benefits can exceed costs in the long-term (Michalopoulos et al., 2017[36]; Duggan et al., 2018[101]; Acquah and Thévenon, 2020[8]). Home visiting models have demonstrated positive outcomes in improving maternal and child health, reducing child maltreatment, improving child development and school readiness, increasing positive parenting practices, family economic self-sufficiency and connecting families to referral sources (Sama-Miller et al., 2019[102]; OPRE, 2020[103]).

146. In the United States, legalisation underpinning The Maternal, Infant and Early Childhood Home Visiting (MIECHV) programme requires the Department of Health and Human Services (HHS) to conduct a continuous programme of research and evaluation activities to build knowledge around the implementation and effectiveness of home visiting programs. Between 2014 and 2018, for instance, 97 evaluation plans were approved to contribute new knowledge to understanding of home-visiting implementations, fidelity, outcomes in diverse contexts, systemic change, populations served and programme cost (OPRE, 2020[103]). Common MIECHV research themes to build evidence-based practices include:-

- *Participant recruitment, retention and engagement* through the evaluation of the practitioners, families and youths relationships including how they are impacted by different variables such as the home visitors communication styles, home visitors turnover rates and how professional supports provided by home visitors may be associated with participant engagement.
- *Home visiting workforce development:* how home visitors skills align with early childhood workforce core competencies; research on the correlation with job satisfaction, stress and burnout; employee retention; impact of reflective supervision practices as a mean of support; and, inclusion of mental health consultants on home visiting teams.
- *Collaboration and coordination* research focuses on questions such as how cross-agency partnership can foster collaboration; the impact of collaboration on referrals to home visiting programmes and referrals for families to access community services; the influence of new practices on improving networking and collaboration; and, how system interventions can help overcome barriers to coordination.
- *Enhancing Home visiting programme* focus on unique methods of addressing the needs of families affected by substance use disorders or infants born with neonatal abstinence syndrome, monitoring the benefits of utilizing doulas (usually a woman who is not medically trained and provides support during the pre-natal and/or post-natal period), mental health specialists and trauma-informed care approaches.
- *Home visiting innovations* including the impacts of professional development and career mapping for home visiting employees; providing a centralized telephone access point for connecting families to services and care coordination; and, community outreach services to support early detection and intervention.

4.2.3. Supporting families through wrap-around services

147. The term 'wrap-around services' was coined in the early 1980s to describe comprehensive community-based services provided to individual families. Though there is no universally accepted definition of wraparound services, it usually involves 'surrounding' the family or individual with intensive support to help reach agreed goals and to monitor progress. (Thomson et al., 2017[37]; Vandenberg et al., 2003[38]; Silva et al., 2020[39]). For example, in New Zealand, wraparound services are provided by *The Home & Family Society Christchurch Incorporated* for families affected by domestic violence or sexual abuse. Practitioners work within a wrap-around method to providing parents with resources to keep their children safe in their community and avoid them coming into care. The organization is part of a multi-agency collaboration that responds to family violence episodes as part of an Integrated Safety Response which involves community-level actors. In Ireland, *Family Matters: Area Based Childhood (ABC)* programmes provide individualized wraparound supports for vulnerable families including those living in

homeless or emergency accommodation, providing home visiting support to expectant mothers to prepare them for the birth, practitioners aim to reduce anxiety and encourage parents to engage with the relevant maternity services. The Family Matter programmes also collaborate with community specialists, social workers and public health nurses for maternal and child health and mental health in order to coordinate efforts to support the family or individual in need. In Poland a two-year-long project named "create a happy home for your child" was developed to provide support to families and children at risk of social exclusion and experience care or support deficits that could result in children being placed in foster care. The project comprehensive approach takes action at different levels to prevent children from being placed in foster care. The interdisciplinary work of service providers assesses family environments and develop family-specific intervention plans that address their complex needs.

148. In the United States, a more systematic approach was developed to measure the quality and fidelity of the wrap-around method through the Youth Advocate Programmes, Inc. (YAP) and the creation of the Wraparound Advocate Service Model (Silva et al., 2020[39]). The programme aims to support youth in marginalised situations who face challenges threatening their wellbeing. A blended Wraparound Advocate Service Model is a strength-based, individually tailored community-based service which aids in promoting resilience's through the youths ability to thrive in the face of adversity. The model is grounded in research and demonstrate a high level of success in outcomes associated with helping young people in adversity be resilient (Silva et al., 2020[39]).

149. In general, organizations and practitioners utilizing this approach often use the Wraparound Fidelity Index (WFI) which adheres to 11 core principles including family voice and choice, team-driven, individualized, natural supports, community-based, culturally competent, strengths-based, unconditional care, collaboration, flexible resources, and outcome-based (Bruns, Suter and Leverentz-Brady, 2008[104]). The core elements provide a foundation for planning and accountability for participants for whom services might otherwise be fragmented and uncoordinated (Bruns et al., 2011[105]).

4.3. Retaining service users and expanding service reach

150. To ensure effective service delivery, providers have to keep families engaged for as long as they stand to benefit from the services offered or until they no longer have the need. There are many reasons for why families may find it difficult or do not want to engage with services or may only engage sporadically. There are practical reasons, for example, a lack of information and awareness on services, or financial (the cost of transport, taking time off work) and physical mobility issues. There are also social and cultural barriers, and families may want to avoid feeling stigmatised (Oates, 2010[95]). Improving the visibility and accessibility of interventions, identifying possible barriers to access, and developing effective strategies to overcome these real barriers should enhance family engagement (Acquah and Thévenon, 2020[8]). Service providers can adopt measures to engage with families in a meaningful way, such as allowing practitioners the time to build working relationships and trust. They can also provide immediate practical help, such as free or low-cost transportation, food if food insecurity is an issue, free leisure and entertainment facilities for parents and children, and helping meeting material needs such as clothing

151. In the OECD Questionnaire, service providers reported that they undertake different measures to address accessibility of services. These include offering a services at different times of the working day or week, and running drop-in and registered classes after working hours. However, the costs attached to these measures can be prohibitive and are not always very practical for many organisations.

152. Most service-providers report making an effort to reach new families who would benefit from their support services. Methods identified as the most effectively include broadening communication channels, increasing collaboration with stakeholders to refer suitable families, reducing barriers to accessing services, and practitioners doing community outreach. Organisations can also identify champions in the local community who are well connected to parents, groups or other organizations and can help spread information about programming and available supports. To get new families on board, service providers identified the following key obstacles: language barriers, access to transport or funding for transportation, and child care issues. Highly vulnerable families may also be reluctant to join or continue support programmes due to the fear of coming to the attention of child protection service and having their children removed from their care by child protection services. The lack of awareness about the value of services is also an obstacle. Most organisations use traditional methods to overcome this issue, such as publicizing services include marketing, newsletters, leaflet drops, flyers, setting up an information table in a public place such as a mall, and/or posting calendars at local business. Many organisation looking to advertise on social media can include Facebook page, updated websites and interviews about the organization or programmes on media.

153. Responding to the OECD questionnaire, many service providers emphasised that in order to ensure that families continue to access the services they need, it is important to work with families in a respectful reliable manner, consistently honouring commitments in order to build trust, listen to families and their needs, and ensure that programmes are "non-threatening". Many service providers underlined the advantage of engaging families with informal first meetings, taking time to explain the programme, administrative paperwork including informed consent and limits of confidentiality as well as establishing direct, transparent and non-judgemental communication.

154. Client-retention is also fostered by maintaining close contact with families, following up on missed appointments, and sending reminders by SMS or phone calls. Culturally responsive services can help develop strong relationships with families in the community. Smokowski (2018[106]) found that including at least one person in the team who was well known and respected in the community was critical to overcoming interpersonal barriers to recruitment and retention. Service providers such as *Plunket* in New Zealand are currently focused on developing greater understanding of the needs of the Māori population in three communities across the country as part of a broader programme of work to redesign its services with this population.

155. Various incentives can be used to increase attendance, for instance 'foot in the door' techniques (first working with families to agree to small requests), co-producing programmes with parents and offering enjoyable activities for children and families (McDonald et al., 2012[107]). For instance, 1 in 8 (12%) service providers indicated that they provide targeted access to specific services or other resource-based incentives for using services to retain service users. While only 1 in 20 (5%) service providers indicated that they charge fees that reflect families' actual participation, many services discussed efforts undertaken to make services less expensive or means testing fees to improve programme retention rates with vulnerable families.

5. Gaining feedback and input from service users

156. Providing space for feedback and input from service users is important for building a relationship of trust between service providers and service users. Many organizations use evaluation and feedback tools to gain insight into the effectiveness of their programmes and family's needs. Sixty two percent of service providers indicated that they provide frequent feedback opportunities for families to create collaborative case plans. Creating tailor-made care plans according to each family's needs and wishes is also seen by survey respondents as critical to guarantee that families will actively participate in the programmes.

157. The OECD policy survey found that countries use different ways to engage service users in providing feedback on family support services, but regardless this input is valuable to policy makers and service providers as clients are the experts in understanding what will work best for them.

5.1. Families participation in family support services

158. OECD countries often track how many families access various family support services in order to understand programme effectiveness, associated cost and identify gaps and needs in service delivery. The responsibility for gathering national statistics on family support services differs in OECD countries. Some countries release periodically detailed reports and relevant data. Though many families use various family support services, the statistics available on service users are very heterogeneous and not cross-nationally comparable.

159. Given the large number of families supported by various programmes in OECD countries, knowing more information regarding levels of service user engagement can be useful for policy makers and service providers. Knowing the average length of family's engagement with services, the frequency of attendance, and the quality of the actual engagement can help identify if the delivery of services is effective and would contribute to understanding 'what works, for whom and under what circumstances' (Acquah and Thévenon, 2020[8]).

160. Around 1 in 4 (26%) of service providers indicated that the number of sessions offered to families depends on the family's circumstances and context. Regarding how many sessions families will attend, this can be influenced whether it is provided on a one-on-one basis or group setting, how many training programmes parents sign up to, and what needs arise for families as they progress through the programme. Around half (52%) of service providers indicated that they provide support services to families at least once a week. Other service providers offer a more flexible support to families, allowing them to attend programming as often as they want or as required.

161. Parenting training programmes (generally spread over several sessions) are a common family support intervention and are provided by less than half (42%) of service providers in the OECD questionnaire. A study in the United Kingdom found that if parents missed several sessions or attended the programme sporadically, the programme effectiveness became less viable because parents find it more difficult to build on accumulated knowledge (Barnes and Stuart, 2016[108]). Often evidence-based programmes such as *Parenting Plus, the Incredible Years*, and *Parenting When Separated* are designed to be delivered over a fixed amount of sessions and frequency, therefore regular attendance is part of the programme fidelity.

5.2. Collecting information related to family support services

162. There is growing recognition that 'implementation matters' and that the quality and level of implementation of an intervention is associated with outcomes for families and children (Acquah and Thévenon, 2020[8]). Service users (i.e. children and families) hold a wealth of information about what services work best for them and why. When service providers engage service users in formal or informal feedback processes, they can then make adjustments to services when necessary. Service providers can collect feedback from service users through evaluation methods on programme content, service delivery and individual outcomes.

5.2.1. Gathering feedback from service users

163. In the OECD Questionnaire, the majority of service providers (85%) indicated that they conduct regular evaluations of service delivery practices and/or effectiveness, using a variety of evaluation strategies (Table 1). Most providers (76%) run internal evaluations which can include annual performance reviews, regular internal reporting on the number of clients served, or regular meetings with staff, management, boarding members and funders.

164. Around two-thirds (68%) of providers offer service users regular opportunities to give feedback through online surveys, questionnaires, and annual review processes, while suggestion boxes can also provide useful insights to improve service delivery. Service providers often choose to provide questionnaires or evaluation forms to participants at the end of each session or at completion of a registered programme.

165. Impact evaluation seems to be a less frequent practice, as just under half (47%) of service providers reported that they conduct assessments to measure child and/or family outcomes and/or better determine the impact of their services. Standardized outcome measurement can be supported by the use of evidence based tools such as the *Outcomes Star* evaluation. This online evaluation tool is designed to gather information and feedback from service users in order to actively integrate their feedback, context and capacities into their case plan. The design of the tool emphasizes the collaboration between practitioners and service users (Mackeith, 2014[109]).

166. Evaluating programmes' impact, and effectiveness, including cost effectiveness can provide organizations valuable insight into 'what works, for whom and under what circumstances' (Acquah and Thévenon, 2020[8]). Service providers with access to the necessary funds are able to commission agencies for external evaluations and quality management. Others may develop partnerships with local post-secondary institutions and universities to conduct research projects. For example, the Royal New Zealand Plunket Trust ensures that its projects addressing the Māori population in three communities participate in regular *External Quality Improvement Accreditation programmes* (Te Wana).

167. Service evaluation is often a key element in informing providers' strategies for development. However, less than half (44%) of service providers indicated that they used results from their evaluations to strengthen existing partnerships with stakeholders and/or build new ones, or to raise funding. Organizations often use this information for internal use, reporting purposes, justification for funding or budget allocations, strategic long-term planning, and/or advocating for more resources and staff. For example, the Turkish organization *Anne Cocuk Egitim Vakfi* (ACEV) (Mother Child Education Foundation) routinely evaluates their projects to assess impact on beneficiaries, including on children's literacy, numeracy and social skills. These evaluations help revise programmes and improve service delivery methods.

Table 1. What do organizations evaluations include?

	Yes % (number of cases)	No % (number of cases)	N.A.
Internal, routine self-evaluations of service delivery effectiveness	76% (132)	24% (41)	1% (1)
Surveys or opportunities for service users to give feedback	68% (118)	32% (55)	1% (1)
Assessment of the effect of the programme on families and/or children's outcomes	47% (82)	51% (89)	2% (3)
An external agency commissioned to evaluate and assess services' impact and effectiveness (including cost-effectiveness)	34% (60)	64% (111)	2% (3)

Source: 2019 OECD Questionnaire on Family Services Providers, Riding, 2020

168. The majority of service providers (70%) indicated in the Questionnaire that they use service user feedback to inform programme development. Service user feedback can inform strategic planning, implementation plans, decision making, regular evaluation and updates of process, policy and procedures (Table 2). Feedback help identify services' strengths and weaknesses, areas for possible improvement, areas of need and service. It also helps bring to light new ideas on service delivery/methods, and build a local and national picture of best practices (Riding, 2020[40]).

Table 2. Use of information gained from evaluations

Service providers were asked how the knowledge gained from evaluations is incorporated into their organization practices

	N	%
Informs programme planning	104	70%
Monitoring Purposes	27	18%
Identifies training opportunities	9	6%
N/A	8	5%
Total question responses	148	100%

Source: 2019 OECD Questionnaire on Family Services Providers, Riding, 2020

169. Service providers can synthesize the feedback they gathered into data and present it to stakeholders (clients, funders, staff, and management) through formal or informal communications (staff meetings, board meetings, and reports for funders). Such data can help practitioners and stakeholders with various activities. These include advocacy work, future planning, making funding requests and fundraising strategies. It can also help shape assessment of planned outcomes and goals and inform evidence-based practice.

5.2.2. National strategies to gain feedback from service users and service providers

170. OECD countries use a variety of mechanisms to collect feedback from service providers and service users to influence family support policies (Table 3). 15 out of the 31 countries reported in the Questionnaire that they have mechanisms in place to facilitate service providers to share their knowledge with policy makers in the local authorities. For instance, in Latvia, the Ministry of Welfare ensures regular communication with the representatives of social service providers through, for example, regular meetings of consultative councils or interdisciplinary working groups. In Brazil, the Social Assistance National Council gathers all suggestions and opinions regarding public policies from service providers. In Denmark, each municipality evaluates the needs and key issues for their community to inform local policy, relying on participation from service providers including health visitors.

Table 3. How family's opinions and needs are taken into account to guide policies

	Categories			
	Service providers have a space to share with local authorities the needs of communities and groups they support in order to influence policy	Family associations are regularly consulted by policy makers or local governments	Families are directly consulted about their needs or provide formal feedback directly to policy makers (via direct or internet consultation)	Other
Australia	-	-	-	Yes
Austria	Yes	Yes	No	No
Brazil	Yes	Yes	Yes	No
Belgium	Yes	Yes	No	No
Chile	No	No	No	Yes
Czech Republic	No	Yes	Yes	No
Germany	Yes	Yes	Yes	No
Denmark	Yes	Yes	-	yes
Spain	No	No	No	No
Estonia	Yes	No	Yes	No
Finland	Yes	Yes	Yes	No
France	Yes	Yes	Yes	No
Hungary	Yes	Yes	Yes	-
Ireland	Yes	No	Yes	No
Israel	Yes	No	Yes	No
Japan	No	No	Yes	No
Korea	No	No	No	Yes
Lithuania	No	No	Yes	No
Latvia	Yes	Yes	Yes	No
Mexico	Yes	No	Yes	No
Netherlands	No	No	No	Yes
New Zealand	No	No	Yes	No
Norway	No	Yes	Yes	No
Poland	No	Yes	Yes	No
Portugal	Yes	No	No	Yes
Slovenia	Yes	Yes	Yes	No
Slovak Republic	No	No	No	Yes
Sweden	-	-	-	yes

Note: Not all countries responded to this question.
Source: O2019 OECD Questionnaire on Family Services Policy

171. In Israel, in the Jerusalem municipality, where there is not much of a distinction between service providers and the local authority (because very few social services are outsourced), there is good communication between policy makers and front line workers. For example, social workers based in the municipalities' four divisions have ongoing communication with policy makers. The Jerusalem municipality has a 'Social Services Portal' and the welfare administration analyses service users' usage of the portal to determine neighbourhood trends and need to optimise the targeting of interventions.

172. 13 out of the 31 countries consult with family associations and/or other representative civil society groups to get an understanding of needs at the ground level. For example, in Latvia, family associations are publicly invited to express their opinions on relevant draft law or new regulation before its submission for approval by the cabinet of ministers of the Parliament of the Republic of Latvia. In Portugal, the National Cooperation Commission which consists of representatives of public welfare authorities and sectoral NGOs, meets regularly to monitor and evaluate policy implementation, cost assessments and to consider new initiatives.

173. In some countries, public authorities choose to gather feedback from families directly. For instance, in Israel, Jerusalem's welfare administration's Research and Development Unit conducts regular surveys with service users of the family support programmes operated by the municipality. In Estonia, broad surveys are conducted to establish obstacles facing families and which measures or interventions could benefit families. In Brazil, the Brazilian Social Assistance National Council gathers suggestions and opinions by service providers relating to public policies. In Australia, Department of Social Services to conduct online consultations with the members of the public through the Engage.dss.gov.au website. In addition, service provider's views and input are gathered through regular periodic consultation of the *Families and Communities Service Improvement* (FCSI) activities.

5.3. Strategies for knowledge sharing on family support services

5.3.1. Service providers role in knowledge sharing

174. Better information sharing between professionals and different agencies brings multiple advantages, including a reduction in the duplication of services and a better diffusion of good practices (Acquah and Thévenon, 2020[8]; Statham, 2011[43]). However, sharing information is a common difficulty in the field. Sometimes willingness to share information (with potential competitors) is an issue but service providers may choose not to regularly share relevant information because of a lack of clarity of its benefits, the process itself is too costly or time consuming, and organizations may lack the capacity. Sometimes, service providers are mandated to prepare regular reports for board members and funders as a pre-requisite for funding and licencing. Sharing knowledge and information publicly can provide transparency for service users and other providers in the field.

175. Around two-thirds (63%) of service providers indicated in the Questionnaire that they share information on own practices and outcomes with other organisations and outside practitioners. However, a smaller number, less than half, share information regarding their practice and outcomes with both national and/or local public authorities. In all, around 1 in 8 (13%) of service providers indicated that they do not regularly exchange this type of information with outside organisations and/or public authorities (Table 4).

Table 4. How are service providers sharing knowledge about their practices and outcomes?

	N	%
There is no regular information exchange, but it can happen occasionally	23	13%
Information on our practices and outcomes is regularly shared with other organisations/practitioners in the field	114	63%
Information on our practices and outcomes is regularly shared with public authorities at the subnational level	85	47%
Information on our practices and outcomes is regularly shared with public authorities at the national level	74	41%
There is no regular nor occasional information exchange	3	2%

Source: 2019 OECD Questionnaire on Family Services Providers.

5.3.2. How are OECD countries sharing knowledge about family support services?

176. Having mechanisms in place to share information on good practices- within and between countries- enables ideas and learnings to be disseminated more widely and for family services to adapt service delivery.

Information sharing within countries

177. OECD countries have various mechanisms in place to share information relating to family support services and policies. Public authorities communicate on their national strategies and social policy agenda. They facilitate events and conferences for stakeholders and provide training around existing policies and/or community programmes. Stakeholders also attend professional gatherings (e.g. conferences, meetings, seminars and workshops) to exchange experiences and knowledge, coordinate developments, and to consult on policy and legal frameworks.

178. For governments, sharing evidence on 'what works' is critical to foster service quality and cost-effectiveness, but given the wide range of actors in the field (e.g. not-for-profit sector, research sector, business community, and philanthropic organisations,) the sought after evidence is located in many different places. Some countries have establish dedicated organizations to facilitate the sharing of evidence. For instance, in Australia, there is the Child Family Community Australia (CFCA) Information Exchange, which is an information hub for gathering evidence, resources and support for professionals working in the child, family and community welfare. The CFCA produces a number of publications, including papers, resource sheets, practice guides and webinars which are accessible electronically free of charge. The information regarding social services can also be shared through different kinds of media including websites, printed booklets, news outlets, they also provide 'what works' evidence in factsheet formats.

179. OECD countries have shifted towards using online platforms as their main method of sharing information and knowledge on family support services. In Portugal, information about the latest network developments is shared with citizens, researchers and media through reports and on www.cartasocial.pt. Mexico information is shared through the INFOMEX platform as well through Transparency Obligation Portals System. Estonia has created an e-state platform, which serves as the gateway to government information. By logging in citizens can view their personal information, use e-services (i.e. apply for benefits and services) and read messages sent by government (without the need of physically visiting the relevant state agency).

Information sharing between countries

180. Countries have a lot to learn from each other's experiences in implementing family support policies and programmes. Many OECD countries encourage relevant stakeholders in family support services to attend international conferences, meetings, seminars and workshops. If countries lack access to formal mechanisms to share information, it may affect innovation in family support services.

181. Countries should enable the different stakeholders in this field to share knowledge in order to solidify the evidence base, and to bring this evidence into the policy-making cycle and in on-the-ground actions. Information portals, knowledge brokers or databases regarding family support services are mainly focused on the regional or national level rather than contributing to an international compendium. International portals or knowledge brokers, such as EPIC in Europe, are one way to help facilitate an exchange of ideas and documentation of best practices which are transparent and accessible. Though the knowledge brokerage function looks promising, research on its effectiveness is still at an early stage. There is growing evidence to suggest that by facilitating policy makers' access to evidence repositories and other resources, their use of evidence increases (Acquah and Thévenon, 2020[8]). Further work on these issues would help to better understand what their role is or could be at a larger scale to promote good evidence-based practices.

6. Leveraging digital tools and data potential for integrated family support services

6.1. Opportunities of using digital tools within family support services

182. Digital tools can help service providers and service users to better access, navigate and utilize family support services. They can reduce many barriers for families in accessing services, from time and distance. They can also help address the fragmented nature of family support services to avoid families slipping through the cracks and move the type of services available closer to what is actually needed by families. Service users risk falling through the cracks of complex systems if there is poor matching between families' needs and the service supply (Fishman, 2015[110]).

6.1.1. Engaging service users through digital tools

183. Service providers can leverage available technologies to help streamline the paper work that comes with families joining their services (i.e. programme applications and registrations) to make things less burdensome. The use of digital tools can help organisations save valuable time and resources. For example, if practitioners can reduce time spent on administrative tasks, they can devote more time to tasks that involve client contact or exert a greater demand on their expertise, for instance programme planning, interacting directly with service users, and building relationships and partnerships with the community.

184. Service providers reported using a range of digital tools in their work (Table 5). Nearly 1 in 4 (23%) service providers indicated in the Questionnaire that they used at least one type of digital tool within their practice (out of the seven types listed) (Riding, 2020[40]).

Table 5. Examples of services providers' use of digital tools

	N	%
Open social media	30	14%
Closed group communication tools	18	8%
Mobile app	12	6%
Portals for internal communication	3	1%
Online survey/ evaluation tools	3	1%
Tablets/ paperless systems	7	3%
Other	1	0%

Source: 2019 OECD Questionnaire on Family Services Providers, Riding, 2020

185. 1 in 7 (14%) family support providers indicated in that they use digital tools such as social media to increase their reach and programme participation rates. Service providers indicated that social media is attractive because it is a low cost tool that enables them to raise awareness of their services, provide resources, and reach families in an innovative or targeted way (Box 12). Social media provides a platform for distributing resources and information, for instance, blog posts, websites, Facebook, YouTube videos and webinars.

Box 12. Engaging young people and children in communication about family support services

In **Ireland**, Tulsa (Child and Family Agency), invited young people and children with experience of the child protection and welfare system to design a website called www.changingfutures.ie to make information available to young people and children on how the system works. This initiative recognized the need for youth to be involved in creating content and sharing information among young people.

The content of the website, including the name, logo, colours, designs, images and layout were all created by a group of young people. The website explains in a youth- and child-friendly way what Tusla does and which types of professionals youth and children might meet if they were to come into contact with the Agency. The content includes age-appropriate explanations of topics such as 'access' (i.e. contact facilitated by the Agency between a young person in out-of-care with family members) and 'care plans' (i.e. the plan the Agency draws up in collaboration with young people, their family, and professionals to outline how the young person's different needs will be met).

The website includes videos of various Tulsa employees who explain their roles in youth-friendly ways as well as video statements from youth who had positive experiences with Tusla. This website is targeted at young people and children but is also a resource for professional such as teachers and friends of young people in out-of-home care who are trying to understand how the system works.

Source: www.changingfutures.ie

186. Accessing services might be difficult for some families because of conflicting time schedules or problems with transportation among other reasons (Newman et al., 2019[45]). Private or closed group communication methods can be especially useful to overcome these kinds of barriers, especially for service users living in remote areas. Less than 1 in 10 (8%) of service providers indicated that they use closed group communication tools for this reason. Tools such as SLACK, WhatsApp, yahoo groups, Zoom or private Facebook groups are used to facilitate connection between service users and providers. Examples provided in the Questionnaire included engaging families in weekly live webinar at lunch and in the evening to accommodate different times when family members are available.

187. When digital tools are effective and helpful, they have been found to increase family's willingness to access family support services (Fishman, 2015[110]; OPSI, 2018[111]) Service providers use mobile applications as a tool to improve and simplify access to information and the registration process. Organizations such as *De Sloep* in Belgium use translation applications to improve communication with service users of different nationalities or backgrounds or sending digital updates. To curb costs, 6% of service providers use existing mobile applications rather than creating their own.

188. The use of digital tools increased with the Covid-19 pandemic, as service providers were challenged to quickly adapt their services. Technology is now seen as a vital tool for service providers to maintain contact with families and continue supporting those in high risk situations (OECD, 2020[44]).

6.1.2. Service providers' internal use of digital tools

189. Online methods of record keeping, case work documentation or internal communication can help practitioners save time on administrative work and free up their time to do direct work with children and families. Portals for internal communication are useful for ensuring that practitioners are up to date on their organisation's policies and procedures for working with families (Rai, 2017[46]). However, table 5 shows that only 4% of service provider respondents indicated that they use tablets and paperless systems within their work. Very few service providers (1%) use online methods for surveys or internal

evaluations, despite the high number (85%) indicating that they conduct regular evaluations of service delivery practices and effectiveness.

190. Qualitative answers to the Questionnaire indicated that service providers use various online portals, for example, to share resources with team members such as a central location for resources, documentation and networking tools (e.g. Microsoft SharePoint); an online file record system (e.g. Customer Relationship Management systems); or, an internal portal for service providers and daily updates (e.g. Open Athens). Organizations with sufficient resources (and size) may design and develop their own portal for internal use such as Oranga Tamariki in New Zealand (Box 13).

Box 13. The Vulnerable Kids Information System (VKIS) in New Zealand

The Vulnerable Kids Information System (VKIS) in **New Zealand** is a centralized system used by the child protection teams within Oranga Tamariki, the ministry for children. VKIS is designed to provide child protection practitioners information in a timely and secure manner. Practitioners are able to utilize a centralized system to better coordinate support efforts and ensure that families receive appropriate support without getting lost in the larger system. The system is a method of recording and sharing relevant information regarding highly vulnerable children and to support integrated case management and ongoing monitoring of children's outcomes. In 2017 VIKS was expanded from four to ten teams across the country.

Source: (OECD, 2015[47]; Oranga Tamariki — Ministry for Children, 2020[48]).

6.1.3. Leveraging technology for integrative services

191. Relevant applications, websites and portals can help servicer users navigate the large and complex family support services system. In Canada, to make it easier for families to navigate the system, the *HelpSeeker* application allows service providers to register their organization on a central portal. Service users can freely access information regarding health and social services, as well as programmes and resources in their community. Service providers can leverage this tool to promote their work and increase their reach. Practitioners can also leverage this tool as a method of making sense of the complex local support network in a methodical manner (HelpSeeker, 2020[49]; OECD, 2020[13]). Furthermore, the data gathered by Helpseeker contributes to organizations knowledge regarding how many are searching for their services in their community and identifying areas of need or service duplication.

192. A few similar initiatives exist in other countries to foster cooperation of specialized family support practitioners, local entities and coordination of activities to ensure continuity of care. For instance, the *Outcomes for Children Data Hub* in Ireland utilizes geo-mapping systems to help identify and visually map relevant family services. In New Zealand, the Government launched the digital tool SmartStart in 2016 to provide integrated access to the government services for families with children up to the age of six and people looking to start their family. The tool allows parents to interact with multiple agencies and apply for services (including registering a birth, applying for BestStart financial support, applying for an Inland Revenue Department (IRD) number and notifying the Ministry of Social Development (MSD) of changes of circumstance) through a single web application.

193. In the Netherlands, the tool called "extra team member" is an example of how digital tools can complement the expertise of trained service providers. The tool was developed to provides a child/youth friendly gamified systems mapping (De Vries, 2020[112]). This tool supports service providers and families conduct a needs assessment by collecting information on the family's history and context through a board game. A picture of the final results are imputed into an application which analyses the data and quickly provides the top three "support routes" families can take. Another example is The *Local Potential Map* is a trial project in Poland which identifies existing initiatives to add to a database of family support projects implemented in selected areas of Poland. In 2019, the city of Prague (Czech Republic) applied for funding to develop a digital map of family support service based on systems mapping. A digital map would help coordination of local family support policies at district level.

6.2. Making the most of administrative data and data linkages

6.2.1. Impact of Family Support Services Data on Policy

194. Being able to match the needs of vulnerable families with the supply of services is crucial to ensure effective delivery of family supports. The ongoing development of administrative data sources and the capacity to process and link data (i.e. gather information from two (or more) different records that refer to the same entity based on matching variables) increases the potential to better identify families and link them to the range of services available in their community (Shlomo, 2018[113]).

195. The practice of data linkage is still relatively new in the field of family support services, with only five OECD countries indicating that they are currently conducting analysis using these methods (Table 6). For example, Poland has the *Integrated Analytical Platform* (Zintegrowana Platforma Analityczna) which acts as a central system for collecting data from various sources including public administration portals. This data is used to conduct analysis at a ministerial level to influence a wide scope of policy and decision making. In Australia, the *Department of Social Services* Data Exchange uses a 'collect once and use often" approach to data collection. Organisations looking for grant(s) can input the same data for their programmes in the one place using standardized data items, fixed reporting periods, and flexible upload methods. This helps reduce red tape for grant recipient organizations, especially those funded by multiple grants. The Data Exchange also supports programme management and policy development by making it possible for the Department to identify information about the people accessing services, clients repeat use and use of related services.

196. Countries use information gathered through surveys and administrative data to serve a number of policy-related purposes. This include informing policy changes and initiatives, and planning processes; identifying duplications and gaps in services, and helping identify needs in the community (Riding, 2020[40]). National statistic offices can utilize citizens administrative data collected through their interactions with various public services to better target interventions (Box 14 and Box 15). In Estonia, an information technology (IT) system is being developed to facilitate data sharing between various specialist and professionals. For example, the collection of administrative data through the use of digital methods during the registration of new-borns will assist general practitioners in monitoring the child's health in the long term.

Table 6. Use of administrative data and data linkage

Programmes or initiatives identified by countries currently using administrative data for predictive interventions or data linkage to better target policy intervention and/or to reach the targeted population

	Categories				
Country	Administrative data	Contributions from the public sector	Data Linkage	No	Not Applicable
Australia	✓	✓	✓		
Austria	✓				
Brazil	✓				
Canada (*not at federal level)	✓				✓
Chile					
Czech Republic	✓				
Germany					✓
Denmark		✓			
Spain					
Estonia	✓		✓		
Finland	✓	✓			
France				✓	
Hungary	✓				
Ireland	✓				
Israel	✓				
Japan					✓
Korea					
Lithuania	✓	✓			
Latvia	✓				
Mexico	✓				
Netherlands	✓	✓			
New Zealand					✓
Norway					✓
Poland	✓		✓		
Portugal	✓				
Slovenia					✓
Slovak Republic		✓			
Sweden			✓		
Switzerland					
United States	✓		✓		

Source: 2019 OECD Questionnaire on Family Services Policy

Box 14. Using administrative data in the USA

In the **United States**, the Department of Health and Human Services (HHS) is taking a number of steps to increase the usefulness of administrative data collected by the Administration for Children and Families (ACF) to understand the effectiveness of its human services programmes and to ensure accountability. HHS regularly leverages its existing capacity to use administrative data for programme evaluation and performance enhancement. For example, a study used its records on child care subsidies and found that while some families receive subsidies continuously for a year or more, many enter and exit subsidy programmes multiple times (ASPE). This information helped policy makers to reduce in recent programme design the associated administrative burden attached to the eligibility certification and recertification processes.

Administrative data also proves valuable when it comes to policy makers estimating the costs and benefits of changes to new or existing programmes. For example, HHS sponsors TRIM3, a microsimulation model combines data from Census Bureau surveys and ACF administrative records to estimate how potential changes in eligibility affect the number of families eligible for assistance programmes and tax credits.

HHS has enhanced its administrative data by linking to other data sources by:

- Linking records on cash assistance and child care subsidies with records from national surveys, in order to study demographic and economic information about beneficiaries.
- Supporting states in linking child welfare/foster care records with public health insurance claims to understand the relationship between certain services and child maltreatment and well-being outcomes.

HHS has also supported efforts to incorporate predictive analytics and machine learning for family support services. For example, The Office of the Assistant Secretary for Planning and Evaluation (ASPE) conducted a study on how predictive analytics is beginning to be used within child welfare systems, what successes and challenges early adopters are encountering, the potential this field has to improve child welfare outcomes, and ways the federal government could facilitate progress. For more information, see: https://aspe.hhs.gov/predictive-analytics-child-welfare

Source: 2019 OECD Questionnaire on Family Services Policy.

197. In Brazil, the Secretary for Evaluation and Information Management uses a coordinated single registration system to help identify target populations, and implement and evaluate social policies aimed at low income citizens. The data produced by this entity is a key element for designing social assistance public policies in the country.

198. Lithuania (see Box 15), Hungary and the Netherlands support the collection of administrative data for statistical analysis and occasionally conduct data linkage analysis. In Hungary, administrative data is used when planning new interventions. For example, during the past few years, adoption statistics collected by Hungarian Central Statistical Office has helped the government to better gear adoption policies to prospective couples and single parents looking to adopt. The procedural changes resulted in a significant rise in successful adoptions applications.

199. The Netherlands made a call for proposals on the theme 'Promising start for children with the help of big data' in 2019. The intention is to connect big data research with the practice of prevention, help and support during the First 1000 Days. Decisions regarding the research proposals that will be granted, will be made at the end of 2020.

Box 15. Consolidating data for family support services

In **Lithuania**, the Ministry of Social Security and Labour is implementing the project "Increasing Access to Social Assistance", which is funded by the European Union Structural Fund. The main aims of the project are to:

1. Create a Family Facing Social Risks, Child, Supervised Person Card (the Card) that displays consolidated data (all present and future information) related to individuals in the Family Assistance Information System (SPIS);

2. Create a SPIS subsystem for social workers and child rights protection specialists, where Card data can be seen. The subsystem would be available on both desktops and tablets;

The development of SPIS subsystems and tablets would make it possible for social workers and child rights protection specialists to:

3.1. Record visit data regarding the family: time and place (including address);

3.2. Take pictures and store photos on the Card;

3.3. Complete and include in the system an evaluation of the household conditions.

4. Make it possible to book social support services during the visit: it will be possible to order services by collecting data from other information systems and registries, and by taking photographs and processing written documents using special software.

Source: 2019 OECD Questionnaire on Family Services Policy

6.2.2. Potential of real-time data for delivery of family support services

200. Data collected by organizations and local municipalities can be leveraged within family support services at the local level. The *HelpSeeker* application uses systems mapping and collects anonymous from organizations, local authorities and municipalities to provide detailed gap analysis and identify duplication of services (HelpSeeker, 2019). The data collected provides a more accurate cost-benefit analysis for local communities; however this is reliant on individual organizations to consistently update their profile to have the most availability of services kept up to date. Data can be looked at in real-time which helps local authorities be more flexible and agile when it comes to adapting services to local crisis or larger societal impacts such as Covid-19.

201. A digital tool like *HelpSeeker* provides an example of how technology can be in crisis situations. At the beginning of the pandemic, *HelpSeeker* was quick to implement a tab in their app for Covid-19 related resources. Throughout the Covid-19 pandemic, *HelpSeeker* has been able to leverage the data collected from to monitor week to week changes in community searchers. For example, prior to Covid-19, top search within a specific community included topics such as education/ training, mentoring/ coaching, information and referrals but after the crisis top searches focused on Covid-19 specific supports, food security, health and mental health resources. *Helpseekers* application also allows real-time information on changes related to service providers (e.g. some organizations completely shut down, some shifted their priorities and other created new temporary programmes to target the current needs). The real-time data collected by HelpSeeker was able to mobilize various community and social responses, including family support services.

202. The combination of digital tools such as this, the use of administrative data and high level data linkages can create a good combination of information to create services which are flexible to societal changes. Family support services often need supports which are quickly adaptable as well as long-term policy planning and outcome goals, and this could be one of the possible solutions.

6.2.3. Protecting individual and family privacy

203. There are limits and risks to what digital tools can help achieve therefore it is essential that a solid legislative framework is in place in order to protect individual rights, family privacy and strengthen caseworkers' ability to deal with complex needs (Statham, 2011[43]; Cleaver et al., 2004[114]) (Box 16). Data sharing requires appropriate legal foundations to create a safe space for integrated services, ensuring that data cannot be misused, and to build trust in the system. Legal safeguards for family support services are particularly important to address the risk of misuse of data, surveillance of families and the fear of having child taken into care unnecessarily (Byrne, Kirwan and Mc Guckin, 2019[56]). However, laws and legislations have a hard time keeping up with the speed of the changes in technology including the mechanisms used to collect and process personal information.

204. General data protection protocols are being set in a growing number of countries which is fundamental to implementing best practices. However, they need to be complemented by more specialized data sharing agreements and protocols to ensure the protection of vulnerable population while facilitating the use of information to provide swift responses to families' complex needs (Statham, 2011[43]). One study in the USA found it effective to use a "Universal Release of Information Form" to obtain consent in order to share information among multiple systems and agencies (Casey Family Programs, 2007; Statham, 2011). Another example is the Young People at Risk (YPAR) protocol in Dublin, Ireland which allows for coordinated interagency services for children ages 0-18. They use data collected on an aggregate level as well as the individual case level (Statham, 2011[43]). When aggregate level data is collected and used appropriately it can help create sustainable service plans and policies.

205. In addition to legal challenges, technology itself can cause issues. Technologies are tools which have glitches and bias in their algorithms, left unchecked these can cause harm to families (Eubanks, 2018[57]). Supporting families with complex needs requires a hybrid system where digital technology and available data support family service workers to do their job more effectivity but protects clients against bias and misuse of data.

Box 16. Legal framework for data privacy

Many OECD countries have had a legal framework for data privacy since the 1990's (Jackson, 2018[115]). However, given the rapid change in technology and ways to use collected data, many countries are looking to update their privacy laws in addition to reviewing who gets access to the data and what it is used for (Jackson, 2018[115]). For example, in Europe the new General Data Protection Regulation (GDPR) came into effect May 25th, 2018 which expanded the jurisdiction to apply to "*all establishments (companies, public bodies, other institutions, associations, etc.) processing personal data of natural persons residing in the Union, regardless of the establishment's location*" (Trivellato, 2018[116]). GDRP also creates strict obligations and responsibility for the controller and the processor of personal data as well as "establishes remedies, liability and penalties in the case of personal data breaches" (Trivellato, 2018[116]). The GDPR Article 4(1) provides a clear definition of 'personal data' as "*any information relating to an identified or identifiable natural person ([called] data subject), where an identifiable person is one who can be identified directly (e.g. by reference to an univocal name or an identification number) or indirectly (i.e. by reference to data on one or more factors specific to his physical, physiological, genetic, economic, cultural or social identity*)" (Trivellato, 2018[116]).

In addition to data sharing, the use of private data establish surveillance and control human behaviour may be legally punishable. For example, courts in the Netherlands ordered automated surveillance systems for detecting welfare fraud to be stopped immediately because it was found to violate human rights, as the court concludes that such targeting may lead to unjustified exclusion, discrimination and stigma (Van Veen, 2020[117]).

References

Acquah, D. (2017), *Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure*, Early Intervention Foundation, London, https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure (accessed on 9 November 2020). [60]

Acquah, D. and O. Thévenon (2020), "Delivering evidence based services for all vulnerable families", *OECD Social, Employment and Migration Working Papers*, No. 243, OECD Publishing, Paris, https://dx.doi.org/10.1787/1bb808f2-en. [8]

Acquah, D. and O. Thévenon (2019), "Delivering evidence based services for all needy families: a reiview of main policy issues", *38th Session of the Working Party on Social Policy*, OECD. [3]

AIHW (2020), *Family support services in Australia 2000*, Australian Institute of Health and Welfare, Canberra. [11]

Arabena, K., S. Panozzo and R. Ritte (2016), *The First 1000 Days Policy and Implementers Symposium Report*, The University of Melbourne, https://www.researchgate.net/publication/305852145_The_First_1000_Days_Policy_and_Implementers_Symposium_Report (accessed on 29 October 2020). [28]

Barnes, J. and J. Stuart (2016), "The feasibility of delivering group Family Nurse Partnership", *Journal of Children's Services*, Vol. 11/2, pp. 170-186, http://dx.doi.org/10.1108/jcs-12-2015-0035. [108]

Bastagli, F. et al. (2016), *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*, http://www.odi.org/twitter (accessed on 22 January 2021). [31]

Ben-Porat, A. and H. Itzhaky (2011), "The Contribution of Training and Supervision to Perceived Role Competence, Secondary Traumatization, and Burnout Among Domestic Violence Therapists", *The Clinical Supervisor*, Vol. 30/1, pp. 95-108, http://dx.doi.org/10.1080/07325223.2011.566089. [86]

Bidzan-Bluma, I. and M. Lipowska (2018), "Physical Activity and Cognitive Functioning of Children: A Systematic Review", *International Journal of Environmental Research and Public Health*, Vol. 15/4, http://dx.doi.org/10.3390/IJERPH15040800. [66]

Bornstein, M. (2015), "Children's parents", in Lerner, R., M. Bornstein and T. Leventhal (eds.), *Handbook of Child Psychology and Developmental Science*, John Wiley and Sons. [100]

Bruns, E. et al. (2011), "National Trends in Implementing Wraparound: Results from the State Wraparound Survey", *Journal of Child and Family Studies*, Vol. 20/6, pp. 726-735, http://dx.doi.org/10.1007/s10826-011-9535-3. [105]

Bruns, E., J. Suter and K. Leverentz-Brady (2008), "Is it wraparound yet? Setting quality standards for implementation of the wraparound process", *Journal of Behavioral Health Services and Research*, Vol. 35/3, pp. 240-252, http://dx.doi.org/10.1007/s11414-008-9109-3. [104]

Buckley, H. and K. Burns (2015), "Child Welfare and Protection in Ireland: Déjà Vu all over again", in Christie, A. et al. (eds.), *Social work in Ireland: changes and continuities*, Palgrave Macmillan, London, https://cora.ucc.ie/handle/10468/2609 (accessed on 5 March 2021). [72]

Burkhardt, J. et al. (2015), "An overview of evidence-based program registers (EBPRs) for behavioral health", *Evaluation and Program Planning*, Vol. 48, pp. 92-99, http://dx.doi.org/10.1016/J.EVALPROGPLAN.2014.09.006. [41]

Burns, T. and F. Gottschalk (eds.) (2019), *Educating 21st Century Children: Emotional Well-being in the Digital Age*, Educational Research and Innovation, OECD Publishing, Paris, https://dx.doi.org/10.1787/b7f33425-en. [64]

Byrne, J., G. Kirwan and C. Mc Guckin (2019), "Social Media Surveillance in Social Work: Practice Realities and Ethical Implications", *Journal of Technology in Human Services*, Vol. 37/2-3, pp. 142-158, http://dx.doi.org/10.1080/15228835.2019.1584598. [56]

City of South Bend Indiana (2020), *COVID-19 Digital Inclusion Toolkit*, https://southbendin.gov/covid-19-resources-support/digital-toolkit/. [54]

Cleaver, H. et al. (2004), *Developing Information Sharing and Assessment Systems Developing Information Sharing and Assessment Systems Developing Information Sharing and Assessment Systems*. [114]

Coppens, I. (2015), *Adolescent mental health care in Europe: state of the art, recommendations, and guidelines by the ADOCARE* network*, http://www.adocare.eu (accessed on 9 March 2021). [63]

Cyrulnik, B. (2020), *Les 1000 premiers jours*, Ministère des Solidarités et de la Santé, Paris, https://solidarites-sante.gouv.fr/IMG/pdf/rapport-1000-premiers-jours.pdf (accessed on 29 October 2020). [27]

Daly, M. (2015), "Introduction: Parenting Support in European Countries: A Complex Development in Social Policy", *Social Policy and Society*, Vol. 14/4, pp. 593-595, http://dx.doi.org/10.1017/S1474746415000317. [1]

Daly, M. (2015), "Parenting Support as Policy Field: An Analytic Framework", *Social Policy and Society*, Vol. 14/4, pp. 597-608, http://dx.doi.org/10.1017/S1474746415000226. [58]

Daly, M. et al. (2015), *Family and Parenting Support Policy and Provision in a Global Context*. [7]

Dauber, S. et al. (2017), "Substance use and depression in home visiting clients: Home visitor perspectives on addressing clients' needs", *Journal of Community Psychology*, Vol. 45/3, pp. 396-412, http://dx.doi.org/10.1002/jcop.21855. [78]

De Vries, J. (2020), *Extra Teamlid, Garage2020*, https://www.garage2020.nl/uithuisplaatsing-voorkomen/ (accessed on 9 November 2020). [112]

Devaney, C. and P. Dolan (2017), "Voice and meaning: the wisdom of Family Support veterans", *Child & Family Social Work*, Vol. 22, pp. 10-20, http://dx.doi.org/10.1111/cfs.12200. [75]

Dirwan, G. et al. (2021), *Securing the recovery, ambition, and resilience for the well-being of children in the post-COVID-19 decade*, OECD, https://www.oecd-ilibrary.org/social-issues-migration-health/securing-the-recovery-ambition-and-resilience-for-the-well-being-of-children-in-the-post-covid-19-decade_0f02237a-en. [14]

Doyle, O., M. Hegarty and C. Owens (2018), "Population-Based System of Parenting Support to Reduce the Prevalence of Child Social, Emotional, and Behavioural Problems: Difference-In-Differences Study", *Prevention Science*, Vol. 19/6, pp. 772-781, http://dx.doi.org/10.1007/s11121-018-0907-4. [59]

Duggan, A. et al. (2018), *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*, OPRE - MDRC, Washington, http://www.mdrc.org. (accessed on 20 November 2018). [101]

ESDC (2019), *Reaching Home: Coordinated Access Guide*, Employment and Social Development, Canada, https://www.homelessnesslearninghub.ca/library/resources/reaching-home-coordinated-access-guide (accessed on 9 November 2020). [97]

Eubanks, V. (2018), *Automating Inequality: How High-Tech Tools Profile, Police, and Punish the Poor*, St. Martin's Press - MacMillan, https://us.macmillan.com/books/9781250074317 (accessed on 12 November 2020). [57]

Eurochild (2020), *Growing up in lockdown: Europe's children in the age of COVID-19*, http://www.eurochild.org (accessed on 22 January 2021). [17]

European Commission (2020), *European Platform for Investing in Children (EPIC)*, https://ec.europa.eu/social/main.jsp?catId=1246&langId=en (accessed on 5 November 2020). [51]

European Union agency for Fundamental rights (2015), *Mapping child protection systems in the EU | European Union Agency for Fundamental Rights*, https://fra.europa.eu/en/publication/2016/mapping-child-protection-systems-eu?cookies=disabled#Certificationandaccreditationproceduresforprofessionals6 (accessed on 10 September 2020). [76]

Fishman, T. (2015), *Rethinking human services delivery using data-driven insights | Deloitte Insights*, Deloitte, https://www2.deloitte.com/us/en/insights/industry/public-sector/human-services-delivery-data-driven-insights.html (accessed on 11 October 2020). [110]

Fixsen, D. et al. (2013), "Statewide Implementation of Evidence-Based Programs", *Exceptional Children*, Vol. 79/3, pp. 213-230, http://dx.doi.org/10.1177/001440291307900206. [83]

Flay, B. et al. (2005), *Standards of evidence: Criteria for efficacy, effectiveness and dissemination*, Prev Sci, http://dx.doi.org/10.1007/s11121-005-5553-y. [93]

Frazer, H., A. Guio and E. Marlier (2020), *Feasibility Study for a Child Guarantee - Intermediate report*, European Commission, Brussels, https://ec.europa.eu/social/main.jsp?catId=1428&langId=en. [65]

Freymond, N. and G. Cameron (eds.) (2005), *Towards Positive Systems of Child and Family Welfare International Comparisons of Child Protection, Family Service, and Community Caring Systems*, University of Toronto Press, Scholarly Publishing Division, https://utorontopress.com/us/towards-positive-systems-of-child-and-family-welfare-2 (accessed on 5 March 2021). [73]

Gardner, F., P. Montgomery and W. Knerr (2016), "Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3–10) Between Countries: Systematic Review and Meta-Analysis", *Journal of Clinical Child and Adolescent Psychology*, Vol. 45/6, pp. 749-762, http://dx.doi.org/10.1080/15374416.2015.1015134. [91]

Gottfredson, D. et al. (2015), "Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research in Prevention Science: Next Generation", *Prevention Science*, Vol. 16/7, pp. 893-926, http://dx.doi.org/10.1007/s11121-015-0555-x. [84]

Gradovski, M. et al. (2019), *The First 1000 Days of Early Childhood*, Springer Singapore, Singapore, http://dx.doi.org/10.1007/978-981-32-9656-5. [25]

Guio, A., H. Frazer and E. Marlier (2021), *Study on the economic implementing framework of a possible EU Child Guarantee Scheme including its financial foundation*, European Commission, Brussels. [30]

Hamel, M., S. Lemoine and C. Martin (2012), *Aider les parents à être parents. Le soutien à la parentalité, une perspective internationale.*, Centre d'Analyse Stratégique, Paris, http://www.strategie.gouv.fr (accessed on 20 November 2018). [2]

Hamilton, L. (2020), *Access to technology and barriers to digital inclusion - Outside The Box*, Bog / News, https://otbds.org/access-to-technology-and-barriers-to-digital-inclusion/ (accessed on 12 October 2020). [55]

Hardiker, P., K. Exton and M. Barker (1991), "The Social Policy Contexts of Prevention in Child Care", *The British Journal of Social Work*, Vol. 21/4, pp. 341-359, http://dx.doi.org/10.1093/oxfordjournals.bjsw.a055771. [4]

HelpSeeker (2020), *Find COVID-19/Coronavirus help*, https://www.search.helpseeker.org/listings?tagIds=167&viewCenter=51.04393026820531,-114.06074523925781&zoom=12&viewPort=50.980317,-114.24099,51.107456,-113.880501 (accessed on 10 April 2020). [50]

HelpSeeker (2020), *The services you need only a click away*, https://helpseeker.org/ (accessed on 12 October 2020). [49]

HIFIS (2020), *Homeless Individuals and Families Information System (HIFIS) - Canada.ca*, Government of Canada - Gouvernement du Canada, https://www.canada.ca/en/employment-social-development/programs/homelessness/hifis.html (accessed on 31 January 2021). [34]

Hirst, V. (2019), "Burnout in social work: The supervisor's role", *Aotearoa New Zealand Social Work*, Vol. 31/3, pp. 122-126, http://dx.doi.org/10.11157/anzswj-vol31iss3id653. [85]

Hodge, L. et al. (2017), "Factors that influence evidence-based program sustainment for family support providers in child protection services in disadvantaged communities", *Child Abuse & Neglect*, Vol. 70, pp. 134-145, http://dx.doi.org/10.1016/J.CHIABU.2017.05.017. [33]

Hoffman, K. et al. (2006), "Changing toddlers' and preschoolers' attachment classifications: The circle of security intervention.", *Journal of Consulting and Clinical Psychology*, Vol. 74/6, pp. 1017-1026, http://dx.doi.org/10.1037/0022-006x.74.6.1017. [21]

Hunt, P. (2019), *Target Group Discussion Paper on Children with Disabilities - Feasibility Study for a Child Guarantee*, European Commission, Brussels, https://ec.europa.eu/social/main.jsp?catId=1428&langId=fr&moreDocuments=yes. [67]

Jackson, P. (2018), "From 'intruders' to 'partners': The evolution of the relationship between the research community and sources of official administrative data", in *Data-Driven Policy Impact Evaluation: How Access to Microdata is Transforming Policy Design*, Springer International Publishing, http://dx.doi.org/10.1007/978-3-319-78461-8_2. [115]

Kendall, S., J. Rodger and H. Palmer (2010), *The use of whole family assessment to identify the needs of families with multiple problems The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems CONTENTS*. [96]

Knijn, T. and M. Hopman (2015), "Parenting Support in the Dutch 'Participation Society'", *Social Policy and Society*, Vol. 14/4, pp. 645-656, http://dx.doi.org/10.1017/S1474746415000329. [71]

Kumpfer, K. et al. (2002), "Cultural Sensitivity and Adaptation in Family-Based Prevention Interventions", *Prevention Science*, Vol. 3/3, pp. 241-246, http://dx.doi.org/10.1023/A:1019902902119. [92]

Kumpfer, K., C. Magalhães and J. Xie (2017), "Cultural Adaptation and Implementation of Family Evidence-Based Interventions with Diverse Populations", *Prevention Science*, Vol. 18/6, pp. 649-659, http://dx.doi.org/10.1007/s11121-016-0719-3. [88]

Lindsay Chase-Lansdale, P. and J. Brooks-Gunn (2014), *Two--Generation Programs in the Twenty--First Century*, http://www.futureofchildren.org (accessed on 7 December 2018). [35]

Littmarck, S., J. Lind and B. Sandin (2018), "Negotiating Parenting Support: Welfare Politics in Sweden between the 1960s and the 2000s", *Social Policy and Society*, Vol. 17/3, pp. 491-502, http://dx.doi.org/10.1017/S1474746417000574. [69]

Love, J. et al. (2005), "The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs.", *Developmental Psychology*, Vol. 41/6, pp. 885-901, http://dx.doi.org/10.1037/0012-1649.41.6.885. [99]

Mackeith, J. (2014), "Assessing the reliability of the Outcomes Star in research and practice", *Housing, Care and Support*, Vol. 17/4, pp. 188-197, http://dx.doi.org/10.1108/HCS-11-2014-0027. [109]

Martin, C. et al. (2017), *Accompagner les parents dans leur travail éducatif et de soin. Rapport du groupe de travail sur la parentalité Accompagner les parents dans leur travail e ducatif et de soin*, https://halshs.archives-ouvertes.fr/halshs-01572229 (accessed on 20 November 2018). [70]

McDonald, L. et al. (2012), "Strategies for high retention rates of low-income families in FAST (Families and Schools Together): An evidence-based parenting programme in the USA, UK, Holland and Germany", *European Journal of Developmental Psychology*, Vol. 9/1, pp. 75-88, http://dx.doi.org/10.1080/17405629.2011.632134. [107]

McFadden, P., A. Campbell and B. Taylor (2015), *Resilience and Burnout in Child Protection Social Work: Individual and Organisational Themes from a Systematic Literature Review*, Oxford University Press, http://dx.doi.org/10.1093/bjsw/bct210. [87]

Michalopoulos, C. et al. (2017), *EVIDENCE ON THE LONG-TERM EFFECTS OF HOME VISITING PROGRAMS: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE)*, http://www.acf.hhs.gov/programs/opre. (accessed on 20 November 2018). [36]

Moore, T. (2018), *Constructing a new narrative of our first 1000 days: Synthesising the evidence and framing the messages*, Centre for Community Child Health, https://www.rch.org.au/ (accessed on 15 July 2020). [24]

Morgan, M., S. Rochford and A. Sheehan (2016), *Adversity in Childhood-Outcomes, Risk and Resilience. Centre for Effective Services*, Centre for Effective Services, http://www.effectiveservices.org (accessed on 16 April 2020). [5]

Newman, K. et al. (2019), "The role of internet-based digital tools in reducing social isolation and addressing support needs among informal caregivers: a scoping review", *BMC Public Health*, Vol. 19/1, http://dx.doi.org/10.1186/s12889-019-7837-3. [45]

Novins, D. et al. (2013), "Dissemination and Implementation of Evidence-Based Practices for Child and Adolescent Mental Health: A Systematic Review", *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 52/10, pp. 1009-1025.e18, http://dx.doi.org/10.1016/J.JAAC.2013.07.012. [32]

Oates, J. (2010), *Supporting Parenting*, The Open University - Eeary Childhood in Focus, 5. [95]

OECD (2021), *The Long Reach of COVID-19: Results from OECD Risks that Matter 2020*, OECD, Paris. [15]

OECD (2020), *Combatting COVID-19's effect on children*, OECD Publishing, Paris, http://www.oecd.org/coronavirus/policy-responses/combatting-covid-19-s-effect-on-children-2e1f3b2f/#:~:text=In%20particular%2C%20COVID%E2%80%9119%20exacerbates,community%2C%20and%20to%20access%20the (accessed on 18 September 2020). [13]

OECD (2020), *Combatting the effects of the COVID-19 on children*, OECD, https://read.oecd-ilibrary.org/view/?ref=132_132643-m91j2scsyh&title=Combatting-COVID-19-s-effect-on-children. [44]

OECD (2020), *OECD Health Statistics*, http://www.oecd.org/els/health-systems/health-data.htm (accessed on 5 November 2020). [20]

OECD (2019), *Good Practice for Good Jobs in Early Childhood Education and Care*, OECD Publishing, Paris, https://dx.doi.org/10.1787/64562be6-en. [82]

OECD (2019), *Rejuvenating Korea: Policies for a Changing Society*, OECD Publishing, Paris. [94]

OECD (2018), *Children and Young People's Mental Health in the Digital Age*, OECD, Paris, http://www.oecd.org/els/health-systems/Children-and-Young-People-Mental-Health-in-the-Digital-Age.pdf. [62]

OECD (2015), "Integrating service delivery for vulnerable families: Preventing disadvantage?", in *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*, OECD Publishing, Paris, https://dx.doi.org/10.1787/9789264233775-5-en. [9]

OECD (2015), *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*, OECD Publishing, Paris, https://dx.doi.org/10.1787/9789264233775-en. [47]

OECD (2014), *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/9789264208445-en. [61]

OECD (2009), *Doing Better for Children*, OECD, Paris, http://www.oecd.org/els/family/43552898.pdf (accessed on 8 January 2018). [12]

OECD/WHO (2018), *Health at a Glance: Asia/Pacific 2018: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris, https://dx.doi.org/10.1787/health_glance_ap-2018-en. [19]

Oliver, K. et al. (2014), "A systematic review of barriers to and facilitators of the use of evidence by policymakers", *BMC Health Services Research*, Vol. 14/1, http://dx.doi.org/10.1186/1472-6963-14-2. [42]

OPRE (2020), *Overview and Profiles of State-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program—Fiscal Years 2014–2018 (2nd edition) | Office of Planning, Research & Evaluation | ACF*, OPRE/HRSA, Washington DC, https://www.acf.hhs.gov/opre/resource/overview-and-profiles-of-state-led-evaluations-the-maternal-infant-and-early-childhood-home-visiting-program-fys-2014-2018 (accessed on 11 October 2020). [103]

OPSI (2018), *Crecer con Salud - Virtual Assistant for pregnancy and early childhood - Observatory of Public Sector Innovation Observatory of Public Sector Innovation*, Observatory of Public Sector Innovation, https://oecd-opsi.org/innovations/crecer-con-salud-virtual-assistant-for-pregnancy-and-early-childhood/ (accessed on 12 October 2020). [111]

Oranga Tamariki — Ministry for Children (2020), *The White paper for Vulnerable Children - Children's Teams*, https://www.orangatamariki.govt.nz/support-for-families/childrens-teams/ (accessed on 12 October 2020). [48]

Paulsell, D., P. Del Grosso and L. Supplee (2014), "Supporting replication and scale-up of evidence-based home visiting programs: Assessing the implementation knowledge base", *American Journal of Public Health*, Vol. 104/9, pp. 1624-1632, http://dx.doi.org/10.2105/AJPH.2014.301962. [77]

Pentecost, M. and F. Ross (2019), "The First Thousand Days: Motherhood, Scientific Knowledge, and Local Histories", *Medical Anthropology*, Vol. 38/8, pp. 747-761, http://dx.doi.org/10.1080/01459740.2019.1590825. [26]

Pereda, N. and D. Díaz-Faes (2020), "Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors", *Child and Adolescent Psychiatry and Mental Health*, Vol. 14/1, p. 40, http://dx.doi.org/10.1186/s13034-020-00347-1. [18]

Polak, S. and M. Saini (2018), "The Complexity of Families Involved in High-Conflict Disputes: A Postseparation Ecological Transactional Framework", http://dx.doi.org/10.1080/10502556.2018.1488114. [98]

Rai, L. (2017), *Effective writing for social work*, Bristol University Press, http://dx.doi.org/10.2307/j.ctt1t88zz8. [46]

Rand (2019), *Positive Parenting Interventions Empowering parents with positive parenting techniques for lifelong health and well-being*. [68]

Riding, S. (2020), "A Whole-Systems Approach to Integrated Family Support Services: Exploring how digital tools can help or hinder", *Master of Arts - Social Work as a Human Rights Profession*, Alice Salomon Hochschule Berlin, Berlin. [40]

Sama-Miller, E. et al. (2019), *Home Visiting Evidence of Effectiveness Review: Executive Summary & Brief - September 2019 | Office of Planning, Research & Evaluation | ACF*, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, https://www.acf.hhs.gov/opre/resource/home-visiting-evidence-of-effectiveness-review-executive-summary-brief-september-2019 (accessed on 11 October 2020). [102]

Sanders, M. and T. Mazzucchelli (2017), *Power of Positive Parenting: Transforming the Lives of Children, Parents, and Communities Using the Triple P System - Oxford Clinical Psychology*, Oxford University Press, https://www.oxfordclinicalpsych.com/view/10.1093/med-psych/9780190629069.001.0001/med-9780190629069 (accessed on 1 March 2021). [74]

Sanders, M. and R. Prinz (2018), "Emergence of a population approach to evidence-based parenting support. - PsycNET", in Sanders, M. and T. Mazzucchelli (eds.), *The power of positive parenting: Transforming the lives of children, parents, and communities using the Triple P system*, Oxford University Press. [81]

Scharfe, E. (2011), "Benefits of mother goose: Influence of a community-based program on parent-child attachment relationships in typical families", *Child Welfare*, Vol. 90/5, pp. 9-26, https://pubmed.ncbi.nlm.nih.gov/22533052/ (accessed on 26 October 2020). [23]

Schmida, S. et al. (2017), *Connecting the Next Four Billion: Strengthening the Global Response for Universal Internet Access*, USAID from the American People, https://www.digitaldevelopment.org/resources/connecting-the-next-four-billion-strengthening-the-global-response-for-universal-internet-access (accessed on 12 October 2020). [52]

Sethi, S. et al. (2014), "The international dissemination of evidence-based parenting interventions: impact on practitioner content and process self-efficacy", *International Journal of Mental Health Promotion*, Vol. 16/2, pp. 126-137, http://dx.doi.org/10.1080/14623730.2014.917896. [80]

Shlomo, N. (2018), "Overview of data linkage methods for policy design and evaluation", in *Data-Driven Policy Impact Evaluation: How Access to Microdata is Transforming Policy Design*, Springer International Publishing, http://dx.doi.org/10.1007/978-3-319-78461-8_4. [113]

Silva, D. et al. (2020), "Increasing Resilience in Youth and Families: YAP's Wraparound Advocate Service Model", *Child & Youth Services*, Vol. 41/1, pp. 51-82, http://dx.doi.org/10.1080/0145935X.2019.1610870. [39]

Smokowski, P. et al. (2018), "Addressing Barriers to Recruitment and Retention in the Implementation of Parenting Programs: Lessons Learned for Effective Program Delivery in Rural and Urban Areas", *Journal of Child and Family Studies*, Vol. 27/9, pp. 2925-2942, http://dx.doi.org/10.1007/s10826-018-1139-8. [106]

Statham, J. (2011), "A review of international evidence on interagency working, to inform the development of children's services committees in Ireland.", *undefined*. [43]

Sundell, K., L. Ferrer-Wreder and M. Fraser (2014), "Going Global", *Evaluation & the Health Professions*, Vol. 37/2, pp. 203-230, http://dx.doi.org/10.1177/0163278712469813. [90]

Terrett, G., R. White and M. Spreckley (2012), "A preliminary evaluation of the Parent–Child Mother Goose Program in relation to children's language and parenting stress", *Journal of Early Childhood Research*, Vol. 11/1, pp. 16-26, http://dx.doi.org/10.1177/1476718x12456000. [22]

Thomson, R. et al. (2017), "A Dual-Factor Approach to Exploring Wraparound Outcomes in Children with Serious Emotional Disturbance within Community-Based Mental Health Settings", *International Journal of Psychological Studies*, Vol. 9/1, p. 107, http://dx.doi.org/10.5539/ijps.v9n1p107. [37]

Trivellato, U. (2018), "Microdata for social sciences and policy evaluation as a public good", in *Data-Driven Policy Impact Evaluation: How Access to Microdata is Transforming Policy Design*, Springer International Publishing, http://dx.doi.org/10.1007/978-3-319-78461-8_3. [116]

Turner, K., J. Nicholson and M. Sanders (2011), "The role of practitioner self-efficacy, training, program and workplace factors on the implementation of an evidence-based parenting intervention in primary care", *Journal of Primary Prevention*, Vol. 32/2, pp. 95-112, http://dx.doi.org/10.1007/s10935-011-0240-1. [79]

Ulferts, H. (2020), "Why parenting matters for children in the 21st century: An evidence-based framework for understanding parenting and its impact on child development", *OECD Education Working Papers*, No. 222, OECD Publishing, Paris, https://dx.doi.org/10.1787/129a1a59-en. [6]

UN DESA (2020), *Families in development: Assessing progress, challenges and emerging issues Focus on modalities for IYF+30 & parenting education*, https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/08/EGM.2020.Report.pdf (accessed on 9 November 2020). [10]

UNESCO (2018), *Digital inclusion for low-skilled and low-literate people: a landscape review - UNESCO Digital Library*, UNESCO, Paris, https://unesdoc.unesco.org/ark:/48223/pf0000261791 (accessed on 12 October 2020). [53]

Van Veen, C. (2020), *Landmark judgment from the Netherlands on digital welfare states and human rights | OpenGlobalRights*, OpenGlobalRight, https://www.openglobalrights.org/landmark-judgment-from-netherlands-on-digital-welfare-states/ (accessed on 16 March 2021). [117]

Vandenberg, J. et al. (2003), "History of the Wraparound Process", *Focal Point: A National Bulletin on Family Support and Children's Mental Health: Quality and fidelity in Wraparound*, Vol. 17/2, pp. 4-7. [38]

Wadsworth, M. et al. (2013), "A longitudinal examination of the adaptation to poverty-related stress model: Predicting child and adolescent adjustment over time", *Journal of Clinical Child & Adolescent Psychology*, Vol. 42/5, pp. 713-725. [89]

Wolfe, I., M. Mckee and M. Wolfe (2013), *European Child Health Services and Systems Lessons without borders European Child Health Services and Systems Edited by*. [29]

Young Minds (2020), *Coronavirus Report: Impact on Young People with Mental Health Needs*, https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/ (accessed on 22 January 2021). [16]

Document annexes

Annexes to this working paper can be found at the following link: www.oecd.org/els/family/fss2021-semwp-annexes.pdf.