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

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

Provide family support services throughout childhood, including:

- The first 1000 days of a child’s life are particularly important for their development and future outcomes, so health and social care systems must identify families’ needs, address these with appropriate services, and, for the most vulnerable families, provide continuous assistance throughout the early years.

- Families with school-age children need services too. Better use can be made of existing (public) infrastructure by using schools and community centres for the delivery of a range of services, including for example, school meals, health screenings or psychological assistance. The provision of in-home supports for this age group could also be fostered.

- Consider introducing conditional cash transfers (CCTs) linked to family service use. Increasingly, public authorities use CCTs, which provide monetary benefits to families that use certain services. They encourage take-up and extended use of services.

Improve the quality of family supports services. Policy options include:

- Set minimum qualification requirements for practitioners; ensure regular renewal of licencing and accreditation of practitioners subject to their participation in training and professional development programmes, also in group peer settings.

- To address complex needs, put families at the centre of co-ordinated service delivery, which involves “multi-disciplinary teams” of professionals from one or more agencies simultaneously addressing issues facing parents and children.

- Collect feedback from service users and use it to identify needs and gaps in service delivery; identify programme strengths and areas for improvement; develop new ideas on service delivery/methods; and, build a local and national picture of best practice in service delivery.

Better use digital tools to enhance service delivery. Policy options include:

- Make greater use of digital tools to help users find the service they need, enhance ease of access, and speed up the mapping of needs with services. Providers can use digital tools to facilitate administrative tasks, speed up case work documentation and communication among professionals and thus improve service delivery.
Family support services increasingly focus on family functioning and parenting issues and are provided by a range of public and private agencies (Daly, 2015; UN DESA, 2020). In this report, family support services are defined as all services and supports provided to help parents improve their child-rearing capabilities and to make parenting behaviour and family functioning more conducive to good child outcomes. Supports to address the needs of families across OECD countries include health care and mental health services, child protection, support resources for basic material needs such as food and housing, and specialized services for vulnerable families.

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

- **Basic material needs.** Countries have various measures in place to help families who are finding it difficult to meet the basic material needs of household members (i.e. food, clothing, toiletries, housing and transport). These measures can take the form of programmes (e.g. school meal programmes), vouchers (e.g. food vouchers, clothing vouchers), payments (e.g. cash transfers), providing items directly to families (e.g. through food banks and support services), and subsidised access (e.g. social housing). To encourage uptake of services and programmes, sometimes vouchers and payments can be tied to families’ participation (e.g. conditional cash payments not linked to general social assistance schemes).

- **Health care:** Countries provide a range of services and interventions to support good maternal, child and adolescent health. Services address maternal health needs (e.g. pre-natal and post-natal care), general physical health (e.g. regular check-ups for children, vaccinations, and payment of medical prescription), specialist health care (e.g. referrals to medical specialists and treatments) and mental health (e.g. psychiatric assessments, and counselling and other therapeutic supports).

- **Family functioning support services.** Countries provide various services to support family functioning such as family counselling services, case work and access to specialised social services agencies, respite services (short term family support with care for children during times of family crisis), in-home supports (individualised planning and service coordination provided within the family home) or additional assistance, services and resources for families who are finding it difficult to cope.

- **Parenting support and early intervention:** Countries provide a variety of services and programmes to build parents’ knowledge and competencies around child-rearing and to improve the parent-child relationship. These services work with parents to meet set goals or to address issues that are causing the family difficulties but do not meet the threshold for child protection services. They can be delivered through a practitioner visiting the home, or in the community (e.g. in a support centre or school), and can take the form of casework (i.e. working in partnership with families and local services to achieve an agreed set of goals), counselling (individual, couple, or group-based), and behavioural-based parenting programmes. Countries also provide services to children (e.g. ECEC placements and after-school clubs) to give them opportunities for learning that would not necessarily be available in the home or community environment.

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

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

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

Box 1. OECD questionnaires on family support services

**OECD Questionnaire on Family Services Policy**

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

**OECD Questionnaire on Family Services Providers**

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

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

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

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

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

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

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

3. Effective delivery of family support services throughout childhood

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

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

Parenting education programmes are offered in more than two thirds of OECD countries to “expectant families” and families with children under 5, while support for cultural and leisure activities is often offered to school-aged children.
OECD countries have developed strong health care services to support families throughout pregnancies. Notably 23 out of the 31 OECD capital cities surveyed by the Questionnaire indicated that they operate prenatal health care including regular medical check-ups, gynaecology and obstetrics services for free through various national health care systems. On average 90% of women in OECD countries had at least one antenatal visit during their last pregnancy (OECD/WHO, 2018). OECD countries offer on average 35 professional midwives per 1,000 live births in 2018 (OECD, 2020). However, an extensive range of supports can be provided beyond pregnancy support. OECD countries may choose to support families through pre-and post-natal services that can include the distribution of the contraceptive pill, co-financing in vitro fertilisation treatments for couples with fertility problems, counselling regarding unplanned pregnancy, miscarriage, premature childbirth, as well as supporting women who are struggling with pregnancy termination or postpartum depression. For example, Germany’s regional pregnancy counselling centers offer information and advice on matters of sex education, contraception and family planning as well as issues related to pregnancy including support services, medical care from a gynaecologist or a midwife, and help with selecting a clinic.

**Early childhood - the first 1000 days**

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

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

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

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

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

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

A few OECD countries, for example, Australia, Finland, France, New Zealand and the United Kingdom have put forward a First 1000 Days approach to structure policies for families with very young children. These initiatives share common features, such as measures to combat family poverty and help parents reconcile work and family commitments, support for good maternal and paternal physical and mental health, enhancing parents’ awareness of good nutrition practices, improving the quality of parent-child interactions and reducing family stress, and improving the quality of childcare. Some countries focus their programmes on particular groups of children, for example, in Australia and New Zealand, on improving the well-being of Indigenous children (Arabena, Panozzo and Ritte, 2016). In France, part of the First 1000 Days approach is the extension of paternity leave from 14 to 28 days to encourage fathers to spend more time caring for their babies to help support the bond between father and child that develops in the first year of life through the caregiving relationship (Cyrulnik, 2020).
A growing body of evidence suggests that the period of pregnancy and the first 1000 days of a child’s life are particularly important for their development and future outcomes. For this reason, countries such as Australia, New Zealand, Finland, France and the United Kingdom aim to coordinate policies using the “first 1000 days” approach (Box 2). This approach seeks to provide tailored supports to pregnant women and families with infants, identifying their individual needs, and addressing them before small problems turn into serious issues. The strategy puts an emphasis on providing continuous assistance throughout early childhood development, as well as on the ability of the health care and social systems to do wellness checks, identify families’ needs and detect problems early and guide families to appropriate services. Services around childbirth can also include some kind of coaching to help expectant parents become parents, as, for instance in Helsinki (Finland) where multi-professional family-coaching is offered to first-time fathers and mothers: it consists of family coaching and physiotherapy groups at maternity clinics prior to childbirth, and organized family activities at playgrounds upon childbirth.

**Services for families with school-age children**

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

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

**The cash+ approach**

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

4. **Promoting high quality family support services**

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

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

Minimum qualification standards for practitioners help ensure service quality and contribute to the professionalisation of the field, which in turn can attract a more skilled workforce. However, qualifications required by service providers are often determined by national, regional or local authorities, and the requirements regarding minimum education of practitioners vary widely depending on their roles. Globally, less than half (46%) of service providers who responded to the OECD family service providers questionnaire required staff to have at minimum a bachelor’s degree in order to work as a practitioner whereas 6% required staff to have a Master’s degree. While the vast majority of family service providers require their staff to hold formal qualifications, 3% of service providers who responded indicated that they have no formal requirements for employment for their practitioners, but would regard relevant work and life experience in the hiring process.

Ongoing training and workshops on good practices help practitioners to update their professional knowledge and raise service quality. About 6 in 7 service providers who responded to the survey indicated that their organisation provides service practitioners with training opportunities. A key element of training is to teach practitioners how to adopt good practices while also adapting them to the local contexts (Novins et al., 2013; Hodge et al., 2017).

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

Increasing service capacity to address complex needs

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

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

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

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

Among survey respondents, about 6 in 10 service providers indicated that they work with multi-disciplinary teams. Organisations and practitioners collaborate with other experts and stakeholders in the field in informal ways when there are not enough resources to formalise sustainable medium to long-term collaborations. Depending on resources and the local context, practitioners may co-locate in work spaces and offices with multi-disciplinary teams or refer service users to professionals outside their own organisation. Regardless of the collaborative method, the sharing of knowledge and information among family support services is encouraged. Around two-thirds (63%) of service providers report that they share information with other organisations and practitioners.
Practitioners who work with families as a unit rather than only supporting one member of the family provide opportunities for more holistic interventions. Service providers can utilise various strategies to support families who are facing multiple issues.

**Two-generation approach**

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

**Home visiting**

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

**Wrap-around services**

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

**Gaining feedback and input from service user and providers**

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

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

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

**Enhancing the use of evidence-based practices**

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

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

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

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

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

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

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

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

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

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

While there are many benefits to technology and the use of digital tools within family services, a drawback is that the most vulnerable families are least likely to have regular access to the internet or digital tools (OECD, 2020; European Commission, 2020). Family support services users face many barriers to using digital technologies, including the lack of internet access, affordability of digital tools, as well as lack of basic and digital literacy and a lack of familiarity or trust in the protection of family privacy (Schmida et al., 2017[49]; UNESCO, 2018; Riding, 2020). Practitioners can advocate for families and raise awareness of barriers and accessibility by ensuring vulnerable families have access to assistive technologies including text-to-speech software, tablets or promote digital inclusion toolkits which include information on where to find free WiFi in the community, basic information about internet and data providers, programmes that are working to provide low-cost devices and technology as well as programmes that offer digital learning such as digital literacy and online educations (City of South Bend Indiana, 2020). Resource sharing models such as community tool libraries can also be used to create technology libraries where anyone in need can borrow laptops and other assistive technology (Hamilton, 2020; Riding, 2020).

There are limits and risks to what digital tools can help achieve therefore it is essential that a solid legislative framework is in place in order to protect individual rights, family privacy and strengthen caseworkers’ ability to deal with complex needs (Statham, 2011). Data sharing requires appropriate legal foundations to create a safe space for integrated services and to build trust in the system. Legal safeguards for family support services are particularly important to address the risk of misuse of data, surveillance of families and the fear of having children taken into care unnecessarily (Byrne, Kirwan and Mc Guckin, 2019). However, laws and regulations have a hard time keeping up with the speed of the change in technology including the mechanisms used to collect and process personal information. General data protection protocols are being set in a growing number of countries, which is fundamental to implementing best practices. There should also be more specialized data
sharing agreements and protocols to ensure the protection of clients while facilitating the use of information to provide swift responses to families’ complex needs.

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

References


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

The COVID-19 pandemic has created new challenges for many families: in addition to health and economic issues, policy measures such as lockdowns, school closures and teleworking from home put considerable stress on families. The COVID-19 pandemic has highlighted immediate needs such as regarding financial resources or education supports for many vulnerable families who are likely to be most affected by the long-term economic, educational, health, and well-being consequences of the pandemic and family support services can play a key role in helping families cope with this situation. In that sense, the pandemic underscores previously existing challenges for family support services as identified in the new OECD report on family support services across the OECD. This brief discusses policy options to help countries develop and sustain the effective delivery of family support services throughout childhood, improve their quality, and to make better use of digital tools to enhance service delivery.

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