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Delivering evidence based services for all vulnerable families

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Delivering evidence based services for all vulnerable families
A review of main policy issues

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Abstract

The paper provides a summary on the role of family services in promoting child well-being, and then reviews the policy issues at all levels of the family service delivery systems. At the government level, the paper emphasizes the need to fostering collaboration between different government bodies, and to ensure adequate funding for early intervention and preventative services. At service delivery level, the main identified issues include getting a better integration between delivery organisations, building capacities to adapt evidence based interventions, sharing tools to facilitate service implementation, training practitioners with the necessary skills, ensuring that service delivery fits within the local context, and engaging families in services.

Résumé

Ce document propose une synthèse du rôle des services familiaux dans la promotion du bien-être des enfants, puis examine les points clés du système pour assurer une prestation de services effective aux familles. Au niveau gouvernemental, le document souligne la nécessité d'encourager la collaboration entre les différents organismes gouvernementaux et de garantir un financement adéquat pour les services d'intervention précoce et de prévention. Au niveau de la prestation de services, les principaux problèmes identifiés sont les suivants : obtenir une meilleure intégration entre les organismes de prestation, renforcer les capacités d'adaptation des interventions fondées sur des données probantes, partager les outils pour faciliter la mise en œuvre des services, former les praticiens aux compétences nécessaires, veiller à ce que la prestation de services s'inscrive dans le contexte local et faire participer les familles aux services.

Introduction

1. The conditions under which parenting is exercised have changed considerably in recent decades. Families are getting smaller, and parents often invest more time and money in the raising or the upbringing of their children. Parenting styles have evolved too, with more emphasis now on children's personal and social development from the early years of life. The working lives of the two parents also often make it difficult to reconcile work and family responsibilities and can generate stress and harm the quality of parent-child relationships. Finally, economic inequalities have increased, and in countries with high inequality parents are both more likely to instil into children a drive to achieve ambitious goals in their academic pursuits (Amato et al., 2015[1]; Doepke and Zilibotti, 2019[2]).

2. As part of the growing inequalities across families, a substantial number of children - on average 1 in 7 children across the OECD - live in income poverty and their numbers have been increasing in many countries since the 2008 financial crisis (Thévenon, 2018[3]). The consequences for children are manifold. For instance, children from poor families face a much higher risk than others to experience food and clothing insecurity, which in turn can affect school attendance, academic success and/or children's socialisation with their peers. Economic hardship also contributes to family stress which amplifies the risks of poor quality parent-child interactions. In addition, children from very poor families, or single-parent families, face multiple material deprivations that require the delivery of a wide range of services to meet them (Thevenon, Clarke and de Franclieu, 2018[4]).

3. Policies to help people return to work and social cash benefits are important levers for reducing child poverty, but cash and parental employment supports are only a piece of the puzzle for families. Additional supports and policies are required for appropriate responses to children's needs, especially within the poorest and most vulnerable families. There are child and family protection services, services for persons with disabilities, or medical and therapeutic services assisting children and parents in situations of high vulnerability requiring urgent, intensive and often long-term interventions (Hardiker, Exton and Barker, 1991[5]; Morgan, Rochford and Sheehan, 2016[6]). Many of these services are operated by the governments, either at national or local level.

4. Another set of services cover more global needs for social assistance and family support, as well as services to prevent the development of economic and social problems in families (Hardiker, Exton and Barker, 1991[5]; Daly et al., 2015[7]) This includes in particular medical and care services that are widely accessible for pregnant women and families with new-born and/or very young children. It also includes "family support services" provided to help parents improve their child rearing capabilities and make parenting behaviour and family functioning more conducive to raising child outcomes. These services encompass a wide range of interventions that focus on such things as strengthening parents' knowledge on good nutrition and health practices during pregnancy and thereafter to promote good childcare and educational practices for infants and toddlers; or, helping parents and/or children develop practices that benefit their physical and mental well-being, and that support children's learning and cognitive, emotional and social development; or helping vulnerable families, in particular those who have children with disabilities, families exposed to domestic conflict or violence, and families in precarious family situations who have special and often multiple needs. These services are very often provided by NGOs and non-profit organisations with possibly support and guidance from local authorities (Daly, 2015[8]).

5. Family support services are particularly important for parents with limited access to material resources, with limited support from extended family and those who are socially isolated. Family services can also help families cope with personal or family circumstances that affect parental engagement and the quality of time they spent with their children. A crucial element to effectively combat poverty and its effects is to provide services that meet the needs of children and parents, to prevent and/or repair the possible consequences of poverty on children's well-being and development. For instance, family services play a crucial role in improving children's material living environment, to reduce parental stress and create a supportive home learning environment.

6. There is also evidence that investing in family services pays off. For instance, home visiting programmes increase short-term costs, but participating parents and children can see improvements in many outcome areas including maternal and child health, school performance, family economic self-sufficiency, child maltreatment, and juvenile delinquency. However, in practice, only a minority of families currently receive family services and a wide range of families and children who would benefit are not reached. Therefore, a key issue is how to reach the most disadvantaged families, how to ensure that they know such services are available, how to encourage take-up and how to guide them through the whole support system, which in many countries remain complex and fragmented (OECD, 2015[9]).

7. This paper reviews the key challenges in effectively delivering family services. It starts with a summary on the role of family services in promoting child well-being. Section two argues that the development and expansion of family services faces obstacles at different institutional levels. It reviews the policy issues and considers: governance; integrated service delivery; implementation; challenges for professionals; access for parents (including how digital tools can be used both to better reach vulnerable families); and how to develop knowledge sharing on "what works".

8. Finally, the paper points out that there is a clear lack of shared knowledge on the diversity of family services in OECD countries, and poor knowledge about their performance. There are different reasons for this. National and local policy makers, service providers and potentially beneficiary families are not always aware of existing programmes. Furthermore, the evidence on their performance and relevant design features, and what it takes to make a proven positive impact on family outcomes, is often unknown. Filling this gap is essential, however, to help countries to reap the full benefits from the provision of family services.

1. The role of family services in promoting child wellbeing

9. The skills and abilities that children develop in their earliest years help lay the foundation for their future success. Early negative experiences can contribute to poor social, emotional, cognitive, behavioural, and health outcomes in early childhood and in later life (Shuey and Kankaras, 2018[10]; Asmussen et al., 2016[11]; Pickett and Wilkinson, 2015[12]) The early development of language skills, but also emotional regulation affect later life outcomes, including adult physical health, anti-social behaviour and offending outcomes (Moffitt et al., 2011[13]) as well as educational and employment outcomes (Fergusson, Boden and Horwood, 2013[14]; McClelland et al., 2013[15]; Daly et al., 2015[16]).

10. Inequalities emerge early in childhood and develop over time due to a combination of factors that influence behaviours within families and outside. Economic factors, professional constraints and also socio-cultural factors determine the resources parents have to educate and care for children as well as the amount of time spent and nature of activities undertaken with children. Parenting styles, i.e. how parents respond to and make demands on their children, are also key aspects of the quality of childrearing which matter for child well-being. A large body of evidence supports the idea that high quality parenting in childhood, characterised by warmth, active engagement, and sensitivity predicts a range of positive socioemotional and cognitive outcomes in early and middle childhood (Gardner et al., 2003[17]; Brownell et al., 2013[18]). All of these factors vary widely across families, and as a result, children grow up with very unequal economic and social capital. For example, an analysis of US data from 10,000 children born in 2001, and followed up at the ages of 9 months, 2 years and 5 years, (Waldfogel and Washbrook[19]) found that parenting style was the single most important factor explaining the poorer cognitive performance of low-income children relative to middle-income children, accounting for 21% of the gap in literacy 19% of the gap in numeracy, and 33% of the gap in language.

11. Family support services play a vital role in helping parents build child learning capacities and cope with issues. They vary in content, format, intensity and delivery, but can include developing strategies to reduce and manage conflict, cope with stress, and co-parent effectively. Another key role of family services is to provide guidance and help families with multiple or complex needs navigate the range of available services. This is particularly important because support systems often operate in silos which creates barriers to accessing services that could be helpful to families in need (OECD, 2015[20]).

12. This section first reviews the role of the family and home environment in the development and well-being of children (1.1). It then describes intervention programmes that aim to support parents in raising and educating their children and/or overcome difficulties that some parents face due to personal or family problems. The characteristics of some programmes known to be effective are then specified (1.3), before addressing the gaps in the knowledge of what works, particularly when it comes to reaching the most vulnerable families (1.4).

1.1. The importance of the family and home environment for child development and well-being.

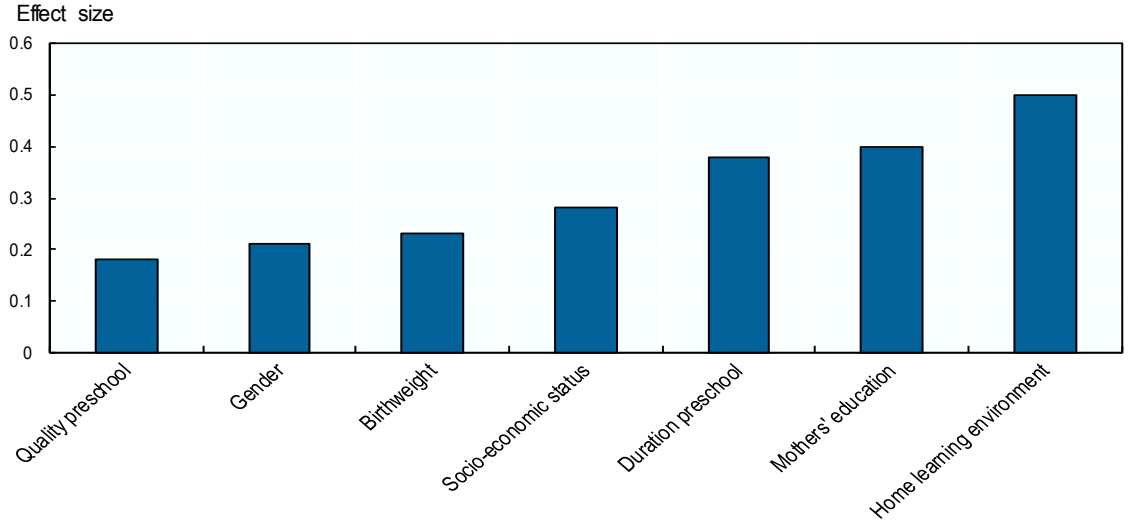
13. Family and home environments play a primary role for children in developing secure attachment with caregivers. Parents and other caregivers can act as a secure base from which children can learn about and explore the world. The attachment relationship also enables children to learn about how to cope with situations and the emotions that go with them (Parrigon et al., 2015[21]; Cooke et al., 2016[22]). Demonstrating the importance of the attachment relationship, securely attached children show more prosocial behaviour and fewer internalising and externalising problems (Brumariu and Kerns, 2010[23]; Lacasa et al., 2015[24]). The home environment is shaped in particular by parental education and employment which are critical determinants of household economic resources in general in addition to the material resources invested in raising and educating children (Shuey and Kankaras, 2018[10]). But what parents do is more important than how they invest money. In addition to direct expenditures on their children, parents influence child outcomes through the quality of the interactions they have and the home environment they create.

14. Figure 1 shows evidence from the United Kingdom, which suggests that the home "learning" environment (i.e. parenting practices and children's activities) is the strongest predictor of early literacy. Access to developmentally-appropriate books, toys and cultural resources promotes early learning and appears to be particularly important for supporting children with weak early language skills (Chiu and Mcbride-Chang, 2006[25]) (Law et al., 2018[26]). Further, the quality of the home learning environment during early childhood may be positively associated with adolescent's social, emotional and educational outcomes at age 16, as shown, for instance, in the context of the Effective Pre-school, Primary and Secondary Education (EPPSE) Project in England (Sylva et al., 2014[27]).

15. A key element of the home learning environment are the interactions parents have with their children in the early years of life. Engaging in language-rich interactions including reading books and having conversations, is strongly related to children's verbal skills (Rowe, 2018[28]) (Sperry, Sperry and Miller, 2018[29]). Forms of early joint parent-child interaction are very important, as well as communication through facial expressions. It is through this diverse types of interactions that the communicative skills that condition the language explosion from 18 months onwards are built. These practices are more common in wealthier families with higher economic and social capital.

16. Parents' verbal interactions with their children are not only important drivers of early social, emotional and cognitive development, but they are also markers of children's general well-being. As an illustration, data from the 2015 Programme for International Student Assessment (PISA) showed that parents who report "spending time just talking" with their children have adolescents who report higher levels of life satisfaction (OECD, 2017[30]).

Figure 1. Impact of contextual factors on child's literacy performance at age 5 in the United Kingdom



Note: Effect size compares the relative strength of different factors that influence children's literacy proficiency at age 5. It is expressed in the units of standard deviations where an effect of 0.1 is relatively weak, one of 0.40 is moderately strong, and an effect of 0.70 is strong.
Source: Melhuish et al. (2008), "Effects of the Home Learning Environment and Preschool Center Experience upon Literacy and Numeracy Development in Early Primary School", as reported by Shuey and Kankaras (2018).

17. The development of digital tools is changing the way parents communicate and educate their children. These technologies can be a way to engage parents and children in positive interactions (Hurwitz L., 2015[31]), but they carry a risk especially when parents allow uncontrolled use of these technologies (McDaniel BT., 2018[32]) (Hooft Graafland, 2018[33]). In addition, parents' attitudes towards the use of screens and digital tools to play with or educate children vary greatly according to income level and social status (Wartella, 2014[34]). For example, lower-income parents are more likely than other parents to turn to TV for educational purposes and give their child mobile devices to keep them occupied. Understanding how parenting and family dynamics both influence and are influenced by screen time and use of digital technologies is crucial to identify targets for interventions to benefit child health and development (Coyne, 2017[35]).

18. Another dimension of family well-being is the level of stress to which parents and children may be exposed in their family environment (Box 1) (OECD, 2019[36]). Several factors influence family stress, including parents' working lives, the family's exposure to economic hardship and events such as family dissolution. These life episodes also increase the risk of mental health problems, such as depression or anxiety and substance abuse by either parents or adolescents. In turn, the stress and mental health concerns can lead parents to be less emotionally engaged with their children whose development suffers as a result (Conger and Donnellan, 2007[37]). For instance, young children of mothers with depressive symptoms are found to be more likely to have worse early learning outcomes compared with children of mothers who haven't experienced depression because mothers dealing with depression tend to have difficulty finding the time and energy it takes to create a stimulating environment (Bornstein, 2015[38]). Beyond the time invested, maternal emotional distress also appears to be a key parameter mediating the effect of economic hardship on children's

early social and emotional outcomes (Schoon et al., 2010[39]). If parents maintain warm and responsive relationships with their children, low-income children demonstrate better academic achievement, and early learning related to cooperation, self-regulation, feelings of competence and efficacy in social interactions is facilitated (Bornstein, 2015[38]; Watkins and Howard, 2015[40]).

Box 1. The mechanisms underpinning inequalities in early child outcomes: theoretical accounts

Two main theoretical approaches explain the links family economic hardship and outcomes for children and young people. Both approaches are social causation models, in that they assume families' financial situation leads to variations in social, psychological and physical functioning. These two mechanisms are not mutually exclusive and often interact with each other. A critical point emphasised by these explanations is that family processes are common across a range of adverse outcomes highlighting the importance of family interventions.

The family stress explanation

1. The Family Stress explanation describes the pathways through which income can affect children's outcomes (Masarik and Conger, 2017[41]). It highlights the mechanisms through which harsh economic household conditions impact on family processes, and hypothesises that when economic pressure is high, parents are at an increased risk of anxiety and depression (Neppl, Senia and Donnellan, 2016[42]; Landers-Potts et al., 2015[43]; Iruka, LaForett and Odom, 2012[44]).
2. Parental psychological distress in turn leads to problems in the inter-parental relationship, including an increase in inter-parental conflict and lower relationship satisfaction (Landers-Potts et al., 2015[43]; O'Neal et al., 2015[45]; Helms et al., 2014[46])
3. Parents' psychological distress and problems with the inter-parental relationship in turn lead to an increase in harsh or inconsistent parenting practices (Newland et al., 2013[47]; Iruka, LaForett and Odom, 2012[44]; Emmen et al., 2013[48]).
4. These harsh parenting practices result in increased risk for a range of negative outcomes for children including internalising problems (Zhang, 2014[49]), externalising problems (Neppl, Senia and Donnellan, 2016[42]), lower cognitive outcomes (Iruka, LaForett and Odom, 2012[44]) and physical health problems (McCurdy, Gorman and Metallinos-Katsaras, 2010[50]).
5. There is now a strong body of evidence supporting mechanisms postulated by this explanation, including a number of systematic reviews (Masarik and Conger, 2017[51]; Conger, Conger and Martin, 2010[52]; Conger and Conger, 2002[53]; Barnett, 2008[54])

The Family Investment Model

6. This model is based on economic investment theory. It posits that parents with more economic resources are able to make greater investments in the development of their child, whilst parents with limited economic resources must focus on immediate material needs (Mayer, 1997[55]).
7. Parental investments take can the form of purchasing quality education, living in a 'good neighbourhood' as well as behavioural investments such as encouraging the child's participation in extracurricular activities and communicating with the child's school (Simons et al., 2016[56]).
8. Consistent with this model, economic deprivation has been found to longitudinally predict low educational investment and consequently cognitive achievement (Kiernan and Huerta, 2008[57]; Sun et al., 2015[58]) (Kiernan and Huerta, 2008; Sun et al., 2015).
9. Additionally, changes in parental economic circumstances predict parental investment in their child (Skafida and Treanor, 2014[59]).

Source: Adapted from Cooper and Stewart (2017[60]) and Masarik and Conger (2017[41]).

19. Parenting practices are also an important aspect of the family climate in which children grow up. There are large variations across families, for example, in the ways parents discipline their children (Kalil, 2015[61]). Harsh and physically aggressive parenting practices (e.g. scolding, hand slapping) are unfavourably associated with children's behaviours and with children's early academic success, whereas parental warmth and

responsiveness are associated with positive outcomes (Denham et al., 2000[62]) (Kalil, 2015[61]). Yet, various discipline methods are also necessary to set rules and boundaries that are healthy for a child's development. Effective discipline involves the use of negative consequences, including clear reasoning explained to the child in an age appropriate manner, to discourage inappropriate behaviour (Grusec J., 2017[63]). Successful discipline also requires the imposition of clear and consistent rules, encouragement of autonomy, self-reflection, and acceptance rather than rejection of the child.

20. In addition, many parents (especially those from high income families) appear to be increasingly focusing parenting on their children's cognitive development and educational success which risks both material and emotional overinvestment (Kalil, 2015[61]). In extremis, this can lead to cases of over-parenting or helicopter parenting[1]. Also, while parental involvement is related to many positive child outcomes, it can also be associated with lower levels of life satisfaction, self-worth, as well as with higher levels of child anxiety and depression, and higher risk behaviours (such as marijuana use, use of prescription drugs without permission, and shoplifting) (Schiffrin et al., 2014[64]) (Nelson, Padilla-Walker and Nielson, 2015[65]).

21. Last but not least, the material conditions in which families live shape the home environment in which children grow up. Income poverty is first and foremost a factor that negatively affects the material resources available to children (Thévenon, 2018[3]). Children in poor families are also more likely to live in poor quality housing and to experience deprivation in terms of food, clothing, or access to recreational facilities (Thevenon, Clarke and de Franclieu, 2018[4]). Other factors such as living in a single-parent family or in a large family, also increase the risk of experiencing multiple aspects of material deprivation.

22. Some children, particularly those whose parents are separated, are in a complex family situation, living with only one parent, switching housing from one parent to the other, or living in a blended family. This often affects material resources; for example, the risk of poverty for single-parent families is three times higher than that of families with two parents. Children living with single mothers are often disadvantaged with respect to both economic resources and parental engagement compared those with their two biological parents (Carlson and Berger, 2013[66]); by contrast, children in step-father families receive similar levels of engagement to those in biological-father families but are much less economically advantaged. The literature further suggests that children with a single-parent or a social parent show higher propensity to develop behavioural problems and poorer reading ability (Rimmer, 2015[67])

23. Some children from complex families are also involved in high conflict situations with multiple facets, and whose resolution is particularly difficult because different dimensions intersect (Polak and Saini, 2018[68]). In such circumstances, no one specific intervention exists that can address all of the factors, and professionals need who engage with high conflict families start by determining the multiple systems and addressing the various factors that could be contributing to the perpetuation of the conflict. Nevertheless, many countries make family mediation available to avert family breakdown coming in front of the courts.

[1] A helicopter parent is a parent who pays extremely close attention to children's experiences and problems. Helicopter parents are so named because, like helicopters, they "hover overhead", overseeing every aspect of their child's life constantly.

1.2. What difference can family services make?

24. Families benefit from access to a range of services aimed at reducing stressors and building protective factors to promote healthy child development and well-being. These family services are often publicly provided or community-led and tend to prioritise investment in crisis interventions over preventative and early intervention (OECD, 2019[36]). Furthermore, interventions designed to address family processes, including the inter-parental relationship and parenting behaviours, can be effective means to combat social inequalities (Kalil, 2015[61]) (Clarke and Younas, 2017[69]) (Shuey and Kankaras, 2018[10]).

25. Comparing family services across countries is not a straightforward exercise. The scope of family and parenting support policies varies from country to country and countries do not necessarily include the same activities under this heading (Martin et al., 2017[70]). For instance, in Switzerland parenting support policies include early childhood care facilities, as it is also the case in several Italian municipalities (including the cities of Rome, Milan, Pistoia), where child-parent centres are an explicit part of early childhood policies. These centres are perceived as spaces for the socialization of children (as are the crèches) as a means to support parents in their parenting activities. By contrast, in France parenting support policies refer mainly to family mediation services, which are reserved for a minority of families whose members have difficult relationships. In the United Kingdom access to parenting support programmes has gradually been opened up to all parents who are willing to participate and these programmes cover an increasingly wide range of issues (Hamel, Lemoine and Martin, 2012[71]). Overall, parenting support policies can take alternative forms. On the one extreme, universal support available to all parents is offered as a preventative action to combat social inequalities; though some families can still receive more intensive support than others. At the other end of the spectrum, these policies involve more targeted support, with an explicit aim to correct dysfunctional practices and ensure child protection, emphasizing parental responsibility, through for example, mandatory parental actions or parental support coupled with threats of sanctions.

26. Many of the programmes examined target one specific parenting behaviour or area, with a focus on improving a particular outcome (for example, managing behavioural issues or strengthening child-parent attachment and improving the quality of their interaction and communication). However, some interventions seek to take a more holistic approach to supporting parents, providing guidance services to address the multiple needs of vulnerable families.

27. Interventions include strategies to cope with stress; training to create positive parent-child interactions; and initiatives to increase the effectiveness of parents emotional and communication skills, using ‘time out’ and placing an emphasis on parental consistency (Doyle, Hegarty and Owens, 2018[72]; Acquah et al., 2017[73]). Services aim to protect children from the consequences of unhealthy conflict in the home by supporting parents with conflict management and communication.

28. One service strategy that has improved these outcomes is early childhood in-home support. Home visits following the birth of a child reach families who would otherwise lack the information or social capital to use the services to which they are entitled. Home visits provide information, resources, and support to expecting parents and families with young children, typically infants and toddlers, in their home (Michalopoulos et al., 2017[74]) (Duggan et al., 2018[75]). These tailored services for families typically involve assessing family needs, providing education and supports to parents and connecting families to other resources in their local environment (Michalopoulos et al., 2017[74]). Home visiting

programmes typically involve professionals working with at-risk pregnant woman (especially young first-time mothers and poor parents) and families with children from birth, targeting a range of outcomes that include improved maternal and child health, prevention of child abuse or maltreatment and improved school readiness. Box 2 describes an example of home visiting programme.

29. Although these programmes are expensive in the short run, the evidence gathered in the United States suggests that home visiting programmes have had fairly consistent effects on family economic self-sufficiency and can be cost-effective in the long term (Michalopoulos et al., 2017[74]) (Duggan et al., 2018[75]). For example, while the Nurse-Family Partnership study in Elmira in the United States found that benefits are 45 percent lower than costs over a 4-year follow-up period, the benefits were found to be nearly four times as great as costs over a 15-year follow-up period (Michalopoulos et al., 2017[74]). Projection of lifetime outcomes further suggest that benefits exceed costs by amounts ranging from nearly 20 to over 200 per cent.

30. The largest benefits come through increases in individual earnings and reduced future spending on government programmes. Home visiting programmes are found to have a positive effect on high school graduation, employment rates and thus individual earnings. Home visiting has also been found to reduce substance abuse among young adolescents and reduction in mortality by age 20, as well as long-term improvements in maternal health. Home visiting programmes appear also to reduce government spending in the longer term by reducing families' need for public assistance programmes (Michalopoulos et al., 2017[74]).

31. An example of a parent training intervention is the *Triple P Positive Parenting Program*. This is a multilevel parenting programme set originally in Australia to prevent and offer treatment for severe behavioural, emotional, and developmental problems in children. The transferability of the programme has proven a success in a number of OECD countries including Switzerland (Cina et al., 2011[76]), the Netherlands (de Graaf et al., 2009[77]), Japan (Fujiwara, Kato and Sanders, 2011[78]), Germany (Hartung and Hahlweg, 2010[79]), Australia (Morawska et al., 2011[80]), the United Kingdom (Tsivos et al., 2015[81]) and New Zealand (Chu et al., 2015[82]).

Box 2. The UK's Family Nurse Partnership

- *Programme description*: The Family Nurse Partnership (FNP) is a home-visiting programme for young mothers expecting their first child. It is delivered by highly trained and supervised nurses who visit first-time young mothers in their home from the time of their first booking until their child's second birthday. During these visits, mothers receive information about their child's development and learn strategies for understanding supporting their child's and their own needs.
- *Target population*: First-time teenage mothers.
- *Child's age:* Antenatal to age two.
- *Who can deliver it?* Practitioners should be registered nurses with experience of community nursing.
- *Setting:* The mother's home

- *Evidence base:* FNP's strongest evidence from five rigorously conducted randomised control trials (RCTs) (Eckenrode et al., 2010[83]; Kitzman et al., 1997[84]; Olds et al., 2002[85]; Mejdoubi, Midwifery and 2014, n.d.[86]; Robling et al., 2016[87])

Source: Adapted from the Early Intervention Foundation Guidebook - https://guidebook.eif.org.uk/programme/family-nurse-partnership

1.3. What makes family service delivery effective?

32. The short literature review above has shown that public policy can have an impact on parenting behaviour and family processes that influence child and family outcomes. It emphasised the importance of a coordinated response to all family needs as, in many cases, it can achieve both short- and long term positive results (OECD, 2015[88]). For instance, service coordination prevents service providers from working in silos and reduces duplication of services. Coordinated services also ensure that families can access a range of services to address personal health, social or mental problems (Polak and Saini, 2018[68]).

33. Coordinated services can help shine light on factors influencing an individual, which might lead to changes in the support approach as a whole. As such, having a team leader or case manager, such as a parent coordinator, with open communication and exchange of information between professionals to coordinate service or consolidate progress is likely to garner the most success.

34. Some countries are beginning to approach universal parental support as a public policy issue. Although there is still a lack of robust evaluation for many universal parenting interventions, it appears that this approach can help normalise – and de-stigmatise, the concept of support for parenting and thus better engage parents (Clarke and Younas, 2017[69]). A universal approach does not preclude the delivery of targeted services tailored to specific family needs. For example, *Parenting Shops* in Belgium provide a one-stop 'shop' for parenting support in all areas. Professional staff involved have backgrounds in social work, social welfare studies, psychology, etc., and interventions are delivered through information lectures, parenting classes, home visits and brochures and leaflets. Similarly, the *All Children in Focus* programme in Sweden is available to all parents and aims to equip parents with the necessary tools to become better parents, enhance communication and reduce behaviour problems among their children. The programme is delivered over four sessions providing parents with children aged 3-12 with home-visits, as well as focus groups, role-play and visual techniques to enhance their knowledge. Sessions are held by trained group leaders from different backgrounds including social workers, teachers and pedagogues.

35. Providing housing supports may not have a direct impact on parenting practices, but stable housing is a key condition for an environment conducive to children's learning and well-being (Institute of Medicine, 2000[89]) (OECD, 2015[88]).

36. Other characteristics of successful family programmes can be highlighted. First, the most successful parenting interventions appear to include a focus on equipping parents with a greater understanding of child development (e.g. *All Children in Focus* in Sweden) and developing parental confidence in their role as parents (e.g. *Parents as Teachers* in Australia, Canada, New Zealand and the United States). In addition, the efforts of programmes to reduce tensions within the family unit (for example, *Family Foundations* in the United States) were shown to have positive effects in several areas, including alleviating parental

stress, improving communication and a reduction in negative parenting styles and problem behaviour (Clarke and Younas, 2017[69]).

37. Programmes that take a two generation approach explicitly target parents and children from the same family, seeking to build human capital across generations, such as by combining education or job training for adults with early childhood education for their children (Lindsay Chase-Lansdale and Brooks-Gunn, 2014[90]) Programmes with a "two-generation" approach prove to be effective in supporting early learning, although the mechanisms are not always clear and programmes vary in their emphasis on children versus parents (Love et al., 2005[91]) (Bornstein, Leventahl and Lerner, 2015[92]). The structure and content of such programmes varies widely. For children, two-generation programmes can include health and education services, such as home visiting, early childhood education, and programmes for children who have been exposed to trauma. Services for parents can involve parenting, literacy, learning country language, treating mental health problems, and preventing child maltreatment and intimate partner violence, but it also involve programmes to foster parental employability. Most recent "two-generations" programmes focus on human capital and provide programmes for adults and children which were previously kept in separate silos (Lindsay Chase-Lansdale and Brooks-Gunn, 2014[90]). For parents, education and training goes beyond adult basic education to include postsecondary education and certification. Similarly, second-wave two-generation programs capitalize on new directions in job training that go beyond search and placement to include workforce intermediaries. For children, it provides high quality early childhood education centres in order to enhance healthy development over the life course. The "Two-Generation" programmes are in their infancy, but they hold promise for increasing the human capital of low-income parents and children. However, they need formal evaluation and implementation studies so as to improve programme design and best serve parents and children together.

38. Targeting home learning activities specifically around early language and literacy skills is another area where parenting programmes proliferate. Research generally supports these programmes as meaningful ways to shape parenting behaviours and boost children's skills, including social and behavioural domains. Yet, methodologically strong studies are scarce and attention to programme implementation is needed as not all interventions appear to work equally well (Moran, Ghate and Van Der Merwe, 2004[93]).

39. Early supports for parents often have long-lasting effects on children's outcomes, which are consistent with the well-documented power of early learning (Moran, Ghate and Van Der Merwe, 2004[93]). However, interventions taking place in late childhood are also found to generate positive outcomes, and many of them are as effective as early childhood intervention (Gardner et al., 2018[94]). It may be that the responsiveness of child behaviour to changes in parenting is similar across childhood years, but the nature and intensity of the problems can differ with age, suggesting that both early and late interventions are needed.

40. Finally, highly trained and skilled practitioners are crucial to the successful delivery of parenting interventions which involves meeting various needs and providing families with guidance to find appropriate support. To this end, some successful interventions recruited practitioners from a broad range of fields, including nurses, social workers and teachers whose skills are different yet complementary.

1.4. What is needed to help countries better deliver and expand family services?

41. The previous sections described examples of services that have a proven positive influence. On the ground there are many more family services, often provided at local levels, of which the impact is not always known. Policy-makers need to be able to track these services, how they operate what makes them successful or not, and how they are connected to each other and to the rest of the social support system. The difficulty, however, is that there is often no centralised information system to accurately monitor the evolution of services, and therefore there is no capacity to compare systems of family supports across countries; comparisons, when they are made, are limited to particular programmes. Without such comprehensive evidence, however, it is difficult to optimise investment in family services.

42. Another challenge is that, despite the potential for family services to address disparities in outcomes for vulnerable families, they remain underutilised in practice because they fail to address not only the economic but also the cultural obstacles to families' access and use of services (Kumpfer, Magalhães and Xie, 2017[95]). The challenge is then to identify good practices and effective initiatives for the "hard-to-reach" families.

43. Although the evidence base on effectiveness of early intervention has developed rapidly over the last decade, there still remain many knowledge gaps in what works at larger scales. Even the most successful preventative interventions often are found not to benefit a large number of recipients (Fishbein and Dariotis, 2017[96]). Moreover, most early intervention research has focused on identifying 'what works', i.e. which programmes influence family outcomes, but existing evaluations have often overlooked 'how' it works, i.e. the concrete implementation characteristics that ensure that, under some conditions and not others, a programme has the intended effects. Therefore, recent work has focused on 'what works, for whom and *under what circumstances*,'; there is also an increasing recognition that 'implementation matters' and that the quality and level of implementation of an intervention is associated with outcomes for families and children (Damschroder et al., 2009[97]) (Durlak and DuPre, 2008[98]; McHugo et al., 2007[99]; Webster-Stratton, Reid and Marsenich, 2014[100]).

44. Understanding the barriers that prevent families from accessing and engaging in family services is the basis for governments and other stakeholders to develop strategies to implement and scale up services. This can be facilitated by adopting a systems approach, which is a set of processes, methods and practices that aim to effect systems change (OECD, 2017[101]). Systems approaches help governments to address problems that transcend administrative and professional boundaries in a more holistic manner. This is particularly pertinent to family support services, where the barriers exist at all levels of the system, from the government context, the skills and capacity of the practitioners, to the level of service delivery itself to fit within local contexts and with the concrete needs of families and children. The success of family support interventions depend much on the level of parents' engagement and attendance, particularly as involvement is on a voluntary basis. This requires establishing good working relationships between parents and practitioners and helping parents build confidence in their parenting role.

2. Expanding family services: policy issues

45. This section provides an overview of the policy issues that arise at all levels of the system to achieve effective delivery of family services. It also provides some examples of good practices.

2.1. Key challenges at government level

2.1.1. Enhancing collaboration between government agencies

46. Vulnerable families can face multiple challenges, such as poverty, unemployment, finding adequate housing, relationship conflict and other health or social issues. These are often addressed by different services; therefore, coordination to guide families through the appropriate parts of the system is required. Supporting parents to enhance their children's well-being and opportunities cannot be achieved by one government agency working in isolation. It requires cooperation and coordination across departments at the governance level (OECD, 2015[102]), with departments responsible for education, health, social development and local government all potentially having responsibility over aspects of family and child policy. The challenges of cross-government working are well described and documented (OECD, 2015[102]), requiring policy makers to solve complex governance issues, including tackling short-term thinking which curtails longer term goals, overcoming government and professional silos and setting clear accountability and budgetary incentives over different institutions (Cairney et al., 2017; Melhuish, 2004).

47. Across OECD countries, governments have facilitated cooperation at the strategic level to support policies designed to improve child wellbeing. In the Czech Republic, for example, the National Strategy to protect Children's Rights was monitored by an interdepartmental co-ordination group, which had responsibility for coordinating activities for vulnerable children (OECD, 2015[102]). This approach has also been adopted by the United Kingdom which has recently established a cross-ministerial group to explore how government can better support families of young children.

48. Other OECD countries have gone beyond these informal or ad-hoc governance arrangements to establish a more formal institutionalisation of integrated governance. In Ireland, for example, the Department of Children and Youth Affairs leads the effort to improve outcomes for children and young people and seeks to innovate and collaborate with other departments and agencies that also have a responsibility for child and family policy. In France, a National Parenting Support Committee was established, chaired by the Minister in charge of family, to support coordination across government and a parenting support strategy was adopted in July 2018 (European Commission, 2011[103]) (DGCS, 2018[104]).

2.1.2. Ensuring adequate funding for early intervention or preventative services

49. A focus on early intervention or preventative services can be challenging in a context where many governments are still facing constrained public spending. Countries often prioritize the development of protection, care and assistance services for children in response to emergency situations or to provide long-tern support to children who are already experience severe distress and they invest less in preventative services (OECD, 2019[36]). The fact that economic returns from early intervention services occur over a longer time period and are diffused over multiple policy areas can create an incentive for both central

and local governments to prioritise essential statutory services over prevention services such as early intervention services (OECD, 2015[102]).

50. A key challenge for governments is to identify the benefits that justify funding programmes, although these benefits are not always immediately apparent to administrations or other providers who deliver the service. Cost savings and return on investments are also important arguments. In the short term, family services can help reduce child maltreatment, improve child behaviour, reduce antisocial social behaviour, improve language and cognitive development, as well as contribute to positive health outcomes (Asmussen et al., 2016[11]). But many of the agencies that would be responsible for delivering family services, such as local authorities and schools, would see little of the benefits that might accrue in terms of reduced spending on statutory services, such as children being taken into care. In the long term, family services can translate into reductions in adolescent mental health problems, reduced substance misuse, and reduced criminal behaviour (Sandler et al., 2015[105]). Again, the agencies that are responsible for commissioning or delivering early intervention or preventative services may see little of the long-term benefits. Also, family services providers are getting pressured by funders to provide proof of effectiveness which risks accentuating a focus on short-term outcomes. This leads to the so-called 'wrong pockets' problem: the institutions which pay for an intervention do not reap the reward or get the credit, which ends up in the "wrong pockets" reducing the incentive for upfront investment (Roman, 2015[106]; Lantz et al., 2016[107]). These challenges are borne out by research by the United Kingdom's Early Intervention Foundation, which found that the greatest barriers to decision makers increasing the level of effective early intervention were: early intervention being outranked by higher priorities, not being a statutory requirement, the benefits accruing too far into the future, and benefits accruing elsewhere in the system, along with the short-term costs being high.

51. Governments and other funders also have an important role to play in ensuring that their funding and commissioning requirements support the implementation of effective interventions (i.e. interventions that reach the targeted population and have the intended effects as demonstrated by rigorous evaluation). For example, Turner, Nicholson and Sanders (2011[108]) found that some regions in Australia had outcome targets that were expressed in terms of numbers of families visited as opposed to number of successful interventions completed. This acted as a disincentive for practitioners to schedule repeat appointments with the same family. Therefore, having outcome targets that incentivise the implementation of services which deliver positive outcomes for families is critical.

2.2. Providing support at service delivery level

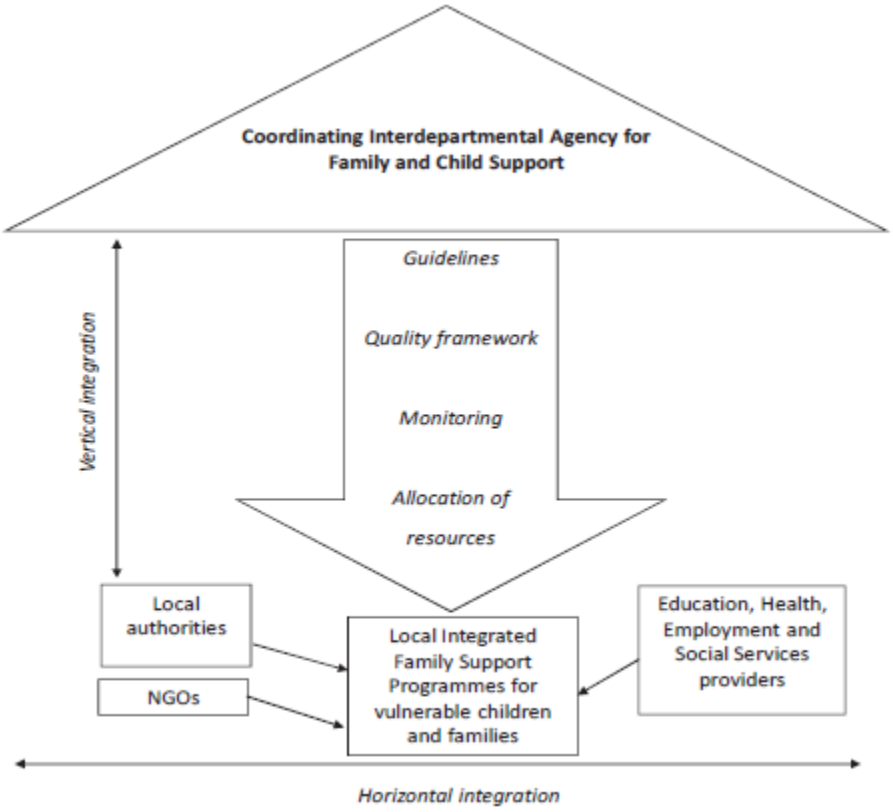
52. The organisations responsible for implementing parenting interventions need to have the resources, management, knowledge and skills to support effective delivery. In addition to integrated working at the governance level, the delivery of early intervention can also be facilitated by integrated working between providers and organisations responsible for implementing services (OECD, 2015[102]) – this evidence is reviewed in section 2.2.1. Delivery organisations also need the skills and resources to adapt parenting interventions to their local circumstances; this evidence is reviewed in section 2.2.2.

2.2.1. Integrated working between delivery organisations

53. Given the complexity of the challenges faced by vulnerable families, there is also a need for coordination of services at a local level, avoiding a confusing and frustrating experience for the service user and minimising inefficiency and duplication in service

provision. This can be achieved by embedding integrated service delivery at the local level as part of a 'whole system' approach. A stylised example of a 'whole system' is presented in Figure 2. In this model an interdepartmental agency joins up services in terms of funding, setting guidelines and monitoring and assessing the quality and type of services that are implemented. At the local level, different service providers are brought together to deliver integrated services under the supervision of a lead agency. Although few OECD countries have adopted a whole-system model to integrating family services, different approaches to integration at the local level have been attempted and evaluated.

Figure 2. A basic model of a 'whole-systems approach to integration'



Source: Adapted from OECD (2015[102])

54. Initiatives to integrate services can have a number of benefits. They facilitate changes in working culture, which can result in a better understanding of other professionals' roles (Statham, 2011[109]). There is also evidence that it can lead to better information sharing between professions and agencies and a reduction in the duplication of services (Statham, 2011[109]). Strategies such as community outreach and working with professionals and institutions who are already working with families, such as schools, colleges and social workers can help ensure that the most vulnerable are able to access services (OECD, 2015[102]).

55. In general, collaborative initiatives are evaluated positively, with interagency collaboration viewed to be helpful and important by professionals, parents and carers in qualitative studies. (Hamilton, Begley and Culler, 2014[110]; Cooper, Evans and Pybis,

2016[111]; McKenzie et al., 2011[112]). The results of studies that look at the association between service integration and service outcomes are more mixed, with some suggesting that interagency collaboration is associated with greater and more equitable service receipt (Chuang and Wells, 2010[113]; Cooper, Evans and Pybis, 2016[111]), whilst other studies indicate associations with reduced service access and quality (Cooper, Evans and Pybis, 2016[111]). In one United States study, survey data was used to investigate how collaboration between local child welfare agencies, schools, and community mental health providers influenced children's service receipt (Chuang and Lucio, 2011[114]). Person-centred approaches, such as having a care coordinator, were found to increase the likelihood of receipt of services, whereas administrative ties (such as sharing of records and management information) were associated with a reduced likelihood of service receipt. This suggests that different collaborative models may be more appropriate for coordinating between different agencies and improving access to services (Chuang and Lucio, 2011[114]).

56. Several promising mechanisms to overcome barriers to successful service integration have been identified. A recent systematic review has summarised the barriers and facilitators of interagency collaboration to support children and young people's wellbeing (Cooper, Evans and Pybis, 2016[111]). One of the most commonly identified factors by both professionals and parents was good communication across professionals or services (Table 1). This included both the quantity and quality of communication and also willingness to communicate. The other factor that was identified most frequently was joint training, i.e. development or training activities in which professionals from different disciplines come together. For example, in one study from Canada, joint training was found to increase positive attitudes towards teamwork and other professionals (Loutzenhiser and Hadjistavropoulos, 2008[115]).

57. The increased use of digital technology, electronic transmission of information on benefit recipients paves the way for significant progress to facilitate case management and better reach vulnerable families while also reducing administrative costs (Cloarec-Le Nabour and Damon, 2018[116]).

Table 1. Factors identified as facilitating interagency collaboration

Theme	N studies	Studies (%[1])
Good communication across professionals/services	10	47.6
Joint training	10	47.6
Good understanding across professionals/services	9	42.9
Mutual valuing, respect and trust	7	33.3
Senior management support	7	33.3
Protocols on interagency collaboration	6	28.6
Named link person	6	28.6
Joint meetings	5	23.8
Positive individual relationships	5	23.8
Co-location	5	23.8
Joint case conferences	4	19.0
Adequate resourcing	4	19.0
CYP-centred/family-centred	4	19.0
Consultative or supervisory role	3	14.3
Joint assessments	2	9.5
Training in interagency collaboration	2	9.5

Note: CYP = child and young people; 1) Percentage over the 21 relevant studies. The first of two factors that were most commonly identified, by both professionals and parents/carers, as facilitating interagency collaboration was good communication across professionals/services and joint training, both identified in 10 over the 21 studies. *Source*: Modified from Cooper, Evans and Pybis (2016[111]). The systematic review includes studies from the United States, the United Kingdom, Norway, Australia and Sweden.

58. The most frequently cited barrier to interagency collaboration, by both professionals and parents was inadequate resources (Table 2). This contributed to professionals having insufficient time to carry out interagency activities such as meetings, insufficient funding and inadequate training in collaborative practices. Poor communication across professionals or services was also a commonly cited barrier.

Table 2. Factors identified as inhibiting interagency collaboration

Theme	N studies	Studies (%[1])
Inadequate resourcing	12	66.7
Poor communication across professionals/services	10	55.6
Lack of valuing, respect and trust	8	44.4
Differing perspectives/cultures across professionals/ Services	8	44.4
Poor understanding across professionals/services	7	38.9
Confidentiality issues	7	38.9
Lack of senior management support	4	22.2
No-one taking responsibility	4	22.2
Referral difficulties	3	16.7
Unrealistic expectations of others professionals/services	3	16.7
Interagency collaboration not prioritized	3	16.7
Lack of protocols on interagency collaboration	2	11.1
Bureaucracy	2	11.1

1) Percentage over the 18 relevant studies.

Source: Modified from Cooper, Evans and Pybis (2016[111]). The systematic review includes studies from the United States, the United Kingdom, Norway, Australia and Sweden.

59. A number of OECD counties have prioritised integration and joining up services. The Australian government has made specific funds available for improving collaboration between service providers, community organisations, NGOs, and all levels of government (OECD, 2015[102]). A critical component of this is the *Communities for Children – Facilitating Partners* Initiative focusing on prevention and early intervention for children up to five and their families. Services support the wellbeing of children by building strong parenting skills and stronger and more sustainable families and communities. An important feature of this initiative is that at least 30% of funding for direct service delivery should be used for evidence-based programmes. This requirement was later increased to 50% (Robinson, 2017[117]). To help service delivery meet this requirement, a list was created of interventions that had been approved as evidence-based and tested with high quality evaluations, and that are easy to replicate, with training or manuals easily accessible in Australia (Australian Institute of Family Studies, 2018[118]). This provided an incentive to focus on delivering high quality services, with feedback from providers indicating that it had helped them focus on understanding what works to improve outcomes (Robinson, 2017[117]).

60. Over the past decade the United Kingdom government has also invested in family services (Acquah et al., 2017[73]; OECD, 2015[102]). For example, 30 million GBP was invested to support family services in the spending review period of 2011–2015, including relationship support for new parents, marriage preparation, training for practitioners, and couple counselling for those experiencing relationship difficulties. Focusing on both relationship support and parenting was seen as critical to improving children's life chances (Acquah et al., 2017[73]). In 2018, the May government set out the next phase of the *Troubled Families Programme*, described in Box 3.

Box 3. The United Kingdom *Troubled Families Programme*

In 2010, the United Kingdom government established a cross-departmental Troubled Families initiative, targeting families with complex needs. Initially, it aimed to turn around the lives of 120 000 families with longstanding problems and complex social needs.

- A key aspect of the programme are case managers or key workers who assess the families and coordinate the multidisciplinary support provided within the programme.
- In June 2013 the programme was extended to include another 400 000 high risk households which will go through the programme by 2020, with additional funding of GDP 200 million for the years 2015 and 2016.
- Over the next two years the programme will be refocused to have an even greater focus on tackling joblessness and issues such as parental conflict.
- The programme has also placed a greater emphasis on ensuring that local activity is informed by the latest evidence and that good practice is shared between areas.
- The United Kingdom Early Intervention Foundation was asked to produce commissioning guidance for parenting and family support which summarises the evidence. This will support Troubled Families coordinators to ensure that families with complex needs receive interventions that have been shown to be effective (Asmussen et al., 2017[126]).
- It includes details of 23 interventions that have been shown to be effective in improving child and parent outcomes in highly vulnerable families with characteristics similar to those in the Troubled Families programme. The interventions had been evaluated either using randomised control trials or quasi-experimental designs.

62. In the Nordic countries, child guidance and family counselling mostly takes place in an integrated setting (OECD, 2015[102]). Collaboration between different Ministries also tends to be long standing in these countries – such as in Norway where links between the Ministries responsible for Education and Research and Children, Equality and Social Inclusion are well developed. There is also a commitment to service delivery to be informed by evidence. The Ministry of Children Equality and Social Inclusion offers courses on the International Child Development Programme (ICDP) through the Parental Guidance Programme (Sherr et al., 2014[119]). The ICDP is a parenting intervention designed to influence parents' identification with and sensitivity to the child's needs and to adjust caregiving accordingly (Skar et al., 2014[120]; Sherr et al., 2014[119]; Skar et al., 2015[121]; Skar et al., 2017[122])

63. Case management is another common feature of many of the targeted initiatives to integrate service delivery for vulnerable families across the OECD (OECD, 2015[102]). Case management is crucial to guide families through the system of available supports, provide a single entry point to reduce the administrative burden of applying for these supports and have a named person responsible for monitoring a family's progress. In the Netherlands, social caseworkers have played a central role in providing services for families with complex needs (OECD, 2015[102]). Case managers are also a key actors of the United Kingdom Troubled Families Programme described in Box 3. In Estonia, families with complex needs have access to case management as part of a national initiative (OECD, 2015[102]; Strategy of Children and Families 2012-2020, 2011[123]).

2.2.2. Building capacities to adapt evidence-based interventions

64. OECD countries have used a number of strategies to ensure the capacity of their systems to adapt services to the local context. Leveraging support from NGOs, the private sector and the academic community has been a promising strategy in many OECD countries. In Mexico, academic institutions and non-governmental organisations have been instrumental in promoting a culture focused on prevention (Parra-Cardona et al., 2018[124]). IREFAM is a private institution offering graduate studies to mental health professionals in the state of Chihuahua. It altered the content of its masters and doctoral programmes in collaboration with the University of Texas at Austin, to include material on evidence-based prevention interventions with a specific focus on cultural adaptation. Since 2007, over 500 master's students have been trained in these approaches, with many now occupying leadership positions in state government thus enabling them to actively promote the implementation of evidence-based prevention interventions (Parra-Cardona et al., 2018[124])

65. The UK government announced a new GBP 39 million programme to prevent parental conflict in 30 local areas around the United Kingdom. A central component of this is training to support local areas so that frontline practitioners can identify parental conflict and refer families onto frontline services. In addition, there is funding for practitioners to deliver eight evidence-based interventions, including the 'Family Check Up for Children', 'Parents Plus – Parenting When Separated' and '4Rs 2Ss Strengthening Families Programme' (EIF, 2020[125]).

66. Despite these examples of good practices, a recent systematic review found that overall many organisations face challenges with adapting evidence-based interventions, lacking the knowledge and skills to adapt the intervention to the target population (Bach-Mortensen, Lange and Montgomery, 2018[126])

2.3. **Addressing implementation issues.**

67. There is no 'silver bullet' when it comes to duplicating the implementation and evaluation of the original programme. "Implementation fidelity" is the degree of fit between the original programme and its application in each delivery setting. There are a number of elements (see Table 3) which are important to the successful delivery and transferability of parenting interventions (Gardner, Montgomery and Knerr, 2016[127]; Paulsell, Del Grosso and Supplee, 2014[128]; Forgatch, Patterson and DeGarmo, 2005[129]).

Table 3. Elements of implementation fidelity

"Implementation fidelity" is the degree of fit between the original programme and its application in each delivery setting.

Element	Description
Adherence	This describes whether or not the programme's content and procedures were delivered as designed, with all core components delivered to the appropriate population. Typically processes associated with programme adherence during delivery are monitored through the use of facilitator-completed checklists. The principles of adherence should be embedded in practice from the start by ensuring that practitioners are properly trained in the programme, and have access to appropriate ongoing support and supervision to minimise "drift".
Exposure	Describes whether or not the treatment "dose" matches the original programme, that is, the number and length of sessions. Monitoring this is particularly useful when trying to establish the relationship between programme delivery and family outcomes
Quality of programme delivery	Refers to whether the manner of delivery, the skill of facilitators in using the materials, techniques or methods is consistent with what is expected and prescribed by the programme. Self-reported checklists completed by facilitators are often used to monitor this aspect of implementation fidelity.
Participant Responsiveness	Describes the extent to which the participant is involved in the activities and content of the programme, that is, contributes to group discussions. This often focuses on the degree to which parents feel empowered to find their own solutions, feel encouraged to help each other and build support networks. This aspect of implementation fidelity is often monitored via weekly and end-of-programme parent-reported evaluation forms.
Programme Differentiation	Identifies the unique or critical components of a programme that reliably differentiates it from others, or the comparison intervention. This typically refers to whether or not the core (or essential) programme sessions are being delivered as specified in the programme manual; these processes or content are commonly monitored through the use of weekly facilitator-completed checklists.

Source: Adapted from Bywater et al. (Bywater et al., 2018[130])

68. Evidence indicates that greater fidelity to an intervention model is linked to improved outcomes for families and children provided its components are adapted to local circumstances (see section 2.5 for further discussion) (Forgatch, Patterson and Gewirtz, 2013[131]; Eames et al., 2010[132]). In a study of a parenting intervention in Norway, high implementation fidelity also predicted greater reports of satisfaction by parents (Ogden et al., 2009[133]).

69. A facilitator to implementation fidelity is having systems in place to monitor that service delivery is occurring as intended. This includes verifying whether practitioners have received appropriate training, whether service users have received the number of sessions required by the intervention and whether practitioners are covering all the required material in the sessions. Conversely, insufficient monitoring of service delivery and dosage, such as the amount of time parents and families participate in an intervention or service, is recognised as a threat to implementation fidelity (Paulsell, Del Grosso and Supplee, 2014[128]) (Allen et al., 2016[134]).

2.3.1. Tools to facilitate the process of implementation

70. Detailed guidance and implementation tools can help local areas in successfully selecting, implementing and evaluating parenting interventions. In the United Kingdom for example, the Early Intervention Foundation (EIF) has produced guidance for the commissioning parenting and family support in the context of the United Kingdom's Troubled Families Programme (Asmussen et al., 2017[135]). The guidance notes that when selecting interventions, commissioners need to balance considerations about the strength of impact evidence with other considerations of cost and fit with the local context. In particular, it is necessary to understand the needs of local families in terms of their parenting capacity

and wider problems affecting this. The steps required for effective commissioning of parenting interventions is captured in the 'Analyse, Plan, Do, Review' cycle displayed in Figure 3.

Figure 3. Steps in an effective commissioning cycle

Source: The United Kingdom's Early Intervention Foundation's Commissioning Guidance for family support for troubled families.

71. Similar commissioning guides that support areas to choose parenting interventions that fit with an area's local context have been produced in other OECD countries. In Ireland, the Child and Family Agency produced commissioning guidance to ensure that services available to children and families are improving outcomes in the most efficient, effective, equitable, proportionate and sustainable way (Child and Family agency, 2013[136]). In New Zealand, SUPERU produced a guide to effective parenting programmes, designed to inform decision makers and investors in the social sector (SUPERU, 2015[137]). In Sweden, the implementation of the *Family Check Up* intervention (Mauricio et al., 2018[138]) was supported by the Exploration, Preparation, Implementation and Sustainment Framework (EPIS) which enabled successful scale up of the intervention over a number of years (Aarons, Hurlburt and Horwitz, 2011[139]).

72. One of the most comprehensive approaches is the *Getting to Outcomes* (GTO) approach developed in the United States. GTO is a 10 step results-based approach to accountability and includes strategic planning, implementation, evaluation, continuous quality improvement and sustainability (Wandersman et al., 2000[140]). It provides a detailed roadmap for the implementation of interventions in community settings and has been shown to be effective using a variety of different evaluation methods. GTO has practical exercises that can be followed to help an area ensure in has taken the necessary steps to successfully implement evidence based interventions. The steps involved in the GTO approach can be found in Box 4.

Box 4. A Tool for Achieving Outcomes in a Complex World - The Getting to Outcomes Approach

The getting to Outcomes (GTO) approach involves asking and answering the following ten questions:

1. What are the *needs* and conditions to address?
2. What are the *goals*, priority populations, and objectives?
3. Which science (evidence-based) models and *best practices* can be useful in reaching the goals?
4. What actions need to be taken, so that the selected interventions *fit* with the community context? (fit)
5. What organisational *capacity* is needed to implement the interventions?
6. What is the *plan* for the intervention?
7. How well is the intervention *process evaluated*?
8. How well did the intervention work - *outcomes evaluation*?
9. How will *continuous quality improvement* strategies be incorporated?
10. If the intervention is successful, how will it be *sustained*?

Source: Adapted from Wandersman et al. (2000)

73. A number of tools to develop aspects of implementation fidelity now exist. Specific interventions, such as *Incredible Years* (Eames et al., 2008[141]) and Parent Management Training-Oregon (Ogden et al., 2009[133]) all have their own systems for measuring implementation fidelity to the programme model. More recent generic tools have been developed that can be more easily administered (e.g. by not requiring intensive training before use), such as the Parent Programme Implementation Checklist (Bywater et al., 2018[130]).

2.4. Challenges for professionals

74. Professionals working with families and children need the skills, capacity and motivation and adequate resources to deliver interventions, yet finding professionals with the educational pre-requisites and training can be a challenge (2.4.1). High quality training and supervision that builds practitioners self-efficacy is associated with successful implementation (2.4.2). In addition, practitioners who work with families with the most complex needs are at risk of stress and burnout and may require additional support.

2.4.1. Finding practitioners with the necessary initial education and training

75. Many parenting interventions specify minimum education and training requirements for practitioners to ensure that practitioners working with families have the necessary skills, capacity and motivation to implement interventions with fidelity. These characteristics are associated with knowledge and attitudes towards evidence-based interventions. A study from the United States found that practitioners' most advanced degree (i.e. with a Master or a Doctoral level) was related to greater openness towards the adoption of innovative evidence-based practices (Nakamura et al., 2011[142]). There is also evidence that the most effective programmes are ones delivered by therapists with at least a Masters-level qualification who teach parents specific skills (Asmussen et al., 2016[11]).

76. Research from 22 home visiting interventions in the United States (Paulsell, Del Grosso and Supplee, 2014[128])) found that there can be challenges identifying potential candidates with the required qualifications, as well as the language skills and cultural competency to serve diverse communities. These challenges can be compounded when expertise in the mental health and disability needs of the families is required (Paulsell, Del Grosso and Supplee, 2014[128]; Dauber et al., 2017[143]).

2.4.2. Providing high quality training and supervision to practitioners

77. Even for skilled, well qualified practitioners, most evidence-based interventions will require training to learn new strategies and methods. Practitioners often do not have access to the training and supervision necessary to ensure fidelity and adherence to intervention protocols (Turner, Nicholson and Sanders, 2011[108]; Shapiro, Prinz and Sanders, 2008[144]; Sethi et al., 2014[145]). Supervision refers to ongoing support related to the delivery of services (Bearman, Schneiderman and Zoloth, 2017[146]) and can serve a number of functions, including oversight of quality and safety, providing emotional support and facilitating the skill development of the supervisee (Dorsey et al., 2018[147]; Alfonsson et al., 2018[148]).

78. Both training and supervision are important factors related to the quality of implementation. Recent OECD findings on Early Childhood Education and Care found that participation in in-service training (or professional development) was the most consistent predictor of quality staff-child interactions, and also has direct links to child development and learning (OECD, 2018[149]).

79. High quality training that builds practitioner self-efficacy leads to higher quality implementation. Research from Australia has extensively investigated factors related to the *Triple P* intervention mentioned earlier. In one study of primary care practitioners (Turner, Nicholson and Sanders, 2011[108]), practitioners reported significantly increased self-efficacy in their parent consultation skills after being trained in the Primary Care Triple P. Research from 15 countries including Australia, New Zealand, Canada, Belgium, France, Sweden, Japan and the United Kingdom confirmed similar levels of self-efficacy (Sethi et al., 2014[145]). . Conversely, a systematic review also found that the training and skills of the practitioner can be a barrier to delivery, with those who lack confidence or do not understand the theoretical underpinnings of the intervention more likely to dilute the interventions content (Mytton et al., 2014[150]). Research shows that successful training, including demonstration of new practices, opportunity for practising of new skills and feedback on performance, is positively related to implementation quality (Fixsen et al., 2013[151]). A critical aspect of such training concerns adapting the intervention, namely which aspects of the intervention can be adapted to achieve a closer fit with the local conditions and which are critical core components that should not be altered.

80. In the United States, the Triple P intervention developed a large scale professional training system to prepare practitioners to implement the evidence-based intervention (Shapiro, Prinz and Sanders, 2008[144]; Shapiro, Prinz and Sanders, 2010[152]). As part of a the trial, 448 service providers from South-eastern regions of the US completed professional training in Triple P over a two-and-a half year period (Shapiro, Prinz and Sanders, 2008[144]). Overall, practitioners reported improvements in confidence and competence in the delivery of family support intervention. The Mexican government has also enacted policies to move towards large-scale dissemination of culturally relevant interventions, including an important plan to improve practitioners skills, as described in greater detail in Box 5.

Box 5. Building a community of skilled practitioners in Mexico

The Mexican government has enacted public policies to improve outcomes for children and families, with recent attempts to move towards large-scale dissemination of culturally relevant parenting interventions.

- A team of prevention scientists has been working on the cultural adaptation and dissemination of Generation Parent Management Training Oregon Model (PMTO), an intervention originally developed in the United States and with an established body of evidence (Forehand et al., 2014[153]). Mexico City encompasses 16 municipalities, which made it more difficult to have a trained workforce in place to implement the intervention across the city.
- The training of practitioners followed the original Generation PMTO model with 18 workshop days across five distinct training components. To reduce the time and expense of the training, a strategy was developed to offer local grants and funding support.
- Local experts co-led training with two experienced Generation PMTO trainers and additional support from the intervention developers. Live coaching was provided as well as coaching through video conferencing.
- Initial evaluation of the intervention suggests that the training strategy for practitioners has been successful, with findings indicating that parents who received the intervention reported fewer child behavioural problems compared to parents who did not receive the intervention.

Source: adapted from Parra-Cardona et al. (2018[124]).

81. Beyond initial training on an intervention approach supervision and support to practitioners is integral to sustained quality implementation (Novins et al., 2013[154]; Hodge et al., 2017[155]). Novins et al. (2013[154]) that supervision was related to high levels of adherence and fidelity to the intervention model. A critical component of this supervision is direct assessment and feedback on performance (Gottfredson et al., 2015[156]). The availability of supervision is also associated with reduced practitioner burnout and turnover (Aarons et al., 2009[157]). Conversely, inconsistent or inadequate supervision is reported as a barrier to successful implementation of Home Visiting interventions (Paulsell, Del Grosso and Supplee, 2014[128]).

2.4.3. Tackling stress and burnout.

82. Many parenting interventions target families with high risk of poor outcomes, including families in poverty or where parental substance misuse or intimate partner violence is present (West, Berlin and Harden, 2018[158]; Adirim and Supplee, 2013[159]; Asmussen et al., 2017[135]). Practitioners who work with families with the most complex needs require support to ensure their own mental health and wellbeing, otherwise there is a risk of vicarious trauma or burnout for the practitioners'.

83. Practitioners working directly with families with complex needs experience moderate to high levels of stress (West, Berlin and Harden, 2018[158]). This type of work-related stress is also associated with both physical and mental illness in other caring professions such as nurses and palliative care (West, Berlin and Harden, 2018[158]; Miller, 2011[160]; Showalter, 2010[161]) (OECD, 2011[162]).

84. The negative effects on the practitioners themselves may also translate into negative outcomes for organisations and families themselves. Practitioner absenteeism and turnover is likely to disrupt work with families and children. There is evidence that turnover is associated with reduced frequency of interventions and contact with family, reduced effectiveness and increased family drop out (Gomby, 2007[163]; Paulsell, Del Grosso and Supplee, 2014[128]). Reducing practitioner turnover is likely to be beneficial to families as, it enables them to maintain a positive relationship with the practitioner based on trust and respect, and avoids them having to provide the same information to different practitioners.

85. A number of strategies to help practitioners manage the demands of working with the highest risk families have been proposed. In a study of home visitors working with mothers with substance use and/or depression, the majority reported a desire for additional training and for standardised procedures for addressing substance use and depression with service users (Dauber et al., 2017[143]). There may also be benefits of a multidisciplinary team approach when working with high risk families. A study of Early Head Start home visitors found that the home visitors appreciated advice and support from specialist practitioners (e.g. mental health consultants and social workers in helping to negotiate families' complex psychosocial problems.

2.5. Ensuring that service delivery fits within the local context.

2.5.1. Adaptability of services

86. As mentioned already, the success of programme implementation heavily relies on how services are adapted to fit the local context. Taking empirically supported interventions and adapting them to different contexts and populations is worthwhile, in particular when considering the cost of developing new interventions from the bottom up (Wadsworth et al., 2013[164]; Kumpfer, Magalhães and Xie, 2017[95]).

87. Interventions for parents can successfully be adapted between countries, provided that there is enough support to train practitioners and to implement programmes in accordance with practices that have proven effective in the country of origin (Sundell et al., 2016[165]; Gardner, Montgomery and Knerr, 2016[127]). One critical issue, however, is to adapt practitioner practices to the cultural differences in the target populations and in the forms the interaction with the families can take. A lack of cultural fit with target populations leads to challenges in recruiting these populations into services and retaining them (Kumpfer et al., 2002[166]). In order to overcome these issues, frameworks have been developed to help guide the process of cultural adaptation (Bernal, Bonilla and Bellido, 1995[167]) (Box 6).

Box 6. Cultural adaptation of a parenting intervention

The *Parent Management Training – Oregon Model* (PMTO) is an intervention for parents of children between 2-18 years of age with disruptive behaviours such as anti-social behaviours, conduct disorder, and oppositional defiant disorder; i.e. persistent defiant, non-compliant, and antagonistic behaviour and by persisting irritability and anger, with a typical onset early in childhood (Burke and Romano-Verthelyi, 2018[168]). The original intervention was developed and evaluated with the majority of European and American parents (Forgatch et al., 2009[169]; Forgatch, Patterson and DeGarmo, 2005[129]).

- Despite Latinos constituting the largest ethnic minority group in the United States the cultural adaptation and dissemination of evidence-based parenting intervention to Latino culture remains rare (Parra Cardona et al., 2012[170])
- A first adapted version of the intervention (CAPAS) focused on adapting materials for appropriateness and relevance to Latino culture. Adaptations were also made to ensure relevance to the contextual challenges faced by Latino communities.
- For example, the PMTO model includes a mid-week call that is intended to maximize parents' opportunities to successfully implement what they have learned. This includes a brief assessment of child behaviour. This assessment was omitted from CAPAS as parents reported finding it exasperating and started to avoid the phone calls (Domenech Rodríguez, Baumann and Schwartz, 2011[171]).
- Building on this, a second enhanced version of the intervention, CAPAS-Enhanced was developed. This included additional sessions covering Latino culture, immigration and biculturalism. Latino staff carried out recruitment, assessment, and intervention delivery. In addition each of the PMTO core components was introduced according to culturally focused reflections informed from qualitative research.

For example, Latino parents reported stress associated with 'learning to live between two worlds,' That is, recognising that their children were being influenced by the US cultural context, whilst they themselves remained attached while parents tend to remain attached to the cultural values and traditions of their countries of origin intervention (Parra Cardona et al., 2012[170]). Participants in CAPAS- Enhanced emphasised the importance of being able to reflect on and address issues associated with being immigrant parents and learning how to become bicultural families.

2.5.2. Managing flexibility to adapt programmes to local circumstances

88. Another critical question that needs to be addressed when considering adapting an intervention from one context to another, is how the new intervention fits within the service context and whether it adds value over usual care. Governments and other stakeholders also have to consider the extent to which programmes can be adapted to fit the local context. Whilst there is no universally accepted process for making adaptations, guidance is available to facilitate the process of adaptations. For example a simple 'green-yellow-red light' model to help determine the appropriateness of any adaptations has been developed (Box 7). In addition to considering whether adaptations are likely to compromise the integrity of the intervention, it is also important to consider the cost and feasibility of these adaptations.

Box 7. A guide for making changes to evidence based interventions

- *Red-light changes*: Changes that substantially compromise the core components of the programme. These changes, such as reducing or eliminating elements, are highly discouraged because they compromise the integrity of the original programme. For example, often home visiting programmes will provide a chance for parents to practice new skills. This is a critical step in changing behaviour, and these skills should be practiced for the full amount of time that the programme states. The activity should not be reduced or eliminated to save time.
- *Yellow-light changes*: Changes that should be made with the help of an expert in home-visiting or parent support. Some of these changes, such as changing the sequence of activities or adding new elements to the home visits, are more substantial and require expert assistance so that alterations don't compromise the integrity of the programme.
- *Green-light changes*: Changes that should be made, as long as they don't change or diminish the core components, to fit the programme to the participants' culture and context. This includes changing things like the wording of programme material to better match the cultural background of participating families. Most programmes can be improved by tailoring materials to better reflect the population you plan to serve.

Source : Mattox et al (2013[172])

89. The variation in results for *Family Nurse Partnership* (**Error! Reference source not found.**8), illustrates the point that even the most carefully studied interventions may not be successful in every national context (Wandersman et al., 2000[140]; Leviton and Trujillo, 2017[173]).

Box 8. Context Matters: Transporting Nurse Family Partnership to different contexts

Nurse Family Partnership is a licensed intensive home-visiting intervention developed in the United States and introduced into practice in England as *Family Nurse Partnership* (see Box 2).

- The intervention has been shown to be effective in numerous randomised control trials (RCTs) in the USA (Eckenrode et al., 2010[83]; Olds et al., 2003[174]) and has also shown positive results in trial in the Netherlands (Mejdoubi et al., 2015[175]). However, when transferred to England it showed disappointing results with no additional short-term benefits to primary outcomes over and above those associated with usually provided health and social care (Robling et al., 2016[87])
- In the Netherlands, the intervention was modified so that it was focused on high risk families. In the United Kingdom context, usual care already includes universal provision in the form of the *Healthy Child Programme*. It has been recommended that the Family Nurse Partnership be refocused in England to focus on higher risk families and by incorporating other activities to improve the effectiveness of the intervention (Barlow et al., 2016[176]).

2.6. Engaging families in services

2.6.1. Parents' practical barriers to participation

90. Parents face a number of practical barriers to engaging with family services. An important body of research in understanding service user barriers to accessing parenting interventions comes from the *Home Visiting Evidence of Effectiveness* project in the United States, a systematic review of early childhood home visiting research launched in 2009 (Paulsell, Del Grosso and Supplee, 2014[128]). Table 4 presents the main barriers to receipt of services. Sixteen studies cited mothers' work and education schedules as interfering with receipt of services (Farquhar, 2002[177]; Heffernon and Sandler, 2000[178]). A further common barrier was high family mobility, making it difficult to schedule visits (Duggan et al., 1999[179]; Daro and Harding, 1999[180]). Families refusing or losing interest in a service was also a commonly reported barrier (Duggan et al., 2007[181]). These factors may describe families who are chaotic or amongst the most high risk, such as experiencing extreme poverty or temporary homelessness (Holtrop and Holcomb, 2018[182]). The lack of trust in child protection systems and the fear of losing their children if they are in the system can deter parents from seeking advice and supports from family services (Krason, 2013[183]; Nicholson, di Girolamo and Shrank, 2020[184]; Takaoka et al., 2016[185]; McTavish et al., 2019[186])

Table 4. Barriers to participation in US home visiting programmes

	Studies (n= 178), No.	Models (n= 22)[1], No.
Types of barrier		
Mothers' work or school schedules	16	6
High family mobility and frequent changes in telephone service	12	5
Relocation of family from service area	11	4
Family refusal or loss of interest in the programme	11	3
Appointments and other demands on families' time	7	4
Family crises and financial stress	6	4
Homelessness or poor living conditions	5	5
Objection to visits by other family members	5	3
Lack of family motivation	5	5
Family illnesses and accidents	4	3
Family disorganization	2	2
Families' desire for services other than those offered by programme	2	2
Lack of trust in programme staff	2	2

Source: The Home Visiting Evidence of Effectiveness (HomeVEE) systematic review – implementation knowledge base (Paulsell, Del Grosso and Supplee, 2014[128]). 1) "Model" refers to the 22 home visiting program models included in the review.

91. These findings are supported by research from a variety of other OECD countries. In the United Kingdom, the experience with the implementation of *Family Nurse Partnership* found that reaching the target number of families for the group version of the intervention was challenging (Barnes and Stuart, 2016[187]). This meant that groups sometimes started without the required target figure, but added mothers in the second or third week of the programme, meaning that they missed some of its earliest content. If several parents missed a session, or if many members attend erratically, it became less viable because parents found it more difficult to build on accumulated knowledge (Barnes and Stuart, 2016[187]). In the case of one of the groups in the study, programme delivery was terminated prematurely due to attendance issues.

92. Research from a sample of culturally diverse parents in Australia also found that parents identified location and timing of services, financial cost, and competing work commitments as the most frequently cited barriers to accessing a parenting intervention (Morawska et al., 2011[188]). Swedish parents report similar barriers, in terms of being unable to take time off work to attend an intervention. Parents also acknowledged and welcomed free child care to enable them to attend the intervention (Rahmqvist and Wells, 2014[189]). Research from South Africa also found that timing and logistics was a barrier, with parents who were employed less likely to attend. Parents with alcohol and substance use also had lower attendance rates (Shenderovich et al., 2018[190]).

2.6.2. Improving the parent's engagement with and retention in interventions

93. A number of practical strategies for improving engagement and retention exist, including improving the visibility and accessibility of interventions, identifying families' barriers to participation and developing strategies to address these.

94. Case study research from the United Kingdom described recruitment and retention activities in the context of delivery of the *Incredible Years* intervention which provides a series of interlocking programs for parents, children, and teachers (Axford et al., 2012[191]).

Publicity materials were designed to be attractive and user-friendly and parents were given many opportunities to find out about the intervention and enrol in convenient locations such as schools and nurseries. The intervention was made more accessible with interpretation provided for parents who would have difficulty with English. Free childcare and transportation were also provided. It is also important to choose locations for services that are neutral and avoid stigmatising families (i.e. at a community centre rather than Child Protection Offices), thereby potentially reducing their willingness to participate.

95. A review from the United States assessed RCTs evaluating methods to improve family engagement and retention (Ingoldsby, 2010[192]). Four out of seven approaches demonstrated success in improving families' engagement in the interventions: brief early treatment engagement discussions, family systems approaches, enhancing family support and coping, and motivational interviewing. It was argued that the four approaches all shared components that are likely to be ''active ingredients'' that lead to improved engagement and retention. In each approach, the practitioner directly elicited and addressed engagement issues with the family during the intervention process and developed strategies to overcome these.

96. Further research in the United States investigated strategies to strengthen the participation of families in a Home Visiting intervention by adapting it to match families' needs (Folger et al., 2016[193]). These strategies included offering additional monthly maternal support groups that were designed to complement the Home Visiting curriculum and improve participation, as had been demonstrated in previous research (Constantino et al., 2001[194]). Extra support such as clothing and childcare items were provided as these had been identified through community liaison as a means of incentivising participation. Another strategy was introducing a community coordinator who offered support to the practitioners by contacting mothers with extensive missed visits and trying to reengage them with the intervention. A retrospective quasi-experimental design was used to estimate the effect of the enhancements on the retention of families in the intervention. The enhanced intervention was associated with significantly higher retention among low income African-American mothers in a community with high socio-demographic and health disparities. In another study, implementation teams included at least one person who was well known and respected within the community (Smokowski et al., 2018[195]). This person was felt to be critical in overcoming interpersonal barriers to recruitment and retention, In addition to adding local credibility to the interventions and building trust with participants, this person also assisted in making contextual adaptations to intervention materials.

97. The *Families and Schools Together* intervention found positive evidence of a variety of engagement strategies with parents in Germany, the Netherlands, the United Kingdom and the United States, (McDonald et al., 2012[196]). For example, incentives were used to increase attendance, with each family informed during recruitment that they would win a basket of gifts on one of the eight weeks of the programme.

2.6.3. Strategies to leverage opportunities for online and digital technologies

98. Online and digital approaches have been developed to try and increase service accessibility by allowing parents greater flexibility in terms of when and how they engage with the intervention. In Australia, the *Triple P* intervention for parents of children with early-onset disruptive behaviour problems, has been adapted into an internet-delivered self-help version. The intervention provides interactive instruction on the use of core positive parenting skills which are presented in sequenced modules and in a linear format (i.e. module completion opens access to the next module), which allows users to review previously

completed modules. This online version has demonstrated effectiveness in a number of RCTs, demonstrating improvements in parental confidence, positive parenting behaviours and improvements in the child's social functioning and reductions in aggression (Sanders, Baker and Turner, 2012[197]; Sanders et al., 2014[198]). In the United Kingdom a parenting app *EasyPeasy* is designed to provide parents with skills and information to help them build their child's school readiness. The intervention currently has evidence from two RCTs (Jelly, Sylva and Karemaker, 2016[199]).

In research from the United States a computer-based version of an intervention was developed to maximize implementation fidelity (because the computer delivers the content in the same way each time) (Smokowski et al., 2018[195]). However, in general, it was found that families did not want to participate in the online version, preferring face-to-face delivery with a practitioner. Online delivery is limited in its ability to match content sensitively to service users' needs. Another problem is that the use of digital tools is not as widespread among disadvantaged families as it is among privileged families where digital technologies are well-integrated into parental educational practices (Burns and Gottschalk, 2019[200]). The lower level of digital technology equipment in low socioeconomic status families is also a major obstacle to parents' ability to take responsibility for their children's education when necessary as, for example, during the lockdown that followed COVID-19 crisis in 2020 (OECD, 2020[201]).

2.6.4. Using data and evidence to identify families

99. Governments are also turning to 'big data' and 'predictive analytics' approaches to refine service delivery for vulnerable families. Big data refers to the vast amount of data that can now be processed by computers, including merging data sources such as administrative data and surveys. The availability of such data permits predictive analytics, which use algorithms to see if there are trends, which can then be used to identify the groups of children and families who might be at risk of adverse outcomes. Nevertheless, big data and predictive analytics, in isolation will not identify all families in need of support. For example, whilst predictive analytics may identify some of the factors associated with a particular outcome (such as child maltreatment), there will always be environmental and individual factors that big data won't measure, such child-parent attachment and the parent's own experience of being parented. This means that predictive analytics are no substitute for screening and referrals carried out by appropriately qualified and trained practitioners.

100. New Zealand has used predictive risk modelling to identify children most at risk of maltreatment at age five, which opens up the possibility of more effective targeting of family services (Vaithianathan et al., 2012[202]) (Gillingham, 2016[203]). In the context of the *Troubled Families* programme (Box 3), the United Kingdom has launched *Earned Autonomy* pilots which are using predictive analytics to develop both data on service users and new interventions (Selwyn, 2018[204]).

101. Although both big data and predictive analytics promise insights that have not been available with conventional approaches, there are serious concerns in terms and ethics and adverse consequences such as reinforcing stigma against low-income families. Further detail on these issues can be found in Box 9. To address these challenges countries are establishing procedures for ethical review. For example, the Social Investment Agency and Statistics New Zealand are developing a shared set of rules for the safe, ethical and transparent use of social sector data (Office of the Minister for Social Development, 2018[205]). These issues are also being explored in greater detail in OECD's work on standards for the use of evidence (OECD, 2018[206]).

Box 9. Summary of ethical issues raised by predictive analytics for family services.

The application of big data and predictive analytics to identifying service users and target interventions raises a number of practical and ethical questions that governments need to confront. This includes the following issues.

- Privacy Issues – Who ought to be able to access information? For example, a child could receive a high risk score due to family factors, such as caregiver's partner being the victim of maltreatment. Should the agency alert the parent to this information, if they are not aware?
- Risk versus actual issue occurrence – predictive analytics leads to offering services to children identified at risk of adverse outcomes. However, risk, such as of child maltreatment is not the same as actual incidence of adverse outcomes. Agencies and stakeholders need to receive education on this difference to ensure risk assessment is used appropriately.
- Stigma related to risk identification - Another challenge is ensuring that such tools do not perpetuate stereotypes or lead to discrimination. For example, although poverty is a risk factor for domestic violence, not all families in poverty will experience domestic violence, so there is a risk of stigmatising families. Thus there is a need for sensitivity and confidentiality in terms of the way families are identified and how this is managed.
- Principles of natural justice - Families or children identified as at risk would not normally have had notice that they are the subject of such assessment, nor are they likely to understand the way the modelling works. Therefore, it is important that service users who are identified as at risk are given suitable support to understand the process and appeal if they are not comfortable with the outcome.
- Misinterpreting the data – it is necessary to acknowledge that some aspects of the data and appropriate versus inappropriate uses of the data are likely to be misunderstood by some stakeholders. Therefore, it is necessary to develop procedures to reduce the risk of misinterpretation of data as far as possible.

Source: Content adapted from Selwyn (Selwyn, 2018[204]) and Vaithianathan et al. (2012[202]).

2.7. Developing and sharing knowledge on 'what works'?

2.7.1. Strategies to ensure that resources and incentives for scale up research are available.

102. To ensure that large-scale interventions are effective, it is necessary to ensure that scale-up studies are carried out in advance, whereby interventions that have been demonstrated to be effective when tested on a limited scale are translated into standard practice on a broad population-level scale (Flay et al., 2005[207]). To support this process, governments are increasingly using 'standards of evidence' to support the design, development, implementation and evaluation of early intervention. Drawing on important work done by the academic community, such as the Society for Prevention Research's 'Standards of evidence for efficacy, effectiveness and scale up research' (Gottfredson et al., 2015[156]; Flay et al., 2005[207]), these approaches are intended to informe the design of research studies, as well as to determine and communicate the strength of evidence of an intervention to decision makers.

103. In the United States, the Administration for Children and Families' 'Common Framework for Research and Evaluation' (OPRE, 2016[208]) has sought to specify the expectations and roles of different types of research, with a view strengthening research and evaluation. This framework specifies a hierarchy or continuum approach which begins with basic and exploratory research, followed by the design and development of interventions and culminates in examination of their efficacy and effectiveness in improving health, wellbeing, or other relevant outcomes (Table 5). Once studies have been completed they would then be assessed by one of the evidence based clearing houses. Typically, clearinghouses provide web-based portals to disseminate information across the board on quality controlled scientific evidence of what works, what is promising, or what is possibly harmful in professional practice and policy interventions in accessible and transparent language and format (Soydan et al., 2010[209]; National Academies of Sciences et al., 2016[210]). Other similar approaches to standards of evidence include approaches from the United Kingdom Early Intervention Foundation, the Social Policy Evaluation and Research Unit in New Zealand, Kidsmatter in Australia and the Danish Clearinghouse for Educational Research.

Table 5. The Administration for Children & Families Common Framework for Research and Evaluation

		Description
Descriptive Research and Evaluation	Foundational Descriptive Studies	Provide fundamental knowledge that may contribute to improved health, social wellbeing, economic wellbeing and other relevant outcomes. Studies of this type provide descriptions and documentation of interventions, services, programmes, or policies currently being implemented in the field (including their programme activities/ components and implementation features) or populations eligible for or being served by human services interventions, programmes, or policies and their characteristics. They examine these phenomena without establishing an explicit link between inputs and outcomes. They also seek to generate hypotheses and develop, refine, or test theories around human services-related constructs or phenomena (e.g., factors related to health, social or economic wellbeing, child or adolescent development, self-sufficiency, employment, etc.) and may develop methodologies and/or conceptual frameworks that will influence and inform research and development in different contexts.
	Exploratory Descriptive Studies	Examine relationships among constructs (such as social or economic well-being, child or adolescent development, self-sufficiency, and including those related to programme implementation, participant-level characteristics, or programme components and activities) to identify logical connections that may form the basis for future interventions, programmes, or strategies to improve health, social wellbeing, economic wellbeing etc.. These connections are usually correlational rather than causal. This research can also provide evidence for whether an existing intervention or programme is ready to be tested in an efficacy study.
	Design and Development Studies	Develop solutions to achieve a particular outcome, such as improving child wellbeing or increasing self-sufficiency. Projects of this type draw on existing theory and evidence to design and iteratively develop interventions, programmes, or implementation strategies, including testing individual components to provide feedback in the development process. These projects may include pilot tests of fully developed interventions or programmes in order to determine whether they achieve their intended outcomes under various conditions. Results from these studies could lead to additional work to better understand the foundational theory behind the results or could indicate that the intervention, program, or strategy is sufficiently promising to warrant more advanced testing.
Impact Research and Evaluation	Efficacy Studies	Allow for testing of a strategy or intervention under "ideal" circumstances. For example, these conditions may include more implementation support or more highly trained personnel than would be expected under routine practice, or in contexts that include a more homogenous sample of individuals or families than is typical. Additionally, efficacy studies often including a higher level of support or developer involvement than would be the case under normal circumstances. Efficacy studies may choose to limit the investigation to a single population of interest.
	Effectiveness Studies	Examine the effectiveness of a strategy or intervention under routine practice or circumstances that would typically prevail in the target context. "Typical" circumstance means that implementation should be similar to what would occur if a study were not being conducted and that there is no more substantial developer or technical assistance support than in normal implementation.
	Scale-up Studies	Examine effectiveness in a wide range of populations, contexts, and circumstances without substantial developer involvement in implementation or evaluation. As with effectiveness studies, scale-up research is carried out with no more developer involvement than would be expected under typical implementation.

Note: This framework is based on the "Common Guidelines for Education Research and Development" developed by the Institute of Education Sciences at the U.S. Department of Education and the National Science Foundation.
Source: OPRE (2016[208])

104. Important work to test interventions has also been carried out in the Nordic countries and used to scale up programmes that work. For instance, in Norway, the *Parent Management Training Oregon Model* (PMTO) is one programme that has been adapted, implemented and evaluated in the national context (Forgatch and Kjøbli, 2016[211]). A study comparing how large-scale implementation affected the effectiveness of the intervention, found that, although service providers and service users became more diverse, there were no attenuation of intervention effects when scaling up. It was proposed that a centralised centre, with long-term funding, combined with an active implementation strategy, supported the quality of the system wide implementation (Tommeraas and Ogden, 2017[212]).

2.7.2. Building capacity for an evidence-based approach to service development and delivery

105. In order for evidence-based interventions to be used more widely, evidence on effectiveness and implementation needs to be in hands of decision makers, policy makers and practitioners. Yet, these stakeholders typically do not have the time and capacity to synthesize the research literature and face a number of obstacles to accessing the latest knowledge and research (Burkhardt et al., 2015[213]; Oliver et al., 2014[214]).

106. The worlds of policy making, research and practitioners are very different, with distinct professional cultures, resources, imperatives and time frames (Olejniczak, Raimondo and Kupiec, 2016[215]). Scientific language and discourse is also distinct from the language of policy-making (Meyer, 2010[216]). Moreover, practitioners know the families taking up services and the environment the best and need to be convinced that a programme will meet families' needs. As a result, the process of translating knowledge and research so that it can be used in the policy-making cycle is messy and complex and requires governments and other stakeholders to create favourable contexts, incentives and a supportive culture for evidence-informed policy making (Ellen et al., 2013[217]).

107. OECD's work on how to build capacity for evidence-informed policy-making (OECD, 2018[218]) posits that initiatives to improve the use of evidence for decision-making needs to involve multiple levels of engagement from individual skills and capacity to those of the wider organisation and context (Stewart, Langer and Erasmus, 2018[219]). An important point is to understand how family support and children's policy administrations are equipped to use information on good practices and are able to share this information with all stakeholders.

2.7.3. The role of the knowledge broker function in sharing evidence on what works

108. Establishing knowledge brokers to bridge the divide between experts, practitioners and decision makers is key for ensuring the best use of the available evidence. Whilst research on the effectiveness of the knowledge brokerage function is at the early stages, there is growing evidence that facilitating policy makers' access to evidence repositories and other resources can be effective in increasing evidence use (Langer, Tripney and Gough, 2016[220])..

109. OECD's work on the knowledge broker function (OECD, 2018[221]) shows that there are many different approaches and locations for the knowledge broker function. Some are specifically connected to knowledge producers, such as brokering units within academic institutions (Kauffeld-Monz and Fritsch, 2013[222]). Examples of such organisations are the Centre for Evaluation and Analysis of Public Policies in Poland and the Top Institute of Evidence – Based Education Research in the Netherlands. Other approaches locate the knowledge broker function closer the decision makers, either in a body at arm's length from government or within a relevant agency itself. Examples of this approach include activities carried out by the Australian Institute for Family Studies (AIFS) and the Research and Evaluation Unit Department of Children and Youth Affair (Ireland), and Haut Conseil à l'Enfance, la Famille et l'Âge in France, which integrates knowledge broker functions within the day–to–day activities of the Department. For example, the AIFS has a Knowledge Translation Strategy to ensure its research has maximum impact on the intended audiences. In addition to the Child Family Community Australia acts as AIFS' for evidence and wider resources and support for professionals working in the child and family and community. The Evidence into Policy Programme in the Research and Evaluation Unit in Ireland has led to the implementation of knowledge-brokering activities to drive institutional investment in the research and to promote uptake and use of evidence.

110. On the continuum between those two extremes, there are wide range of different knowledge brokering institutions that adopt strategies closer either to research production or to decision making or practice. This includes independent organisations such as the Evidence Based Clearing Houses in the United States (Burkhardt et al., 2015[213]; Means et al., 2015[223]) and the What Works Centres in the United Kingdom (Bristow, Carter and Martin, 2015[224]) and the Deutsche Kinder und Jugend Stiftung in Germany which focuses more on the implementation of interventions.

3. Conclusion

111. This report highlights some of the reasons why family support services have developed in recent decades, and pointed out the many challenges that service-providers face to deliver services effectively to those families who need them most. Key challenges to the system have been identified at various levels to ensure that family support services can help address the complex needs of vulnerable families and can contribute to build children's resilience (OECD, 2019[36]). However, the proliferation of service providers requires them to be oriented towards "evidence-based" practices, i.e. practices that have proven to have a positive impact on families.

112. The report outlines various strategies to cope with the "service delivery" challenges, which are of two kinds. At the government level, the main challenges include fostering collaboration between different government bodies, and ensuring adequate funding for early intervention and preventative services. At service delivery level, the main identified issues include: ensuring that service delivery fits within the local context; developing means to engage families in services; having a solid work force of professionals trained to adapt services to their local context and provide support to families with complex needs; In order to best support vulnerable families with complex needs, methods of knowledge sharing, collaboration and integration are crucially important. When systems are built for horizontal collaboration, professionals in relevant fields are enabled to provide client-centred supports. Examples such as the *family nurse partnership* and *home visitation programs* demonstrate that complex issues require multiple specialized services to work together.

113. A further important step will be to document if and how these strategies are implemented by service providers across the OECD. This would lead to a deeper understanding of: what works; the main obstacles that government and services providers are facing to reach vulnerable families and deliver services effectively; and, how successful strategies can be shared and expanded in all OECD countries. It is very clear, for instance, that the evidence reported in this report comes mostly from countries familiar with developing impact evaluation processes. A wider inventory of the types of services available to families and of government policies in this area would help to better identify ways to engage the most vulnerable families and equip practitioners with the skills required to meet the needs of families. Gaining in-depth knowledge of practices can help identify gaps and duplication in order to improve the effectiveness of family service delivery constrained by limited resources.

114. Finally, family service provision is an innovative sector, in particular because of the development of digital media allows for the development of online or remote assistance and/or training. At present, little is known about the use of innovative tools or how they may affect family service delivery and take-up in particular among the most vulnerable. This is an obvious area for further research.

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