



Quality Assurance in Family Support in Europe. Synthesis Report



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1. Introduction

In Chapter 1, an introduction to the present report is given. First, a brief overview of the project that enabled the development and implementation of a Quality Assurance Protocol in Family Support in Europe is provided. Then, we summarize a series of quality policies and frameworks developed at the European level with which the Quality Assurance Protocol is aligned. Later, the sources of evidence-based findings obtained in the field of family support that are valuable for the development of a Quality Assurance Protocol in this field are outlined. Finally, some recent trends in social services that may impact quality assurance in the field of family support are compiled.

The current vision on children and families as subjects of rights places their interests and wellbeing at the forefront of social policies and gives governments the responsibility to support parents in the exercise of their parental functions. To materialize this shared recognition, a common family support umbrella at a European level has been promoted, beyond which family and parenting policies can be included under common goals and values of states' parties (McGregor et al., 2020; Trévenon, 2020). We understand family support as 'the mobilisation and provision of resources and support for the purpose of sustaining and enhancing family roles and assets, and promoting the well-being and capabilities of family members, including children and parents. Family support includes a range of resources and support provided by informal networks, semi-formal community groups and formal provision and services' (Churchill et al., 2024, p. 4). Regarding formalised forms of family support, these are more regulated, with funding provided by state agencies, and involve time-related provisions that should seek to provide timely and enabling support for children, parents and families. They are often developed and delivered based on an ethos of participation to work in partnership with children and families and promote culturally inclusive, accessible, responsive and supportive communities (Churchill et al., 2024). These formal provisions include both resource-related supports (i.e., financial, material, legislative) and service-related supports provided by centres, institutions, or professionals (e.g., education, healthcare, psychosocial care) (Churchill et al., 2021).

This report presents the description and main results of the Quality Assurance Protocol developed by the European Family Support Network, EurofamNet, in the framework of the COST Innovators Grant entitled **QA[4]EuroFam “A quality assurance protocol for family support services in Europe: An evidence-based and culturally informed model for professional practice”** (<https://www.cost.eu/actions/IG18123/>). This project benefited from the knowledge, experience and results obtained by the network in the four-year previous COST Action (<https://www.cost.eu/actions/CA18123/>). By building collaborations between researchers, practitioners, policy makers, children and families' representatives from 35 countries, EurofamNet aims to inform family support policy and practice from an evidence-based and culturally sensitive approach, with the goal of improving the lives of children, young people and families. The network presents a double-layered structure, seeking political engagement between the European level and the national, regional and local levels, with mutual influence between them (Jiménez et al., 2024).

EurofamNet started the present project QA[4]EuroFam (from November 1st 2023 to September 30th 2024) thanks to a highly competitive COST Innovators Grant funded by the European

Cooperation in Science and Technology in the Horizon Europe framework. The aim of QA[4]EuroFam was to develop a self-assessment Quality Assurance Protocol to help 19 participating countries in identifying challenges and strengths in the incorporation of evidence-based practices in family support provision. The present results may have an impact on the management of support services at the national level, on the training of professionals who work with families, on the development of European recommendations on family support, and, in the medium and long term, in the well-being and quality of life of the service users. In the following sections, we address some of the input used to inform our Quality Assurance Protocol derived from literature review, learnings from EurofamNet and previous empirical efforts.

1.1. Quality Policies and Frameworks at the European level

Efforts at the European Union have been made to identify and create awareness of the overarching principles that should guide all actions related to children and families, especially those who are in a situation of vulnerability. We have identified a series of European frameworks that were considered when establishing the guiding principles of the Quality Assurance Protocol:

- From the Council of Europe:
 - *Council Recommendation Rec(2006)19, of 13 December 2006, of the Committee of Ministers to member states on policy to support positive parenting*
 - *Council Recommendation CM/Rec(2011)12, of 16 November 2011, on children's rights and social services friendly to children and families*
 - *Child participation assessment tool (2016)*
- From the Council of the European Union:
 - *Council Recommendation 2021/1004, of 14 June 2021, establishing a European Child Guarantee*
 - *Council Recommendation 2022/0263(NLE), of 29 November 2022, on early childhood education and care: the Barcelona targets for 2030*
- From the European Commission:
 - *Commission Recommendation 112/2013, of 20 February 2013, Investing in children: breaking the cycle of disadvantage*

- *The European Pillar of Social Rights in 20 principles (2017)*
- *European Skills Agenda for sustainable competitiveness, social fairness and resilience (2020)*
- *Commission Communication 2021/142, of 24 March 2021, EU strategy on the rights of the child*
- *Commission Communication 2022/440, of 7 September 2022, on the European care strategy*
- *Commission Recommendation 2024/1238, of 23 April 2024, on developing and strengthening integrated child protection systems in the best interests of the child*

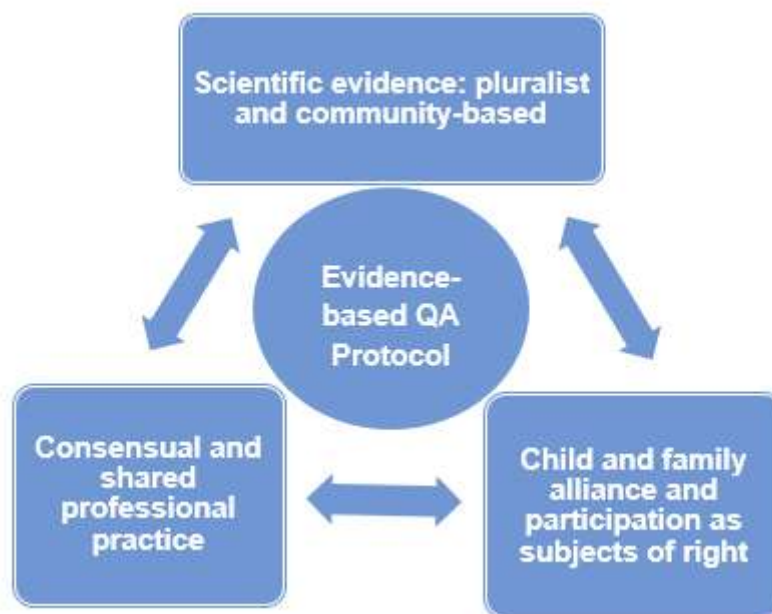
The European Union follows the International Organization for Standardization, defining 'Quality' as the appropriate delivery of a mutually agreed service or product (International Organization for Standardization, 2010). At the policy level, special emphasis has been placed on different strategies and recommendations to lay the foundations and the need for the inclusion of quality assurance in the child and family services, which have feed the guiding principles of the Quality Assurance Protocol:

- From the Council of the European Union: *Council Recommendation 2022/C476/01, of 8 December 2022, on access to affordable high-quality long-term care*
- From the European Association of Service Providers for Persons with Disabilities (EASPD): *EU Framework on Social Services of Excellence for persons with disabilities (2023)*
- From the European Social Network (ESN):
 - *Striving for Quality in Social Services and Social Care. Proposal for Quality Assurance Principles in Europe (2020)*
 - *Putting Quality First. Contracting for Long-Term care (2021)*
 - *Driving Up Quality in Social Services (2022)*
 - *Principles of Quality in Social Services (2023)*
- From the Social Protection Committee (SPC): *A Voluntary European Quality Framework for Social Services (2010)*

1.2. Sources of Evidence Supporting Quality Assurance in Family Support

In order to generate evidence for the Quality Assurance Protocol we followed our account developed in the EurofamNet project to adapt the general evidence-based approach to the quality standards used in the field of family support (Almeida et al., 2022; European Family Support Network, 2020; Jiménez et al., 2024; Özdemir et al., 2023). In this account, translational efforts from science to practice are made in the context of a relational and collaborative flow of evidence coming from three sources: scientific community-based evidence obtained with pluralistic methods; consensual and shared professional practice; and child and family alliance and participation as right owners (Figure 1a).

Figure 1a. Sources of evidence for Quality Assurance Protocol in Family Support



In addition to these sources of evidence in terms of quality standards, previous learning also developed by EurofamNet in the conceptualisation and delivery of family support (Devaney et al., 2021, 2022), as well as in workforce skills (Burgund et al., 2021; Mešl et al., 2023; Žegarac et al., 2021) have been considered, as well as relevant quality frameworks and other previous efforts on the topic (Barnes et al., 2017; Care Quality Commission, 2023; Durrant et al., 2023;

Glasgow et al., 2012; Global Commission on Evidence to Address Societal Challenges, 2022a, 2022b, 2023; International Organization for Standardization, 2015; National Training & Technical Assistance Center for Child, Youth, and Family Mental Health, 2021a, 2021b; Rodrigo et al., 2015, 2019, 2023; Shonkoff & Nall-Bales, 2011; Spoth et al., 2013; Stroul et al., 2010, 2021; World Health Organization, 2019, 2023).

1.3. Trends of Social Services Impacting Quality Assurance

In the framework of the 2022 ESN Working Group on Quality in Social Services, several trends impacting quality assurance have been identified while recognizing the increasing role of quality standards and improvement agencies. For instance, it should be recognized that care is centred on the person's (and carer's) needs, a change from input based to output based quality measurement, a culture shift from quality monitoring to continuous improvement, self-assessment as part of continuous improvement, and external quality certification, integration of health and social care, among others (European Social Network, 2022).

Based on previous arguments and proposals, some trends of change in the social care services and their intercept with family support services should be monitored given their potential impact on the quality assurance in family support. These include a shift from:

- a) a view of child and family as client/users to subjects of right in collaborative alliance with professionals and enhancing their participation.
- b) a focus on reduction of deficits and problems to a needs-led, preventive, strengthening and resilient view of family support.
- c) multi-assistance of high-needed families to a support provision system for all the families in their diversity with additional supports when necessary.
- d) institutional to home, family and community-based inclusive services for children and youth to promote the deinstitutionalization in the child protection system.
- e) quality standards mainly based on experimental evidence provided under ideal conditions to community-based evidence obtained in real practice settings.
- f) quality standards based on individual professional expertise to consensual and shared practice derived from inter/trans-disciplinary approaches.

- g) overcharged social services to shared and coordinated multiagency and cross-sectoral evidence-based practices all committed to quality family support.
- h) over-reliance on external quality inspection and technical quality management process oriented towards the self-evaluation and promotion of continuous improvement outcome oriented.

2. Motivation and Description of a Quality Assurance Model for Family Support

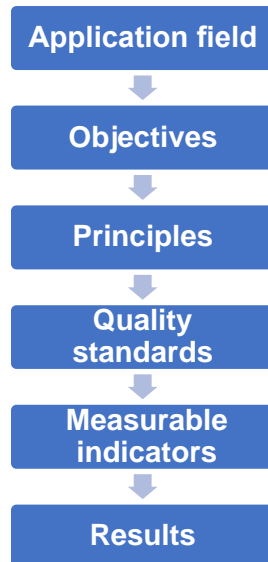
Chapter 2 firstly presents the motivation for the development and implementation of a Quality Assurance Protocol. Subsequently, our Quality Assurance Model for Family Support is described. Specifically, in section 2.1. the application field and objectives are presented. Section 2.2. introduces the systemic model of the Quality Assurance Protocol, describing the three embedded systems that encompass the Quality Assurance Model. Then, in section 2.3., the principles guiding the elaboration of the quality standards are presented. Finally, section 2.4. gives an overview of the components identified in the three systems of the systemic model.

Two main reasons motivated our effort to address the development of a Quality Assurance Model in Family Support and to operationalize this model in a Protocol to be implemented and analysed. First, to raise the awareness on the need for endorsing a quality assurance process in real practice and service provision. In spite of the concern of the European Union in promoting quality assurance in social services, the core policy of the European Union on this matter, the EU Voluntary Framework on Quality in Social Services (2010), has shown a limited impact in terms of implementation (European Social Network, 2023). According to this, the European Commission has recently encouraged states to increase quality assurance processes in social and care services (Directorate-General for Employment, Social Affairs and Inclusion of the European Commission, 2022). Second, despite the concern of the European Union on quality provision, the existing quality frameworks are related to specific areas in social and education care (e.g., the EU Framework on Social Services of Excellence for persons with disabilities, 2024). However, there are no clear advances on the development of a framework for quality family support that involves objectives, principles, standards as well as measurable indicators.

The European Commission has expressed the need to move forward on the developments in measuring and comparing the quality of social and care services across the European Union. **Our goal is to develop a more comprehensive, integrated, and measurable approach of quality family support across European countries using a Quality Assurance Protocol that enables mapping their current situation, creating a collaborative learning scenario and synergistic effects to recognize current strengths and improving recommendations at the country levels, that can be used as a basis for European recommendations on that matter.**

Figure 2a shows the pathway followed to elaborate the Quality Assurance Protocol in Family Support, starting from the application field, objectives, systemic model, agreed principles, quality standards, measurable indicators, results and outcomes that ensure the quality of family support services, that will be described in more detail in the following sections.

Figure 2a. Pathway showing the steps to elaborate the Quality Assurance Protocol for Family Support



2.1. Application Field and Objectives of the Quality Assurance Protocol

The Application field of the protocol involves a continuum of support benefits from preventive to child protection measures to the family diversity needs under many circumstances, family preservation in vulnerable families, family reunification promoting returning home, family foster care and adoption. All of them are crucial to promote the deinstitutionalization in the child protection system as proposed by the European Union (European Commission, 2024).

With respect to the Objectives of the Quality Assurance Protocol are the following:

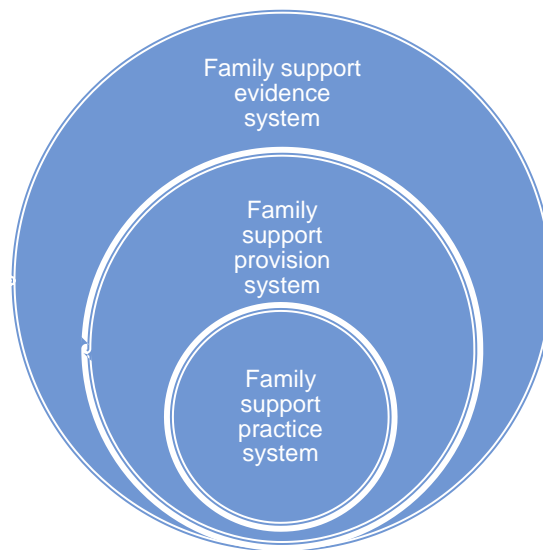
- To share a common language when referring to quality assurance in family support across countries as well as the motivation of funding expenses to improve the services.
- To guarantee quality in family support services by implementing a quality assurance system addressing inequalities in access, experience, and outcomes at country level and across Europe
- To apply agreed principles, quality standards and measurable indicators aimed at improving outcomes in wellbeing and quality of life in children, youth, and families across Europe.

- To create a national and local led collaborative scenario to identify challenges, strengths, and needs for improvement in the family support services at the country level.
- To develop recommendations at the European policy level to ensure high quality, evidence-based, and culturally sensitive family support provision.

2.2. Systemic Model for Quality Assurance in Family Support

Quality assurance is conceived as a **system of embedded systems**: the practice system, the provision system and the evidence system, that should undergo changes oriented to quality family support. The operational characteristics of the practice system are constrained by those of the service provision system and both are, in turn, influenced by the evidence system, which is responsible for driving innovation and knowledge mobilization to promote the adoption of an evidence-based Quality Assurance Protocol as a guidance for professional practice in the real-world service settings. In Figure 2b, a graphic representation of the embedded systems involved in quality assurance for family support is provided.

Figure 2b. The embedded systems involved in quality assurance for family support



The **family support practice system** involves interactions, supports, ethos, methods and practices constituting service delivery, professional roles and professional practice. This system

puts into action a variety of effective, individual, group, and community-based supports for children, youth and families that protect their rights, build meaningful partnerships with them to address their physical, emotional, social, and educational needs, and strengthen their capacities to function better at home, in school, in the community, and throughout life (Churchill et al., 2024; National Training and Technical Assistance Center for Child, Youth and Family Mental Health).

The **family support provision system** involves a family support policy that consists of statutory contexts and frameworks for family support rights, provision and professional practice. It also involves a family support provision with family and parenting support services, economic support, employment support, early childhood education and care. This system involves a coordinated and comprehensive community network, with the locus of services, as well as system management, resting within a supportive, adaptive layout of structures, processes, and relationships involved with multiple child service agencies as well as non-profit and pro-profit social entities (Churchill et al., 2024; National Training and Technical Assistance Center for Child, Youth and Family Mental Health).

The **family support evidence system** reflects the formal and informal linkages and interactions between different actors and their capacities and resources involved in the production, translation, and use of evidence in practical settings (World Health Organization, 2021).

2.3. Guiding Principles for Each Quality Assurance System in Family Support

A set of principles have been identified for each system of the quality assurance model according to their relevance, although the principles are implied to be continuously operating for the other two systems, as well. Following, the principles for quality assurance in family support for each system are introduced.

Family Support Practice System

Rights-oriented principles complying with ethical standards:

- Rights orientation: Protect the rights of children, youth, and families and drive family support to accomplish those rights through an outcome-oriented practice that make a meaningful difference in the family system.

- Ethical practice: Application of ethical principles in family support practice, including trust worthiness, respect to confidentiality, disclosure, and guaranteeing legitimacy in the interaction with the family.
- Partnership and trust: Ensure that children, youth, and families are full partners in all aspects of the planning and delivery of the services they benefit from.

Practice-oriented principles addressing intervention delivery and implementation:

- Empowerment and autonomy orientation: Use a joint wraparound service planning process, guided by a strengths-based approach and reduction of risks/vulnerabilities to promote informed decision-making targeting family autonomy.
- Needs led and responsive practice: Appropriate practice for children and their families that addresses their physical, emotional, social, and educational needs and suites to their needs, strengths, requests, and preferences, in a timely manner.
- Use of evidence-based family support programs: Ensure that each program is evidence-informed, is responsive to the family needs, is delivered in compliance with ethical standards, promotes inclusiveness and participation, and is integrated in the routine care practice in a sustainable way.
- Feasibility and acceptability: Includes the development of an intervention plan, in reasonable, adequate, timely and convenient manner for its implementation in routine care practice in accordance with the family needs.

Services' organizations-oriented principles:

- Good governance and management: Commitment to good governance that ensures health and safety working conditions and environment, supported through a positive culture of supervision and leadership, and encouraged to develop new professional skills and best practices through training.
- Transparency and accountability: Incorporate continuous accountability mechanisms to track, monitor, provide available information, and manage the achievement of family support goals.

Family Support Provision System

- Public policy responsibility and legislation committed to supporting families: Recalling that public authorities have a vital role of co-responsibility in supporting families, which is expressed through a proper legislation and core elements of family policy: cash transfers and taxation, measures to balance work and family life, childcare provision, as well as formal family support services.
- Availability, accessibility, and community orientation: Ensure availability of and access to a broad, flexible array of affordable services emphasizing preventative approaches and informal supports.
- Person-centred and family-focused approach: Individualized services are provided in accordance with the unique potential and needs of each child and family, preserving their respect and dignity, recognizing the role of the family system in the development of children and youth.
- Equity, inclusiveness and cultural sensitiveness: Provide services and supports without regard to race, religion, national origin, ethnic background, gender, gender expression, sexual orientation, physical disability, socioeconomic status, language, migration status, or other characteristics; services should be sensitive and responsive to these differences.
- Integrated and coordinated continuum of support: Mechanisms to ensure that multiple services are delivered in a coordinated manner, and that there is seamless transfer through the system of services aligned with and responding to changing needs, on a continuous uninterrupted way, particularly when in response to long-term needs.
- Sustainable, well-resourced and well-funded provision: Ensure to deliver good quality, sustainable care and services that offer continuous support to people in need, with services and providers of care and support receiving sufficient funding and support to effectively fulfil their roles.
- High quality family support workforce: Promote skilled, value-oriented, competent, open to innovation workforce that have access to attractive, innovative and inclusive learning programs that empower and motivate them to up- and reskill.

Family Support Evidence System

- Quality assurance promotion: Develop quality assurance processes to ensure high-quality services through collaborative efforts among key agents in family support provision.
- Advocacy for quality family support and participation: Engage support providers and stakeholders to advocate for quality family support and ensure the participation of children and families in the quality assurance process.
- Relational translational efforts that are rights-based, practice-led and provide rigorous evidence understanding: Consider evidence that is scientifically rigorous, includes the consensual expertise of the practitioners and is oriented through the fulfilment of children and families' rights.
- Foster evidence implementation mechanisms: Incorporate continuous mechanism of cross-sectoral training and monitoring to maintain and improve the implementation of the quality assurance model for the benefits of the family support provision and the practice systems.
- Return to other services and society: Return information to other services and society so the system benefits from learning, including both professional communication and child, young people, and family friendly language.

2.4. Family Support Components Relevant for the Quality Assurance System

To identify the quality standards in each system, first, the main components in each system must be established to avoid neglecting any important aspect in the family support field. Then, the extent to which all the principles presented in the previous section are covered by at least one quality standard must be checked.

Family Support Practice System

- Family-professional relationships
- Programmes / interventions
- Service organisation:
 - Beneficiaries profile

- Delivery modality
- Kind of support
- Theoretical intervention models
- Implementation / delivery

Family Support Provision System

- Policies and associated guidelines and legislation / Characteristics of the provision system:
 - Supportive policies and services
 - Financial support and work-family conciliation measures
 - Accessible, responsive, and needs-led, broad, and inclusive provision
 - Continuum of support provided
 - Sustainability and adequacy in family support provision
 - Quality workforce in family support provision

Family Support Evidence System

- Structures that facilitate and monitor the progression towards high quality services involving all the actors:
 - Collaboration between policy makers, researchers, professionals
 - Evidence structures, agencies that promote the evidence system
 - Engagement of support providers, stakeholders, children-adolescent and families to advocate for participation in quality family support
- Relational translational efforts involving scientific evidence, consensual practice, and families as rights owners:
 - Consensual / shared guidelines with best practices and effective approaches
 - Consensual / shared guidelines with interprofessional competences

- Implementation: strategies to promote the systematic uptake of effective approaches into routine practices at the professional, organisation and governance levels
 - Efforts made to evaluate the quality of the service to improve the quality of the child and family support
 - Recognition of endorsing best practices guidelines
 - Training of professionals on best practices guidelines
 - Dissemination among professionals, families, and society at large

3. Process

In Chapter 3, the methodological aspects of the process followed to obtain the data presented in this report are described. First, the preparatory aspects to collect the data are described in section 3.1. Specifically, we report on the development of the National Working Groups that have filled in the assessment tools; we detail the development of the Quality Assurance Protocol, with a particular focus on the Delphi study that was followed; and we present the reflections from the Policy & Practice Group to guarantee ecological validity. Second, the implementation of the self-assessment tools used to reflect on the quality of family support is analysed in section 3.2. On this regard, we first describe the implementation process of the online survey; we then present the implementation of the Strengths & Recommendations Report; and we finish by sharing the insights of the Policy & Practice Group regarding the implementation process.

3.1. Development of the National Working Groups

EurofamNet relies on a double-layered structure that combines European-level activities with National Working Groups that act at the national level (Jiménez et al., 2024). There is an iterative and ongoing dialogue between these two levels that favours that European outputs are produced from the experiences and learnings of the local and national actors, and that joint discussions may have an impact at the local and national level with guarantee for ecological validity. Each National Working Group counts on national coordinator/s that participate actively in EurofamNet European-level activities.

The development of the National Working Groups was an important task in this project QA4EuroFam, as the National Working Groups, led by the national coordinators, acted as the informants fulfilling the self-assessment tools of this project. Moreover, these national networks contribute to the creation of social fabric at the national level that is relevant to progress in quality assurance in family support, by promoting the relationships, dialogue and collaboration between different relevant actors around this topic.

The 19 participating countries created National Working Groups as a first step. On the one hand, out of the 19 countries, 10 had already formally established National Working Groups, and the main objective was to increase the representativeness of the family support actors involved in the group and reactivate them. On the other hand, 9 countries did not have formally established National Working Groups and had to establish them from the ground up.

As a first step, national coordinators identified key actors in the family support arena and contacted them to be part of these National Working Groups. There were differences in the approach to this task, with some countries doing a list of key actors and then directly contacting them, while others used a snowball approach. Thus, they first contacted key actors they already had a relationship with, then expanded, and asked them for further key actors. In other countries, they had already established groups at a national level working on similar topics. In these cases, they created a joint group, where representatives from these groups were included, but they did not formally create a new working group.

One of the key orientations for the completion and development of these groups was the importance of representativeness in terms of having different fields, scopes, and types of organisations represented. Particular emphasis was placed on including practitioners and organisations that represented the voices of families, children, and young people.

Two members of the project provided support throughout the development of the National Working Groups. Initially, as supporting documents, all national coordinators were sent the guidelines for the national coordinators with examples of how to develop the National Working Groups, a presentation that could be used to introduce the project to the National Working Group members, and an agreement document for new members. In addition, flyers in English explaining the project with the possibility of translation were available for national coordinators. As part of this support, brief feedback was sent to every country with already formally established National Working Groups. This feedback included the areas in which the groups could increase their representativeness and relevant actors that could be included, such as the ombudsperson (public advocates) for children or the national coordinator for the child's guarantee in each country. Countries without previously formally established National Working Groups were sent a template to fill in with the different information needed from the representatives. Examples from other countries were provided if needed. Additionally, ongoing support from the aforementioned members was provided to all national coordinators throughout the process, either by email or by holding online meetings, with consultations to the Chair when needed.

Participating countries found the development of the National Working Groups valuable and useful, with some already thinking about the group's sustainability. Despite the overall positive experience from national coordinators, there were some difficulties in the development of the National Working Groups. These challenges were (1) contacting and receiving a response from government representatives, particularly in countries with no previously formally established National Working Group; (2) specific difficulties related to the political or structural situation of each country, such as having specific procedures and need for prior approval for creating new National Working Groups or upcoming elections and the lack of a definitive government during the period in which the National Working Groups were developed; (3) little support at a national level for some national coordinators; and (4) having representation from the different fields as in some cases the national coordinators did not have previously established contacts with some of the fields.

3.2. Development of the Quality Assurance Protocol

In this section, the process for developing the Quality Assurance Protocol is described. First, the steps followed to generally develop the protocol are introduced. Second, special attention is given to the Delphi study, which is described separately to provide higher level of detail.

3.2.1. General Process

With the purpose of developing the Quality Assurance Protocol, a working group was assembled composed of members of EurofamNet from the academic sphere with expertise in the following key areas: family support provision, quality standards, and workforce skills (entitled WP1). The members of WP1 contributed with the learnings of EurofamNet gathered over the past five years in the framework of the COST Action CA18123. The working group was complemented by an Advisory Board composed of key stakeholders, coming from the policy and professional spheres in the field of family support at the European level (see section 3.2.3).

Regarding the steps leading up to the development of the protocol, first, relevant European frameworks were identified by the working group from the learnings of the COST Action (see section 1.1). The members of the network were consulted for reaching agreement. These frameworks were reviewed by the working group to extract the relevant principles that should guide decision making in family support provision. From the basis of these principles and through the expertise of the working group members, the principles for each of the mentioned systems were established and agreed.

Then, the quality standards for each of the three systems were drawn up, based on the scientific knowledge obtained through the work of the COST Action regarding family support conceptualization and provision, quality standards and workforce skills, as well as following the aforementioned guiding principles. For each of these quality standards, one or several measurable indicators were identified and agreed in synchronic meetings by the working group. A member of the working group not involved in the development of the quality standards or the indicators performed a final review to guarantee consistency and comprehensiveness. As a consequence, an initial version of the Quality Assurance Protocol was reached, with a total number of 47 quality standards and 68 measurable indicators.

Subsequently, a prioritisation of the measurable indicators was conducted through the Delphi method (see section 3.2.2 for a detailed description). The total number of quality standards

resulting from the Delphi study was 28 with one measurable indicator per standard, except for one standard pertaining to the practice system, which had two indicators. At this stage, the members of the working group selected an adequate response format for each indicator. A Likert-type scale was chosen for the majority of the indicators, with a multiple-choice format selected for three indicators, and a single choice format for two indicators. For all the indicators, the minimum score that could be obtained was 1 and the maximum score was 4. The response options were operationalized in order to guarantee equivalence between respondents.

It was discussed and agreed in the working group that appraising some of the indicators by sector would allow for a more accurate assessment. 4 sectors were differentiated due to their relevance in the provision of family support: the social sector, the education sector, the health sector and the justice sector. Subsequently, the working group members selected the indicators that were anticipated to show more differences according to the sector. In total, 8 indicators from the family support practice system, and 3 indicators from the family support evidence system were differentiated by sector.

In addition, an item assessing the level of variability in the country was included for each measurable indicator. The level of variability was evaluated on a Likert scale ranging from 0 = no variability (homogeneous situation in the country), through 1 = low variability (mostly homogeneous situation with some occasional variability), 2 = medium variability (with a bit of variability, but the answer reflecting the situation generally), to 3 = high variability (with a lot of variability, thus the answer might not represent the general situation in the country). A space was provided to outline the reasons behind the level of variability selected.

Finally, anticipating the possibility of occasions on which a National Working Group could not reach a consensus or a majority agreement, a checkbox was included to indicate this exceptional situation, alongside a space to write about the reasons behind the lack of consensus.

3.2.2. Delphi Study

Once a first version of the Quality Assurance Protocol was developed, we used the Delphi technique as an iterative and systematic method to reach consensus for a final version of the tool. For this purpose, 46 experts with experience in family support provision, quality standards and workforce skills were consulted. These experts were other members of the project that were not the developers of the protocol, including both researchers and stakeholders coming from the policy and practice sphere.

We conducted two rounds of online survey. Apart from the first version of the Quality Assurance Protocol, the first survey included additional information in respect to specific definitions to be considered along the study. An informed consent was available with information regarding the aim, the research, confidentiality and anonymity.

In the first round, the expert group consisted of 31 participants (67.4% of the 46 initially contacted), 25 women and 6 men, with ages between 29 and 66 years ($M = 47.37$; $SD = 10.07$) from 18 European countries. The average of professional experience was 23.24 years ($SD = 11.57$; min 4; max 43). In the second round the expert group consisted of 28 (90.32% of the 31 participants of the 1st round).

In this first round, the participants answered to a questionnaire with 68 indicators about 3 domains of family support: the practice system, the provision system and the evidence system. Participants were asked about (1) clarity in writing, (2) coherence between the indicator and the quality standard, and (3) relevance of the item to the quality standard. A 4-point Likert type scale was used for responses (from 1 = not coherent at all/ not clear at all/ not relevant at all to 5 = very coherent/ very clear/ very relevant). Also 5 questions about socio-demographic information (i.e., sex, age, years of professional experience, professional position and country) were asked. Overall, the participants had to answer a total of 209 items.

To assess consensus, four measures were combined: (1) 70% of the respondents choosing options 3 and 4 (very coherent + coherent/ very clear + clear/ very relevant + relevant) (Hackett et al., 2006), (2) Mean above 3.50, (3) The interquartile range below 1 (Rayens & Hahn, 2000) and (4) The standard deviation below 1.50 (Christie & Barela, 2005). Descriptive statistics were used to report the data: frequency and percentages, mean, median, standard deviation and interquartile range.

The results from the first round were summarized, presented and discussed in a face-to-face meeting in February 2024. Table 3a shows the results obtained in descriptive analyses from the first round regarding the clarity, the coherence and the relevance of each of the 68 indicators evaluated. Those indicators that did not meet any of the criteria used to measure the consensus are indicated in bold.

Table 3a. Descriptive statistics from the first round of the Delphi study

Item	Clarity				Coherence				Relevance			
	M	SD	IQR	% very clear+c.	M	SD	IQR	% very coherent+c.	M	SD	IQR	% very relevant+r
1.1.1.	3.35	0.70	1.00	87%	3.81	0.40	0.00	100%	3.87	0.34	0.00	100%
1.1.2.	3.52	0.76	1.00	90%	3.65	0.65	1.00	97%	3.68	0.53	1.00	97%
1.1.3.	3.52	0.67	1.00	90%	3.58	0.61	1.00	94%	3.68	0.59	0.50	94%
1.2.1.	3.48	0.80	1.00	81%	3.61	0.66	1.00	90%	3.74	0.51	0.00	97%
1.2.2.	3.45	0.76	1.00	90%	3.58	0.66	1.00	90%	3.61	0.70	0.50	87%
1.3.1.	3.52	0.71	1.00	87%	3.65	0.60	1.00	94%	3.65	0.60	1.00	94%
1.4.1.	3.45	0.76	1.00	90%	3.68	0.59	0.50	94%	3.77	0.55	0.00	94%
1.4.2.	3.58	0.71	1.00	87%	3.65	0.65	0.50	90%	3.65	0.65	0.50	90%
1.5.1.	3.52	0.76	1.00	90%	3.65	0.74	0.00	90%	3.71	0.73	0.00	90%
1.5.2.	3.42	0.75	1.00	90%	3.48	0.71	1.00	94%	3.39	0.79	1.00	87%
1.6.1.	3.65	0.60	1.00	94%	3.77	0.49	0.00	97%	3.84	0.45	0.00	97%
1.6.2.	3.55	0.66	1.00	90%	3.61	0.61	1.00	94%	3.71	0.52	0.50	97%
1.7.1.	2.94	0.80	1.50	71%	3.52	0.67	1.00	90%	3.58	0.66	1.00	90%
1.8.1.	3.35	0.86	1.00	81%	3.58	0.66	1.00	90%	3.68	0.59	0.50	94%
1.9.1.	3.45	0.66	1.00	90%	3.61	0.66	1.00	90%	3.68	0.59	0.50	94%
1.9.2.	3.61	0.66	1.00	90%	3.65	0.54	1.00	97%	3.61	0.55	1.00	97%
1.10.1.	3.45	0.66	1.00	90%	3.61	0.55	1.00	97%	3.71	0.52	0.50	97%
1.10.2.	3.71	0.63	0.00	97%	3.74	0.62	0.00	97%	3.77	0.55	0.00	94%
1.10.3.	3.45	0.66	1.00	90%	3.52	0.67	1.00	90%	3.61	0.61	1.00	94%
1.11.1.	3.39	0.66	1.00	90%	3.65	0.54	1.00	97%	3.61	0.61	1.00	94%
1.12.1.	3.29	0.81	1.00	84%	3.35	0.74	1.00	90%	3.39	0.75	1.00	90%
1.12.2.	3.61	0.55	1.00	97%	3.65	0.60	1.00	94%	3.68	0.53	1.00	97%
2.1.1.	3.00	0.92	2.00	71%	3.13	0.79	1.00	81%	3.26	0.76	1.00	81%
2.1.2.	3.23	0.79	1.00	77%	3.35	0.74	1.00	84%	3.39	0.75	1.00	84%
2.2.1.	3.39	0.97	1.00	77%	3.81	0.40	0.00	100%	3.90	0.30	0.00	100%
2.2.2.	3.55	0.76	1.00	90%	3.71	0.52	0.50	97%	3.81	0.47	0.00	97%
2.3.1.	3.68	0.53	1.00	97%	3.68	0.53	1.00	97%	3.71	0.52	0.50	97%
2.4.1.	3.23	0.79	1.00	77%	3.45	0.66	1.00	90%	3.52	0.67	1.00	90%
2.5.1.	3.29	0.81	1.00	84%	3.45	0.84	1.00	90%	3.48	0.84	1.00	90%
2.5.2.	3.19	0.82	1.00	87%	3.39	0.75	1.00	90%	3.42	0.79	1.00	87%
2.5.3.	3.42	0.61	1.00	94%	3.58	0.55	1.00	97%	3.68	0.53	1.00	97%
2.6.1.	3.48	0.67	1.00	90%	3.71	0.45	1.00	100%	3.74	0.44	0.50	100%
2.6.2.	3.45	0.84	1.00	84%	3.52	0.67	1.00	90%	3.55	0.66	1.00	90%
2.7.1.	3.10	0.86	1.00	81%	3.48	0.71	1.00	94%	3.55	0.71	1.00	87%

Item	Clarity				Coherence				Relevance			
	M	SD	IQR	% very clear+c.	M	SD	IQR	% very coherent+c.	M	SD	IQR	% very relevant+r
2.8.1	3.23	0.91	1.00	81%	3.48	0.88	1.00	87%	3.48	0.80	1.00	87%
2.9.1.	3.74	0.51	0.00	97%	3.61	0.70	1.00	94%	3.58	0.75	1.00	90%
2.10.1.	3.55	0.76	1.00	90%	3.58	0.71	1.00	94%	3.68	0.64	0.00	90%
2.11.1.	3.52	0.67	1.00	90%	3.61	0.55	1.00	97%	3.61	0.55	1.00	97%
2.12.1.	3.77	0.49	0.00	97%	3.87	0.34	0.00	100%	3.87	0.34	0.00	100%
2.13.1.	3.45	0.66	1.00	90%	3.68	0.59	0.50	94%	3.68	0.64	0.00	90%
2.13.2.	3.65	0.60	1.00	94%	3.55	0.76	1.00	90%	3.55	0.80	1.00	87%
2.13.3.	3.58	0.61	1.00	94%	3.65	0.60	1.00	94%	3.65	0.60	1.00	94%
2.14.1.	3.39	0.79	1.00	81%	3.55	0.61	1.00	94%	3.65	0.48	1.00	100%
2.15.1.	3.35	0.74	1.00	84%	3.58	0.61	1.00	94%	3.58	0.66	1.00	90%
2.16.1.	3.55	0.56	1.00	97%	3.61	0.55	1.00	97%	3.81	0.40	0.00	100%
2.17.1.	3.42	0.79	1.00	87%	3.48	0.80	1.00	87%	3.48	0.91	1.00	84%
2.18.1.	3.55	0.84	1.00	90%	3.58	0.83	0.50	90%	3.58	0.83	0.50	90%
2.18.2.	3.55	0.71	1.00	94%	3.42	0.83	1.00	84%	3.42	0.83	1.00	84%
2.19.1.	3.65	0.65	0.50	90%	3.61	0.75	0.50	90%	3.65	0.74	0.00	90%
2.20.1.	3.87	0.34	0.00	100%	3.81	0.47	0.00	97%	3.81	0.47	0.00	97%
2.20.2.	3.81	0.47	0.00	97%	3.71	0.63	0.00	90%	3.65	0.70	0.00	87%
2.20.3.	3.48	0.80	1.00	87%	3.58	0.71	1.00	87%	3.52	0.71	1.00	87%
2.21.1.	3.77	0.42	0.00	100%	3.81	0.40	0.00	100%	3.81	0.40	0.00	100%
2.21.2.	3.81	0.47	0.00	97%	3.77	0.55	0.00	94%	3.77	0.55	0.00	94%
3.1.1.	3.48	0.84	1.00	84%	3.58	0.66	1.00	90%	3.74	0.57	0.00	94%
3.2.1.	3.52	0.80	1.00	87%	3.58	0.75	1.00	90%	3.58	0.75	1.00	90%
3.3.1.	3.23	0.91	1.00	81%	3.42	0.75	1.00	84%	3.48	0.71	1.00	87%
3.4.1.	3.42	0.75	1.00	90%	3.52	0.80	1.00	87%	3.52	0.76	1.00	84%
3.5.1.	3.35	0.90	1.00	77%	3.52	0.80	1.00	87%	3.61	0.66	1.00	90%
3.6.1.	3.48	0.62	1.00	94%	3.71	0.45	1.00	100%	3.71	0.45	1.00	100%
3.7.1.	3.55	0.66	1.00	90%	3.68	0.53	1.00	97%	3.65	0.60	1.00	94%
3.8.1.	3.48	0.84	1.00	84%	3.71	0.58	0.00	94%	3.74	0.57	0.00	94%
3.9.1.	3.29	0.77	1.00	81%	3.48	0.67	1.00	90%	3.58	0.61	1.00	94%
3.10.1.	3.74	0.57	0.00	94%	3.74	0.57	0.00	94%	3.71	0.58	0.00	94%
3.11.1.	3.32	0.69	1.00	87%	3.39	0.70	1.00	87%	3.39	0.79	1.00	81%
3.12.1.	3.65	0.54	1.00	97%	3.61	0.61	1.00	94%	3.58	0.66	1.00	90%
3.13.1.	3.58	0.61	1.00	94%	3.65	0.65	0.50	90%	3.68	0.64	0.00	90%
3.14.1.	3.26	0.98	1.00	81%	3.45	0.80	1.00	87%	3.45	0.80	1.00	87%

Note: % very clear+c. refers to the percentage of respondents who found the indicator either very clear or clear. % very coherent+c. refers to the percentage of respondents who found the indicator either very coherent or coherent. % very relevant+r. refers to the percentage of respondents who found the indicator either very relevant or relevant.

Regarding the clarity, no indicator showed problems related to the standard deviation and the percentage of clear + very clear responses. Two indicators (1.7.1 and 2.1.1) did not meet the criterion of the interquartile range. The main problems were found in the criterion related to the mean, since 37 of the 68 indicators obtained means below 3.50 in terms of clarity.

The results obtained in relation to the coherence were more positive, since all the indicators met the criteria established for the standard deviation, the interquartile range and the percentage of coherent + very coherent responses. Likewise, only 15 of the 68 indicators obtained means below 3.50 in terms of coherence. Finally, regarding the relevance of the proposed indicators, only significant disagreements were found according to the mean criterion, finding 12 indicators with means below 3.50. Overall, therefore, good consensus rates were observed regarding the coherence and relevance of most of the proposed indicators, although less agreement was observed regarding the clarity of the formulation of approximately half of the indicators.

After collecting individual and group feedback, the members of WP1 incorporated the suggestions, reduced the number of indicators and improved the writing, with a second proposal for the Quality Assurance Protocol that included 29 indicators.

Non-respondents from the first round were removed from the second round of the survey. In the second-round the participants answered about their degree of agreement of the final 29 items questionnaire, using a 4-point scale (1 = strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree).

Table 3b shows the results obtained in the second-round of the Delphi process. In this second phase, the participants expressed their degree of agreement with the 29 indicators that were selected after the first round.

Table 3b. Descriptive statistics from the 2nd round

Item	% strongly agree + agree	M	SD	IQR
1.1.1.	90%	3.68	0.60	0.25
1.2.1.	93%	3.71	0.52	0.25
1.3.1.	97%	3.82	0.38	0.00
1.4.1.	86%	3.68	0.66	0.00
1.5.1.	90%	3.71	0.59	0.00
1.5.2.	93%	3.64	0.55	1.00
1.6.1.	79%	3.46	0.78	1.00
1.7.1.	93%	3.57	0.56	1.00
1.8.1.	93%	3.64	0.55	1.00
1.8.2.	83%	3.46	0.73	1.00
2.1.1.	76%	3.46	0.82	1.00
2.2.1.	83%	3.54	0.73	1.00
2.3.1.	90%	3.64	0.72	0.25
2.4.1.	90%	3.57	0.62	1.00
2.5.1.	90%	3.71	0.59	0.00
2.6.1.	93%	3.79	0.62	0.00
2.7.1.	79%	3.39	0.77	1.00
2.8.1.	86%	3.43	0.86	1.00
2.9.1.	86%	3.61	0.67	1.00
3.1.1.	93%	3.71	0.52	0.25
3.2.1.	90%	3.68	0.60	0.25
3.3.1.	86%	3.57	0.68	1.00
3.4.1.	93%	3.71	0.52	0.25
3.5.1.	86%	3.57	0.68	1.00
3.6.1.	86%	3.71	0.65	0.00
3.7.1.	90%	3.61	0.62	1.00
3.8.1.	86%	3.50	0.68	1.00
3.9.1.	93%	3.57	0.68	1.00
3.10.1.	90%	3.61	0.62	1.00

Note: % strongly agree + agree refers to the percentage of respondents who either agreed or strongly agreed with maintaining the indicator in the Quality Assurance Protocol.

As can be seen in Table 3b, all the indicators included in the final version of the questionnaire obtained good results according to the criteria established for the standard deviation, the interquartile range and the percentage of agreement + very agreement responses. Only two

indicators of the final proposal (2.7.1 and 2.8.1) did not meet the criterion related to the mean, although they obtained scores very close to the 3.50 established as the criterion.

Based on these results, it can be concluded that the final proposal, composed of 29 indicators, had a high level of agreement among the participants in the Delphi study carried out.

3.2.3. Policy & Practice Ecological Validity

The Policy & Practice Group has contributed to the development of the Quality Assurance Protocol. The group has pointed out the need to set up levels of priority according to the usefulness of the standards as stated by real reference groups.

3.2.4. The Quality Assurance Protocol¹

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support practice system (Rights-oriented principles complying with ethical standards)	Rights orientation	Family-professional relationships	Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families	(#1.1) The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = not at all (the indicator is not present in the services) 2 = a little (isolated efforts - some elements of the staff implement the indicator in most of the services) 3 = the indicator is established in the institution's policies/guidelines but its implementation is not monitored in most of the services 4 = totally (the indicator is established in the institution's policies/guidelines and its implementation is frequently monitored in most of the services)	
Family support practice system (Rights-oriented principles)	Ethical practice	Family-professional relationships	Service provides family support practice complying with	(#1.2) The services respect families' confidentiality, making sure they are informed of	Likert scale (1–4)	1 = not at all (the indicator is not present in the services)	

¹The intellectual property of this protocol belongs to the authors, and it is registered under the Intellectual Property number 04 / 2024 / 4857. We appreciate notification to the corresponding author if implementing the Quality Assurance Protocol. Please, use the following reference for the Quality Assurance Protocol: Jiménez, L., Rodrigo, M. J., Baena, S., Byrne, S., Canário, A. C., Cruz, O., Devaney, C., Grasmeyer, A. J., Hidalgo, V., Mešl, N., Nunes, C., & Özdemir, M. (2024). *Quality Assurance Protocol in Family Support*. EurofamNet.

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
complying with ethical standards)			international ethical principles	the reasons that preclude confidentiality	Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	2 = a little (isolated efforts - some elements of the staff implement the indicator in most of the services) 3 = the indicator is established in the institution's policies/guidelines but its implementation is not monitored in most of the services 4 = totally (the indicator is established in the institution's policies/guidelines and its implementation is frequently monitored in most of the services)	
Family support practice system (Rights-oriented principles complying with ethical standards)	Partnership and trust	Family-professional relationships	The planning and delivery of services is based on the objectives of partnership between families, and service providers	(#1.3) Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = none 2 = isolated efforts in most of the services 3 = efforts of a certain group of colleagues in most of the services 4 = institutionalized efforts in most of the services	Sectors
Family support practice system (Practice-oriented)	Empowerment and autonomy orientation	Family-professional relationships	Frame the services objectives from the standpoint of	(#1.4) The services are designed to recognise and strengthen the	Likert scale (1–4) Score 1 and 2 (area for improvement)	1 = this is not the case 2 = it is occasionally a case for most of the services	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
principles addressing intervention delivery and implementation)			a strengths-based approach, and oriented to achieve family autonomy	family's capacities/competences	Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	3 = is a common guideline for most of the services 4 = it is written in a mandatory manner for most of the services	
Family support practice system (Practice-oriented principles addressing intervention delivery and implementation)	Needs led and responsive practice	Family-professional relationships	Services address family's needs in a responsive and timely manner	(#1.5.1) The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = most of the services do not have an evaluation protocol established 2 = most of the services evaluate the family's social and economic needs but not needs in terms of family support 3 = most of the services have an evaluation protocol of the family's needs but does not apply consistently with all families 4 = most of the services have a comprehensive evaluation protocol established and consistently implements it with all the families referred to the service	Sectors
				(#1.5.2) The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e., in a timely manner considering the families'	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas)	1 = the services never deliver/implement the intervention in a timely manner (i.e., in the time period defined by the national laws or service regulations) 2 = the services deliver/implement the intervention in a timely manner (i.e., in the time period defined by the national laws or service	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
				needs, wellbeing and rights)	3 – good (strong with room for improvement) 4 – excellent (no improvement required)	regulations) with less than 50% of the families evaluated 3 = the services deliver/implement the intervention in a timely manner (i.e., in the time period defined by the national laws or service regulations) with more than 50% and less than 80% of the families evaluated 4 = the services deliver/implement the intervention in a timely manner (i.e., in the time period defined by the national laws or service regulations) with 80% of the families evaluated or more	
Family support practice system (Practice-oriented principles addressing intervention delivery and implementation)	Use of evidence-based family support programs	Programmes /Intervention	Use of evidence based programs / interventions	(#1.6) The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation	Multi-choice 0 options selected code as 1 (area for improvement) 1 or 2 options selected code as 2 (area for improvement) 3 options selected code as 3 (good) strong with room for improvement 4 or 5 options selected code as 4	1 = most of the services implement programmes that have structured contents and follow specific techniques or activities which are detailed in a manual 2 = most of the services implement programmes that have a specific evaluation protocol to evaluate the outcomes of the programme 3 = most of the services implement programmes that have specific materials prepared for parents' use (e.g., leaflets, booklets, and parents' manuals) 4 = most of the services implement programmes that have procedures to monitor the quality of the implementation (e.g., fidelity checklists)	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
					(excellent) no improvement required	5 = most of the services implement programmes that have had their results evaluated through rigorous research methods, or that have been developed under a specific theoretical framework and use evidence-informed strategies	
Family support practice system (Practice-oriented principles addressing intervention delivery and implementation)	Feasibility and acceptability	Programmes / intervention	Feasibility and continuity of the intervention	(#1.7) The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = not at all (the indicator is not present in the services) 2 = a little (isolated efforts - some elements of the staff implement the indicator in most of the services) 3 = the indicator is established in the institution's policies/guidelines but its implementation is not monitored in most of the services 4 = totally (the indicator is established in the institution's policies/guidelines and its implementation is frequently monitored in most of the services)	Sectors
Family support practice system (Services' organisations-oriented principles)	Good governance and management	Service organisation	Positive culture and leadership, promoting professional development and	(#1.8) The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas)	1 = not at all (no efforts are made to promote a positive work environment in most of the services) 2 = a little (isolated efforts are made in most of the services)	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
			in service training	promote staff collaborative practice to support families, while promoting professionals' health and wellbeing.	3 – good (strong with room for improvement) 4 – excellent (no improvement required)	3 = the positive environment exists based on informal relationships among the staff members in most of the services 4 = the service has clear guidelines that promote and sustain a positive work environment in most of the services	
Family support practice system (Services' organisations-oriented principles)	Transparency and accountability	Service organisation	Transparent and accountable organisation	(#1.9) Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = not at all (the indicator is not present) 2 = a little (isolated efforts – some elements of the staff implement the indicator in most of the services) 3 = the indicator is established in the institution's policies/guidelines but its implementation is not monitored in most of the services 4 = totally (the indicator is established in the institution's policies/guidelines and its implementation is frequently monitored in most of the services)	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support	Public policy and legislation committed to	Supportive policies and services	Formal family support is available	(#2.1) A commitment to a broad range of accessible formal supports,	Likert scale (1–4)	1 = not at all (the indicator is not present at policy nor legislation) 2 = the indicator is present in legislation only	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
provision system	supporting families: Recalling that public authorities have a vital role of co-responsibility in supporting families, which is expressed through a proper legislation and core elements of family policy: cash transfers and taxation, measures to balance work and family life, childcare provision, as well as formal support services		to all family members	highlighting the requirement to respond to diverse needs and wide range of family forms	Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	3 = the indicator is established at the policy level but its implementation is not monitored 4 = the indicator is established at the policy level, and its implementation at the provision level is frequently monitored	
Family support	Public policy and legislation committed to	Financial support and work-life	Economic support associated with the	(#2.2) Automatic measures are detailed which provide cash	Multi-choice	1 = measures are detailed which provide cash transfers and taxation measures for families	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
provision system	supporting families	reconciliation measures	cost of living is provided	transfers and taxation measures for families most in need linked with family size, and context and cost of living	0 options selected code as 1 (area for improvement) 1 or 2 options selected code as 2 (area for improvement) 3 options selected code as 3 (good) strong with room for improvement 4 options selected code as 4 (excellent) no improvement required	most in need linked with family size, and context and cost of living. 2 = information on welfare support and availing of these measures is available 3 = accessible procedures for accessing cash support are straightforward and processed in a timely manner 4 = cash support is index linked and can be easily reviewed at regular periods	
Family support provision system	Public policy and legislation committed to supporting families	Financial support and work-life conciliation measures	Families can avail of supportive work-life arrangements	(#2.3) Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = the indicator is not present 2 = legal and policy-based recognition of the requirement for varied optional family friendly working conditions 3 = automatic entitlement to appropriate and desired family friendly working arrangements 4 = recognition of, and compensatory arrangements are in place for family members who avail of leave from the workplace to care for dependents	
Family support	Availability, accessibility and community	Accessible, responsive and needs-	Families are supported through all levels and types	(#2.4) Continuum of services provided from support, protection and	Likert scale (1–4)	1 = only alternative care is available when protection is needed	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
provision system	orientation; Ensure availability of and access to a broad, flexible array of affordable services, emphasizing preventative approaches and informal supports	led, broad and inclusive provision	of need, with a focus on early intervention and informal community-based resources and supports	alternative care, which emphasize preventative approaches and informal supports	Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	2 = family support provision addresses mainly high-risk families with targeted-needs at an overall level in addition to alternative care measures 3 = family support provision addresses mainly families with targeted-needs at different levels of risk in addition to alternative care measures 4 = universal prevention services are available for families at an overall level, besides alternative care and targeted-needs provision	
Family support provision system	Person-centered and family focused-approach: Individualized services in accordance with the unique potential and needs of each child and family and preserving their respect and dignity, recognizing the role of the	Accessible, responsive and needs-led, broad and inclusive provision	An individualized, needs led service is provided	(#2.5) Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = not at all (the person-centered and family focused-approach is not present at the policy level) 2 = the person-centered and family focused-approach is present in national policies, but its implementation is somewhat established 3 = the person-centered approach is present at policy level and its implementation is generally established 4 = the person-centered and family-focus approach is present at policy level and its implementation is generally established	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
	family system in the development of children and youth						
Family support provision system	Equity, inclusiveness and cultural sensitiveness: Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, language, migration status, or other characteristics; services should	Accessible, responsive and needs-led, broad and inclusive provision	All families are supported with an inclusive approach taken	(#2.6) Family support provision is respectful and aware of diverse cultures and ethnic backgrounds	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = not at all (respect for and awareness of diversity is not present at policy level) 2 = a little (respect for and awareness of diversity is partially present in national policies or strategies) 3 = respect for and awareness of diversity is established in national policies but its implementation is not monitored 4 = respect for and awareness of diversity is established in national policies or strategies and its implementation is frequently monitored	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
	be sensitive and responsive to these differences.						
Family support provision system	Integrated and coordinated continuum of support: Mechanisms to ensure that multiple services are delivered in a coordinated manner, and that smooth transfer through the system of services in accordance with changing needs, on a continuous uninterrupted way, particularly when in response to	Continuum of support	Services operate in a coordinated and integrated manner	(#2.7) There is a named recognition of the need for, and mechanisms to support coordination	Multi-choice 0 options selected code as 1 (area for improvement) 1 option selected codes as 2 (area for improvement) 2 options selected code as 3 (good) strong with room for improvement 3 options selected code as 4 (excellent) no improvement required	1 = there are mechanisms to ensure that services are delivered in a coordinated manner across administrative levels (national, regional, local) 2 = there are mechanisms to ensure that services are delivered in a coordinated manner across sectors 3 = there are mechanisms to ensure that services are delivered in a coordinated manner across agencies (public, non-profit, etcetera)	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
	long-term needs						
Family support provision system	Sustainable, well-resourced and well-funded provision: Ensure to deliver good quality, sustainable care and services that offer continuous support to people in need, with services and providers of care and support receiving sufficient funding and support to effectively fulfil their roles	Sustainability and Adequacy in family support provision	Services are available when needed	(#2.8) Adequate funding for service is guaranteed and mainstreamed	Multi-choice 0 options selected code as 1 (area for improvement) 1 option selected codes as 2 (area for improvement) 2 options selected code as 3 – good (strong with room for improvement) 3 options selected code as 4 – excellent (no improvement required)	1= adequate funding ensuring sustainable provision is available at national level 2 = adequate funding ensuring sustainable provision is available at regional level 3 = adequate funding ensuring sustainable provision is available at local level	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support provision system	High quality family support workforce: skilled, value-oriented, competent, open to innovation, and appropriate workforce that have access to attractive, innovative and inclusive learning programs for a life plenty of opportunities to be empowered and rewarded to up- and reskill	Quality workforce in family support provision	Adequate human resources that provide a high-quality service	(#2.9) High-quality professional training to ensure a competent, skilled and knowledgeable workforce	Multi-choice 0 options selected code as 1 (area for improvement) 1 option selected codes as 2 (area for improvement) 2 options selected code as 3 – good (strong with room for improvement) 3 options selected code as 4 – excellent (no improvement required)	1 = high-quality education programmes to ensure a competent, skilled and knowledgeable workforce 2 = existence of professional agencies (networks, colleges, associations) that offer high-quality training to improve workforce competences for each discipline 3 = existence of professional agencies (networks, colleges, associations) that offer high-quality training to improve inter-professional competences	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Quality assurance promotion: Develop quality assurance processes to ensure high-quality services through collaborative efforts among key agents in family support provision.	Structures	Existence of stable collaboration between policy makers, researchers, practitioners	(#3.1) Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = unknown (Non-existent collaboration) 2 = weak (Occasional [not established regularly] bilateral collaboration) 3 = medium (Occasional not established regularly trilateral or established regularly bilateral collaboration) 4 = strong (Established regularly trilateral collaboration)	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Quality assurance promotion: Develop quality assurance processes to ensure high-quality services through collaborative efforts among key agents in family support provision.	Structures	Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance	(#3.2) Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.	Single choice Option 1 codes as 1 (area for improvement) Option 2 codes as 2 (area for improvement) Option 3 codes as 3 – good (strong with room for improvement) Option 4 codes as 4 – excellent (no improvement required)	1 = none (Non-existent expert's reports / agencies / coordination for quality assurance) 2 = single experts (Existence of expert reports that sometimes evaluate the quality of the service on their own or someone else's initiative) 3 = agencies (Existence of agency/ies that promote the quality assurance in the form of training of quality standards, feedback on level of quality of services, give recommendation for improvements) 4 = high coordinators (Existence of general coordinator/s even across sectors that promote the quality assurance involved some of the aspects previously shown)	
Family support evidence system	Advocacy for quality family support and participation. Engage support providers and stakeholders to advocate for	Structures	Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families	(#3.3) There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.	Multiple choice 0, 1 or 2 options selected code as 1 (area for improvement)	Engagement of 1 = front-line practitioners 2 = service coordinators 3 = high-coordinators of evaluation agency 4 = pro-profit associations / non-profit associations 5 = children and adolescents and families in the general population	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
	quality family support and ensure the participation of children and families in the quality assurance process.				<p>3 options selected code as 2 (area for improvement)</p> <p>4 options selected code as 3 – good (strong with room for improvement)</p> <p>5 or 6 options selected code as 4 – excellent (no improvement required)</p>	<p>6 = children and adolescents and families in cultural and other type of minorities</p> <p>Clicked response indicates YES response that there is at least some kind of engagement (not the degree of it).</p> <p>YES response in Children/adolescents and Families mainly imply the involvement of associations that articulate the participation, even better a direct participation of the families including the general population and also minorities (gipsy families for example)</p>	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Relational translational efforts that are rights-based, community-led and provide rigorous evidence understanding: Consider evidence that is scientifically rigorous, includes the consensual expertise of the practitioners and is oriented through the fulfilment of children and families' rights.	Relational translational efforts	Adoption of consensual evidence-based best practices guidelines in child and family support	(#3.4) Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = unknown (Unaware of guidelines or agreements) 2 = acknowledged (Individual use - someone knows that exists) 3 = partially adopted (Shared use among professionals -some services applied them but some others not) 4 = fully adopted (All services applied them)	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Relational translational efforts that are rights-based, community-led and provide rigorous evidence understanding: Consider evidence that is scientifically rigorous, includes the consensual expertise of the practitioners and is oriented through the fulfilment of children and families' rights.	Relational translational efforts	Adoption of consensual and shared evidence-based interprofessional competences guidelines	(#3.5) Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support.	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = unknown (Unaware of guidelines or agreements) 2 = acknowledged (Individual use) 3 = partially adopted (Services use to monitor professional expertise) 4 = fully adopted (Services use for selection of personnel and programming professional training)	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Effectiveness and efficacy: Incorporate continuous mechanisms to track, monitor, and manage the quality of the evaluation and outcomes at the system level, practice level, and child and family level.	Implementation	Quality assessment and shared continuous improvement plans to the service to promote the quality assurance	(#3.6) Evaluation carried out in the services to determine the quality of the support provided to children and families.	Single choice Option 1 codes as 1 (area for improvement) Option 2 codes as 1 (area for improvement) Option 3 codes as 2 (area for improvement) Option 4 codes as 3 – good (strong with room for improvement) Option 5 codes as 4 – excellent (no improvement required)	1 = none (Non-existence of quality assessment) 2 = internal self-assessment without consensus and any type of monitoring (Existence of assessment without consensual indicators and neither checks nor plans of improvement) 3 = external assessment without consensual indicators and use of isolated checks (Existence of assessment without professional consensual indicators and based on isolated checks) 4 = external assessment with consensual indicators and use of regular checks (Existence of assessment with professional consensual indicators and based on regular checks) 5 = internal self-assessment with consensus and monitoring with shared improvement plans (Exists with professional consensual indicators and shared improvement plans)	Sectors

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Effectiveness and efficiency: Incorporate continuous mechanisms to track, monitor, and manage the quality of the evaluation and outcomes at the system level, practice level, and child and family level.	Implementation	Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services	(#3.7) Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = none (Non-existence) 2 = low (Informal occasional efforts to include children/families feedback) 3 = moderate (Occasional plans that include children/families experiences from the professionals' point of view) 4 = strong (Formal protocol to include children/families feedback in quality planning and developing)	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Effectiveness and efficiency: Incorporate continuous mechanisms to track, monitor, and manage the quality of the evaluation and outcomes at the system level, practice level, and child and family level	Implementation	Recognition of teams and services endorsing best practices guidelines	(#3.8) Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = none (No occasions) 2 = low (Informal social recognition among team colleagues) 3 = moderate (Public social recognition at the service level) 4 = high (Official recognition -diploma, certificate)	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Foster evidence implementation mechanisms: Incorporate continuous mechanism of cross-sectoral training and monitoring to maintain and improve the implementation of the quality assurance model for the benefits of the family support provision and the practice systems	Implementation	Professional training efforts in evidence-based practices guidelines	(#3.9) Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = none (Non-existing training) 2 = low (Low efforts (seldom occasions)) 3 = moderate (Medium efforts -occasional events) 4 = strong (Strong efforts -programmed regular training)	

System	Principle	Component	Quality standard	Indicator (item)	Response format coding	Response options	Distinction
Family support evidence system	Return to other services and society: Return information to society so the system benefits from learning, including both professional and child, young people and family friendly language	Implementation	Exchange and dissemination among different audiences of relevant information on best practices for quality family support	(#3.10) Organisation of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.	Likert scale (1–4) Score 1 and 2 (area for improvement) Score 3 and 4 (strong areas) 3 – good (strong with room for improvement) 4 – excellent (no improvement required)	1 = unknown (No occasions) 2 = few occasions (Specific and unique occasions) 3 = quite often (Specific occasions linked to events) 4 = many times (Regularly scheduled)	

3.3. Implementation of the Self-Assessment Tools

Concerning the implementation of the self-assessment tools, the National Working Groups participated in meetings organised by the national coordinators in order to gather the information and reach the consensus needed to fill out both the online survey and the strengths and recommendations report.

3.3.1. Implementation of the Quality Assurance Protocol

The protocol was administered at the national level by the 19 participating countries, through an expert survey that was filled in by one of the national coordinators after discussing the items in the different meetings held with the National Working Group.

National coordinators organised meetings in an online or face-to-face modality to fill in the online survey. Most countries had one (42.11%) or two meetings (42.11%), and three countries (15.78%) had more than two. Most countries held online meetings (52.63%), with others combining the online and face-to-face modalities (26.32%) or only having face-to-face meetings (21.05%). In addition, most countries (52.63%) sent the protocol in advance individually to the National Working Group members to gather the individual responses and then discussed these responses as a group. Other countries (21.05%) directly discussed the protocol in the group format, or sent the protocol individually in advance but without gathering individual responses (10.53%). One country gathered the information from individual members but could not hold a group meeting. Economic support was available for the national coordinators to organize the meetings or translate documents/ dissemination materials. Some countries decided to translate the protocol to facilitate the National Working Group's understanding of the document.

During the meetings, the National Working Groups discussed the different items on the protocol to try and reach consensus. Although consensus was preferred, a majority agreement was also allowed. If some members of the group were not able to attend the meetings, they would have to be informed of the consensus reached and asked for feedback and passive conformity. Some groups sent an email asking for this feedback and conformity and other groups had individual meetings with key actors that were not able to attend.

The next step was to fill out the online survey. One of the national coordinators filled out the online survey on the intranet, providing only one response representing the agreement reached in the group. If consensus was not reached, national coordinators would select the “consensus

not reached” option in the online survey and explain the reasons behind the dissent, and this response was subsequently eliminated from the analysis. In case there was no consensus in specific sectors, they responded to the item, specifying the sectors for which consensus was not reached. The responses for those specific sectors were eliminated, calculating the general response to the item by averaging the scores of the remaining sectors. Consensus was not reached on five occasions, either because the group did not achieve a joint understanding of the meaning of the item, because they felt there were too many differences according to sector to be able to give a general answer, or because it was not possible to obtain a majority agreement due to differing opinions.

It is important to highlight that due to the comprehensive and extensive nature of the protocol, no individual actors would have the knowledge to respond to all the questions in the online survey. Thus, the discussion, reaching a consensus, and the representativeness of the National Working Groups were essential to guarantee that the responses were more than the sum of the individual answers, but rather a more complete picture of the complex nature of the quality of family support in the country.

Support was provided by WP1 members throughout this process. Initially, as supporting documents, national coordinators received the national coordinators' guidelines with examples of approaches for the organisation of the meetings. Also, a video explaining the protocol and a PowerPoint presentation were available to them. Ongoing email support was provided to answer questions concerning the Quality Assurance Protocol and how to fill it out.

During a plenary meeting, feedback about the implementation of the protocol was gathered. Some of the difficulties that arose during the implementation of the online survey were the difficulties in understanding some of the items, and the differences in the meaning of some concepts when translated. In addition, there were some difficulties in organizing the group meetings for some countries due to conflicting schedules. Finally, for some countries it was challenging to engage key actors from different fields, thus limiting somewhat the representativeness of the group. This resulted in the fact that some National Working Groups could not assess all the sectors. All countries were able to answer the items concerning the social sector, but two countries considered they did not have the expertise to evaluate the items concerning the education, health and justice sector. In addition, one country did not evaluate the items pertaining to the justice sector. In addition, there were two countries who did not reach consensus in one indicator. The reasons were the not understanding of the meaning of the indicator, and the variability between sectors. Two countries did not reach a consensus in two

and four of the indicators due to the variability in opinions, particularly in the justice sector. Although no comparisons between countries would be made, there were concerns about the differences between countries in terms of expectations, as some national coordinators pointed out that their National Working Group assessed the quality of family support with a rather critical view, due to the high expectations regarding this issue.

3.3.2. Implementation of the Strengths & Recommendations Report

After filling out the online survey on the intranet, an automatic report was generated. This report reflects the average scores obtained on each quality standard, as well as the variability scores, and presents the strengths and areas for improvement in each country in a quantitative manner. As regards the correction criteria, an indicator on the protocol was deemed a strength if it had obtained 3 or 4 points. In turn, it was deemed an area for improvement if the score obtained equalled 1 or 2 points.

The automatic report was shared by the national coordinators with the National Working Group and served as the basis to produce the National Strengths and Recommendations report. Smaller groups within the National Working Groups analysed the information from the automatic report, selecting strengths and areas for improvement from each system. The most common criteria for the selection of the specific indicators to incorporate in the national report as strengths or areas for improvement included selecting indicators that were considered particularly relevant for the country at that moment, selecting those with higher scores – in the case of strengths – in most or all sectors and less variability, as well as choosing the indicators that had been discussed more in depth or in which they had more expertise.

After the prioritisation of the indicators to include them as strengths or areas for improvement in the national report, using the information from the National Working Group discussions as well as the expertise of the national coordinators, successful experiences were described for each of the prioritised strengths by explaining what was being done at the national level that worked well and allowed the indicator to become a strength. With regard to the prioritised areas for improvement, the national coordinators included recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Afterwards, the National Strengths and Recommendations Report was shared for conformity and feedback with the National Working Group members. Finally, having obtained the agreement of the group, one of the national coordinators filled in the report on the intranet of the website.

3.3.3. Policy & Practice Perspective

The Policy & Practice Group has described the Quality Assurance Protocol as a comprehensive tool that addresses relevant aspects of quality family support. They have also reflected on the ongoing nature of the tool as part of a formative assessment process, and the interest to learn about its implementation to continuously improve it.

There are several aspects to be considered in further implementations, namely the clarity of some indicators that can be lost in translation, which might benefit from definitions for key terms. The challenge to find representation from different sectors, and for frontline practitioners to think about the national level, beyond their service, have also been pointed out. The need to guarantee that key stakeholders are identified to report on the quality of family support in each country has been highlighted, as well as the need to ensure enough time to prepare the informants.

4. A Global Analysis of Quality Assurance in Family Support in Europe

Throughout this chapter, an overall analysis of the quality of family support in Europe is presented. First, an overview of the characteristics of the National Working Groups of the participating countries is introduced in section 4.1. Then, section 4.2. provides a summary of the global results of the assessment of the quality of family support in Europe, as well as a detailed description of the outcomes obtained in each family support system.

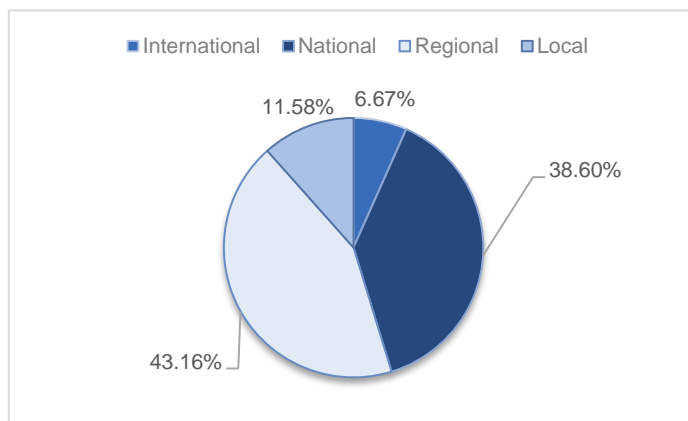
4.1. Characteristics of the National Working Groups and Process for Discussion

QAP


- **19 National Working Groups** from 19 different countries, with a total of 285 members ($M = 15.00$ members; $SD = 10.50$). With a range from 3 to 44 members.
- Representation from different European geographical areas.



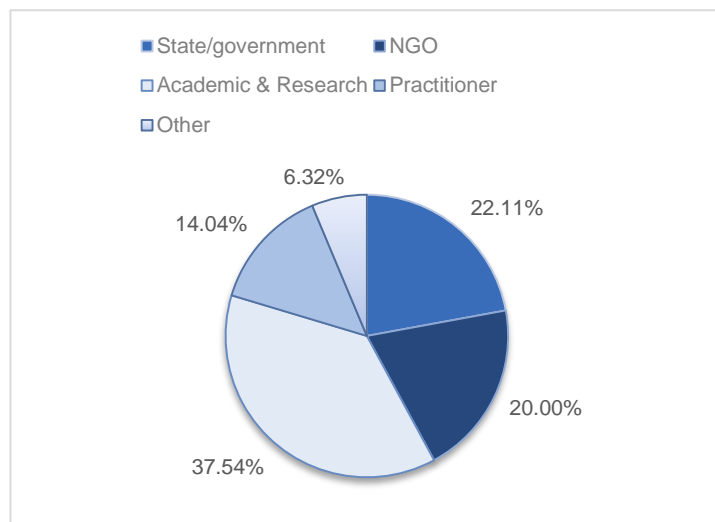
Scope of the family support actors



- Representation from different scopes: international, national, and regional.
- National and regional actors are more represented.
- International actors as the least represented.



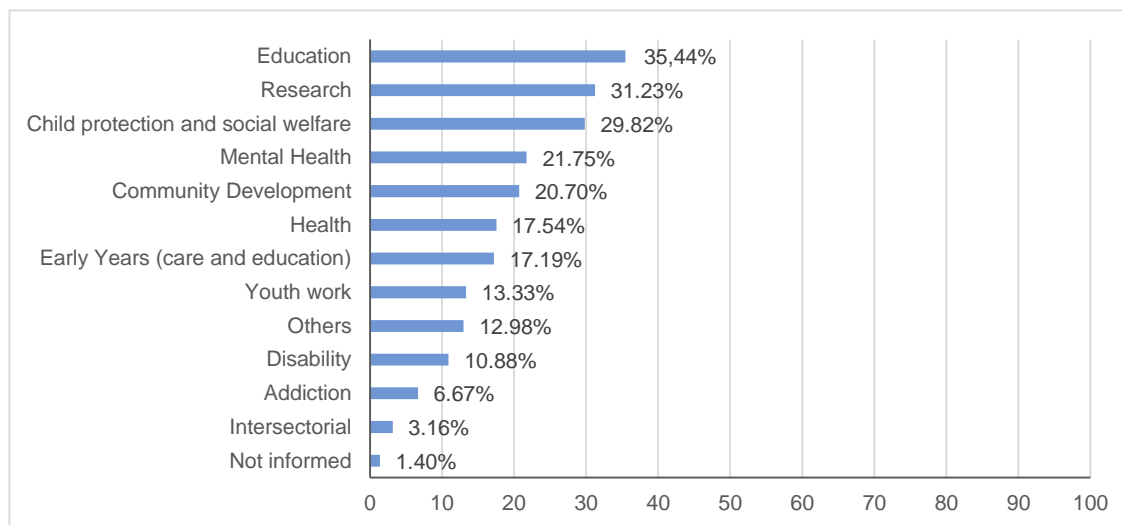
Type of family support actors



- More representation from academic and research actors.
- Balanced representation from NGOs, government actors and practitioners.
- Least representation from institutes or ombudspersons.



Areas of family support actors



- A wide variety of family support areas included.
- More represented areas: education, research and child protection and social welfare.
- Balanced representation from mental health, community development, health and early years areas.
- The least represented areas: disability and addiction.
- Some countries included intersectorial – not specified – actors.
- Other included areas were the legal system, second language acquisition, family support, media and social protection.

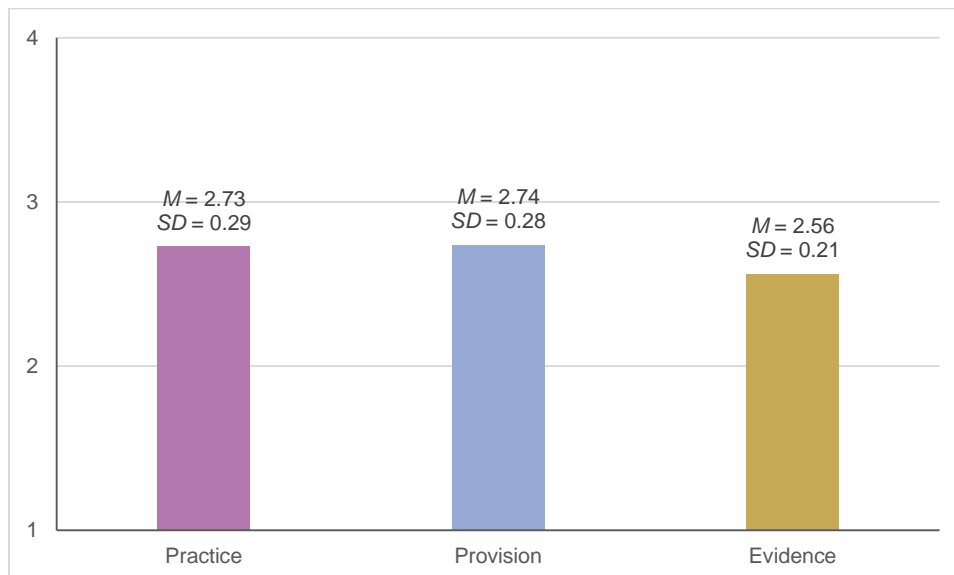
4.2. Summary of Results of the Quality Assurance Systems in Europe

In this section, the global scores obtained in Europe for the three quality assurance systems (practice, provision and support) are introduced. When interpreting the results, it should be reminded that the scores range from 1 to 4 in a Likert scale, with 1 and 2 representing areas for improvement, and 3 and 4 strengths scaled as following: 3 as strong areas with room for improvement, and 4 as excellent areas with no improvement required. Following, first, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Third, all these statistics (M , SD ,

Med and *IQR*) are introduced to describe the level of variability reported in the countries. Finally, the most salient conclusions from these results are pointed out.

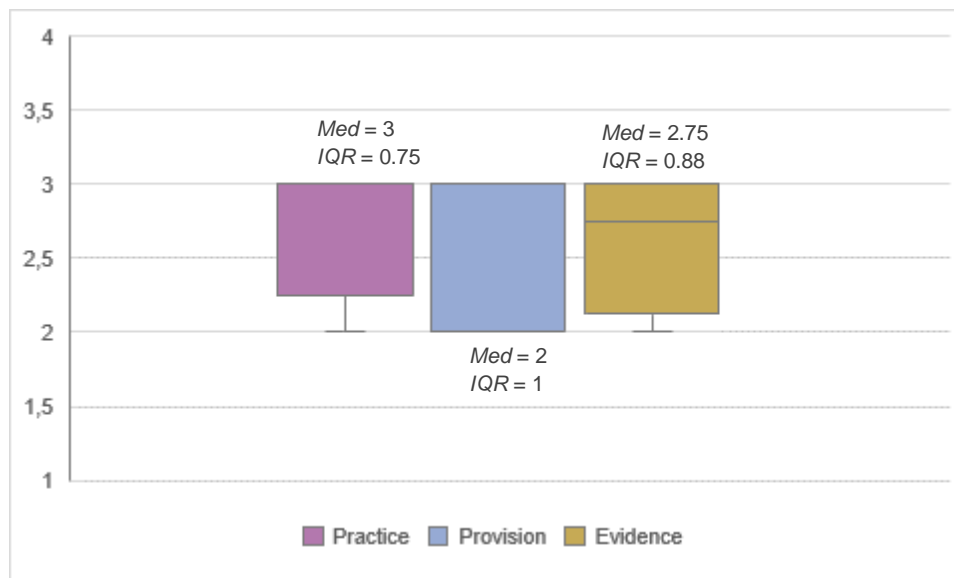
The average scores and standard deviations obtained in each quality assurance system are presented in Figure 4a. The **average scores** are located between 2 and 3. Therefore, the scores indicate that, generally speaking, the family support practice and provision systems are considered to be close to strengths by the participating countries, while the family support evidence system is considered halfway between a strength and an area for improvement. *In sum, on average, the countries have a slightly more favourable view of the practice and provision system than of the evidence system.*

Figure 4a. Average scores of the quality assurance systems in Europe: means and standard deviations



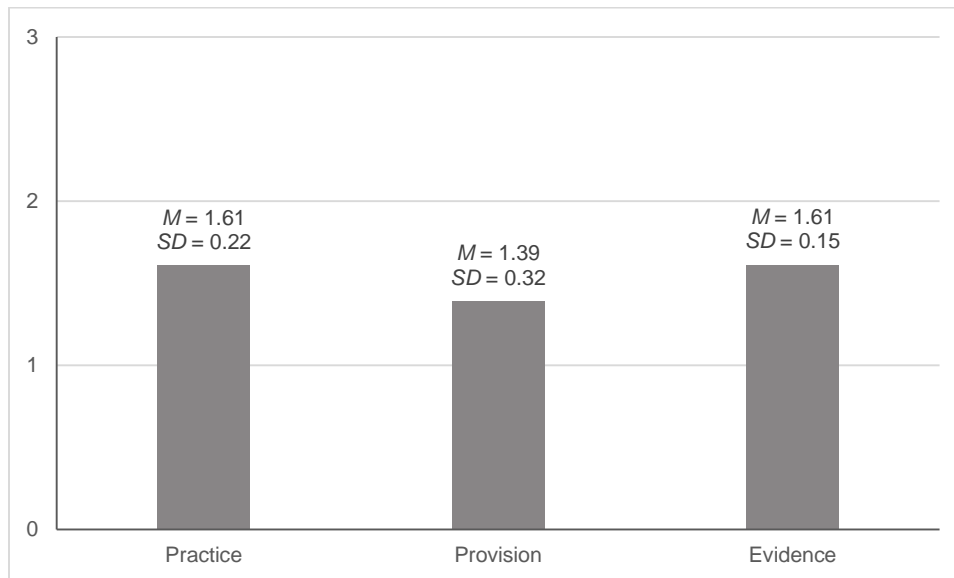
The medians and interquartile ranges obtained in each quality assurance system are presented in Figure 4b. As can be observed, the **medians** of the three systems are located between 2 and 3. The practice system shows the highest median, followed by the evidence system and finally by the provision system. Regarding the dispersion of the data, the **interquartile ranges** are either equal to 1 or close to 1, suggesting that there is some variability in the various standards that encompass each system. *In sum, the provision system presents a slightly higher dispersion than the evidence system and the practice system, the latter showing the lowest dispersion.*

Figure 4b. Average scores of the quality assurance systems: medians and interquartile ranges



The average **variability in the country** reported for each system is described in Figure 4c. It should be reminded that variability ranges from 0 (no variability, homogeneous situation in the country) through 1 (low variability, mostly homogeneous situation with some occasional variability), 2 (medium variability, with a bit of variability, but the answer reflecting the situation generally) to 3 (high variability, with a lot of variability, thus the answer may not represent the general situation in the country). The average scores show that all the systems are located at a medium-low level of variability, indicating that there is some variability in the situation in the countries in relation to the quality of family support, although the answers provided reflect the overall reality in the countries. A comparative analysis indicates that the family support practice and evidence systems are slightly closer to the medium level of variability, whereas the family support provision system is somewhat nearer to the low level of variability. *These results show that the quality of the provision of family support is considered somewhat more homogeneous within countries than the quality of the family support practice and the family support evidence systems.*

Figure 4c. Variability scores of the quality assurance systems: means and standard deviations



The following table presents the main conclusions of the global analysis of the quality assurance systems in Europe.

Key conclusions of a joint analysis of the quality assurance systems in Europe

- Generally speaking, the participating National Working Groups consider the family support practice and provision systems to be close to strengths, while the family support evidence system is considered halfway between a strength and an area for improvement. The National Working Groups rate the average quality of the family support practice and provision systems in their countries slightly higher than the family support evidence system.
- The family support provision system presents the highest dispersion, which indicates that the differences between the quality standards that encompass this system are relatively high, while the practice system has the lowest dispersion, and the dispersion of the evidence system is midway between the other two systems.
- The average variability scores show that all three systems are located at a medium to low level of variability, suggesting there is some variability within the countries in relation to the quality of family support but overall the generalisability of the responses is ensured. The results of the quality in the provision of family support (located nearer to the low level

of variability) are more homogeneous within countries than the results of the quality of family support practice and the family support evidence system.

- The range of participants in the National Working Groups indicates noticeable variability in the size of the groups across countries. There is a good representation from different types of actors according to their scope, type of organization and area. There is representation from policy, practice, and academia, as well as family, children, and young person advocates. Although, more traditional areas of family support such as child protection and welfare are the most represented there is a good representation from other areas such as mental health, community development, and early years.

4.2.1. Family Support Practice System in Europe

The following section presents the average information regarding the **quality of the family support practice system in Europe**. As explained in depth in Chapter 2, this system encompasses many characteristics of frontline family care practice, focusing on the relationship between professionals and children, youth and families and the quality of the family support interventions provided by the services. In this section, descriptive statistics (means, standard deviations, medians and interquartile ranges) is presented for the quality standards of the family support practice system. Second, the average variability in the participant countries is described with similar statistics for each quality standard of the family support practice system. Third, the average information of those quality standards differentiated by sector (social, education, health and justice) is introduced. Fourth, both the rating and the prioritisation of the indicators as strengths or as areas for improvement is presented in terms of frequencies and percentages. Finally, the main conclusions of the results described regarding the quality of the family support practice system in Europe are outlined.

Figure 4d presents the **means and standard deviations** of the quality standards of the practice system. Within this system, most of the quality standards are either regarded as strengths (the standards related to the best interest of the child and the confidentiality of families) or close to being strengths (the standards concerning the alliance with families, the existence of a feasible intervention plan, the promotion of a positive work environment, and the one with regard to regular reporting of the families' progress). However, the standards concerning the strengths approach, the responsiveness and timeliness of the interventions, and the use of evidence-based approaches are closer to be areas for improvement. The standard related to respecting the families' confidentiality receives the most favourable assessment from the National Working

Groups. In turn, the lowest mean score belongs to the standard addressing the interventions compliance with evidence-based criteria.

Figure 4d. Means and standard deviations of the quality standards of the family support practice system

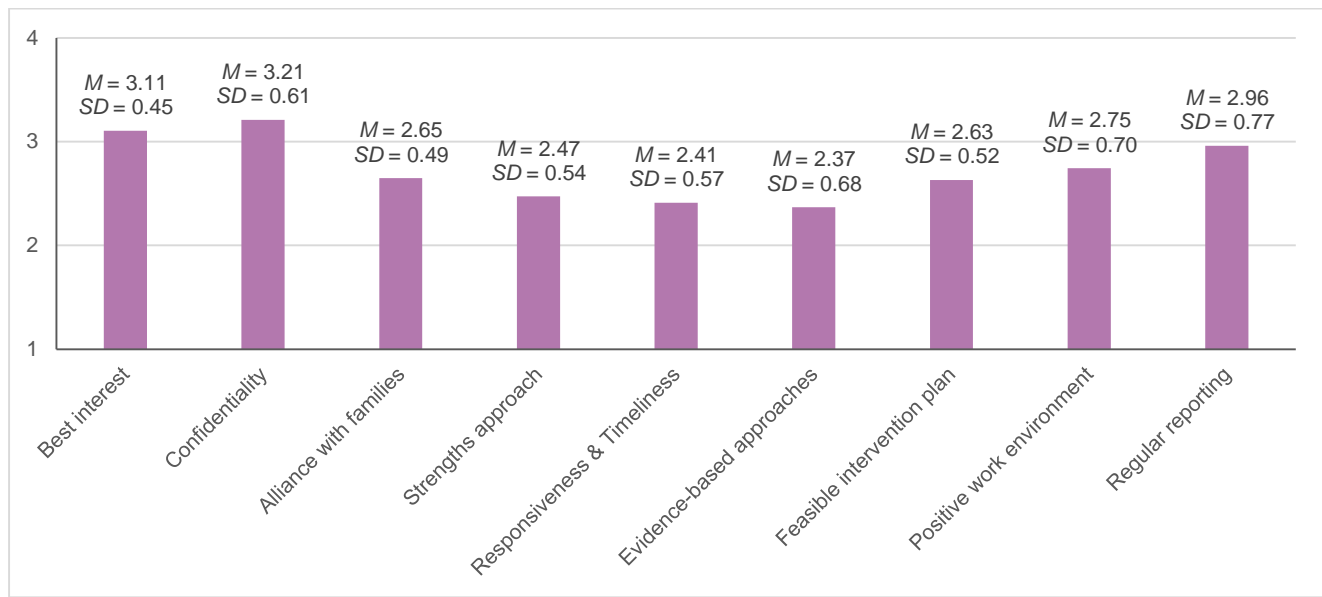


Figure 4e introduces the global **medians and interquartile ranges** of the quality standards of the practice system. As can be observed, the global medians are all located between 2 and 3 points, with the quality standard concerning the best interest of the child, the confidentiality of families, the alliance with families, the existence of a feasible intervention plan, the promotion of a positive work environment and regular reporting of families' progress presenting the highest median. On the contrary, the quality standards related to the strengths approach and the use of evidence-based approaches show the lowest medians.

In relation to the dispersion of the data there is some variability, with the standards on the best interest of the child and the use of evidence-based approaches having a null interquartile range, indicating that the responses of the countries regarding the focus on the best interest of the child, and the compliance with evidence-based criteria, respectively, are rather similar. In comparison, the other standards present higher interquartile ranges, with the quality standard on the regular reporting of families' progress standing out as having the highest dispersion, implying that the countries have more varying views concerning this issue.

Figure 4e. Medians and interquartile ranges of the quality standards of the family support practice system

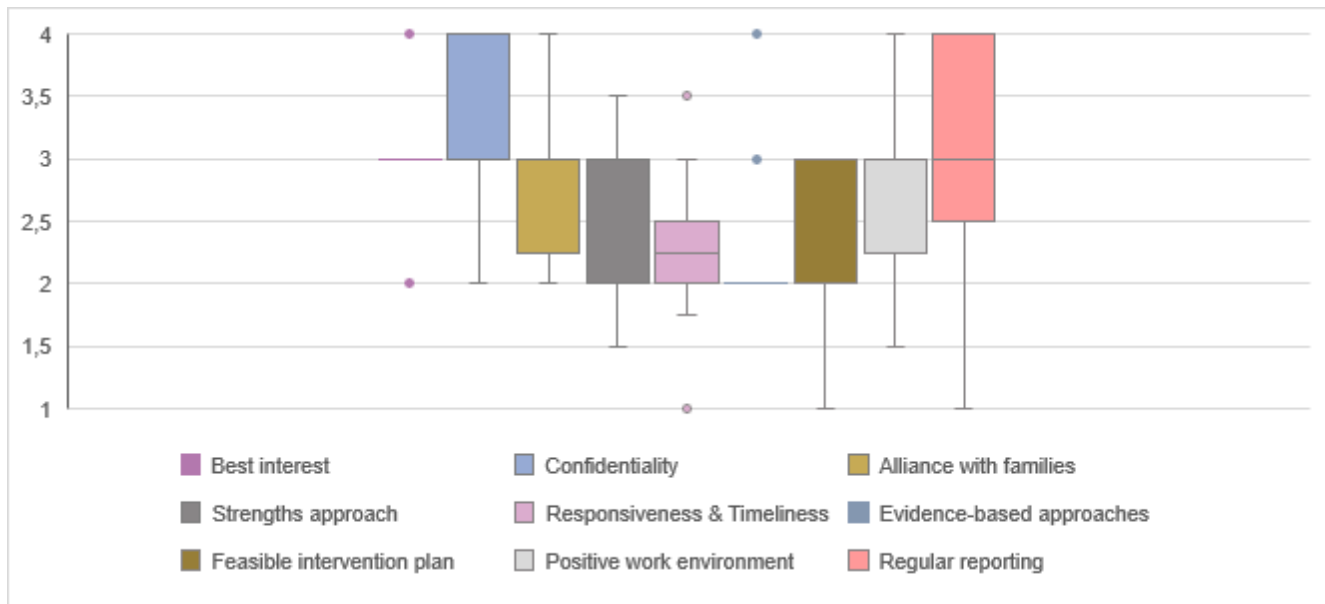
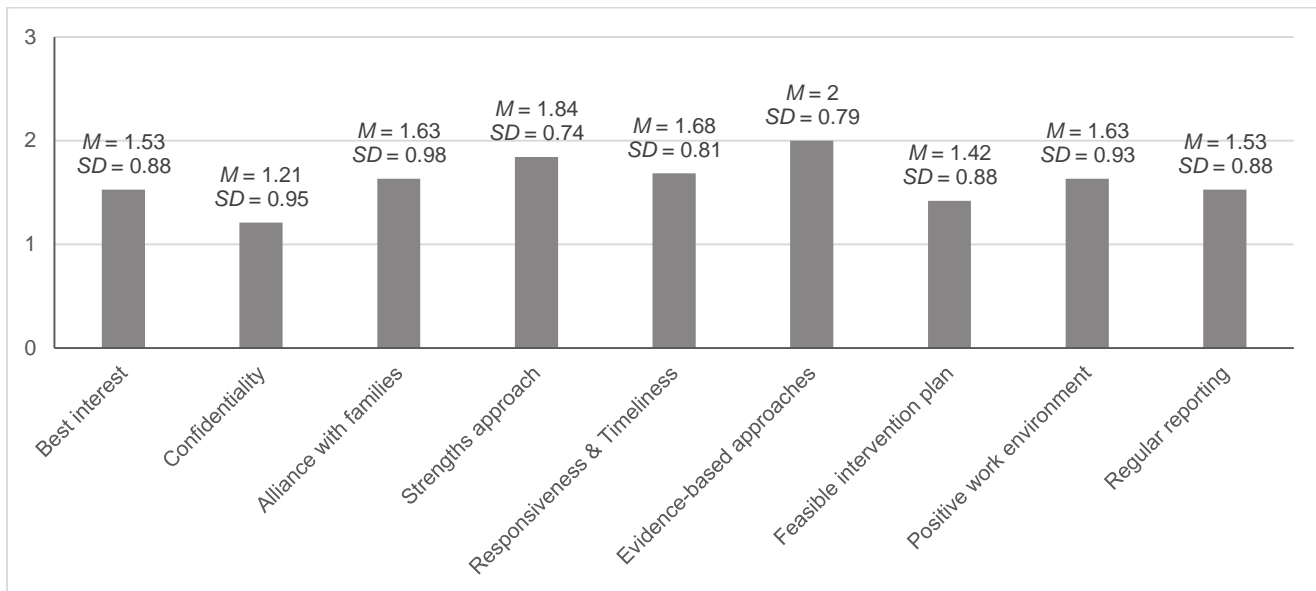


Figure 4f shows the average **variability in the country in terms of means and standard deviations** reported per quality standard. The means indicate that all standards are at a medium-low level of variability, except for the standard regarding evidence-based approaches, which is at the medium level. This suggests that there can be quite a bit of variability in the situation in the countries in relation to these standards, although the answers provided generally reflect the overall reality in the countries. The quality standard concerning evidence-based approaches holds the highest variability, reflecting that the degree of variability within countries in relation to the compliance with evidence-based approaches is relatively higher than that of other family support practice-related issues. In contrast, the services' respect for the confidentiality of the families is mostly homogeneous within countries.

Figure 4f. Average variability scores of the quality standards of the family support practice system



Indicators of the Family Support Practice System Differentiated by Sector

Various indicators of the quality assurance protocol are differentiated by sector, as explained in further detail in Chapter 3. Within the family support practice system, 7 quality standards are differentiated by sector. Figure 4g shows the average **mean scores and standard deviations of the quality standards in the practice system differentiated by sector**.

Noticeably, the **social sector** obtains the highest average score on all standards –except for the one on the existence of a positive work environment–, with a score nearing 3 points in most of the standards, indicating that these standards are close to strengths in the social sector. Specifically, the one related to the regular reporting of families' progress is the standard with the highest average in this sector, whereas the standard on the compliance with evidence-based approaches holds the lowest mean score.

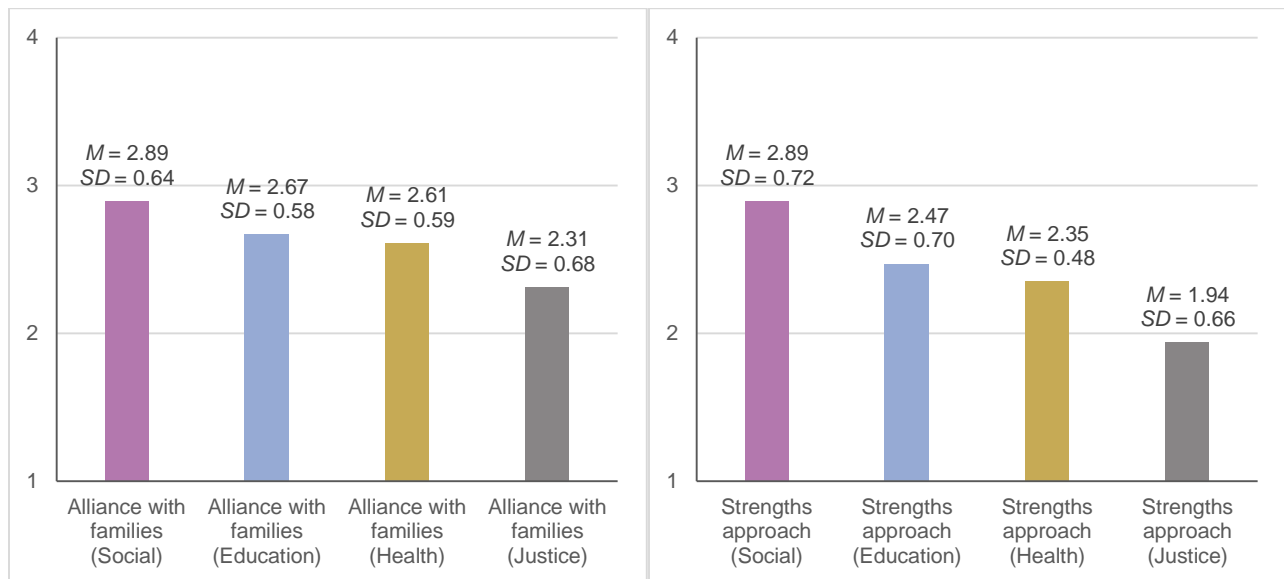
In the **education sector**, the standards concerning the strengths approach, the responsiveness and timeliness of the interventions and the use of evidence-based approaches hold scores near to be considered areas for improvement, whereas the scores on the quality standards regarding the alliance with families, the feasible intervention plan, the positive work environment and the regular reporting of the families' progress are close to strengths. The latter holds the highest

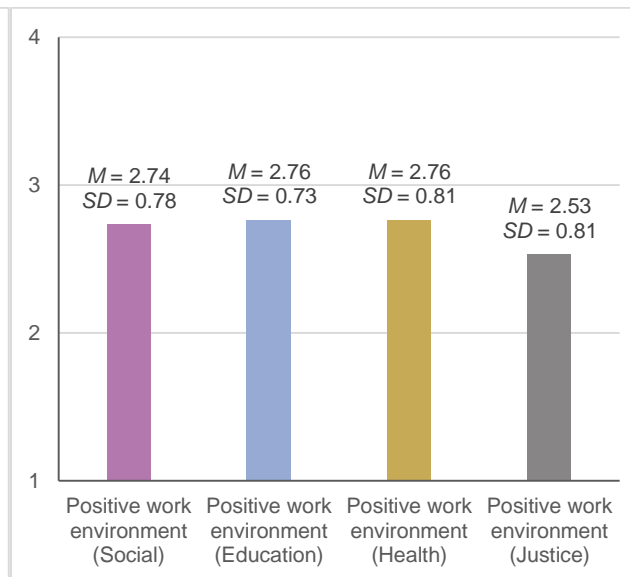
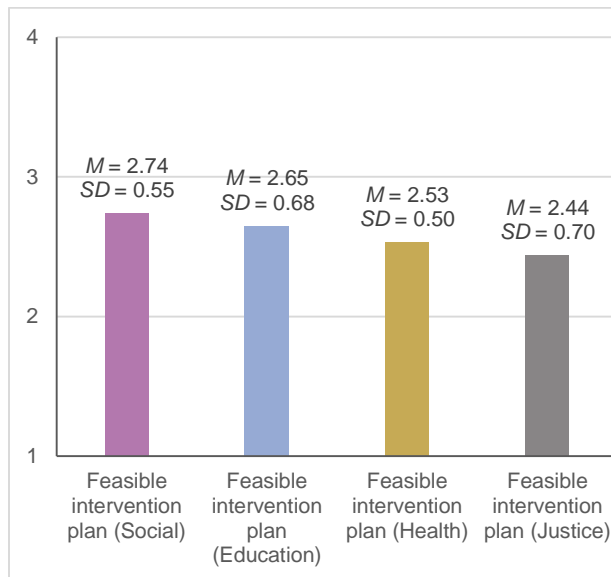
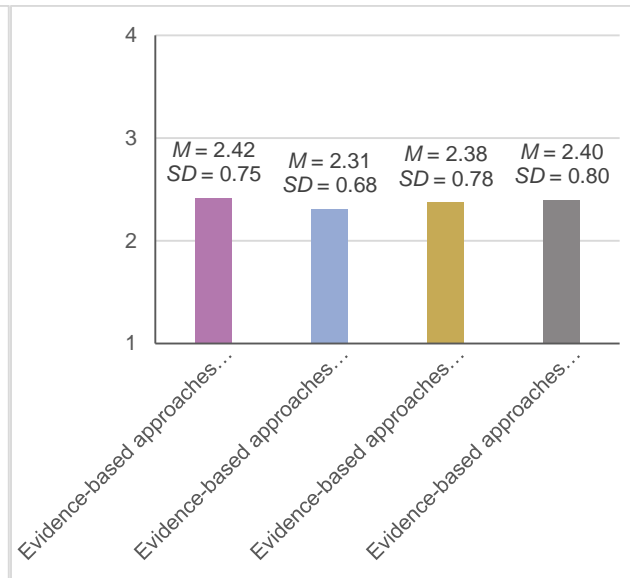
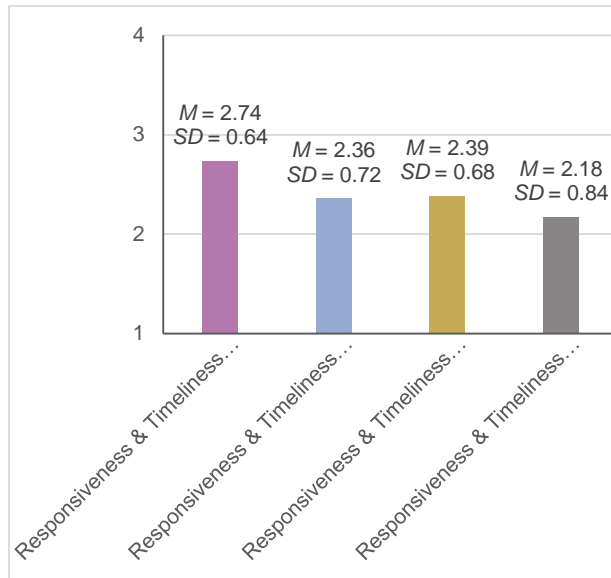
score in this sector, whereas the standard regarding the use of evidence-based approaches holds the lowest.

Similarly, in the **health sector** the quality standard on the strengths approach, the responsiveness and timeliness of the interventions, and the use of evidence-based approaches present scores near to be considered an area for improvement, whereas the scores on the remaining standards are closer to strengths. Here, the standard regarding the promotion of a positive work environment by the organisation of the services holds the highest score, as opposed to the one regarding the strengths approach, which presents the lowest score.

Finally, in the **justice sector**, the quality standard related to the alliance with families, the strengths approach, the responsiveness and timeliness of the interventions, the use of evidence-based approaches and the existence of a feasible intervention plan hold scores near to be considered an area for improvement, whereas the scores on the standards regarding the existence of a positive work environment and the regular reporting of families' progress are closer to strengths. In this sector, the latter is the standard with the highest score, whereas the one concerning the strengthening approach of the services, holds the lowest score, as is the case for the health sector.

Figure 4g. Means and standard deviations of the quality standards according to the sector





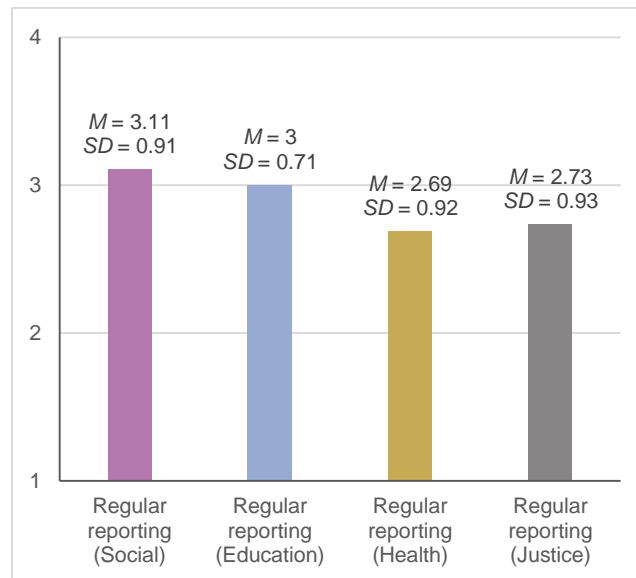


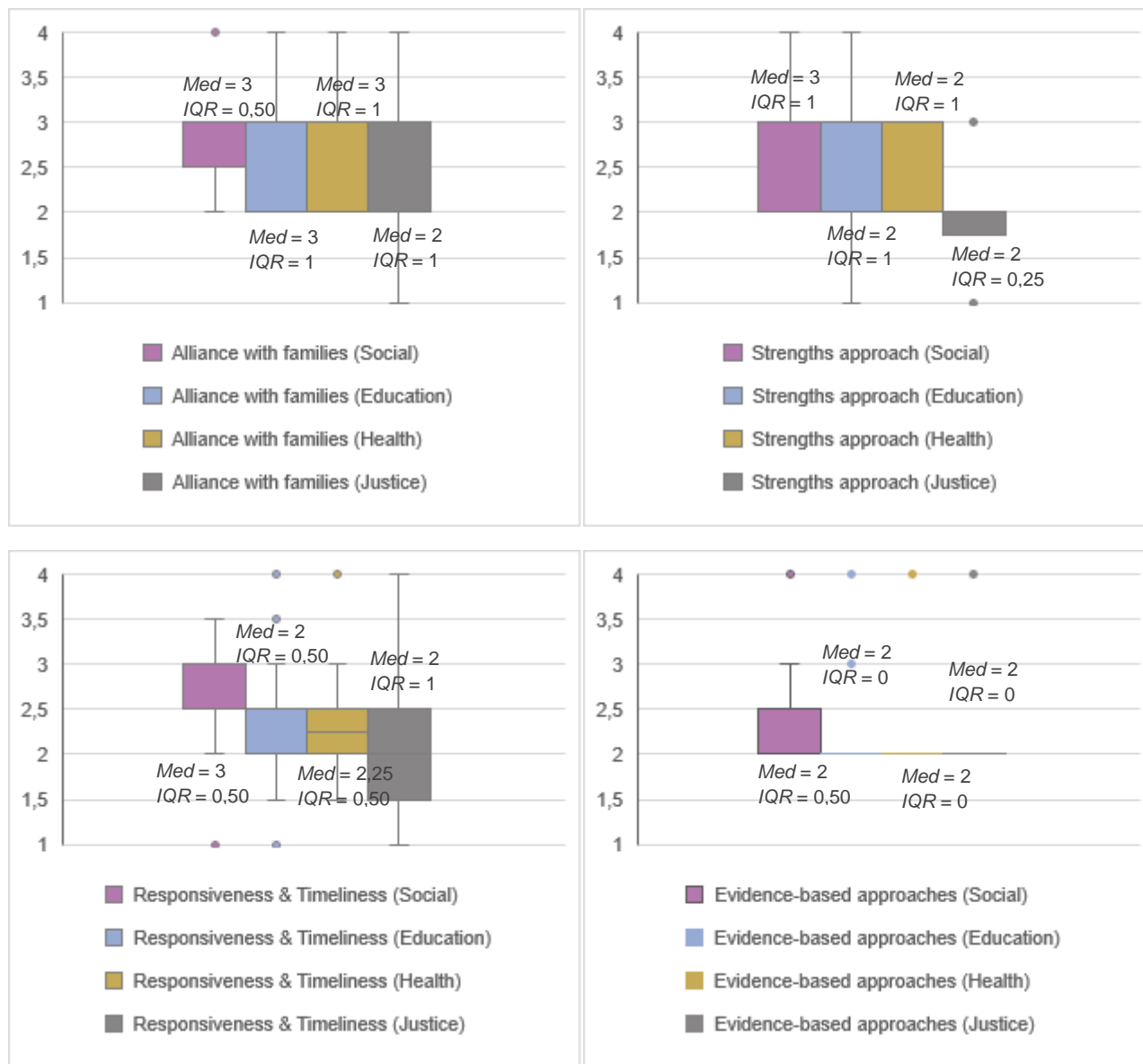
Figure 4h shows the global **medians and interquartile ranges of the quality standards in the practice system differentiated by sector**. In the **social sector**, the majority of the global medians are equal to 3, with the exception of the one regarding evidence-based approaches, which equals 2. In relation to the dispersion of the data, there is heterogeneity among the interquartile ranges in the social sector, with interquartile ranges from 0 to 1.

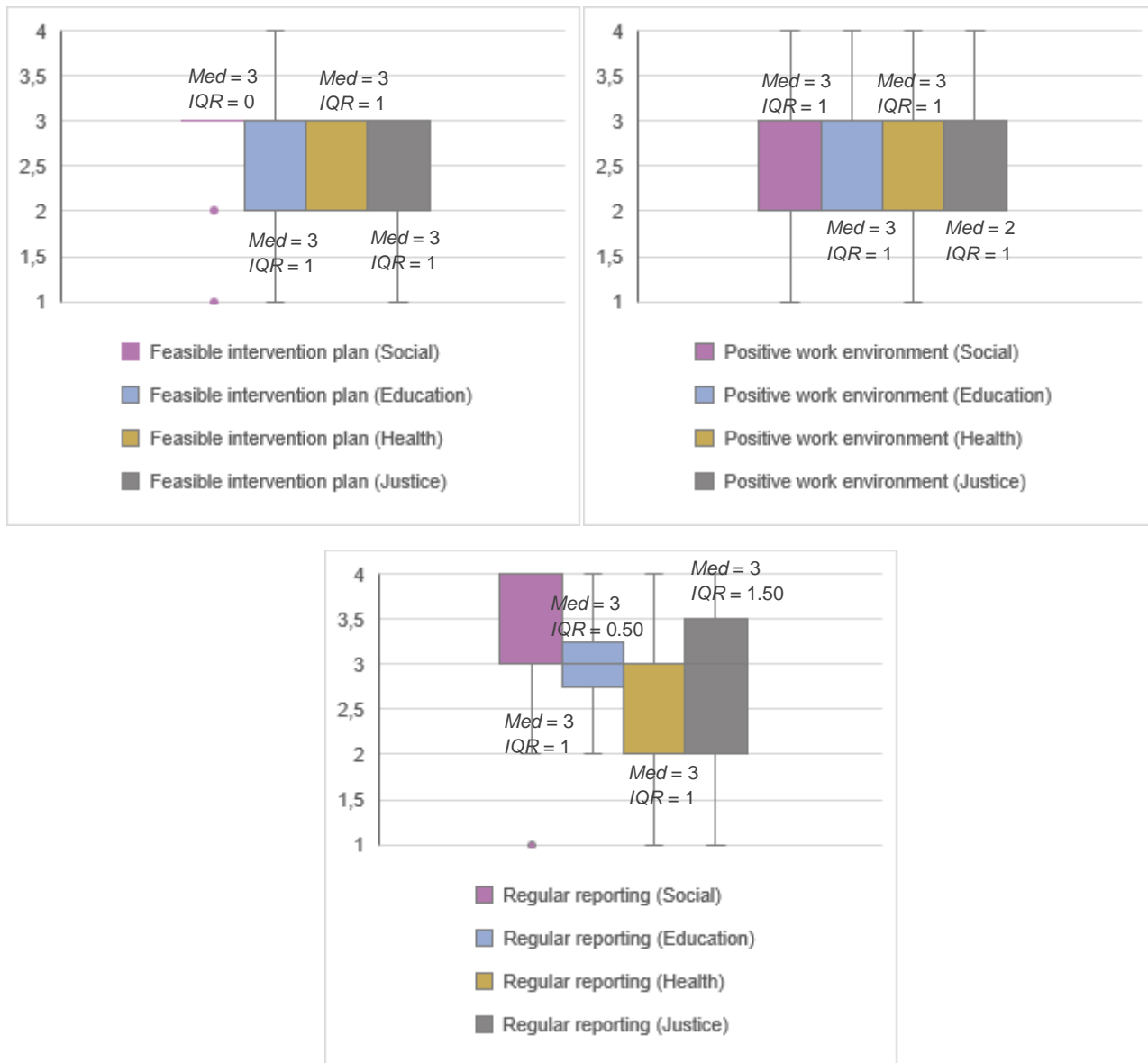
In the **education sector**, just over 50% of the standards have a global median of 3, with the remaining standards presenting a median of 2. The interquartile ranges follow the same heterogeneous pattern as in the social sector.

The medians of the **health sector** are also located between 2 and 3, with just over 50% of the standards presenting a median of 3. The dispersion of the data is somewhat more homogeneous in this sector, as all standards present an interquartile range of 1, except for the standards concerning responsiveness and timeliness and evidence-based approaches, which show a lower dispersion.

Finally, the medians in the **justice sector** are also located between 2 and 3, but in this sector the medians of the majority of the standards equal 2. Similar to the social and education sector, the dispersion of the data is quite heterogeneous, with the standard pertaining to the regular reporting of families' progress standing out with a high interquartile range of 1.5.

Figure 4h. Medians and interquartile ranges of the quality standards according to the sector





Distribution of the Indicators of the Practice System into Strengths or Areas for Improvement

Next, information is provided regarding the indicators of the practice system, giving an overview of the distribution of the indicators into strengths and areas for improvement. Subsequently, the prioritisation of the indicators carried out by the National Working Groups of the participating

countries is presented. This prioritisation refers to the selection of indicators as the most salient for their inclusion in the National Strengths and Recommendations Report as strengths or areas for improvement.

Table 4a presents the **number and percentage of countries that rate each indicator of the family support practice system as a strength or as an area for improvement** according to their respective automatic reports. It is important to remember that indicators 3 to 10 of this system are differentiated by social, education, health and justice sector.

Noticeably, the indicator concerning the best interest of the child is regarded as a strength in approximately 95% of the participating countries. In addition, the indicator on the respect for families' confidentiality is considered a strength in almost 90% of the countries. In contrast, the use of a strengths approach, specifically in the justice sector, is an area for improvement in almost 80% of the countries, as is the indicator related to the proper evaluation of the families in the justice sector, and the compliance with evidence-based approaches in the education, health and justice sectors.

Table 4a. Table 4a. Number and percentage of countries that rate each indicator of the practice system as a strength or area for improvement

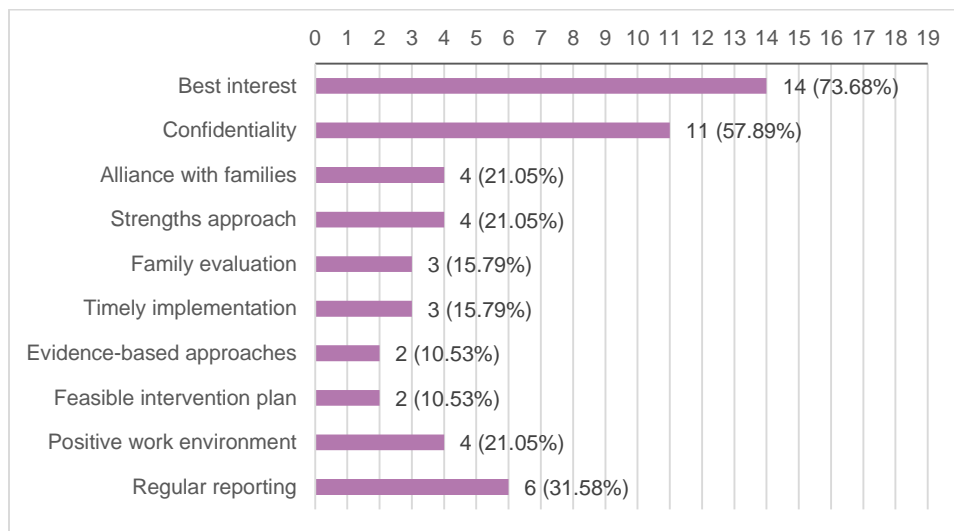
Indicator	n (%) strength	n (%) area for improvement
I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action	18 (94.74%)	1 (5.26%)
I.2.1. The services respect families' confidentiality , making sure they are informed of the reasons that preclude confidentiality	17 (89.47%)	2 (10.53%)
I.3.1 Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service <u>in the social sector</u> (alliance with families)	14 (73.68%)	5 (26.32%)
I.3.1 Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service <u>in the education sector</u> (alliance with families)	12 (63.16%)	7 (36.84%)
I.3.1 Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service <u>in the health sector</u> (alliance with families)	11 (57.89%)	8 (42.11%)
I.3.1 Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service <u>in the justice sector</u> (alliance with families)	6 (31.58%)	13 (68.42%)
I.4.1. The services are designed to recognise and strengthen the family's capacities/competences <u>in the social sector</u> (strengths approach)	13 (68.42%)	6 (31.58%)
I.4.1. The services are designed to recognise and strengthen the family's capacities/competences <u>in the education sector</u> (strengths approach)	9 (47.37%)	10 (52.63%)

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences <u>in the health sector (strengths approach)</u>	7 (36.84%)	12 (63.16%)
I.4.1. The services are designed to recognise and strengthen the family's capacities/competences <u>in the justice sector (strengths approach)</u>	4 (21.05%)	15 (78.95%)
I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs <u>in the social sector (family evaluation)</u>	15 (78.95%)	4 (21.05%)
I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs <u>in the education sector (family evaluation)</u>	5 (26.32%)	14 (73.68%)
I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs <u>in the health sector (family evaluation)</u>	6 (31.58%)	13 (68.42%)
I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs <u>in the justice sector (family evaluation)</u>	4 (21.05%)	15 (78.95%)
I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e. in a timely manner considering the families' needs, wellbeing and rights) <u>in the social sector (timely implementation)</u>	11 (57.89%)	8 (42.11%)
I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e. in a timely manner considering the families' needs, wellbeing and rights) <u>in the education sector (timely implementation)</u>	7 (36.84%)	12 (63.16%)
I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e. in a timely manner considering the families' needs, wellbeing and rights) <u>in the health sector (timely implementation)</u>	6 (31.58%)	13 (68.42%)
I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e. in a timely manner considering the families' needs, wellbeing and rights) <u>in the justice sector (timely implementation)</u>	7 (36.84%)	12 (63.16%)
I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches , i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation <u>in the social sector</u>	5 (26.32%)	14 (73.68%)
I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches , i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation <u>in the education sector</u>	4 (21.05%)	15 (78.95%)
I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches , i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation <u>in the health sector</u>	4 (21.05%)	15 (78.95%)
I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches , i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation <u>in the justice sector</u>	4 (21.05%)	15 (78.95%)
I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services <u>in the social sector</u>	15 (78.95%)	4 (21.05%)

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services <u>in the education sector</u>	12 (63.16%)	7 (36.84%)
I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services <u>in the health sector</u>	10 (52.63%)	9 (47.37%)
I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services <u>in the justice sector</u>	11 (57.89%)	8 (42.11%)
I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing <u>in the social sector</u>	12 (63.16%)	7 (36.84%)
I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing <u>in the education sector</u>	11 (57.89%)	8 (42.11%)
I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing <u>in the health sector</u>	12 (63.16%)	7 (36.84%)
I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing <u>in the justice sector</u>	7 (36.84%)	12 (63.16%)
I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) <u>in the social sector</u>	16 (84.21%)	3 (15.80%)
I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) <u>in the education sector</u>	14 (73.68%)	5 (26.32%)
I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) <u>in the health sector</u>	12 (63.16%)	7 (36.84%)
I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) <u>in the justice sector</u>	11 (57.89%)	8 (42.11%)

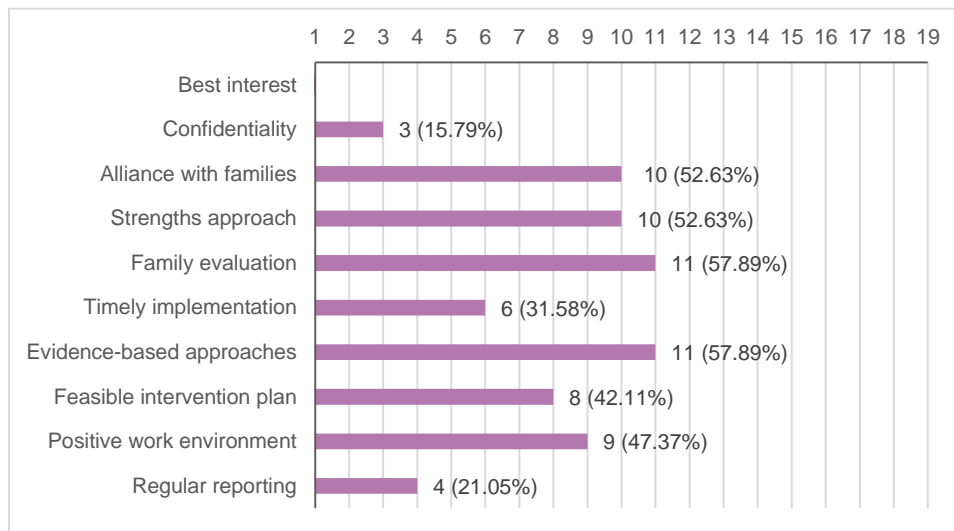
Figure 4i provides a visual presentation of the **number and percentage of countries that prioritise each indicator as a strength** to be included in the National Strengths and Recommendations Report. The indicators on the best interest of the child and respect for families' confidentiality are most frequently prioritised by the National Working Groups as strengths. These are the only indicators of the practice system that are not differentiated by sector. The indicators that are less prioritised are the ones concerning the use of evidence-based approaches and the existence of a feasible intervention plan.

Figure 4i. Number and percentage of countries that prioritise each indicator of the practice system as a strength



Similarly, Figure 4j provides a visual presentation of the **number and percentage of countries that prioritise each indicator as an area for improvement** to be included in the National Strengths and Recommendations Report. The indicators regarding the proper evaluation of families' needs and characteristics and the use of evidence-based approaches are the most frequently prioritised by the countries as areas for improvement. The one regarding the best interest of the child is not selected by any of the countries as an area for improvement and the one pertaining to the respect for families' confidentiality is only prioritised by three countries as an area for improvement.

Figure 4j. Number and percentage of countries that prioritise each indicator of the practice system as an area for improvement



Key conclusions of the analysis of the family support practice system in Europe

- Overall, taking into account the best interest of the child and respecting their rights and developmental needs, together with the respect for families' confidentiality were acknowledged as strengths by 94.74% and 89.47% of the countries, respectively.
- The appraisal of the remaining quality standards depends on the sectors implementing them, except for the one regarding the use of an evidence-based approach which is considered to be an area for improvement for all sectors by circa 80% of the participating countries.
- The standards are systematically appraised as having higher quality scores within the social sector, except for the quality standard on the promotion of a positive work environment, which presents a slightly higher score in the education and health sectors.
- The appraisal of some of the quality standards varies quite a bit across countries, especially the one regarding the regular reporting on the families' progress, which presents the greatest dispersion. However, for other quality standards, particularly the ones focusing on the best interest of the child and the use of an evidence-based approach, the assessment is rather similar across countries.

- Within countries, the variability in the appraisal of the quality standards is medium-low, except for the standard on the use of an evidence-based approach which varies the most.
- More than 50% of the National Working Groups prioritised the indicators on the best interest of the child and on respect for family confidentiality to be included as strengths in the National Reports.
- Over 60% of the participating countries prioritised the indicators regarding a strong family alliance, the promotion of families' capacities, and the use of evidence-based approaches as areas for improvement to be included in their National Reports.

4.2.2. Family Support Provision System in Europe

The following section gives an overview of the average information obtained regarding the **quality of the family support provision system in Europe**. As explained in detail in Chapter 2, this system encompasses the characteristics of the existing policies and frameworks for the comprehensive provision of family support, including direct interventions with children and families, as well as economic and tax benefits, and measures aimed at promoting the work-life balance. In this section, average information (means, standard deviations, medians and interquartile ranges) is presented for the quality standards of the family support provision system. Second, the average variability in the participant countries is described with similar statistics for each quality standard of the family support provision system. Third, both the rating and the prioritisation of the indicators of the family support provision system as strengths or as areas for improvement is presented in terms of frequencies and percentages. Finally, the main conclusions of the results described regarding the quality of the family support provision system in Europe are outlined.

Figure 4k presents the **means and standard deviations** of the quality standards of the provision system. In this system, most quality standards are either scored as strengths (the coordination between different support providers and the existence of high quality professional training) or close to being strengths (the existence of a broad range of accessible formal supports, of a continuum of services, as well as those related to the provision of a person-centred response, the inclusiveness of the services and adequate funding of family support measures). However, the standards concerning the economic support of families and family-friendly working conditions are nearer to being considered areas for improvement. The highest average score is the one

related to high quality professional training, whereas the standard addressing economic support for families gets the lowest score.

Figure 4k. Means and standard deviations of the quality standards of the family support provision system

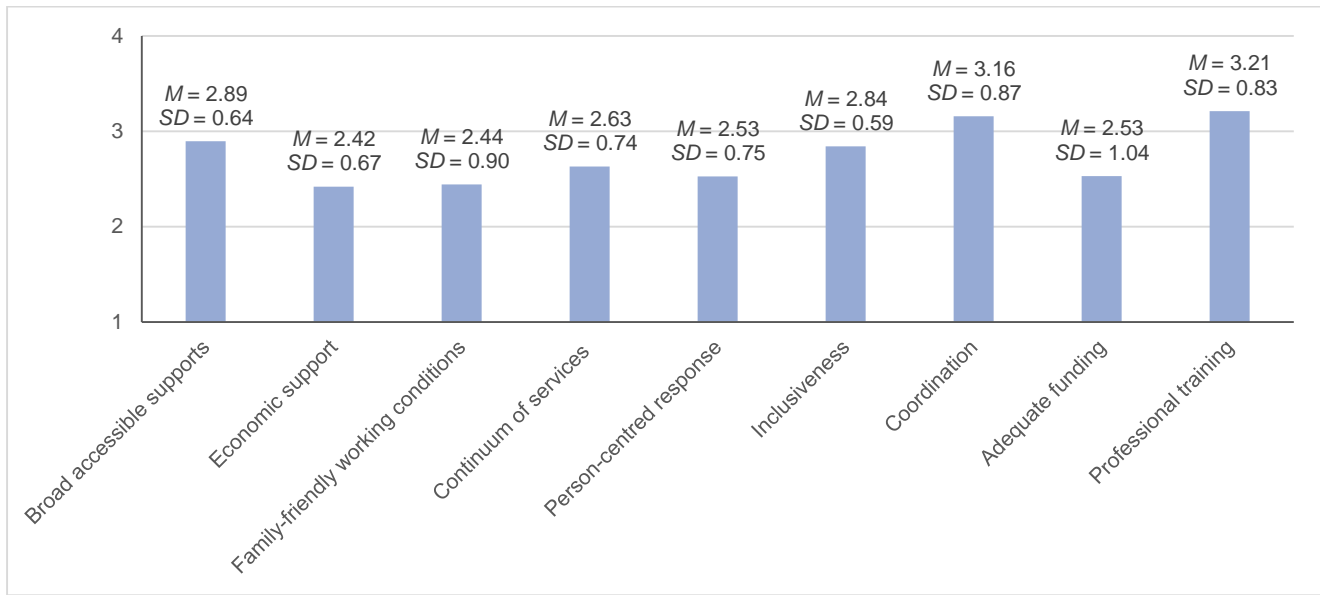


Figure 4l introduces the global **medians and interquartile ranges** of the quality standards of the family support provision system in Europe. As reflected in Figure 4m, the medians are all located between 2 and 3 points, with the quality standard regarding economic support for families, family-friendly working conditions, the existence of a continuum of services, a person-centred response and adequate funding presenting a global median of 2, and the remaining standards a global median of 3. In relation to the dispersion of the data, there is some variation across standards, with the ones in relation to the existence of broad accessible supports and inclusiveness presenting a relatively low interquartile range, indicating that the responses of the countries are rather similar for these standards. By comparison, the standards about coordination between services and professional training present a high interquartile range, indicating greater differences among countries regarding these issues. Concretely, the quality standard on coordination between services stands out for having the largest dispersion, showing more diverse situations among countries.

Figure 4l. Medians and interquartile ranges of the quality standards of the family support provision system

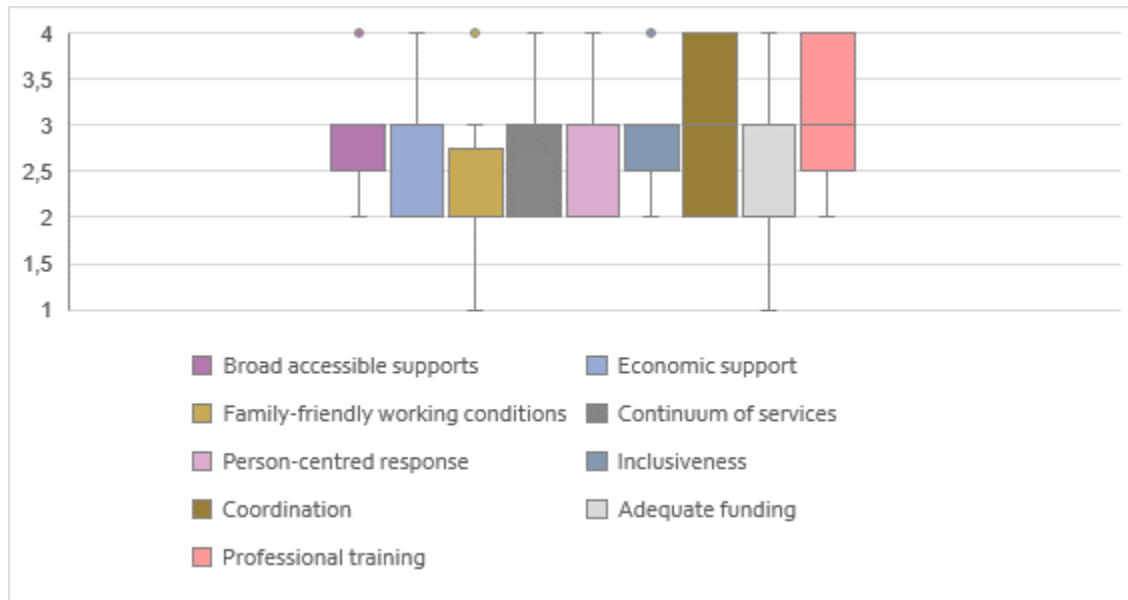
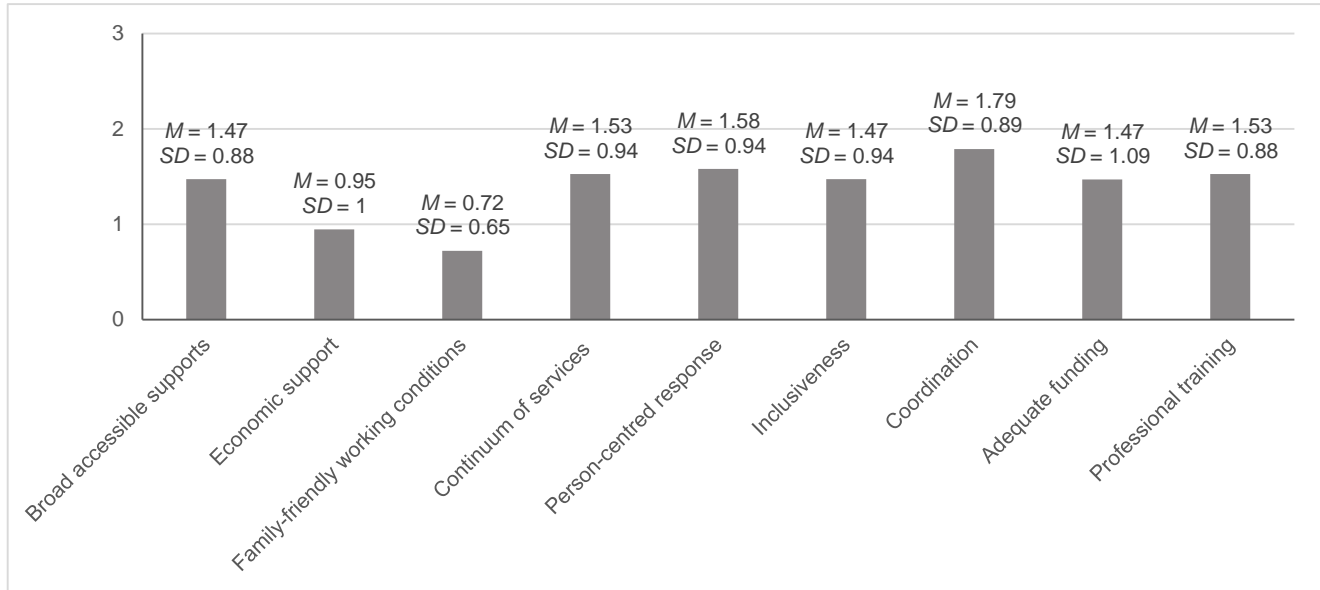


Figure 4m shows the average **variability in the country in terms of means and standard deviations** reported per quality standard for the family support provision system. All standards are at a medium-low level of variability, except for the standards regarding economic support and family-friendly working conditions, which are at the low level. The lower level of variability among the situation of the countries in relation to these standards, suggests that these responses generally reflect the overall reality in the countries. The quality standard concerning coordination between services shows the highest variability within countries, whereas the economic support for families and family-friendly working conditions present the lowest variability, indicating that the situations on these matters are rather homogeneous within the participating countries.

Figure 4m. Average variability scores of the quality standards of the family support provision system



Distribution of the Indicators of the Provision System into Strengths or Areas for Improvement

Next, information is provided regarding the indicators of the provision system, giving an overview of the distribution of the indicators into strengths and areas for improvement. Subsequently, the prioritisation of the indicators carried out by the National Working Groups of the participating countries is presented. This prioritisation refers to the selection of indicators as the most salient for their inclusion in the National Strengths and Recommendations Report as strengths or areas for improvement.

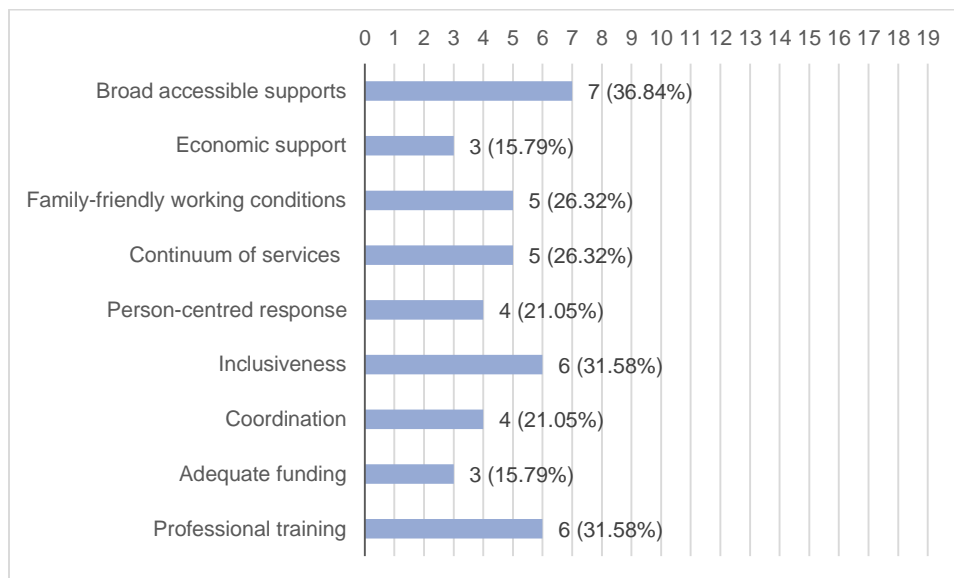
Table 4b shows the **number and percentage of the countries that rate each indicator of the family support provision system as a strength or as an area for improvement**, according to their respective automatic reports. As reflected in Table 4b, the indicators regarding a broad range of accessible supports and inclusiveness are rated as strengths by 73.68% of the countries, whereas the indicators regarding family-friendly working conditions and economic support are most frequently considered areas for improvement (73.68% and 68.42%, respectively).

Table 4b. Number and percentage of countries that rate each indicator of the provision system as a strength or area for improvement

Indicator	n (%) strength	n (%) area for improvement
II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms (broad accessible supports)	14 (73.68%)	5 (26.32%)
II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living (economic support)	6 (31.58%)	13 (68.42%)
II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation	5 (26.32%)	14 (73.68%)
II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports	9 (47.37%)	10 (52.63%)
II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centred response	7 (36.84%)	12 (63.16%)
II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds (Inclusiveness)	14 (73.68%)	5 (26.32%)
II.7.1. There is a named recognition of the need for, and mechanisms to support coordination	13 (68.42%)	6 (31.58%)
II.8.1. Adequate funding for service is guaranteed and mainstreamed	9 (47.37%)	10 (52.63%)
II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce	14 (73.68%)	5 (26.32%)

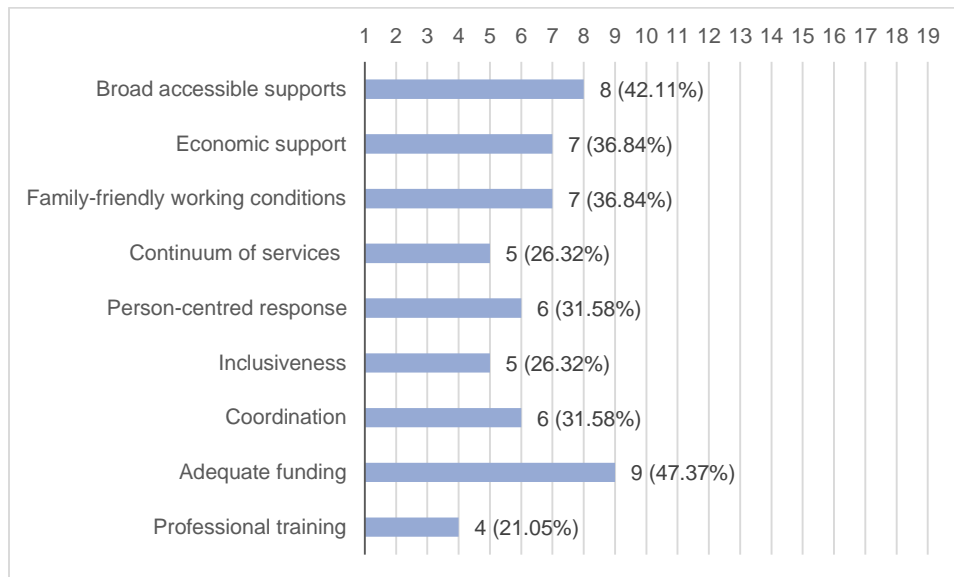
Figure 4n provides a visual presentation of the **number and percentage of countries that prioritise each indicator as a strength** to be included in the National Strengths and Recommendations Report. The indicator on the existence of a broad range of accessible supports is most frequently selected by the National Working Groups as a strength, followed by the one pertaining to inclusiveness. The indicators that are prioritised the least are the ones concerning economic support for families and adequate funding of services.

Figure 4n. Number and percentage of countries that prioritise each indicator of the provision system as a strength



Similarly, Figure 4o provides a visual presentation of the **number and percentage of countries that prioritise each indicator of the provision system to be included as an area for improvement** in the National Strengths and Recommendations Report. The quality standard in relation to adequate funding of services is most frequently selected as an area for improvement, followed by the existence of a broad range of accessible supports. The standard on high quality professional training is the least prioritised as an area for improvement.

Figure 4o. Number and percentage of countries that prioritise each indicator of the provision system as an area for improvement



Overall, Figures 4n and 4o show a low level of prioritisation of both strengths and areas for improvement of quality standards in the family support provision system. Indicators are prioritised as areas for improvement slightly more often. Noticeably, the indicator on broad accessible supports is often prioritised, either as a strength or as an area for improvement.

Key conclusions of the analysis of the family support provision system in Europe

- In the provision system, most quality standards are either regarded as strengths or as close to being strengths. Only the ones concerning economic support for families and family-friendly working conditions are closer to being areas for improvement.
- A commitment to a broad range of accessible supports is frequently reported as a strength in the provision system by participating countries (73.68%). The majority of countries also report that this system is respectful and inclusive (73.68%), and that there is a high-quality training for the workforce involved (73.68%).
- Economic support for families is frequently reported as an area for improvement by the countries (68.42%), as is the need for family-friendly working conditions (73.68%).
- Overall, there are varying responses across countries in relation to the quality standards of the provision system.

- The existence of broad accessible supports and inclusiveness are reported consistently by countries while standards about coordination between services and high-quality professional training are reported with greater differences.
- Some variability within countries can be observed in the provision system, but the answers are generally representative of the situation in the countries. The highest variability is observed in the coordination between services. In turn, there is a consistent reporting of the standards regarding economic support for families and family-friendly working conditions.
- According to the National Strengths and Recommendations Reports, the number of prioritised strengths and areas for improvement is rather low in the provision system. The existence of a broad range of accessible supports was most frequently prioritised as a strength by the participating countries (36.84%), whereas the need for adequate funding was prioritised as an area for improvement by 47.37% of the National Working Groups.

4.2.3. Family Support Evidence System in Europe

The following section presents the information provided by the participating countries regarding the **quality of the family support evidence system**. As described in Chapter 2, this system encompasses the characteristics of the evidence ecosystem in the family support field, focusing on the interactions between different actors and their capacities and resources involved in the production, translation, and use of evidence in practical settings. In this section, average information (means, standard deviations, medians and interquartile ranges) is presented for the quality standards of the family support evidence system. Second, the average variability in the participant countries is described with similar statistics for each quality standard of the family support evidence system. Third, the average information of those quality standards in the family support evidence system differentiated by sector (social, education, health and justice) is introduced. Forth, both the rating and the prioritisation of the indicators of the family support evidence system as strengths or as areas for improvement is presented in terms of frequencies and percentages. Finally, the main conclusions of the results described regarding the quality of the family support evidence system in Europe are outlined.

Figure 4p presents the average **means and standard deviations** of the quality standards of the evidence system in Europe. Within the family support evidence system, all the quality standards are located between the area for improvement and the strengths level. Most of the standards (the ones pertaining to quality assessment bodies, participatory advocacy, best practices

guidelines, feedback provided by families, public acknowledgement of the adoption of best practices, professional training in evidence-based practices and best practices dissemination) are slightly closer to being strengths. The quality standards with the highest mean scores are the ones related to participatory advocacy and professional training in evidence-based practices. In turn, the lowest mean score belongs to the standard that addresses quality assessment.

Figure 4p. Means and standard deviations of the quality standards of the family support evidence system

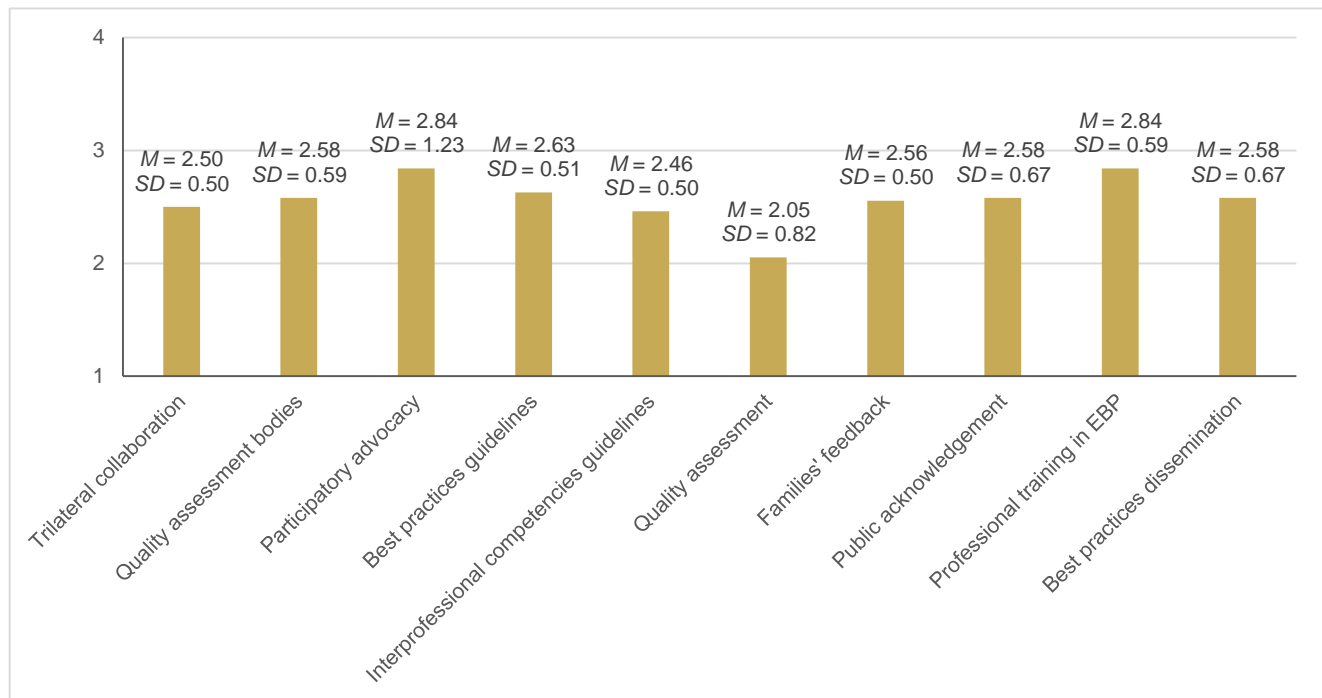


Figure 4q introduces the global **medians and interquartile ranges** of the quality standards of the family support evidence system. As reflected in Figure 4q, the **medians are all located between 2 and 3**, with the quality standards pertaining to quality assessment bodies, participatory advocacy, best practices guidelines, families' feedback, and professional training in evidence-based practices presenting the highest medians. The ones related to quality assessment, public acknowledgement, and best practices dissemination present the lowest. In relation to the dispersion of the data, the interquartile ranges are overall quite high, as most standards have an interquartile range equal to 1, and the standards related to participatory advocacy and quality assessment have an interquartile range equal to 2, suggesting that the views of the National Working Groups regarding the standards of the evidence system differ

substantially, especially in the case of the awareness among social agents of the need to advocate for the children's and parents' right to participation, and in the case of the evaluation of the quality of the provided support. By comparison, the quality standards concerning best practices guidelines and professional training in evidence-based practices present a somewhat lower dispersion.

Figure 4q. Medians and interquartile ranges of the quality standards of the family support evidence system

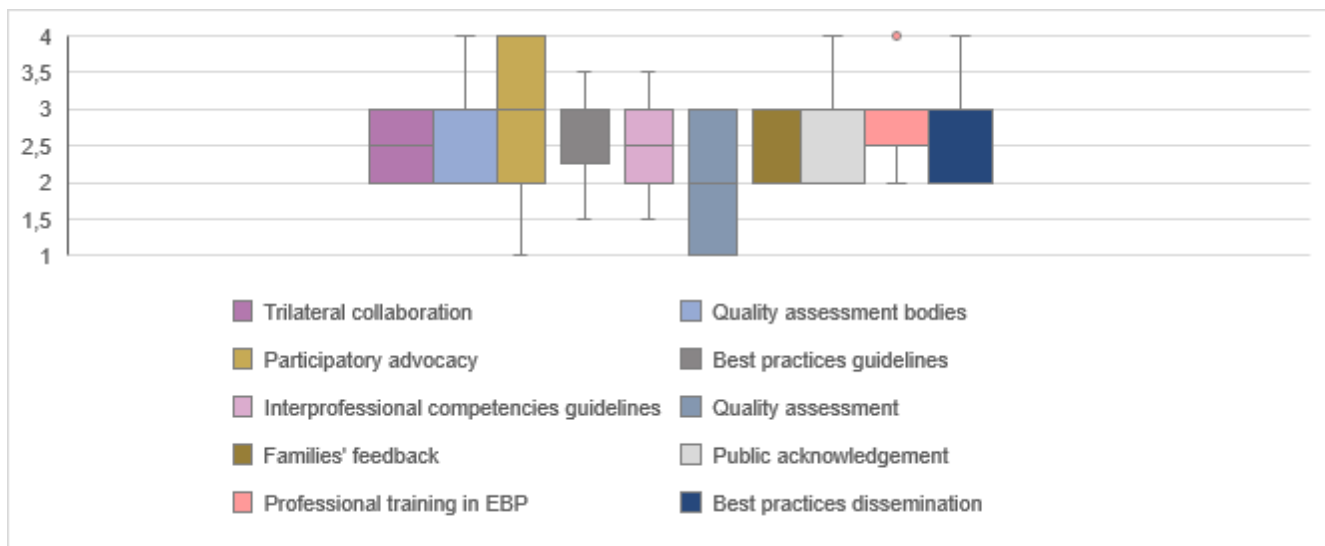
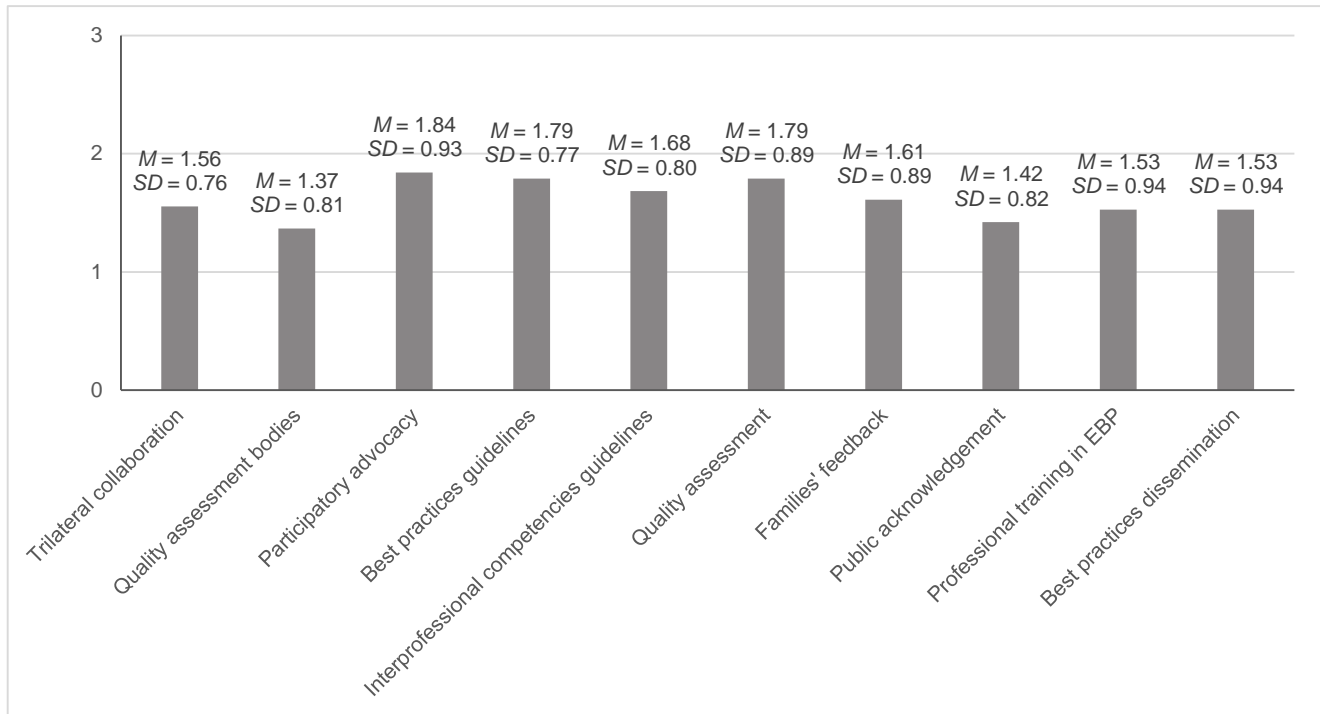


Figure 4r shows the average **variability in the country in terms of means and standard deviations** reported per quality standard. The means indicate that all the quality standards are at a medium-low level of variability, indicating that there can be quite a bit of variability in the situation in the countries in relation to these standards, although the answers provided generally reflect the overall reality in the countries. The standard pertaining to participatory advocacy presents the highest variability, followed closely by the standards on the adoption of best practices guidelines and the one regarding quality assessment, reflecting that the degree of variability within countries in relation to these issues is relatively high. In contrast, the situation regarding the nature of the quality assessment bodies is rather homogeneous between countries.

Figure 4r. Average variability scores of the quality standards of the family support evidence system



Indicators of the Family Support Evidence System Differentiated by Sector

Various indicators of the quality assurance protocol are differentiated by sector, as explained in further detail in Chapter 3. Within the family support evidence system, the standards pertaining to best practices guidelines, interprofessional competencies guidelines and quality assessment are differentiated by sector. Figure 4s shows the average **mean scores and standard deviations of the quality standards in the evidence system differentiated by sector**. Overall, the differences according to sector in these standards are small.

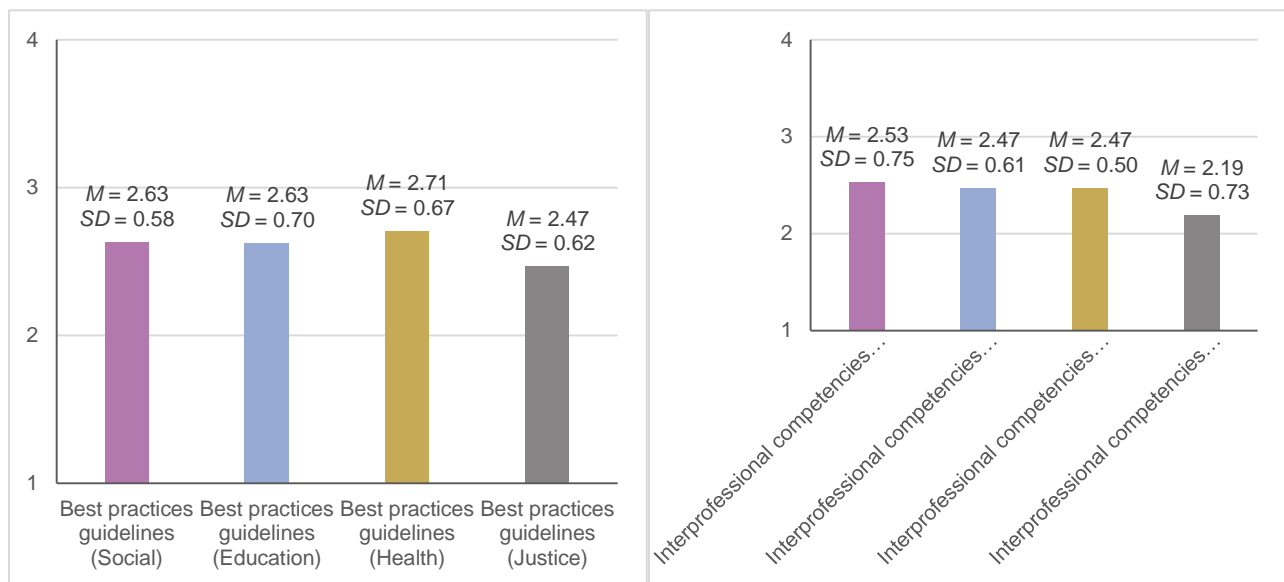
In the **social sector**, the standards concerning best practices guidelines and interprofessional competencies guidelines present scores slightly closer to strengths, with the former holding the highest score, whereas the scores on the quality standard regarding quality assessment is closer to the area for improvement.

With regard to the **education sector**, the quality standard on best practices guidelines is closer to being considered a strength, whereas the one on quality assessment is near to be considered

an area for improvement; the standard concerning interprofessional competencies guidelines is midway between the strengths area and the area for improvement. The results of the **health sector** show a very similar pattern.

Finally, in the **justice sector**, all the quality standards are closer to being areas for improvement. Specifically, the standard related to quality assessment holds the lowest average score, being clearly considered an area for improvement in this sector.

Figure 4s. Means and standard deviations of the quality standards of the evidence system according to the sector



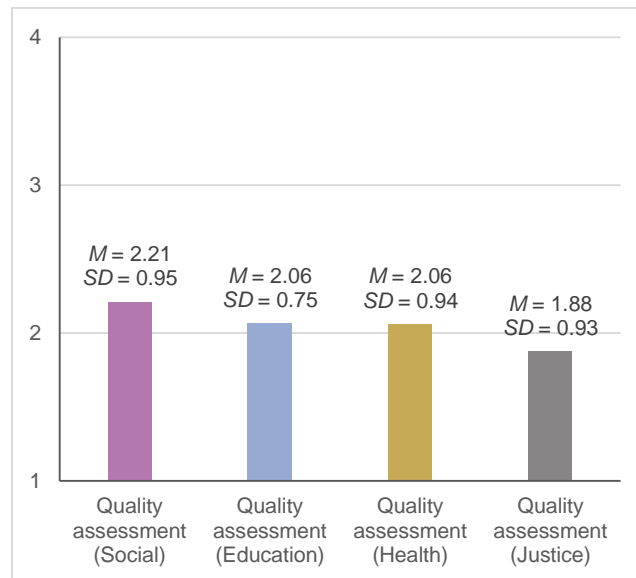


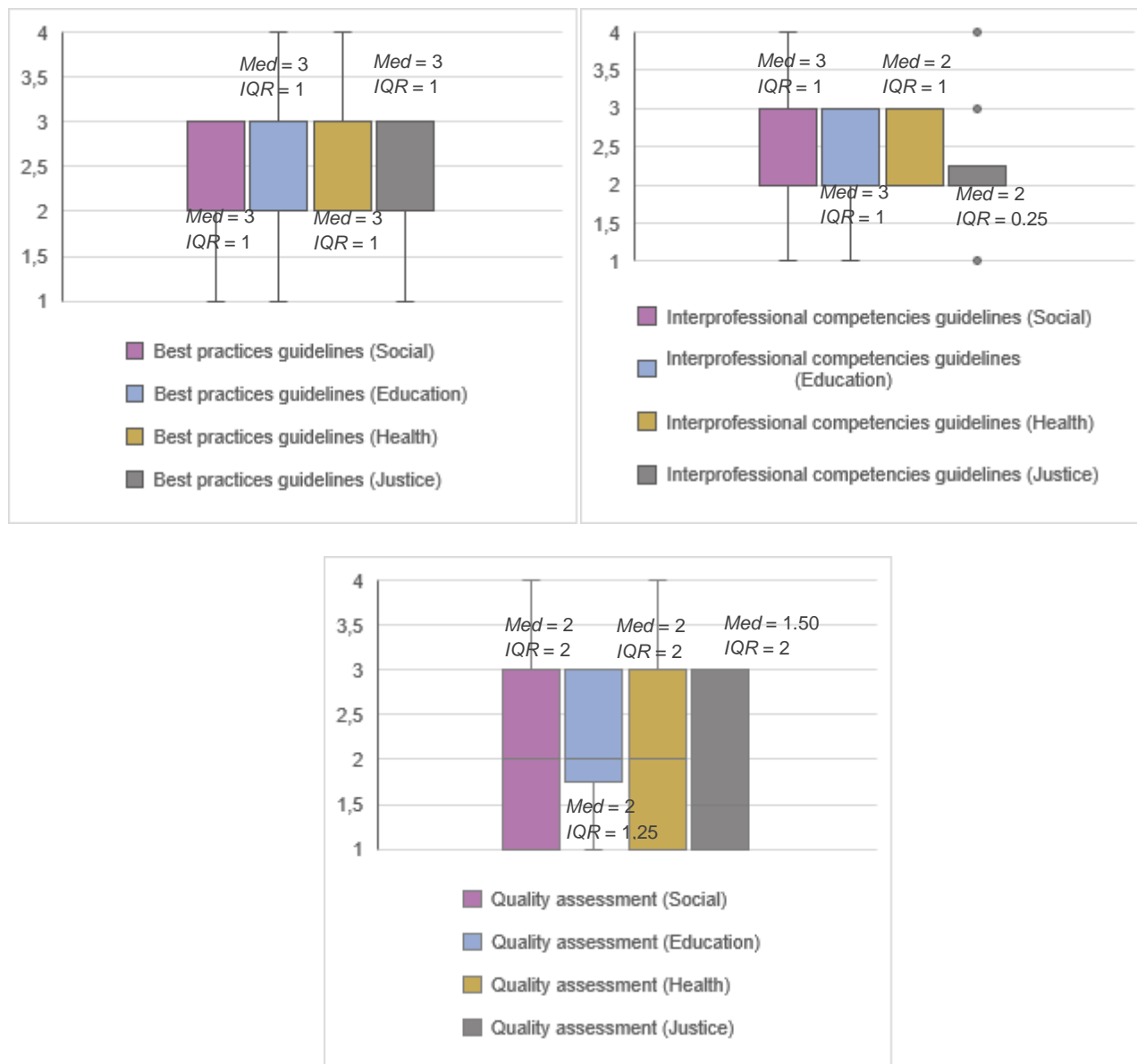
Figure 4t shows the global **medians and interquartile ranges of the quality standards in the evidence system differentiated by sector**. In the **social sector**, the standards regarding best practices guidelines and interprofessional competencies guidelines show a median of 3, and the one pertaining to quality assessment presents a median of 2. Regarding the dispersion of the data, the interquartile ranges are relatively high, with the standards on best practices guidelines and interprofessional competencies guidelines presenting an interquartile range of 1, and the standard on quality assessment standing out with a very high interquartile range of 2.

With regard to the **education sector**, the medians follow the exact same pattern as the social sector. In this sector the interquartile ranges are also relatively high, ranging from 1 to 1.25.

In the **health sector**, the medians are located between 2 and 3, but in this case, only the standard pertaining to best practices guidelines reaches a median of 3. The dispersion of the data in this sector is identical to the one found in the social sector.

Lastly, with respect to the **justice sector**, the medians are somewhat lower compared to the other sectors, ranging from 1.50 in the standard on quality assessment to 3 in the one pertaining to best practices guidelines. The dispersion of the data in the justice sector varies significantly according to the standard, with the standard related to interprofessional competencies guidelines presenting the lowest interquartile range of 0.25, and the standard on quality assessment presenting a very high interquartile range of 2.

Figure 4t. Medians and interquartile ranges of the quality standards according to the sector



Distribution of the Indicators of the Evidence System into Strengths or Areas for Improvement

Next, information is provided regarding the indicators of the evidence system, giving an overview of the distribution of the indicators into strengths and areas for improvement in the automatic report. Subsequently, the prioritisation of the indicators carried out by the National Working Groups of the participating countries is presented. This prioritisation refers to the selection of indicators as the most salient for their inclusion in the National Strengths and Recommendations Report as strengths or areas for improvement.

Table 4c shows the **number and percentage of countries that rate each indicator as a strength or as an area for improvement**, according to their respective automatic reports. The indicator regarding professional training in evidence-based practices is considered a strength in 73.68% of the countries. In turn, the one related to interprofessional competencies guidelines, specifically, in the justice sector, is regarded as an area for improvement in 73.68% of the participating countries.

Table 4c. Number and percentage of countries that rate each indicator of the evidence system as a strength or area for improvement

Indicator	n (%) prioritised strength	n (%) prioritised area for improvement
III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support (trilateral collaboration)	10 (52.63%)	9 (47.37%)
III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general (quality assessment bodies)	10 (52.63%)	9 (47.37%)
III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received (participatory advocacy)	11 (57.89%)	8 (42.11%)
III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support <u>in the social sector</u>	13 (68.42%)	6 (31.58%)
III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support <u>in the education sector</u>	12 (63.16%)	7 (36.84%)
III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support <u>in the health sector</u>	11 (57.89%)	8 (42.11%)

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support <u>in the justice sector</u>	9 (47.37%)	10 (52.63%)
III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support <u>in the social sector</u> (interprofessional competencies guidelines)	11 (57.89%)	8 (42.11%)
III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support <u>in the education sector</u> (interprofessional competencies guidelines)	10 (52.63%)	9 (47.37%)
III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support <u>in the health sector</u> (interprofessional competencies guidelines)	9 (47.37%)	10 (52.63%)
III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support <u>in the justice sector</u> (interprofessional competencies guidelines)	5 (26.32%)	14 (73.68%)
III.6.1 Evaluation carried out in the services to determine the quality of the support provided to children and families <u>in the social sector</u> (quality assessment)	9 (47.37%)	10 (52.63%)
III.6.1 Evaluation carried out in the services to determine the quality of the support provided to children and families <u>in the education sector</u> (quality assessment)	6 (31.58%)	13 (68.42%)
III.6.1 Evaluation carried out in the services to determine the quality of the support provided to children and families <u>in the health sector</u> (quality assessment)	7 (36.84%)	12 (63.16%)
III.6.1 Evaluation carried out in the services to determine the quality of the support provided to children and families <u>in the justice sector</u> (quality assessment)	8 (42.11%)	11 (57.89%)
III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes (families' feedback)	10 (52.63%)	9 (47.37%)
III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support (public acknowledgement)	9 (47.37%)	10 (52.63%)
III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences (professional training in EBP)	14 (73.68%)	5 (26.32%)
III.10.1. Organisation of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication (best practices dissemination)	9 (47.37%)	10 (52.63%)

Figure 4u provides a visual presentation of the **frequency and percentage of countries that prioritise each indicator as a strength** to be included in the National Strengths and Recommendations Report. Overall, the level of prioritisation of strengths in the evidence system is rather low, with only the indicators pertaining to professional training in evidence-based practices and best practices dissemination being selected by more than one-third of the

countries (36.84%). In addition, several of the indicators are not selected as strengths by any of the countries.

Figure 4u. Number and percentage of countries that prioritise each indicator of the evidence system as a strength

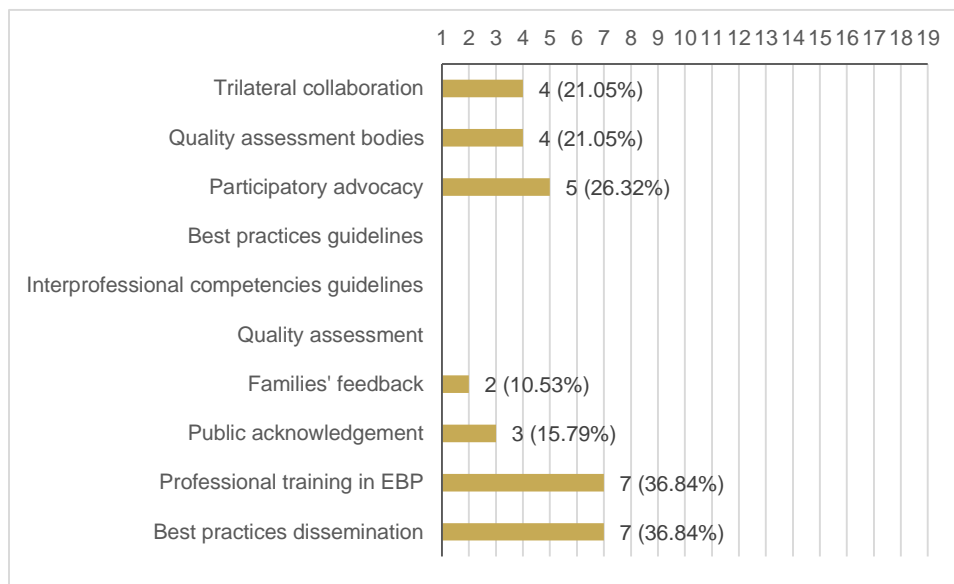
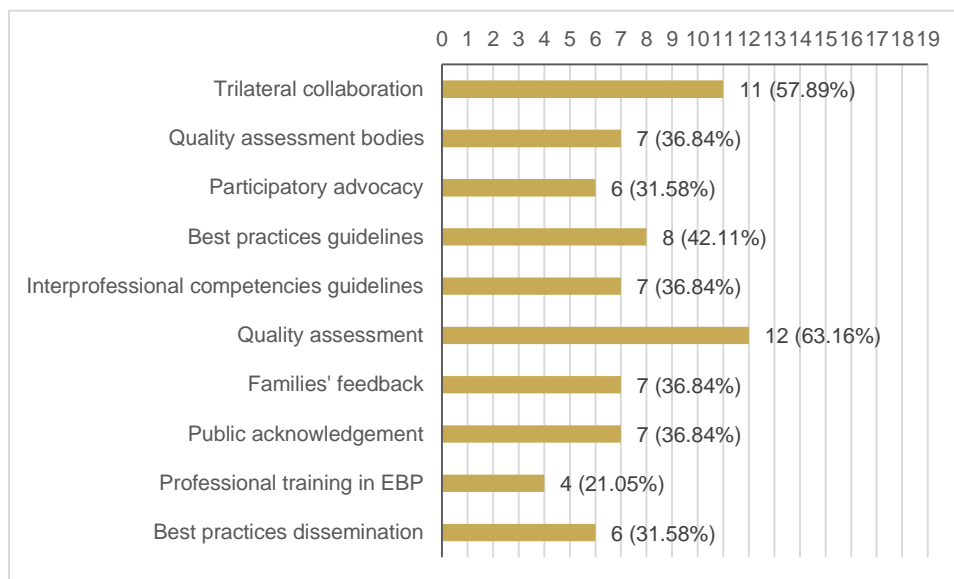


Figure 4v provides a visual presentation of the **number and percentage of countries that prioritise each indicator as an area for improvement** to be included in the National Strengths and Recommendations Report. The prioritisation of the indicators of the evidence system as areas for improvement is noticeably higher than their prioritisation as strengths. The ones regarding quality assessment and trilateral collaboration are selected most frequently in this regard, whereas the indicator on professional training in evidence-based practices is the least prioritised.

Figure 4v. Number and percentage of countries that prioritise each indicator of the evidence system as an area for improvement



Key conclusions of the analysis of the family support evidence system in Europe

- All the quality standards of the evidence system are considered between the area for improvement and the strength level by the National Working Groups of the participating countries. The standards related to participatory advocacy and professional training in evidence-based practices are slightly closer to being strengths and the one related to quality assessment is the less developed.
- Almost 73.6% of National Working Groups consider the standard on professional training in evidence-based practices to be a strength, while nearly 70% identify the one related to interprofessional competences guidelines, particularly in the justice sector, as an area for improvement.
- The National Working Groups have found a consistent pattern among the social, education and health sectors, highlighting the need for improvement in the justice sector, particularly in terms of quality assessment.
- The opinions on the standards of the evidence system vary quite a bit between countries, particularly when it comes to the awareness among social agents of the need to advocate for the children's and parents' right to participation and to the evaluation of the quality of the provided support.

- Regarding variability within countries, the results suggest that there can be considerable variability within countries in terms of meeting standards, although the answers generally align with the overall situation. The highest variability can be found in aspects related to participatory advocacy.
- According to the national reports, there is a greater emphasis on prioritizing indicators within the evidence system as areas for improvement, highlighting those related to quality assessment (63.16%) and trilateral collaboration (57.89%).

5. Quality Assurance in Family Support at the national level

The following chapter presents the information provided by the 19 countries that filled in the on-line tools: Albania, Croatia, Cyprus, Ireland, Israel, Lithuania, Moldova, Montenegro, North Macedonia, Norway, Poland, Portugal, Romania, Serbia, Slovenia, Spain, The Netherlands, The UK, and Turkey.

For each country, the first part of each chapter presents general information about the National Working Group that reported the information, including the number of participants, as well as some characteristics of the organisations the participants were representative of — namely the scope (international, national, regional or local), the type (e.g., government, NGO, academic) and the sector (e.g., health, education, community development). Subsequently, in this section the process followed by the National Working Group to reach a consensus is presented.

The second part of each chapter outlines the results concerning the quality of family support in the country. First, a summary of the general results concerning the quality of the three systems is given. This summary is followed by the Results Report of the Quality Assurance Protocol, that includes the average scores of the quality standards in the country, the variability observed in said standards, and the distribution of the measurable indicators into strengths and areas for improvement in the country. Each chapter finishes with the presentation of the National Strengths & Recommendations Report of the country.

Quality Assurance in Family Support in Albania

The coordinators of this chapter are Edmond Dragoti (Tirana University) and Oriola Hamzallari (Aleksandër Moisiu University), national representatives of Albania in EurofamNet. The authors of this chapter are the members of the Albanian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Edmond Dragoti, Oriola Hamzallari, Juliana Ajdini, Anila Bregu, Belioza Coku, Arda Hoxha, Emanuela Ismaili, Eliona Kulluri, Alma Lleshi, Elona Mustafaraj, Ana Uka, Mirgit Vataj, and Ilva Viero.

Characteristics of the National Working Group and Process for Discussion in Albania



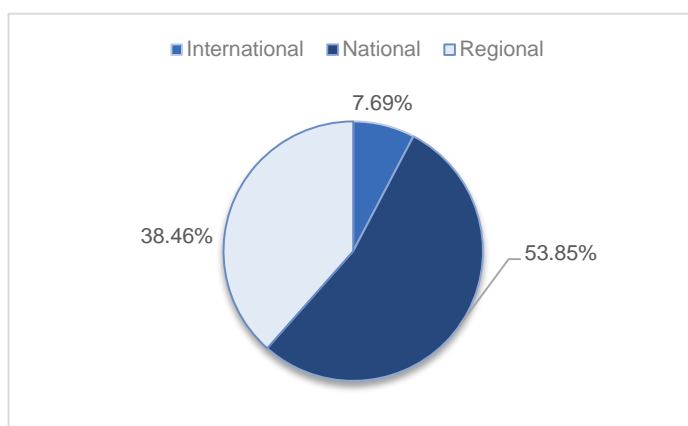
13 national experts



- Protocol sent and filled out individually in advance.
- 1 face-to-face meeting and follow-up discussion.



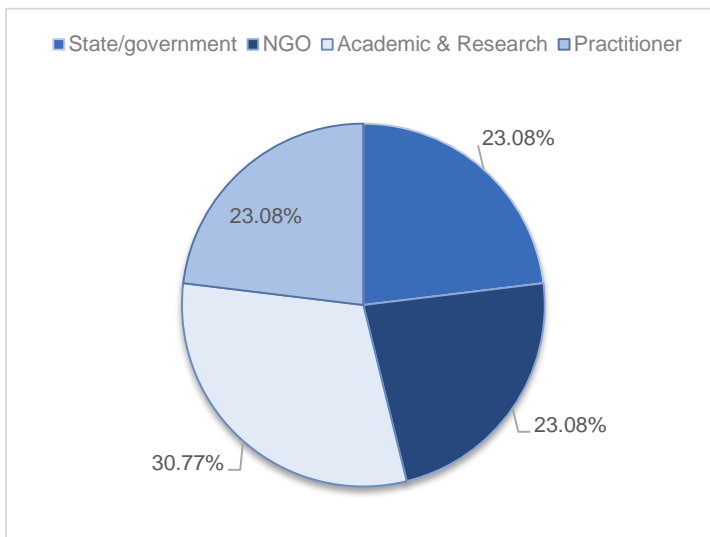
Scope of the family support actors



- Representation from different scopes: international, national, and regional.
- National and regional actors are more represented.



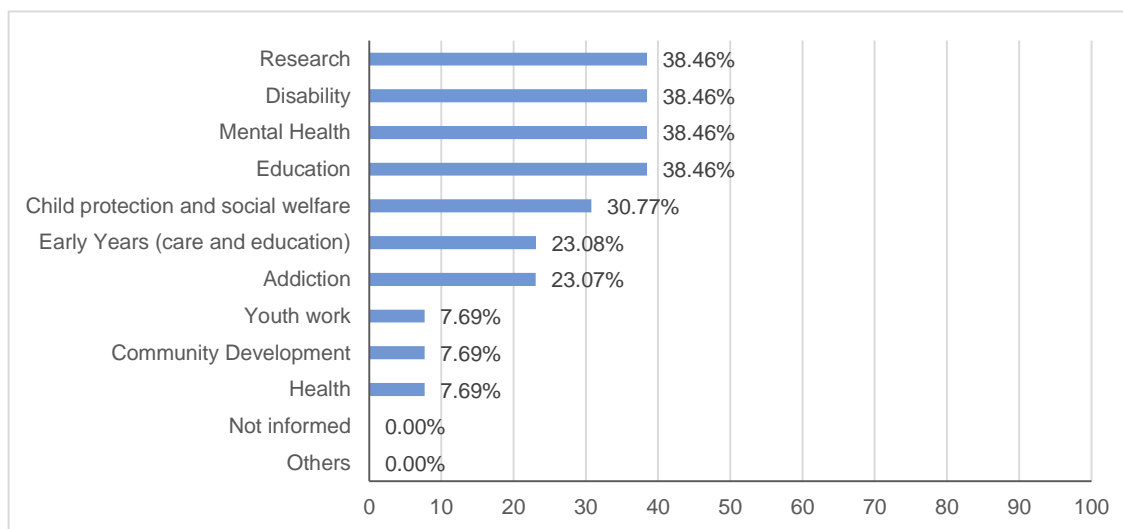
Type of family support actors



- Balanced representation from academic and research, state and government actors, NGOs, and practitioners.
- No representation from institutes or ombudsperson.
- Representation of professional organizations and agencies that guarantee practitioners' ethical standards.
- Representation of actors promoting children's voices.



Areas of family support actors



- Representation from a wide variety of areas in family support.
- Balanced representation from child protection and welfare, education, research, mental health, disability, early years and addiction.
- Some representation from youth work and health areas.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

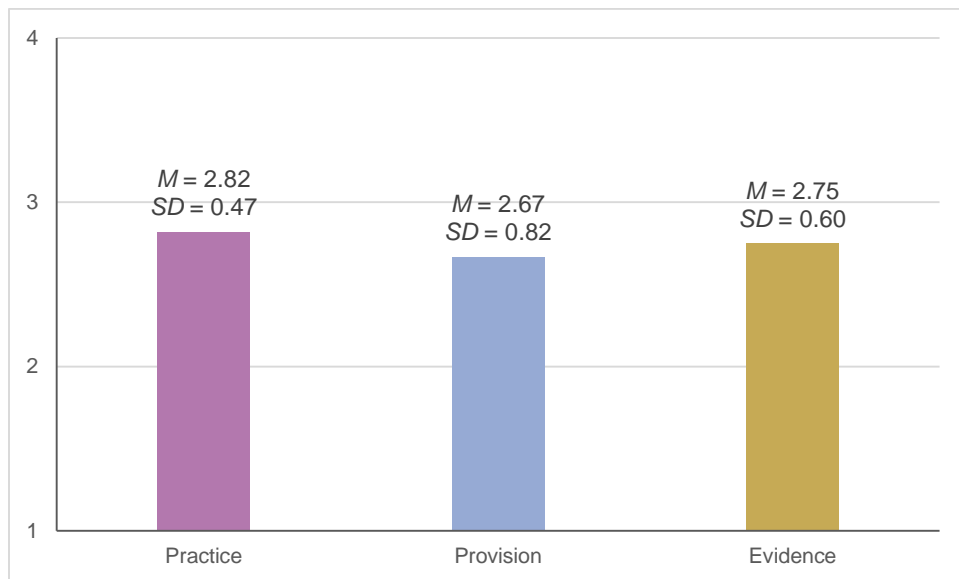
In order to fulfil the **Quality Assurance Protocol**, the members of the group first filled in the protocol individually, then the results were discussed in the group meeting, which resulted in agreement and consensus. During this process, there were multiple discussions about which indicators should be considered strengths and which should be prioritized for improvement. Following this, a follow-up email was sent to the group to confirm their agreement or provide feedback on the process. Once their confirmations were received, the **National Strengths and Recommendations Report** was written.

Summary of Results of the Quality Assurance Systems in Albania

In this section, the global scores obtained in Albania for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

In Albania, the **average scores** of the three systems are slightly closer to 3, considered a strength, than to 2, considered an area for improvement (see the following figure). The highest score is obtained in the practice system, followed by the evidence system, although the differences between systems are very small. Thus, the Albanian National Working Group considered that the quality of family support in the country across systems was quite homogeneous, with the practice system presenting a slightly higher quality.

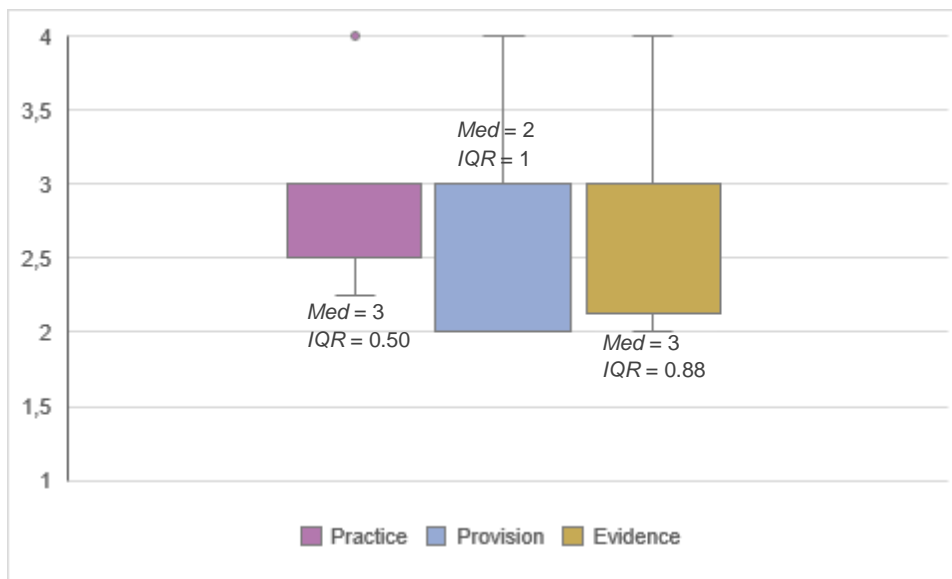
Average scores of the quality assurance systems in Albania: means and standard deviations



The following figure shows the **medians** and **interquartile ranges** of the three systems. The medians are located between 2 and 3, with the practice and the evidence system presenting a higher median than the provision system. Concerning the dispersion of the data, the interquartile ranges are located between 0.50 and 1. As shown in the figure, the interquartile ranges indicate that the differences between the scores of the quality standards in the family support practice

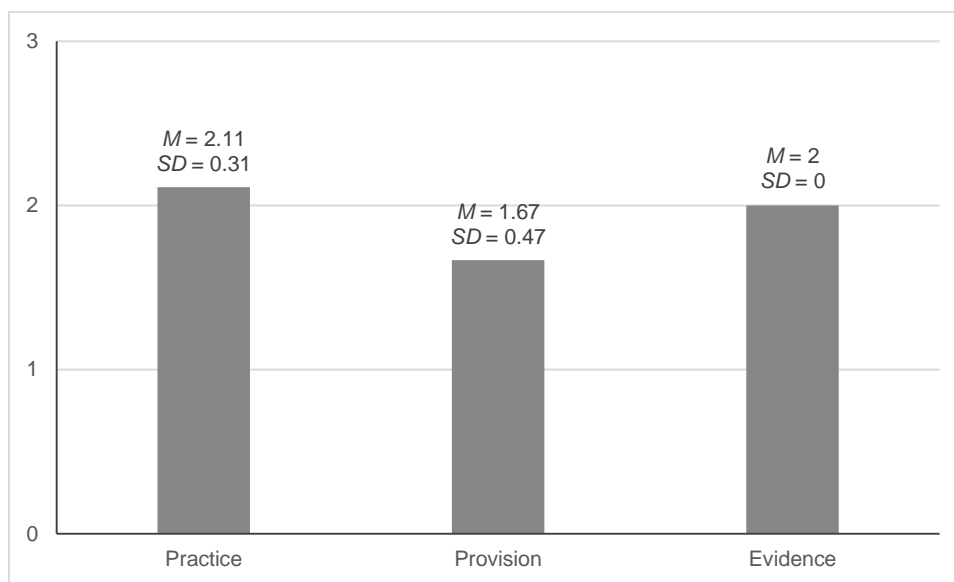
system are fairly small, compared to the differences in the family support provision system, which presents the highest interquartile range, and the family support evidence system, which presents the second highest interquartile range.

Average scores of the quality assurance systems in Albania: medians and interquartile ranges



As presented in the next figure, the practice and the evidence systems are located at the medium level of **variability**, while the provision system is at the medium-low level of variability, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. These results show that the quality of the provision of family support is considered somewhat more homogeneous in Albania than the quality of the family support practice and the family support evidence systems.

Variability scores of the quality assurance systems in Albania: means and standard deviations



Results Report of the Quality Assurance Protocol

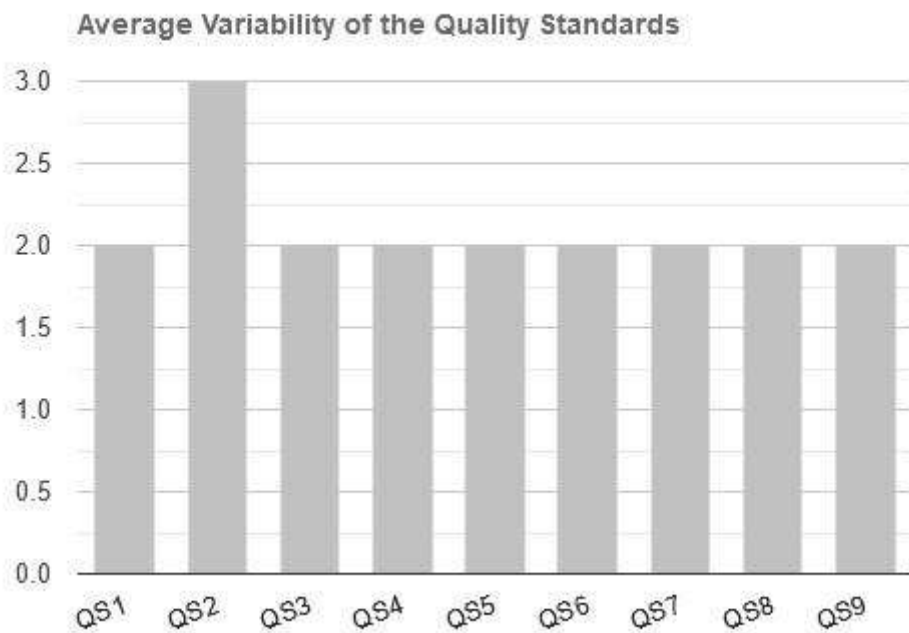
The following pages present Albania's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: Albania

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





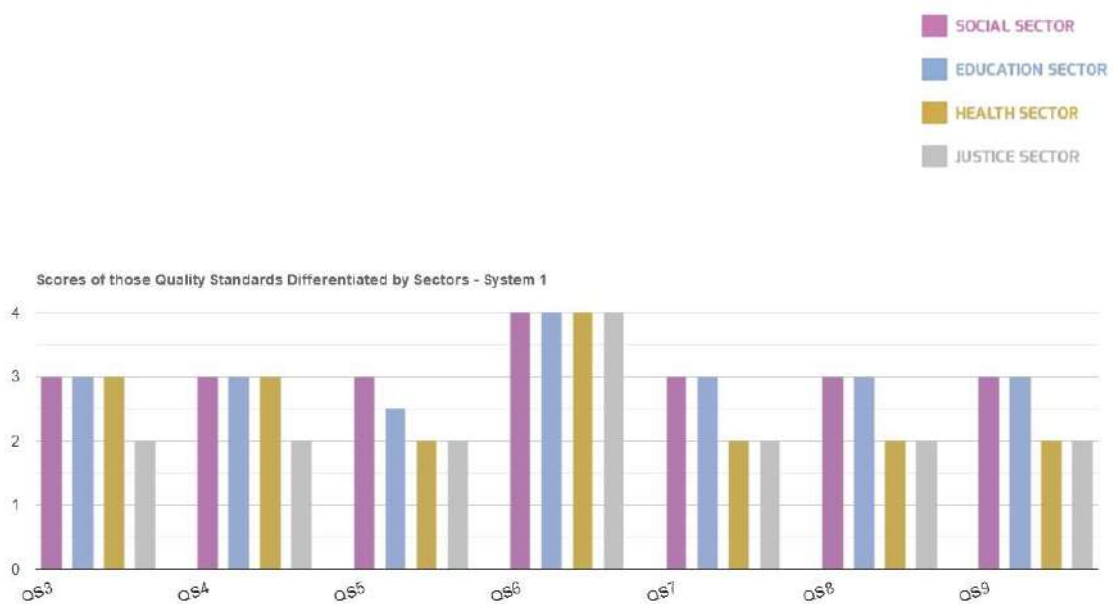
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

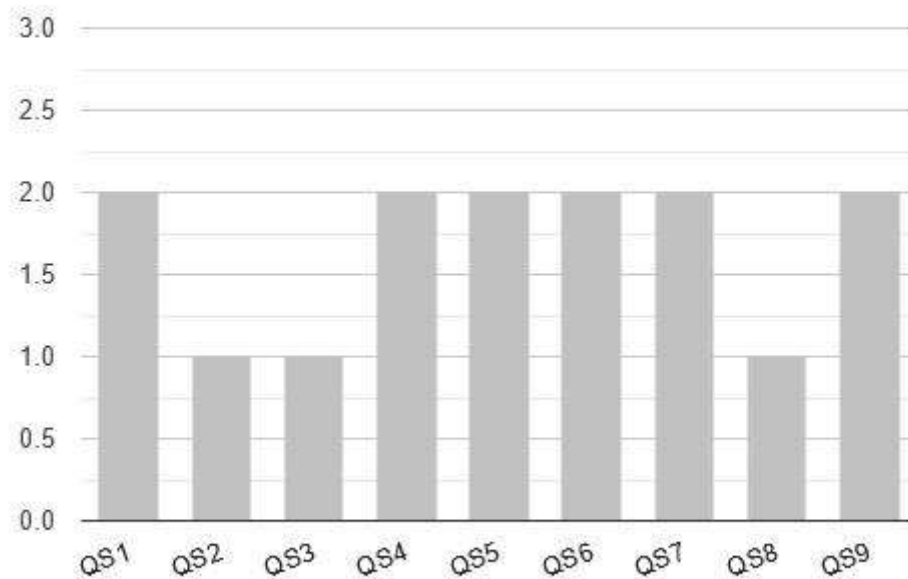
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability:** The situation is homogeneous in the country in this regard

1 = **Low variability:** The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability:** There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability:** There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Areas for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

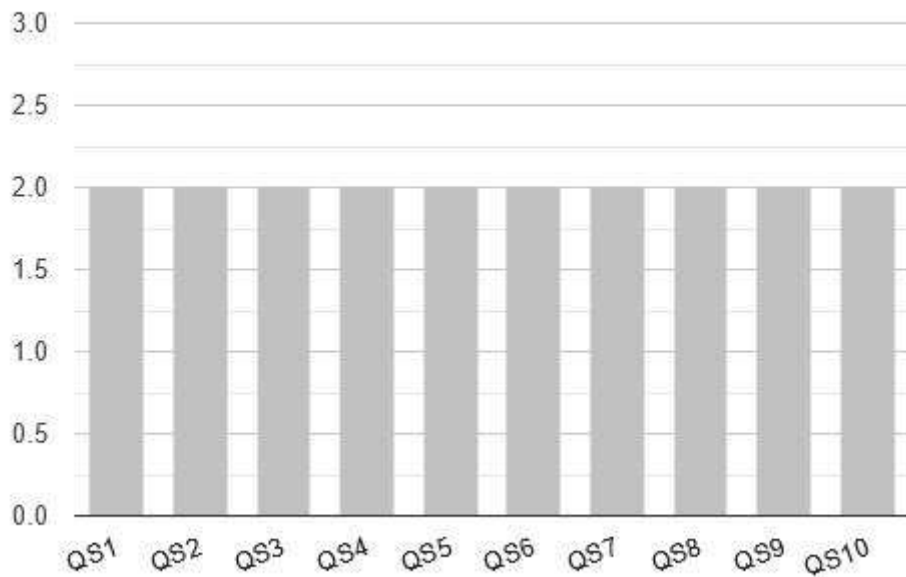
- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

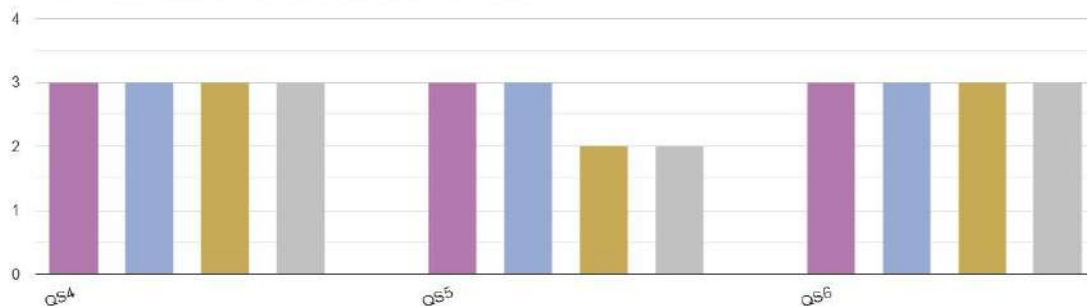
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 3



Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Areas for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Albanian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Albania

Date: 06/24/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

During the national group meeting, the attending members completed the quality assurance protocol for family support and reached a consensus. During this process, there were multiple discussions about which indicators should be considered strengths and which should be prioritized for improvement. Following this, a follow-up email was sent to the group to confirm their agreement or provide feedback on the process. Once their confirmations were received, the strengths and recommendations report was written.

Family Support Practice System:

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

There are codes of ethics and guidelines for professionals on how to respect families' confidentiality and inform them about the reasons that may prevent confidentiality. In isolated areas, this can be more challenging compared to urban areas. Nevertheless, there has also been training provided to professionals regarding this aspect of their work.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

At the national level, there are policies in place to support families in accessing social services. Additionally, there are welfare programs that focus on families, laws that address various aspects of family dynamics, and laws in the education and health sectors that provide support for families. Furthermore, international agencies, NGOs, and civil societies are continuously working to develop policies that prioritize families. However, there is still more to be done. It is important to allocate adequate human resources and establish financial schemes that support these alliances. Disparities in service delivery need to be reduced, and greater collaboration between national agencies and stakeholders is necessary. Moreover, increased monitoring is needed to ensure the effectiveness of these efforts.

Facilitators and barriers

Some barriers are related to the need for increased monitoring of service delivery, reducing disparities between urban and rural areas, and creating sustainable economic schemes for services. Some facilitators include government support to enhance service delivery, collaboration with NGOs or international services that focus on family support programs. Additionally, there are efforts to improve services based on EU standards of service delivery.

Training needs

Training needs may be required at different levels of administration, service delivery, and professional development.

Expected impact on the audiences

Creating service delivery that strengthens alliances in favor of family-centered services and takes into consideration the voices of families and children can greatly impact the quality of service, family engagement, needs specification, and resilience. Additionally, this approach can also influence how services are implemented in terms of policies.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Successful experiences

Albania has consistently demonstrated its commitment to designing services that strengthen the capacities and competences of families. As a country aspiring to be a part of the EU, Albania has made a commitment to advancing policy reforms and has developed national strategies for social protection, youth, integration of vulnerable communities, education, gender equality, and more. Albania has also designed services to increase support for families and children with disabilities and special needs, as well as programs for early development. These services have been developed in collaboration with government agencies, NGOs, international partners, universities, civil society, and the community. In the health sector, Albania has particularly focused on integrating technology into its services. The country has also implemented supportive systems in various communities to ensure the delivery of integrated services for families.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

In Albania, during service delivery, assessment tools and protocols are used to evaluate family needs. However, these tools are not consistently applied to all families. As a group, we recommend that these tools be applied comprehensively and consistently to all families referred to services.

Facilitators and barriers

In Albania, there is an effort to adopt a comprehensive approach to assessment, which involves assessing various aspects such as family social needs, psychosocial needs, and broader needs like economic, cultural, and community needs. However, assessments are not consistently utilized, and many of the tools used have not been validated for the Albanian context. This lack of validation affects their reliability and validity.

Training needs

Even though many supportive trainings have been carried out with practitioners and they use tools effectively in their work with families, one of the main challenges is training practitioners all over the country and across different sectors.

Expected impact on the audiences

By advancing the evaluation of services, the impact could be relevant in evidence-based decision making for policymakers, practitioners, and professionals. This, in turn, can help improve the quality of services, strengthen families' well-being, support communities, prevent problems, and create more accountability for service delivery.

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Recommendations

It is recommended to invest in human resources and funding for family services in all sectors, as well as enhancing collaboration, particularly in distant areas.

Facilitators and barriers

In Albania, there is a policy framework on the protection of family and children's rights. The country has a referred system that takes immediate actions, especially in urgent situations, to safeguard families. However, there are often barriers to accessing these services due to limited human and financial resources. This often leads to disparities in service provision, especially in remote rural areas and different geographical regions.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

Having accessible and sustainable systems of service throughout Albania is an investment in the well-being of families and the strengthening of communities across the country.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

Although some services have manuals or evaluation structures, the few attempts to provide evidence-based services come from international agencies and their collaboration with NGOs. It is recommended that there should be a policy-level advancement in evidence-based services for families.

Facilitators and barriers

Human and financial resources pose significant challenges in providing these services.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

Having access to evidence-based services throughout Albania is an investment in the well-being of families and the strengthening of communities across the country.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

It is recommended that services implement programs that are based on rigorous research methods and are culturally informed.

Facilitators and barriers

Human and financial resources, as well as dependency on external funding, pose significant challenges in providing these services.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

Having access to evidence-based services throughout Albania is an investment in the well-being of families and the strengthening of communities across the country.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

More formal reporting procedures should be implemented, as well as establishing specific and clear guidelines that promote and maintain a positive work environment in service delivery.

Facilitators and barriers

Human and financial resources, as well as dependency on external funding, pose significant challenges in providing these services.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

Creating positive leadership management promotes work effectiveness and is an investment in the well-being of human resources. This, in turn, increases the quality of service implementation and has a positive impact on families and communities nationwide. By ensuring that services are delivered with high quality, positive leadership management contributes to the well-being of all stakeholders.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Recommendations

It is recommended to address monitoring issues by developing specific policies or guidelines for monitoring, as well as specific protocols for implementing the monitoring of services.

Facilitators and barriers

Human and financial resources, as well as dependency on external funding, pose significant challenges in providing these services.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

It will impact policymakers, families, practitioners, and children by tracking and monitoring progress. This ensures accountability and improves decision-making for families accessing the service. Additionally, it has positive outcomes for families by increasing their well-being and resilience.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

Albania has a legislation framework that is inclusive for families and takes into consideration diverse needs and structures of families. There are also legal frameworks that take into consideration the rights of children and families. However, it is recommended that the implementation of these services needs frequent monitoring.

Facilitators and barriers

Albania faces challenges in delivering services and monitoring them across the country, particularly in remote and rural areas. Additionally, there are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

Albania can benefit as a society by improving both its economic and societal status. This can be achieved by addressing the diverse needs of supporting families. By doing so, it can promote a more engaged community and enhance family resilience. Additionally, it can help reduce stigma for vulnerable family groups and social disparities. Moreover, this approach can lead to more productive family outcomes, which have long-term positive effects such as reducing poverty, the risk of mental health issues, exclusion, and increasing societal cohesion. Ultimately, this contributes to greater stability and overall well-being at the societal level.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

It is recommended that service improvement can be achieved by providing information on welfare support and specific measures, by implementing accessible and straightforward procedures, and by creating index-linked resources that can be easily reviewed at regular intervals.

Facilitators and barriers

There are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact of measures aimed at improving taxation and cash transfers for families can lead to a reduction in poverty, enhance the well-being of families, increase community resilience, and support social protection services.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

Albania has legal and policy-based recognition of the requirement for various optional family-friendly conditions, such as childcare support, parental leave, and compensation regulations for workers with families. However, there is a need to improve the existing legal framework in different sectors and ensure compliance with the laws. It is also important to monitor this process.

Facilitators and barriers

Barriers include limited financial compensation and low wages.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

By improving the legal framework and monitoring services, we can have a positive impact on the work-life balance of families and support a healthier workforce.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Recommendations

Including family support provisions that address families with varying levels of risk, as well as universal prevention services, is crucial for a comprehensive approach to family support.

Facilitators and barriers

There are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

It will impact policymakers, families, practitioners, and children by guaranteeing a service specifically tailored to their needs and by preventing future problems. This ensures sensitive decision-making for families in delivering services according to their needs. Additionally, it has positive outcomes for families by increasing their well-being and resilience.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Recommendations

In Albania, there is a need to further advance and establish the person-centered approach. It is recommended to take further steps towards including these services nationwide.

Facilitators and barriers

There are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

It will impact policymakers, families, practitioners, and children by guaranteeing a service specifically tailored to their needs and by preventing future problems. This ensures sensitive decision-making for families in delivering services according to their needs. Additionally, it has positive outcomes for families by increasing their well-being and resilience.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Recommendations

There is once again a need to monitor service systems for policies that promote respect and awareness of diversity.

Facilitators and barriers

There are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact will promote inclusiveness, equality, and reduce disparities among diverse families.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Recommendations

It is recommended to design mechanisms to ensure that services are delivered in a coordinated manner across agencies.

Facilitators and barriers

There are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The expected impact of mechanisms to support coordination across all administrative levels, sectors, and agencies is improved service efficacy and resource optimization. It also promotes stronger collaboration between government, international partners, NGOs, and other relevant organizations. Additionally, it helps address needs related to evidence-based services and their effective implementation by increasing transparency in service delivery and quality and by strengthening families.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

Although we have all reached a consensus as a group that there is adequate funding to ensure sustainable provision at the national, regional, and local levels, there is still room for improvement. This is because the funding often comes from external sources.

Facilitators and barriers

External funding poses a significant barrier to ensuring adequate long-term funding, as it is not a sustainable financial resource. In addition, there is often a lack of coordination in distributing funds, with some regions receiving more funding than others, particularly those that are more remote.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact of sustainable funding schemes is highly relevant as it strengthens service delivery. It can also lead to more specific and efficient strategies for improving budget allocation and financial resources. Additionally, sustainable funding can support family well-being by prioritizing services in all sectors that are crucial for their improvement and resilience, ultimately decreasing poverty.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Recommendations

It is recommended that trainings for professional advancement of the workforce in the social and education sectors should not be self-financed. Additionally, it is recommended that these trainings be evaluated and offer evidence-based instruction.

Facilitators and barriers

There are difficulties regarding economic resources and the sustainability of funding sources.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact could be particularly felt at the policy level through the creation of policies that support the delivery of trainings and provide access to trainings free of charge. Additionally, there should be a focus on investing in a skilled workforce to enhance the effective implementation of service delivery. The expected outcome of these actions would be improved services for families.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

It is important to enhance collaboration between policy makers, researchers, and practitioners. One way to achieve this is by ensuring that research findings and evidence-based interventions are more effectively incorporated into policy development and decision-making processes. Additionally, promoting interdisciplinary research can also help foster collaboration between experts in various sectors, leading to a more holistic approach to addressing family support needs.

Facilitators and barriers

Limited or lack of evaluation and monitoring processes in this aspect, as well as limited funding.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The expected impact is to create an approach of evidence-based informed policy development, improve the quality of service, optimize resources, and enhance expertise and research initiatives.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

Most of the time, assessments are carried out by experts who work independently or are affiliated with academia, NGOs, or international partners. It is recommended to enhance assessment processes by establishing mechanisms that coordinate bodies to ensure the quality of assessments and effective communication of results to services and society as a whole.

Facilitators and barriers

Progress has been made in establishing mechanisms for quality assurance, particularly in the health and education sectors. Additionally, there have been instances where the results of evaluations were communicated to interested parties. However, there is a need for policy frameworks that support coordinating bodies responsible for measuring the quality assurance of service delivery.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

It promotes research-based informed policy development and best practices in service delivery, which directly impacts families receiving the service by supporting their well-being and resilience.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Recommendations

It is recommended to develop policies that prioritize family engagement in the evaluation process and increase awareness through collaboration with social agents, stakeholders, NGOs, professionals, and academia in order to share best practices.

Facilitators and barriers

Bureaucratic procedures and very limited opportunities for participatory evaluation.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The expected impact is on services that are rights-oriented and in the best interest of children and families, by creating a more responsive service delivery.

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Recommendations

Albania has made efforts to incorporate best practice guidelines. However, it is recommended that these guidelines focus on pluralistic scientific evidence and be fully adopted. Additionally, the development of national standards and guidelines for all sectors is necessary to support practices based on plural scientific evidence and consensual professional expertise. Moreover, coordinated initiatives involving strong collaboration with multiple agencies, academia, and communities should be developed.

Facilitators and barriers

There is limited research and data available on effective practices in the Albanian context. Furthermore, there is a lack of studies that specifically focus on evidence-based approaches for family support services. Additionally, there is limited funding for the necessary research and infrastructure to support evidence-based research.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

It promotes research-based informed policy development and best practices in service delivery, which directly impacts families receiving the service by supporting their well-being and resilience.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Recommendations

It is recommended that inter-professional competency standards are developed at the national level for working with families and children. These standards should clearly outline the responsibilities and skills of professionals from different disciplines who are involved in service delivery. Additionally, they should promote collaboration among agencies, institutions, and organizations to support best practices.

Facilitators and barriers

Some critical barriers are related to limited research infrastructure and resources, which could hinder the implementation of guidelines. However, the positive aspect is that there is collaboration with stakeholders, policy makers, and agencies, which creates initiatives to work collaboratively.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

Incorporating consensual and shared guidelines for inter-professional competency is necessary for best practices in children and family support. This not only improves the quality of services provided to families, but also increases professional satisfaction and enhances the effectiveness of the services by promoting a holistic approach.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

It is recommended to develop comprehensive standardized evaluation guidelines that include internal self-assessment, consensus building, monitoring, evidence-based tools, and frequent monitoring. Additionally, it is important to implement shared improvement plans.

Facilitators and barriers

As frequently mentioned, some of the barriers are related to limited resources in terms of human resources, finances, and lack of standardized tools. On the other hand, some of the facilitators are related to supportive policy frameworks and collaboration with agencies and stakeholders.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact is directly linked to best practices in children and family support, which improves the quality of services provided to families.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

It is recommended to establish feedback systems that include formal protocols for collecting feedback from families in order to improve service delivery.

Facilitators and barriers

One of the barriers is related to culture and norms, which often make families and children who use the service hesitant to provide honest feedback.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact is directly linked to best practices in children and family support, which improves the quality of services provided to families.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

Creating platforms and mechanisms to recognize efforts, such as through awards, and promoting success stories will foster a mindset for improving service delivery. This can be achieved by ensuring the provision of quality evidence-based services.

Facilitators and barriers

One barrier to implementing best practices and recognizing evidence-based practices is limited financial resources. Another obstacle is a lack of understanding regarding the implementation and benefits of these services.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact is directly linked to best practices in children and family support, which improves the quality of services provided to families.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

It is recommended to advance research in service delivery by focusing on evidence-based frameworks and guidelines for families. Additionally, providing research opportunities for evidence-based practices would be beneficial. It is recommended establishing collaborations among agencies, stakeholders, universities and research institutions to support research and informed policies.

Facilitators and barriers

Two of the main barriers are related to limited human and financial resources for providing high-quality training programs that promote research in evidence-based service delivery. Additionally, there is a scarcity of mentors and supervisors with advanced expertise in evidence-based practices.

Training needs

Training is needed at all levels of the service delivery system, including administration, practitioners, and professionals involved in family support.

Expected impact on the audiences

The impact will be on policymakers, practitioners, families, and professionals. When investing in professional development, the expected impact is the building of a skilled workforce capable of providing high-quality evidence-based services that

benefit families and communities.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

At the country level, it is recommended to share and exchange knowledge, organize conferences and workshops among interested parties, including families and children, and use online platforms to engage wider audiences. It is also important to have a feedback system in place on these platforms.

Facilitators and barriers

There is a growing reliance on technology and online platforms to promote activities and services. However, it is important to note that these procedures are not universally adopted in all regions. Additionally, organizations often face limited funding when it comes to organizing meetings, conferences, or workshops.

Training needs

Training is necessary for all individuals involved in the service delivery system, including administrators, practitioners, and professionals in family support. This training should specifically emphasize the management of social media platforms, effective communication, meeting planning, and the development of guidelines. The goal is to utilize social media to enhance the effectiveness of campaigns.

Expected impact on the audiences

The expected impact on policymakers, practitioners, families, and professionals is highly relevant in strengthening collaborations. It helps to disseminate information about ongoing service delivery for family support services. Additionally, it influences policy development by relying on informed research and creates a climate of continuous learning. Ultimately, this advances services and improves the overall well-being of families.

Quality Assurance in Family Support in Croatia

The coordinators of the chapter on quality assurance in family support in Croatia are Koraljka Modić Stanke (University of Zagreb) and Ninoslava Pećnik (University of Zagreb), national representatives of Croatia in EurofamNet. The authors of this chapter are the members of the Croatian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Koraljka Modić Stanke, Ninoslava Pećnik, Andreja Brajša Žganec, Alma Brandić, Gordana Daniel, Ivana Dobrotić, Tena Erceg Milković, Martina Ferić, Tatjana Katkić Stanić, Gordana Keresteš, Davorka Osmak-Franjić, Franjo Šaban, Sanja Smojver Ažić, Martina Tomić Latinac, and Ana Wagner Jakab.

Characteristics of the National Working Group and Process for Discussion in Croatia



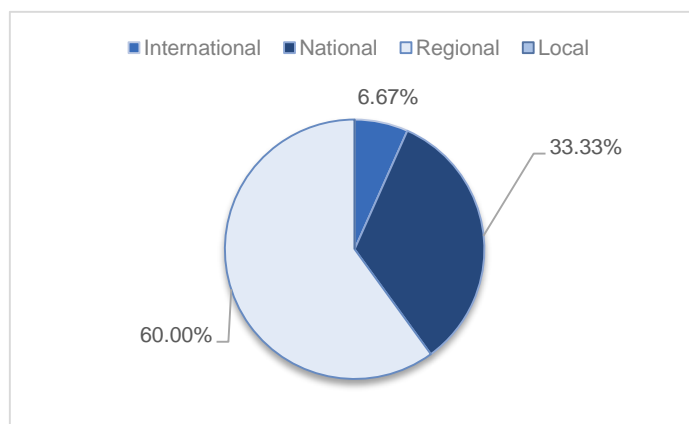
15 national experts



- Protocol sent and filled out individually in advance.
- 1 face-to-face and online meeting.



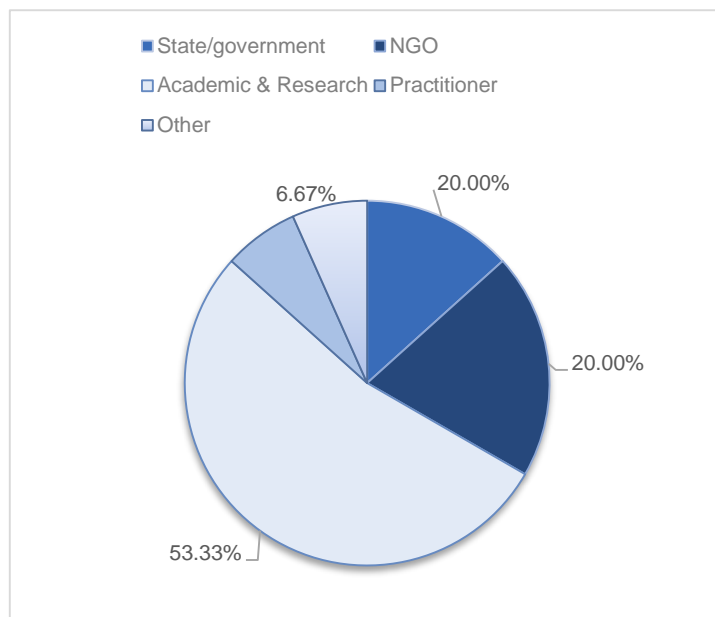
Scope of the family support actors



- Representation from international, national, and regional scopes.
- Regional and national actors are more represented.



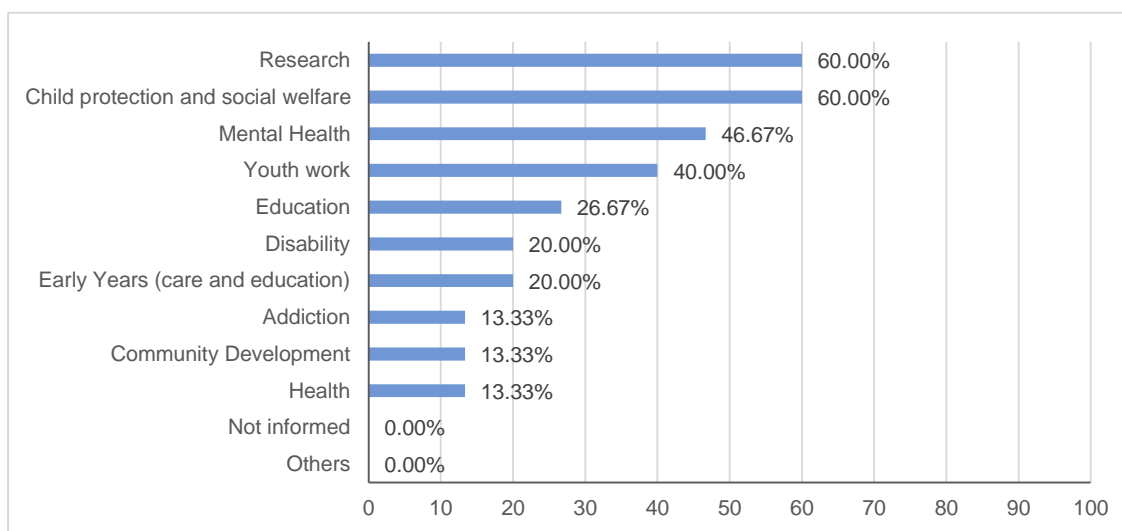
Type of family support actors



- Good representation from academic and research, state and government actors and NGOs.
- Less representation of ombudsperson and institutes and practitioners.
- Representation from professional associations, head officers and senior advisors.
- Representation of actors promoting children's and families voices and rights.



Areas of family support actors



- Representation from a wide variety of areas in family support.
- Balanced representation from research, child protection and welfare, mental health and youth work.
- Some representation from addiction, community development and health.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

First, the **Quality Assurance Protocol** was sent to all members of the National Working Group two weeks before the meeting with explicit note to all the members to provide their opinion on the Quality Assurance Protocol regardless of their availability to be physically present at the meeting. Next, a presentation was made with each question (and the group members' answers presented in a pie chart) on a separate slide - which provided a base for the group discussion at the face-to-face meeting. In the few situations/questions when the majority of members agreed upon the answer (e.g. 75% chose answer 2 = a little) it was generally acknowledged as the consensual answer, but in the majority of situations/questions, when members provided heterogeneous answers (e.g. 15% said 1= not at all, 46% said 2 = a little, and 39 said 3 = the indicator is established...) the answers were discussed in terms of how the question was understood and the answers of the group members were elaborated with examples, usually resulting in a consensus regarding an answer that would most appropriately represent the situation in Croatia. Finally, consensual answers on the Quality Assurance Protocol were circulated among the National Working Group after the face-to-face meeting asking for their (tacit) approval. Particular attention was given to members who were not able to attend the face-to-face meeting - they were personally contacted by the national coordinator to ensure they had read the final proposal and that they agreed with this version.

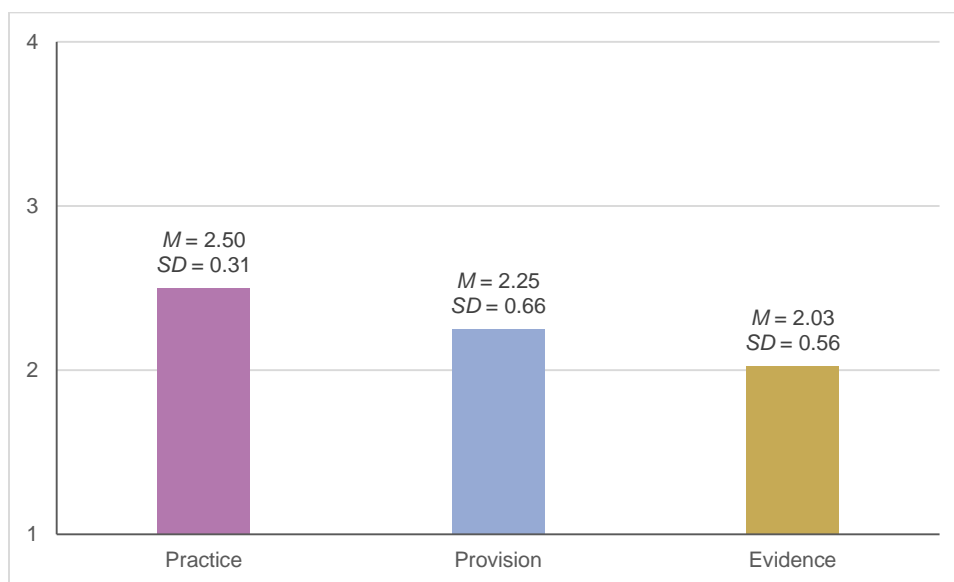
On the basis of the discussion held during the meeting of the National Working Group and the automatically generated results report of the Quality Assurance Protocol (provided to all the members of the group), national coordinators drafted a proposal for the prioritisation of strengths and areas for improvement. As agreed during the meeting, this draft was placed on Google Docs, giving all the members the chance to comment. Nine out of the total of 15 members provided their comments, feedback and/or proposals. The national coordinators integrated the feedback into a draft version of the **National Strengths and Recommendations Report**. This draft document was sent to all members of the National Working Group to obtain (passive) consensus. Consequently, the final version of the National Strengths and Recommendations Report was formulated as a consensual response.

Summary of Results of the Quality Assurance Systems in Croatia

In this section, the global scores obtained in Croatia for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

As shown in the following figure, the **average scores** of the three systems are rather low; the highest score is obtained in the family support practice system, located midway between 2 points (considered an area for improvement) and 3 points (considered a strength). The family support provision system and the family support evidence system are closer to being areas for improvement, on average. The latter presents the lowest score. Thus, overall, the quality of family support in the country is not regarded very highly by the Croatian National Working Group, especially in the case of the evidence system.

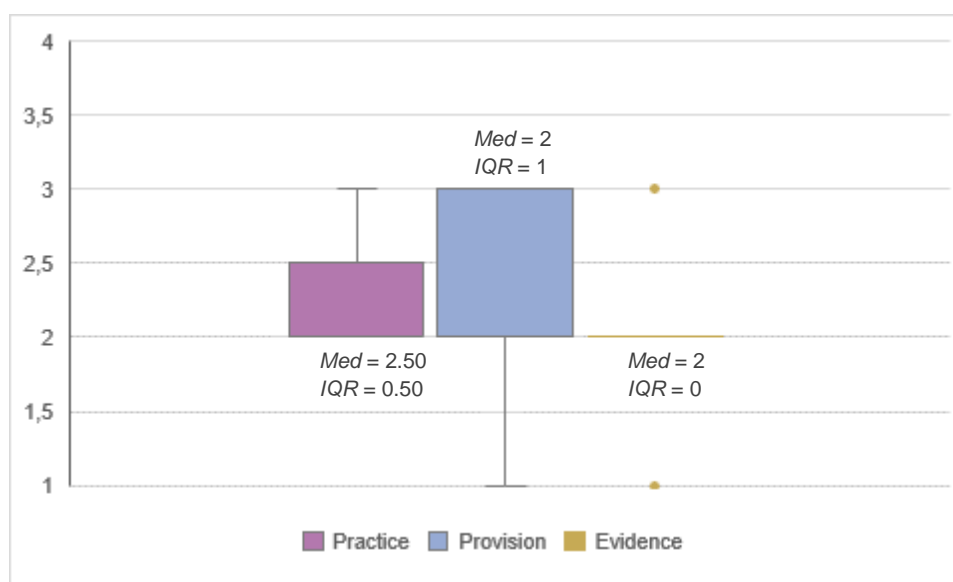
Average scores of the quality assurance systems in Croatia: means and standard deviations



The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians are located between 2 and 2.50, with the practice system presenting a slightly higher median

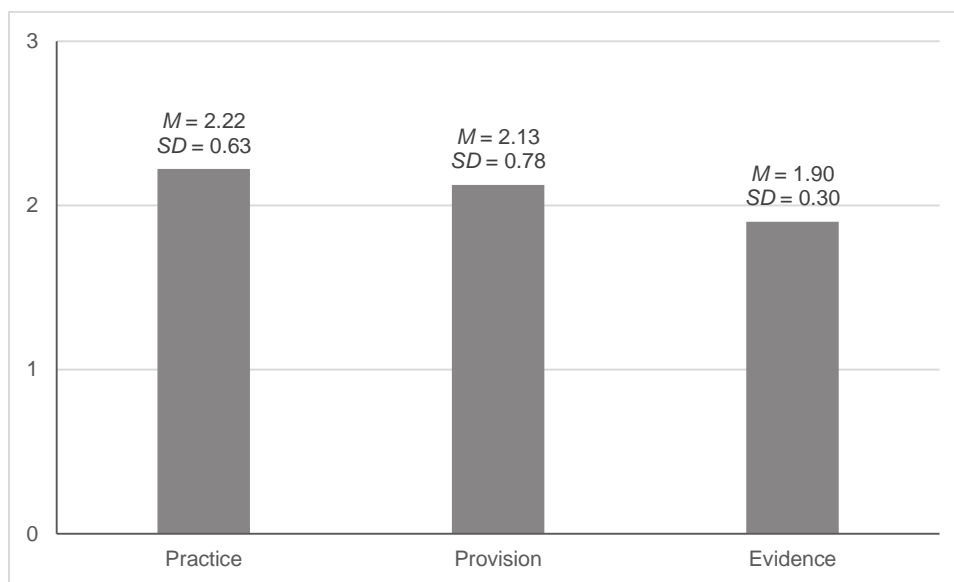
than the provision and evidence systems. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 1. As shown in the figure, the interquartile ranges suggest that the differences between the scores of the quality standards in the family support evidence system are negligible. In comparison, the differences in the family support provision system are more pronounced. Finally, the differences between the standards in the practice system are midway between those of the provision and evidence systems.

Average scores of the quality assurance systems in Croatia: medians and interquartile ranges



The following figure presents the average variability of the three systems. As shown, the practice and the provision systems are located at the medium level of **variability**, and the evidence system is close to the medium level, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. As the differences between the variability scores are small, these results suggest that the variability across the three systems is rather similar.

Variability scores of the quality assurance systems in Croatia: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Croatia's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Croatian National Working Group did not reach a consensus on the indicator pertaining to quality standard 3 of system 2, thus the average score of this quality standard, reflected in the report, should not be considered when analysing the situation in the country.

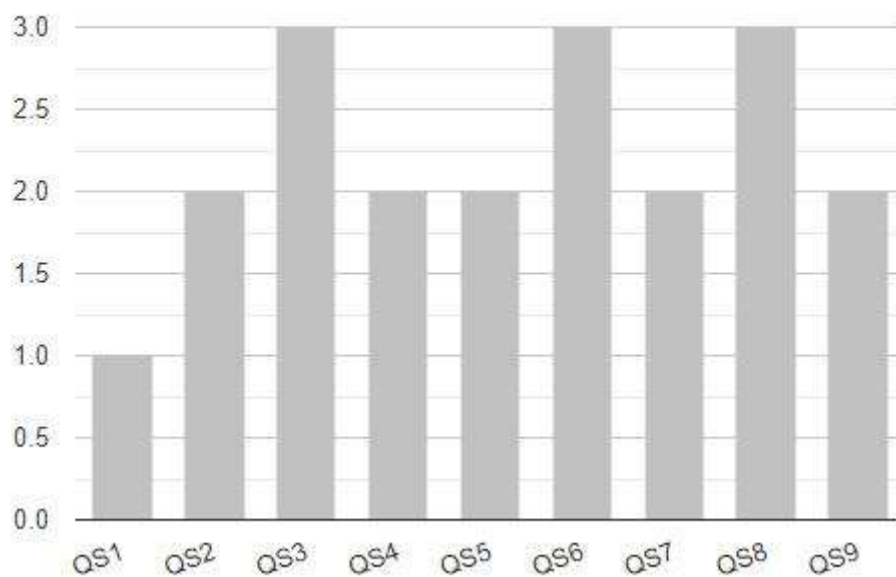
Results Report of the Quality Assurance Protocol: Croatia

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

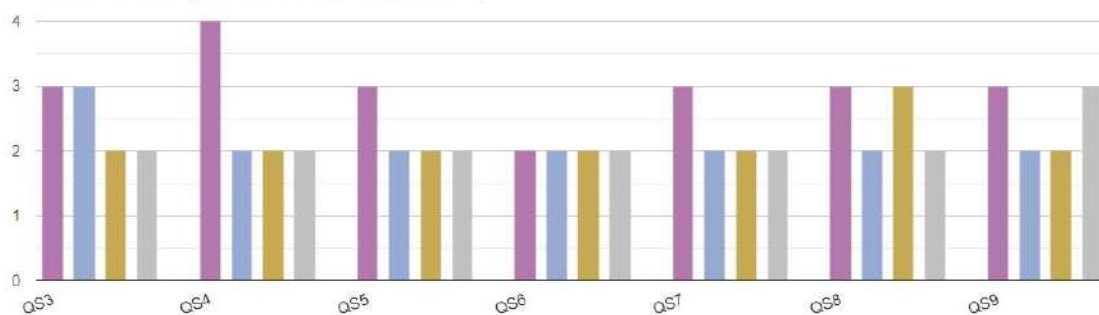
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely mannerr

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

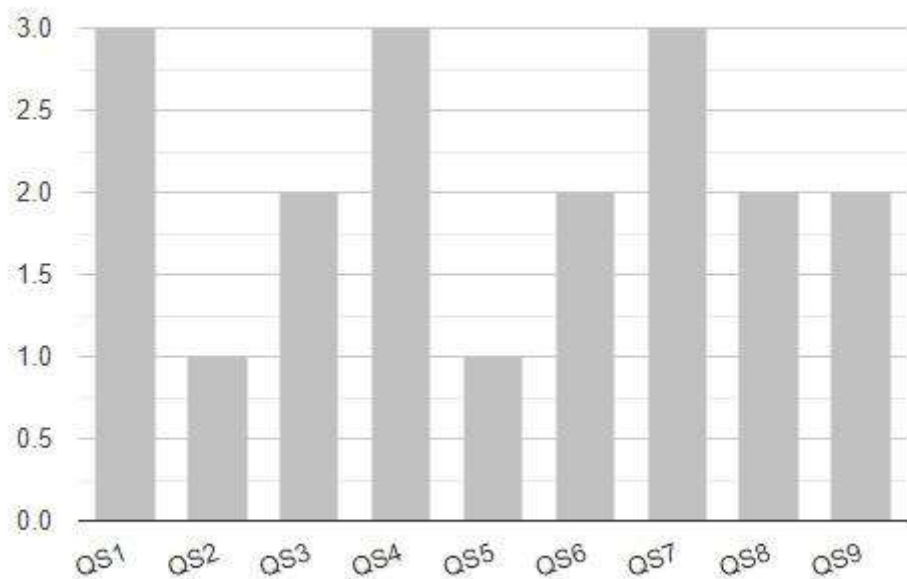
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Areas for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.
-

Quality Standard 7: Services operate in a coordinated and integrated manner



- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

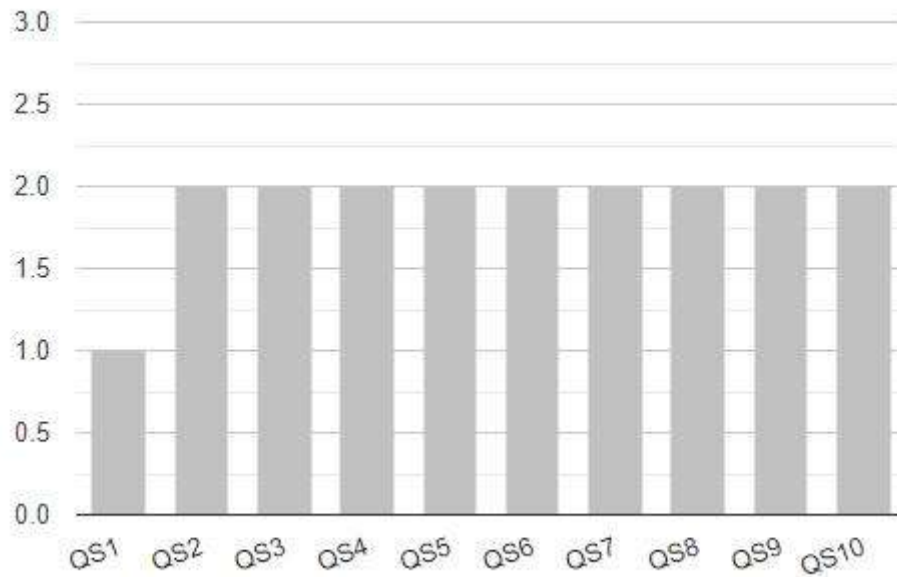
- Adequate funding for service is guaranteed and mainstreamed.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

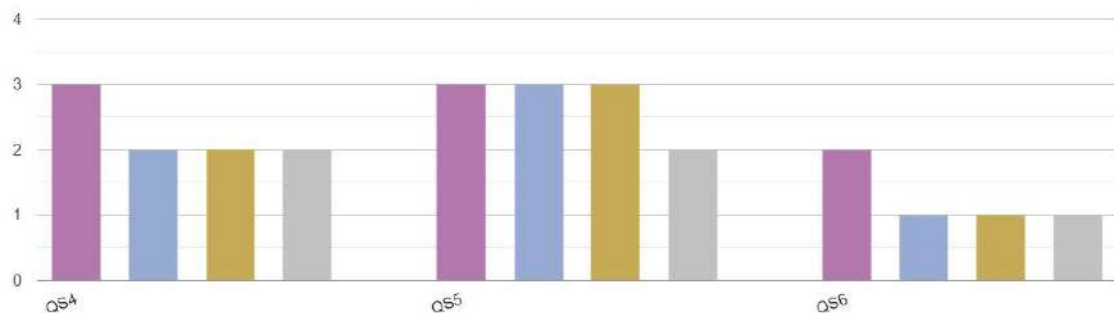
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2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 3



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Croatian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Croatia

Date: 06/17/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

On the basis of our discussion held on the meeting of the National Working Group (NWG) on the 15th April 2024 and the automatically generated Results of the Quality Assurance Protocol: Croatia (provided to all the members of the group), national coordinators drafted a proposal for prioritization of strengths and recommendations. In line with the agreement from the meeting, this draft was placed on Google disc in order for all NWG members to comment.

Nine out of the total of 15 NWG members provided their comments, feedback and/or proposals. National coordinators integrated them into a draft version of the Promising practices and recommendations document.

This draft document was sent to all members of the NWG to test for (passive) consensus. Consequently, the final version of Promising practices and recommendations was formulated as a consensual response.

Family Support Practice System:

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Successful experiences

The services are designed to recognise and strengthen the family's capacities/competences in the SOCIAL sector.

In the social sector, the strengths-based approach is emphasized in family support and parenting support interventions provided by the national public social service agency dedicated to universal, selective and indicated prevention, the 'Family Center' www.obiteljski.hr, which operates through its county-level field offices throughout Croatia.

In particular, the universal and targeted programmes 'Growing Up Together' www.rastimozajedno.hr, implemented in all field offices of the Family center, have been the flagship of the strengths-based approach in working with diverse groups of families with preschool children. The explicit focus on parent's and child's strengths and resources is fully integrated in these manualized programmes, for which practitioners receive specific in-service training that is licenced by the ministry responsible for quality assurance in the social sector.

The strengths-based perspective has been emphasized in capacity-building activities with practitioners from the national network of statutory child protection social services within the Croatian Institute for Social Work (supported by the UNICEF Office for Croatia). It is evident in the process of comprehensive interdisciplinary assessment and decision-making related to the child welfare and implementation of a range of child protection interventions. In particular, the assessment tools include not only measures of risks for child's safety, wellbeing and development but also a measure for assessing parental strengths. In addition, a strengths-based approach is integrated in formative and in-service training of practitioners who implement mandatory interventions with families at risk in the child protection services.

A promising practice of collaboration between child protection social services and NGO SOS Children's Village on a regional level demonstrates how a strengths-based approach is included in home-visiting family support activities for families at risk provided by multidisciplinary mobile teams, and in group-based parenting support activities.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Successful experiences

The services conduct a proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the SOCIAL sector.

In cases of protection of a child's well-being and development, a comprehensive assessment, (assisted by standardized instruments), of risks and resources of the child and the family is conducted by a multidisciplinary team within the local child protection service, in order to decide on the optimal response to the needs.

However, the optimal response (service) identified during the evaluation of the needs is not always provided in a timely manner. Sometimes, the optimal service is not provided at all because of limitations on the availability and accessibility of social services and significant geographical disparities between specific counties.

There is also room for improvement of the assessment process for all families engaged with the social sector (not only the ones with pronounced risks/needs). In addition, there is much room for improvement of the assessment of the needs of families engaged in the HEALTH, EDUCATION or JUSTICE sector.

One example of a promising practice which responsively addresses the needs of children and youth and a wide range of biological and foster families is Centar Izvor Selce – Center for Community Services <https://centarizvorselce.hr/>

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

Services in social, educational, health and justice sectors should adopt/increase the use of programmes and interventions that comply with the criteria of evidence-based approaches, (i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation) in order to provide quality response to children's, parents' and families' needs, and ensure the realization of children's rights,

This requires evaluation of the existing programmes and interventions, and the development of new evidence-based and evidence-informed programmes and interventions.

It is particularly important in the field of interventions with children with disabilities, since there may be interventions used by parents and practitioners which are not only ineffective but may be harmful.

Facilitators and barriers

Facilitators:

- eminent national experts who demonstrate, support, promote and advocate for the implementation of EBP standards to different stakeholders
- funding allocated to develop/support evidence-based approach in family support

Barriers:

- lack of strong commitment from all stakeholders to generating evidence about the short and long-term outcomes of programmes and interventions conducted with families in all sectors, insufficient recognition by policy/decision-making level of the importance of implementing EB programmes/interventions; lack of 'monitoring and evaluation culture' and lack of support from all stakeholders to provide EBPs in health, education, social and justice sectors
- inadequate financial resources and organizational support for evaluation research (including building capacity for conducting evaluation research and using results for advancing practice, policy and future research); a good collaboration of practice, research and policy
- lack of availability of a wide range of quality EBPs, enabling policies for adopting their implementation and ensuring sustainable provision and quality assurance, including training and support for practitioners and incentives for organizations and practitioners who provide EBPs in all sectors
- lack of awareness-raising among diverse families about quality EBPs available within and across health, education, social and justice sectors
- lack of multisectoral collaboration in providing EBPs and engaging in responsive EBPs – lack of practitioners and/or high staff turnover in services; lack of knowledge, skills and resources for implementing EBPs; lack of skills and resources for evaluating outcomes and implementation of EBPs on the practice level

Difficulties related to implementing monitoring and evaluation in family support are observed at several levels:

- Legislation – because currently there is no legal framework that would, for example, authorize the National Statistics Office to merge different administrative databases for statistical purposes
- Data management and data coordination because administrative databases are not connected
- Insufficient use of data from other authorities responsible for collecting data about the same groups of children or the same families
- Focus on monitoring the services/deeds provided, and not on the outcomes, because the existing data collection mechanisms are dominantly focused on recording services, and not on the outcomes of individual interventions/measures of the system towards the child and family
- Capacities and resources – although there is a report on progress in the gradual digitalization of the system, many data are still collected manually and in many cases, the types of data collected do not allow analysis that would enable more efficient use of existing resources
- Insufficient utilization of existing data sources, etc.

Training needs

Increased knowledge and skills of practitioners in health, education, social and judiciary sectors for:

- implementing quality EBPs with children, youth, mothers, fathers and families
- collaborating within and across sectors to facilitate family engagement with EBP
- evaluating outcomes and implementation of programmes and interventions

Increased knowledge of decision-makers in health, education, social and judiciary sectors about quality standards for family support

Expected impact on the audiences

If the recommendation was implemented, it would impact:

- practitioners' and policy makers' knowledge, attitudes and practices related to the implementation of the quality EBPs (resulting in increased availability of quality EBPs to families and adoption of an evidence-based approach/development of to the 'monitoring and evaluation culture' more generally across all sectors;
- parents', children's and youths' knowledge, attitudes and engagement with/use of quality EBPs in health, education, social and judiciary sectors;
- academics' engagement with practice and policy in competence-building for development, implementation and evaluation of EBP, and in dissemination of research on EBP

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

Leadership and management of the services should enable a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families while promoting professionals' health and well-being in all sectors, in order to strengthen capacities and competencies of practitioners for providing quality family support. This particularly refers to the EDUCATION and JUSTICE sectors since some (mostly project-based) efforts to ensure effective supervision, support and in-service training to practitioners exist in the social and health sectors.

Facilitators and barriers

Facilitators

- the existing examples of good practice within some sectors, like organisations promoting practitioners' professional development and collaborative practice to support families (e.g. Day Care Center for Rehabilitation of Children and Young

Adults “Mali dom”) or collaboration of NGOs and public social services enabling effective in-service training and supervision for practitioners providing family support to at-risk families (e.g. collaboration of NGO Center for Parenting Support ‘Growing up Together’ with the public social service the Family Center; collaboration of SOS Children’s Village and the Croatian Institute for Social Work)

Barriers:

- lack of inter-sector collaboration on all levels
- high variability of leadership and management practices among different services
- high level of staff fluctuation
- low level of adoption of partnership between practitioners and families
- lack of time
- lack of staff (first-line practitioners) in the social sector

Training needs

Development of short training (micro-credentials) related to acquiring/enhancing profession-related competencies in different professions and settings, and their provision to family support providers at all levels (administration, services, professionals/practitioners) and across different sectors (e.g. increasing understanding and supporting specific needs of some children/families, increasing skills for organizing/providing ongoing support through supervision and mentoring, raising awareness and skills for the development of partnership between support practitioners and families, etc.).

Expected impact on the audiences

If this recommendation was implemented, it would make an impact on:

- practitioners – who would not only be better equipped for the provision of specific child/family-centred support but also have a support system for their wellbeing
- management – since it might increase workplace satisfaction and reduce staff fluctuation
- children, young people and families – who would benefit from having a more active role while being treated as equal partners, rather than having a more passive role as service recipients

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

Quality family support programmes and resources delivered through information and communication technology (ICT) need to be provided through all sectors to increase the accessibility of formal family support, evidence about the effectiveness of on-line family support, availability of EBP, and collaboration of stakeholders.

Facilitators and barriers

Facilitators:

- successful examples of good practice in ICT in family support

Barriers:

- lack of knowledge and resources for developing and implementing ICT in family support in all sectors

Training needs

Increasing knowledge of practitioners and decision-makers in all sectors about family support delivered through ICT; increasing skills of practitioners for providing online family support.

Expected impact on the audiences

If this recommendation was implemented, it would make an impact on:

- practitioners and policymakers will be informed about the potential of family support delivered via the Internet/ICT and will support its development and implementation
- parents and families will be informed about the quality family support available to them through ICT
- academics will be engaged in research on the family support provided through the ICT

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Successful experiences

While there is still room for improvement to ensure all families are supported with an inclusive approach, there are examples of promising practices on a national level.

Supported by the EU Child Guarantee testing phase, a selective family support programme for families with preschool children in Roma settlements 'Rastimo zajedno i mi Plus' ('Growing up Together – Count Us In Plus') (Glavina & Pe?nik, 2023) was developed through collaboration of multiple stakeholders. The implementing team of facilitators for workshops with parents and children, with roles described in programme manuals, includes paraprofessionals, Roma activists, besides practitioners with backgrounds in helping professions.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

To ensure the sustainable availability of services when needed we recommend adequate funding for services to be guaranteed and mainstreamed.

Facilitators and barriers

Policy brief advocating for adequate funding might facilitate the implementation of the recommendation, but lack of finances and other priorities on the governmental level might prove to be barriers.

Training needs

In addressing this recommendation, training on writing/administering competitive national/EU project proposals, along with training on foundation establishment/management/exploitation for family support providers at all levels (administration, services, professionals) and across different sectors would be beneficial.

Expected impact on the audiences

If this recommendation was implemented, it would increase administration and service providers' knowledge and abilities to ensure much-needed funds for different aspects of adequate support provision and provide children, young people and families more opportunities for high-quality support in a timely manner.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Successful experiences

Though the availability of high-quality professional training to ensure a competent, skilled and knowledgeable workforce is still a work in progress across services and sectors, an example of good practice is observed synergy between social service system and NGO engagement that contributes to capacity building and filling the gaps in support provision system that can sometimes be observed the fieldwork. For example, due to the small number of adoptions per year and large fluctuation of

experts in social services, adoptive families often seek/are referred to expert support in NGOs that focus on adoption support and education e.g. „Na drugi na?in“ and „Adopta“ that also provide adoption-specific education for other interested experts“

Family Support Evidence System

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Successful experiences

While there is still room for improvement to ensure the adoption of consensual evidence-based best practices guidelines in child and family support in all sectors, there are examples of promising practices on a national level.

For example, a portfolio of universal, selective and indicated EBPs “Growing up together” are implemented within the social and education sector <https://www.rastimoza Jedno.hr/en/#>

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

To support quality standards of the family support evidence system we recommend the organization of meetings with various audiences to exchange and disseminate best practices on quality family support; such meetings should be organised regularly, include various forms (conferences, round tables, workshops, city-labs festivals, etc.), promote multidisciplinary approach (invite experts from different sectors) and include social media communication

Facilitators and barriers

On the one hand, existing experience with organizing different meetings and thematic conferences might facilitate the implementation of the recommendation. On the other hand, a large number of different events that is being offered both nationally and internationally might prove to be a barrier to the implementation of the recommendation.

Training needs

No special training needs are identified regarding the implementation of this recommendation.

Expected impact on the audiences

If this recommendation was implemented, it would make an impact on practitioners since it would raise their awareness and competencies regarding the efficacy of evidence-based family support programs, and motivate them to engage in EBP themselves.

Quality Assurance in Family Support in Cyprus

The coordinator of the chapter on quality assurance in family support in Cyprus is Sviatlana Karpava (University of Cyprus), representative of Cyprus in EurofamNet. The authors of this chapter are the members of the Cypriot National Working Group that have participated in the QA4EuroFam project (in alphabetical order, after the coordinator): Sviatlana Karpava, Marian Angelidou, Stavroula Hadjiconstantinou, Elis Kakoulli Constantinou, Elena Kaourani, Elena Kontolemi, Maria Koushiou, Nataly Loizidou Ieridou, Eliada Pampoulou, Kakia Petinou, Konstantina Rentzou, Marina Spania, Loizos Symeou, Loukia Taxitari & Panayiota Themistokleous.

Characteristics of the National Working Group and Process for Discussion in Cyprus



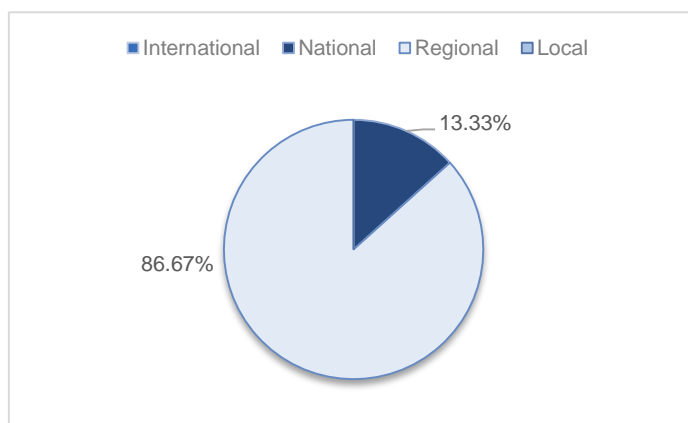
15 national experts



- Protocol sent and filled out individually in advance.
- 4 online meetings.



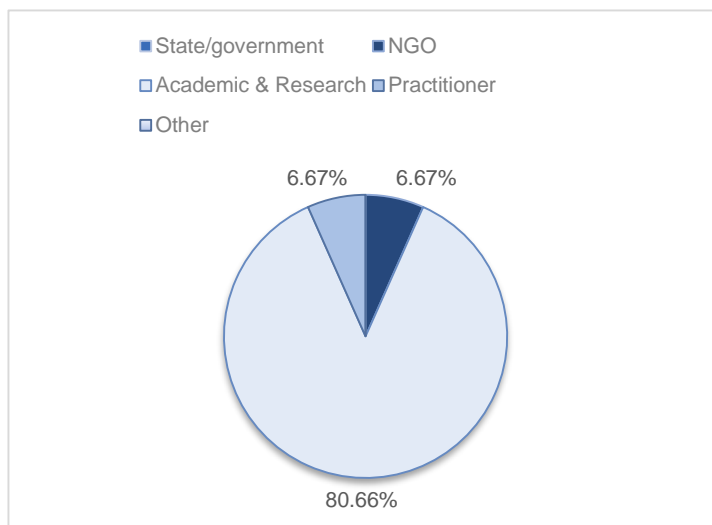
Scope of the family support actors



- Representation from national, and regional scopes.
- Regional scope in the form of universities as the most represented.
- No representation at international and local scopes.



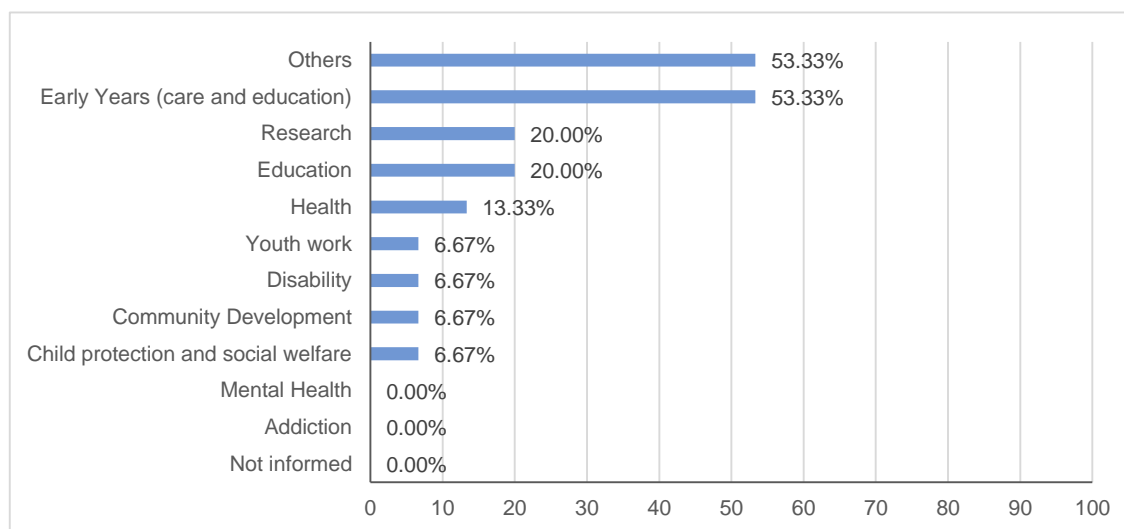
Type of family support actors



- Good representation from academic and research, actors.
- No representation from ombudsperson and institutes and state/government actors.



Areas of family support actors



- Representation from a wide variety of areas in family support.
- Most representation from other areas, particularly second language acquisition, and the area of early years.
- Some representation from research and education.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

Overall, 15 colleagues, members of the National Working Group, who represent various organisations in Cyprus, participated in the preparation of the Quality Assurance Protocol. The national coordinator of Cyprus sent all the documents with the description of the procedure to the National Working Group members. There was a continuous and consistent communication with each member via email, phone or Microsoft Teams for further clarifications. During the first phase, online meetings were organised in order to go through the **Quality Assurance protocol** and fill it in together or address various issues and discuss them. During the second phase, the online meetings were organised in order to vote and to reach a consensus among the members of the group. In this phase, first, each member sent the individual template with their answers. The coordinator entered individual answers in the excel file and prepared the summary report with the most frequent answers and mean scores. She sent the documents to the members of the National Working Group. Then, during the meetings of the second phase, the members voted. Some members who were not able to attend the meeting, were able to vote and provide their comments via email.

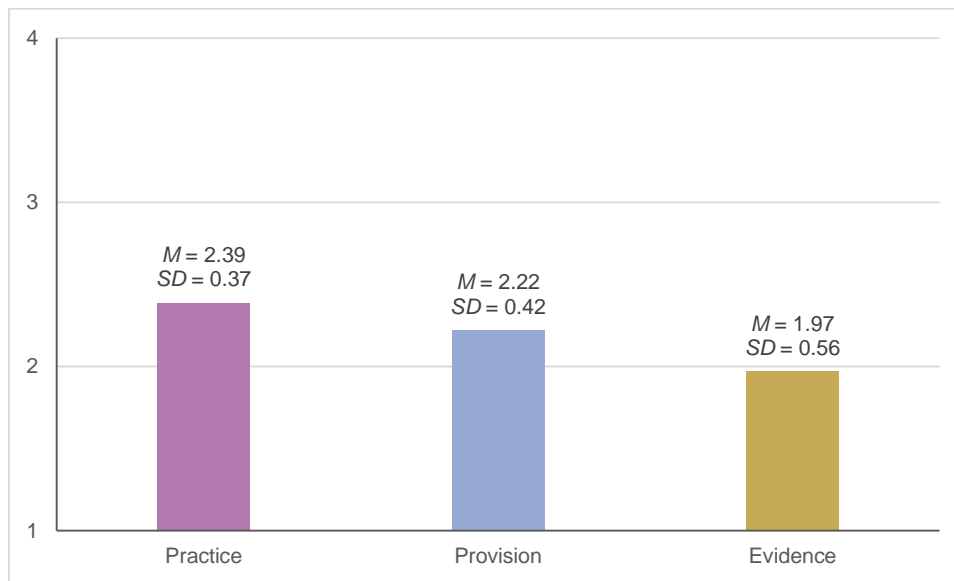
A similar procedure was followed for the fulfilment of the **National Strengths and Recommendations Report**, the draft of the document was prepared by the national coordinator based on the discussions held in the online meetings and sent to the group, then the coordinator implemented all the feedback and comments and again sent the document to the members in order to receive their approval and/or final comments and suggestions. Only after each member of the National Working Group agreed, the report was submitted.

Summary of Results of the Quality Assurance Systems in Cyprus

In this section, the global scores obtained in Cyprus for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

The following figure presents the **average scores** of the family support systems. The scores on all three systems are closer to 2 (considered an area for improvement) than to 3 (considered a strength). The highest score is obtained in the family support practice system, followed by the provision system, whereas the lowest score is obtained in the evidence system. Thus, overall, the Cypriot National Working Group considered the quality of family support in the country to be rather low, particularly in the case of the evidence system.

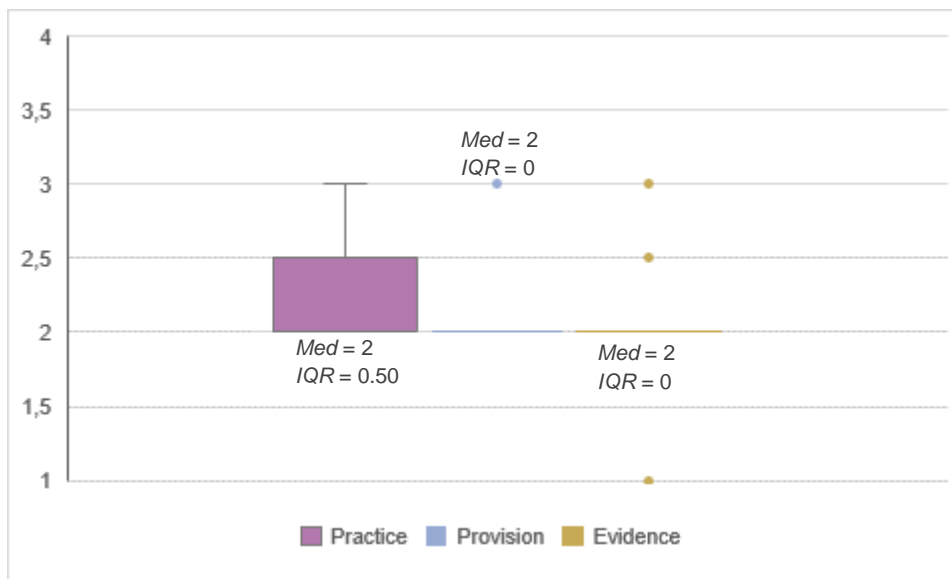
Average scores of the quality assurance systems in Cyprus: means and standard deviations



The next figure presents the **medians** and **interquartile ranges** of the three systems. All the medians equal 2. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 0.50. As shown in the figure, the interquartile ranges indicate that the differences

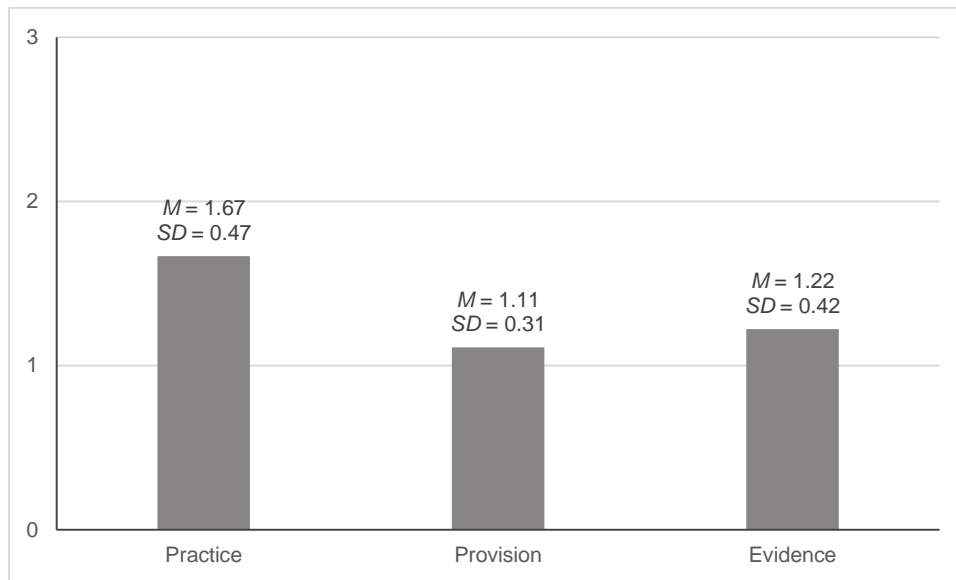
between the scores of the quality standards in the three systems are overall fairly small, with some dispersion being observed in the practice system, whereas the provision and the evidence system present no dispersion.

Average scores of the quality assurance systems in Cyprus: medians and interquartile ranges



As presented in the following figure, the provision and the evidence systems are located at the low level of **variability**, whereas the practice system is at the medium-low level of variability, indicating that there is some occasional variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. These results show that the quality of the family support practice system is considered somewhat more heterogeneous in Cyprus than the quality of the family support provision and the family support evidence systems.

Variability scores of the quality assurance systems in Cyprus: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Cyprus's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Cypriot National Working Group did not reach a consensus on the assessment of the education and the justice sector regarding quality standard 4 of system 3, thus the average score of this quality standard was calculated taking into account the scores obtained in the social and the health sector only. In addition, no consensus was reached on the indicator pertaining to quality standard 7 of system 3, thus the average score of this quality standard, reflected in the report, should not be considered when analysing the situation in the country.

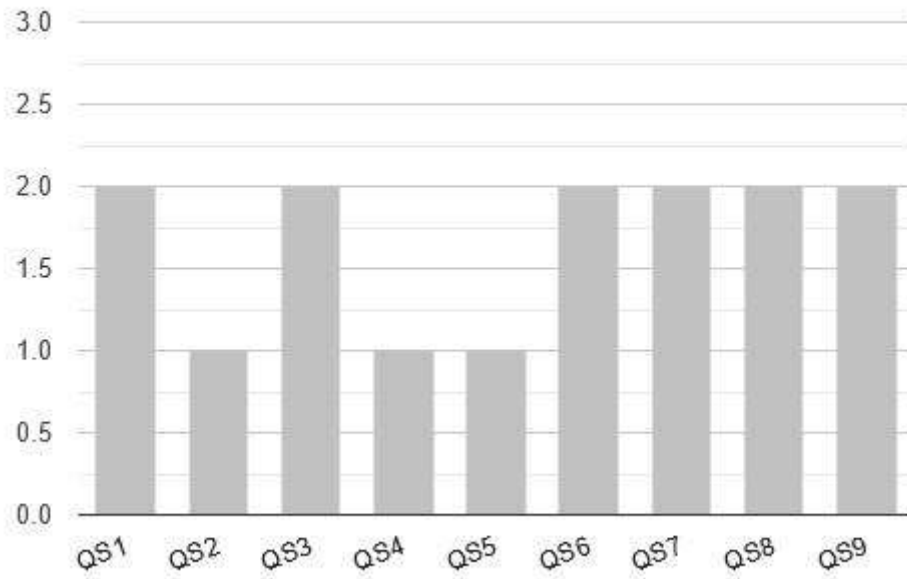
Results Report of the Quality Assurance Protocol: Cyprus

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

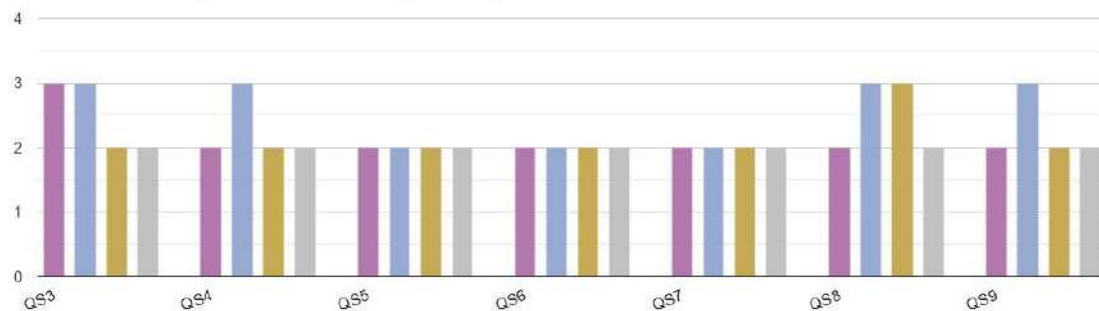
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely mannerr

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

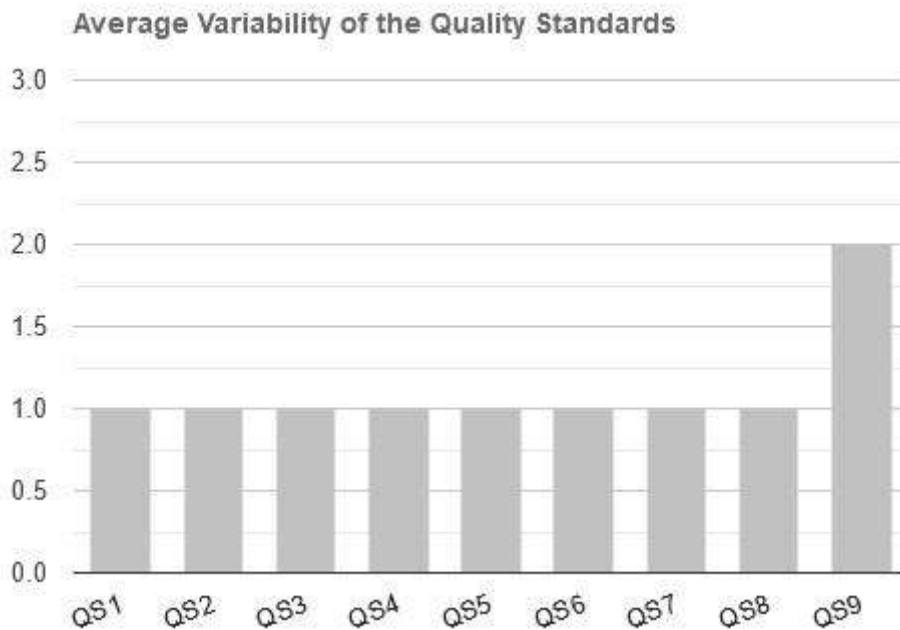
Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

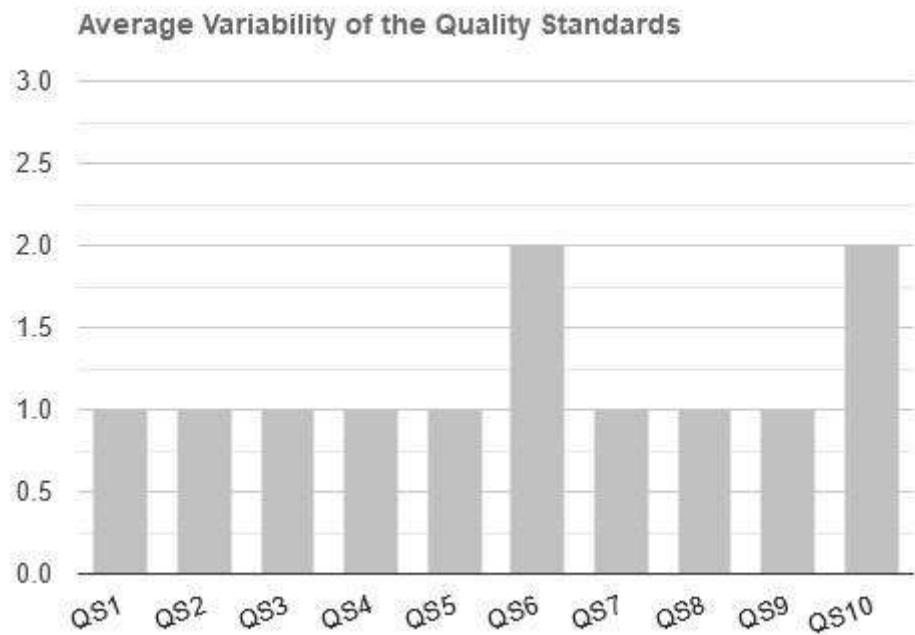
Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





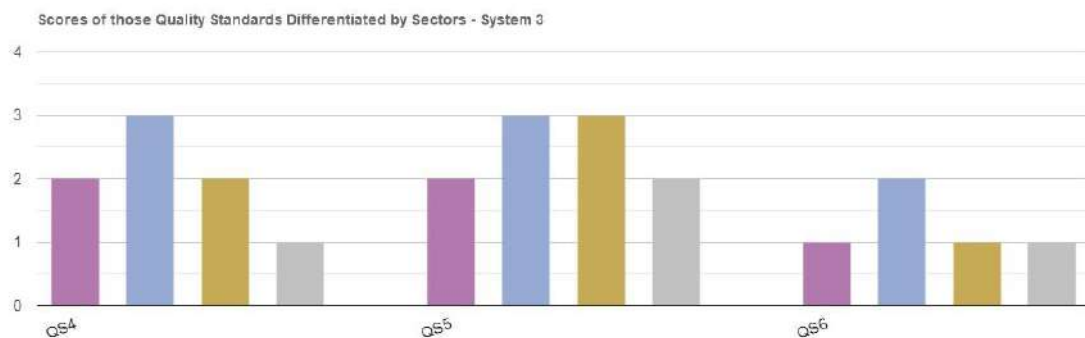
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Cypriot Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Cyprus

Date: 06/21/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

The authors of this document are Sviatlana Karpava (University of Cyprus), Kakia Peteinou (Cyprus University of Technology), Loizos Symeou (European University Cyprus), Konstantina Rentzou (University of Ioannina, Greece), Eliada Pampoulou (Cyprus University of Technology), Loukia Taxitari (Neapolis University Pafos), Nataly Loizidou Ieridou (Frederick University), Maria Koushiou (University of Nicosia), Elis Kakoulli Constantinou (Cyprus University of Technology), Stavroulla Hadjiconstantinou (Cyprus University of Technology), Marian Angelidou (Hope For Children, CRC Policy Center), Panayiota Themistokleous (Cypriot Sign Language Interpreters), Elena Kaourani (University of Cyprus), Marina Spania (University of Cyprus), Elena Kontolemi (University of Cyprus).

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

There is collaboration between public and private domains, public authorities and regional administration, even though improvement is needed. Although children's needs are taken into account, children's right to participation in decision making in all aspects affecting them is not adequately addressed.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

International ethical principles are secured by the law of Cyprus and safeguarded by the public authorities, relevant ministries, and policy experts and family support service providers. However, more work in this direction is required.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

Members of the National Working Group in Cyprus are in consensus that the planning and delivery of family support services are based on the objectives of partnership between families, and service providers. The prioritized areas for improvement are the education and the social sectors regarding a collaborative relationship with the families, involving them as active participants in all phases of the family support service.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the planning and delivery of family support services, how to have an effective and efficient partnership between families, and service providers in all sectors.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

Members of the National Working Group in Cyprus are in consensus that the family support services are designed to recognise and strengthen the family's capacities/competences in the social sector, in the health sector, in the justice sector. The prioritized area for improvement is the education in order to enhance the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the recognition and strengthening of the family's capacities/competences in the education sector.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

Members of the National Working Group in Cyprus are in consensus that family support services address family's needs in a responsive and timely manner in all sectors. The prioritized areas for improvement are continuous and consistent evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social, education, health and justice sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent evaluation of the family's needs and characteristics in all sectors.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Recommendations

Members of the National Working Group in Cyprus are in consensus that family support services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, well-being and rights) in the social, the education, health and justice sector. The prioritized areas for improvement are continuous and consistent work in this direction and promotion of its importance and benefits.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent of addressing family's needs in a responsive and timely manner and delivering/implementing the intervention plan as soon as possible after the assessment of needs.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

Members of the National Working Group in Cyprus are in consensus on the use of evidence based programs / interventions, that the family support services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector, education, health and justice sectors. The prioritized areas for improvement are continuous and consistent work in this direction and promotion of its importance and benefits.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work on evidence based programs / interventions.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

Members of the National Working Group in Cyprus are in consensus on the feasibility and continuity of the intervention, that the intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social, education, health sector and justice sectors. The prioritized areas for improvement are continuous and consistent work in this direction and promotion of its importance and benefits.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work on Feasibility and continuity of the intervention.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

Members of the National Working Group in Cyprus are in consensus on positive culture and leadership, promoting professional development and in service training, that the leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector and the justice sector. The prioritized areas for improvement are continuous and consistent work in this direction and promotion of its importance and benefits, especially in education and health sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work on positive culture and leadership, promoting professional development and in service training.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Recommendations

Members of the National Working Group in Cyprus are in consensus on transparent and accountable organization of family support services, that regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social, health and justice sectors. The prioritized areas for improvement are continuous and consistent work in this direction and promotion of its

importance and benefits, especially in education sector.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work on transparent and accountable organization of family support services.

Expected impact on the audiences

The recommendation would make an impact on practitioners, policy makers, children, young people and families.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

Members of the National Working Group in Cyprus are in agreement that formal family support is available to all family members and that there is a commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

The prioritized area for improvement is to provide more economic support associated with the cost of living of the families, especially families most in need linked with family size, and context and cost of living. More collaboration between private and public domain is required regarding family support services.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to economic support associated with the cost of living is provided.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

The prioritized area for improvement is to develop legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation. This can be achieved by a close collaboration between families and public authorities and family support service providers and organizations.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Recommendations

The prioritized area for improvement is to provide opportunities for families to be supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports. This can be achieved via a combination of measures, joint work and collaboration of various actors related to family support in public and private sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to family support services based on the continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Recommendations

The prioritized area for improvement is to develop the provision of an individualized, needs led service by recognizing the significance of the family unit and urge the services to respond to specific needs of support and provide a person-centered response. There should be a close link between research and practice, collaboration between private and public domains.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to the provision of an individualized, needs led family support service.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Successful experiences

Members of the National Working Group in Cyprus are in agreement that all families are supported with an inclusive approach taken and that family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Recommendations

The prioritized area for improvement is to ensure that family support services operate in a coordinated and integrated manner and that there is a named recognition of the need for, and mechanisms to support coordination. The regulatory mechanisms should be developed and maintained in all sectors, education, social, health and justice.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to the provision of family support services in a coordinated and integrated manner with the focus on recognition of the need for, and mechanisms to support coordination.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

The prioritized area for improvement is to have both top-down and bottom-up relationships between public authorities, families and family support service providers and to have better opportunities for adequate funding for service is guaranteed and

mainstreamed by proper regulatory and monitoring mechanism adopted by relevant public authorities and relevant public and private organization.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to availability of family support service, guaranteed and mainstreamed family support service provision based on the adequate funding available.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Recommendations

The prioritized area for improvement is to ensure adequate human resources that provide a high-quality family support service. In order to achieve this high-quality professional training is required to ensure a competent, skilled and knowledgeable workforce in all sectors, private and public, education, social, health and justice. The role of higher education institutions is essential in terms multi- and inter-disciplinary courses and in-service training.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to development of adequate human resources that provide a high-quality family support service.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required as well as collaboration between policy makers, researchers, practitioners regarding family support services. Collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support should be promoted both in private and public domains.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to development of stable collaboration between policy makers, researchers, practitioners.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to ensure the existence of high-level or coordinating bodies to have quality assessment and communication of results to services and society in general. All stakeholders should have an active role and articulates policies and practices aimed to promote the quality assurance. It is important to have available data at the national level – across sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to development of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to raise awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received. All stakeholders should have an active role in this respect, both in private and public sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to raising awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to adopt consensual evidence-based best practices guidelines in child and family support in all sectors based on collaboration of various agents of family support service provision.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social, health and justice sectors.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to adopt consensual and shared evidence-based interprofessional competences guidelines, to incorporate consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social and justice sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social and justice sectors.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to promote quality assessment and shared continuous improvement plans to the service to promote the quality assurance. Collaboration and joint efforts are needed for all agents and stakeholders in all sectors as well as adequate funding for family support services.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to quality assessment and shared continuous improvement plans to the service to promote the quality assurance.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes. In order to achieve this, family support agents and stakeholders need to collaborate both in private and public domains.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to ensure recognition of teams and services endorsing best practices guidelines. There should be more acknowledgement of the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support, both in private and public sectors.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect to recognition of teams and services endorsing best practices guidelines.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

Members of the National Working Group in Cyprus agreed that it is important to emphasize professional training efforts in evidence-based practices guidelines. More guidance and support are needed regarding graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

Members of the National Working Group in Cyprus agreed that more work is required to ensure exchange and dissemination among different audiences of relevant information on best practices for quality family support. Active role and engagement of family support service actors are needed in order to organize meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Facilitators and barriers

The relevant Ministries, public authorities are facilitators that might affect the implementation of the recommendation. Lack of funding and training and guidance might be barriers that might affect the implementation of the recommendation.

Training needs

There are training needs at administration, service, professionals' levels regarding the continuous and consistent work with respect exchange and dissemination among different audiences of relevant information on best practices for quality family support.

Expected impact on the audiences

The recommendation would make a positive impact on practitioners, policy makers, children, young people and families with respect to effective and efficient family support services.

Quality Assurance in Family Support in Ireland

The coordinators of the chapter on quality assurance in family support in Ireland are John Canavan (University of Galway) and Carmel Devaney (University of Galway), representatives of Ireland in EurofamNet. The authors of the chapter are the members of the Irish National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): John Canavan, Carmel Devaney, Fiona Cianci, Clare Deane, Sarah Haslam, Teresa Heeney, Deirdre Mc Glinchey, Helen McGuire, Tracey Monson, Rebecca Moore, Amy Mulvihill, and Maria O Dwyer.

Characteristics of the National Working Group and Process for Discussion in Ireland



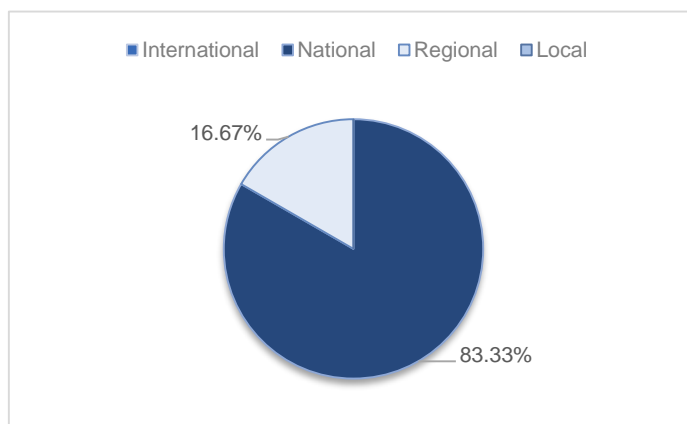
12 national experts



- 1 face-to-face meeting.



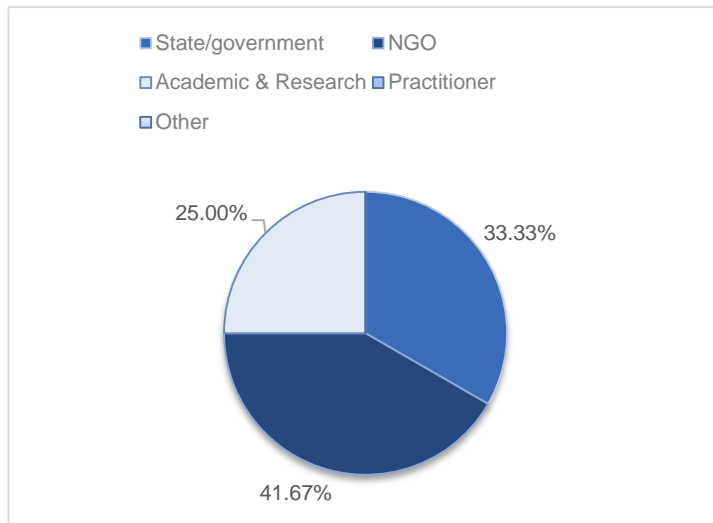
Scope of the family support actors



- Representation from national, and regional scopes.
- National scope as the most represented.
- No representation at international and local scopes.



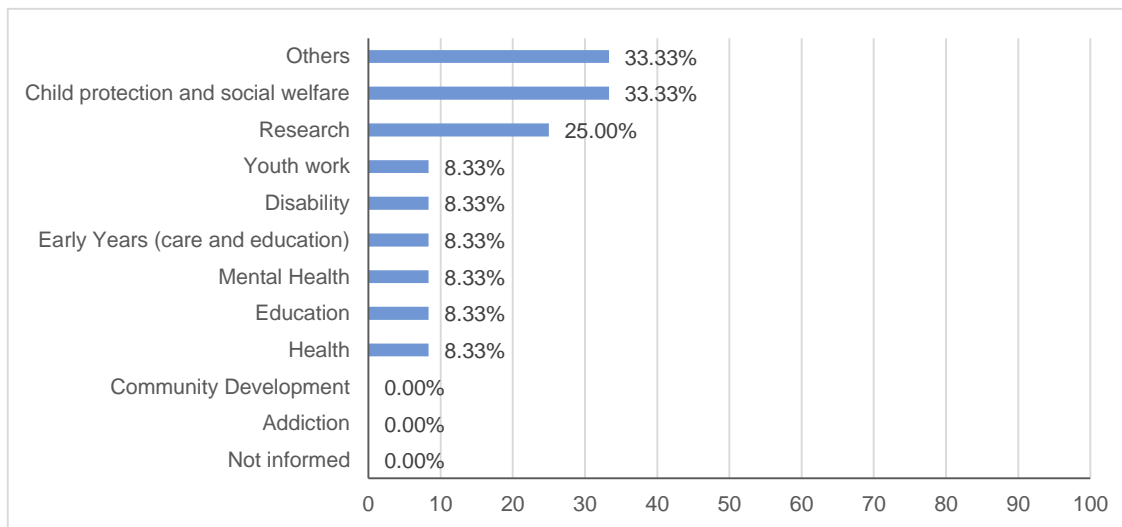
Type of family support actors



- Balanced representation from academic and research, state/government and NGO actors.
- No representation from ombudsperson and institutes and practitioners.
- NGO networks, CEO from NGOs and national managers were represented.



Areas of family support actors



- Representation from a wide variety of areas in family support.
- Most representation from other areas, particularly family support and advocacy, and the area of child protection and welfare and research.
- Some representation from youth work, disability, early years, mental health, education and health.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

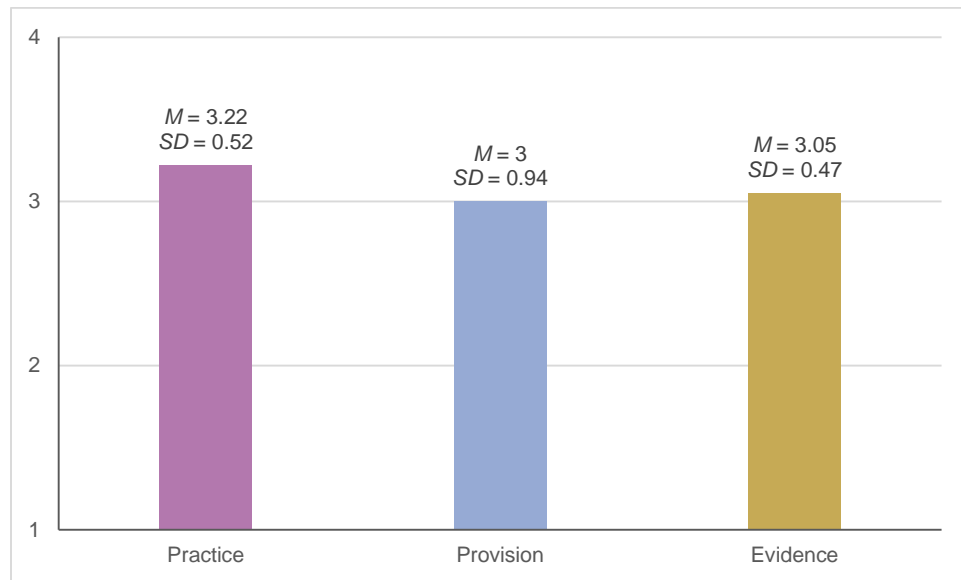
The Irish National Working Group filled in the **Quality Assurance Protocol** during a face-to-face meeting. All indicators were discussed at length as necessary and consensus was reached for all. The strengths and areas for improvement prioritised in the **National Strengths and Recommendations Report** were discussed and agreed by all members of the National Working Group who attended the meeting.

Summary of Results of the Quality Assurance Systems in Ireland

In this section, the global scores obtained in Ireland on the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

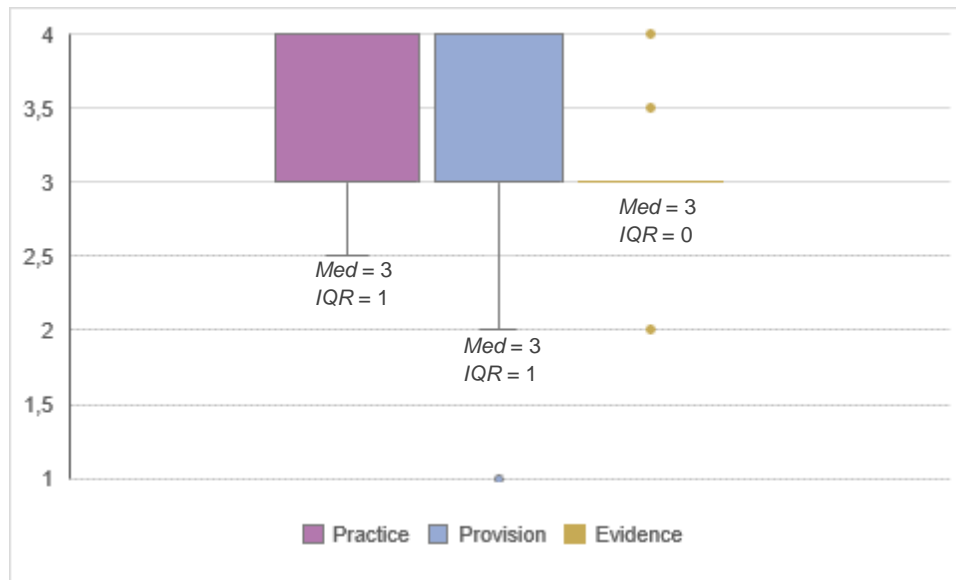
The **average scores** of the quality assurance systems are presented in the following figure. All systems are located at the strengths level (3 points or more). The score of the family support practice system is slightly higher than those of the provision and evidence systems, although the differences between the systems are small. Overall, the Irish Working Group considered that the quality of family support in the country was quite high, as well as homogeneous across the three systems.

Average scores of the quality assurance systems in Ireland: means and standard deviations



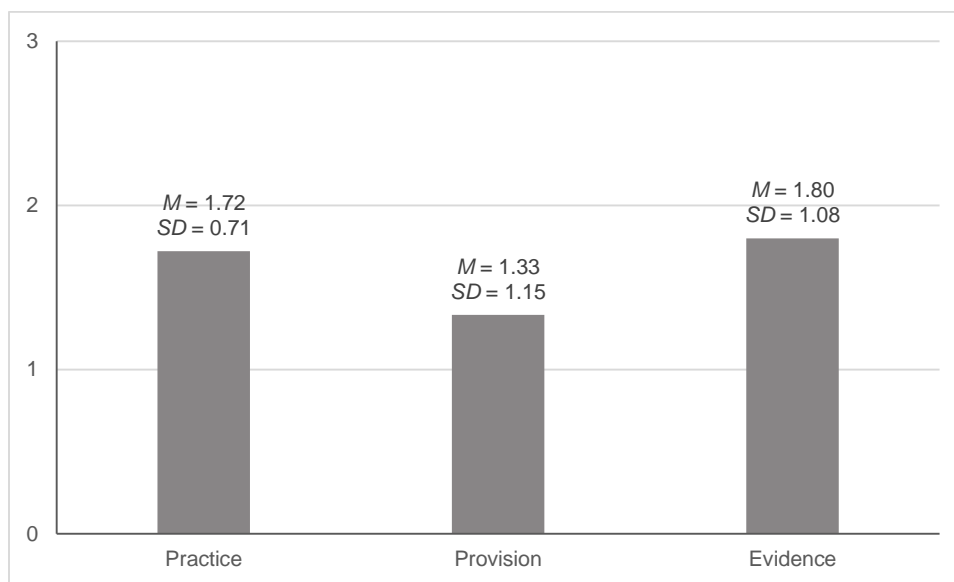
The next figure shows the **medians and interquartile ranges** of the family support systems. All medians equal 3. Concerning the dispersion of the data, the interquartile ranges are located between 0 and 1. As shown in the figure, the interquartile ranges suggest that the differences between the scores of the quality standards in the family support evidence system are negligible. In comparison, the differences between the standards in the family support practice and provision systems are more pronounced.

Average scores of the quality assurance systems in Ireland: medians and interquartile ranges



As presented in the following figure, the three systems are located between the medium and the low level of **variability**, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The practice and evidence systems are closer to the medium level of variability, whereas the provision system is closer to the low level of variability. These results show that the quality of the family support provision system is considered somewhat more homogeneous in Ireland than the quality of the family support practice and the family support evidence systems.

Variability scores of the quality assurance systems in Ireland: means and standard deviations



Results Report of the Quality Assurance Protocol

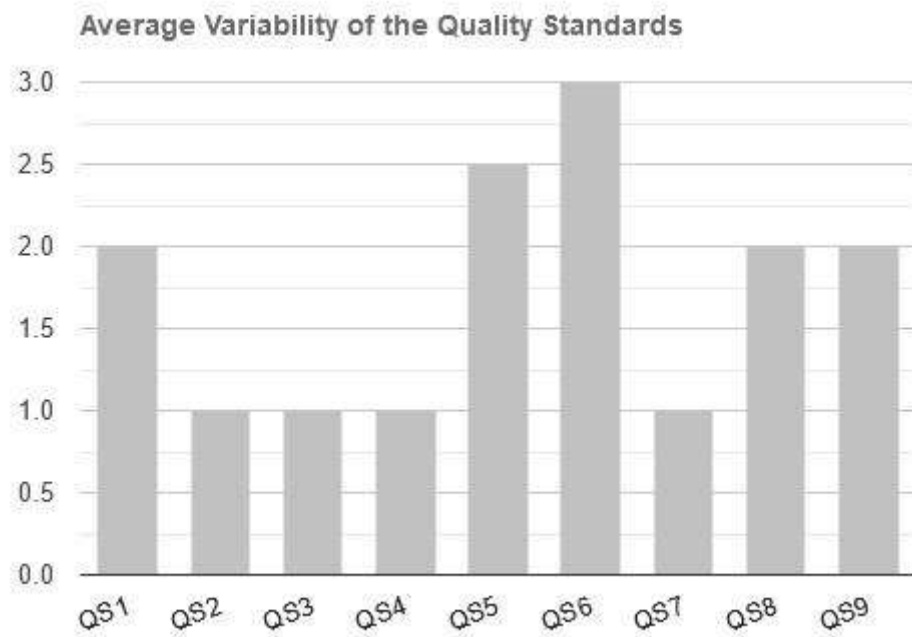
The following pages present Ireland's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: Ireland

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





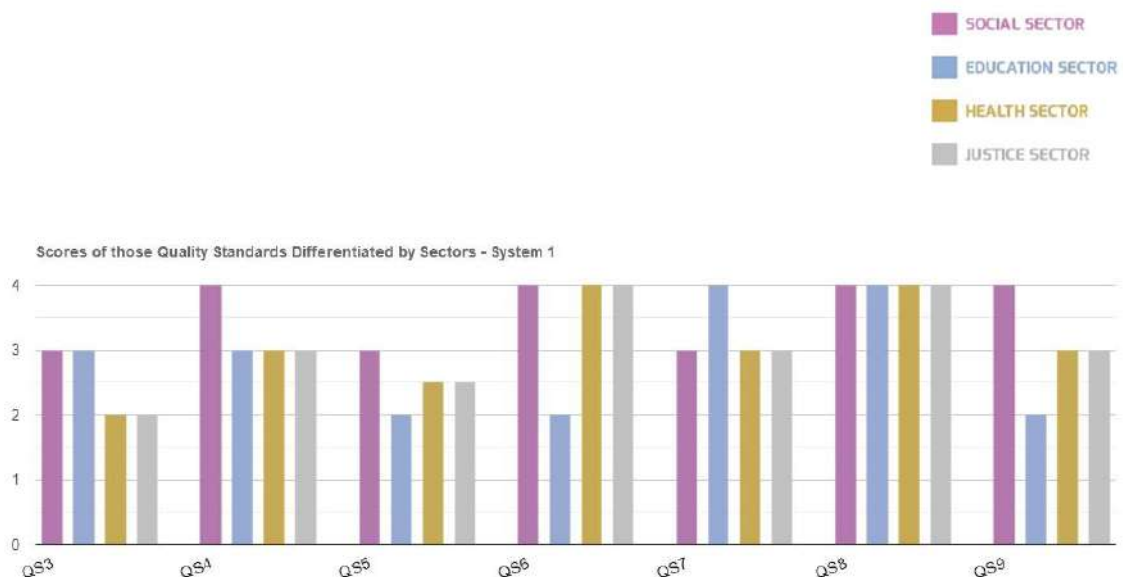
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely mannerr

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.

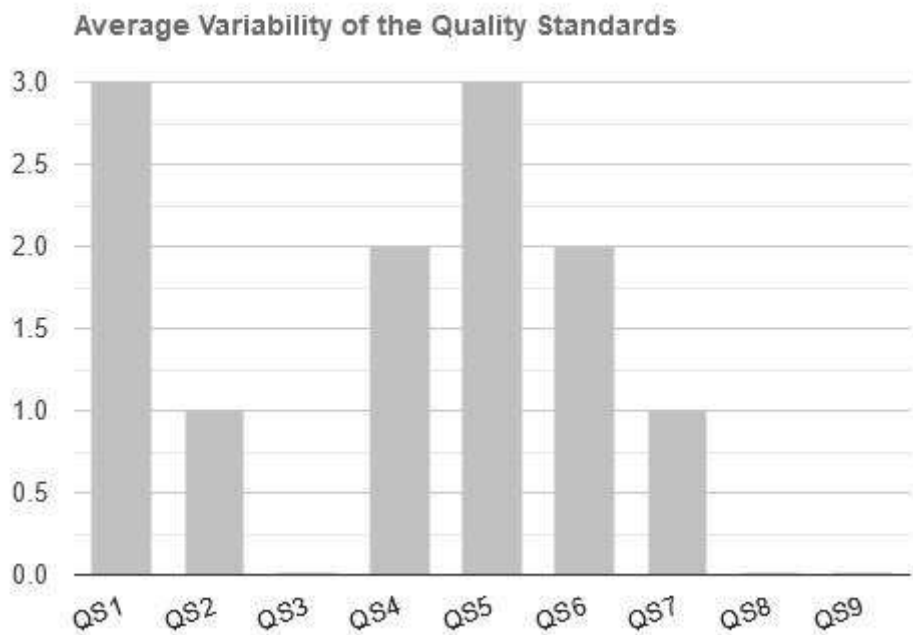
Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Strong areas with room for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Areas for improvement

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

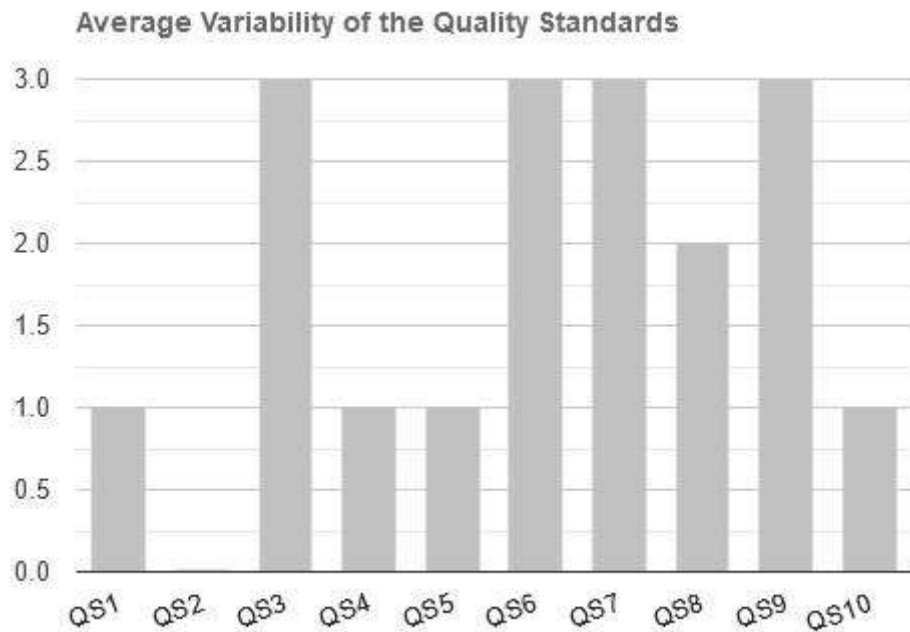
Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





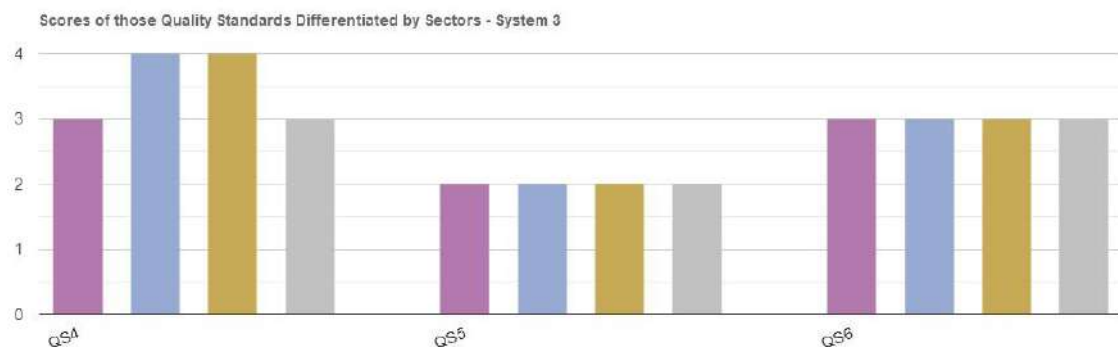
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

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2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

National Strengths and Recommendations Report

Over the next pages, the Irish Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Ireland

Date: 06/01/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

The reported strengths and areas for improvement were discussed and agreed by all members of the WG who attended the National WG meeting.

Family Support Practice System:

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

Respecting family members confidentiality is a fundamental principle in children services within all sectors. In instances where confidential information has to be disclosed and / or shared for reasons of safety and / or protection family members are informed in advance with the rationale for this decision and the process involved explained.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

To increase and expand the services and sectors that are working collaboratively with parents, young people and children at all stages of their involvement.

Facilitators and barriers

Potential barriers include a lack of awareness of the resource involved in meaningful and sustained commitment to the process involved. Aligned with a lack of commitment to allocate & prioritize such resourcing. For family members potential barriers may include previous negative experiences of involvement in services and with practitioners (currently and in the past).

Facilitators will include a strong focus on working in a participatory manner in children and family services from a strategic and policy perspective.

Training needs

Managers and Practitioners will need ongoing training on the benefits of collaborative working, what it is and how to do it effectively.

Expected impact on the audiences

For family members they will feel more involved in the service they are receiving with a sense of their needs being heard and them contributing to their support plan.

For practitioners there will be additional workload which will result in more focused, tailored and realistic response to families needs.

For managers there will be a need to allocate resources to team members to engage in collaborative processes.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

The strength-based approach is adopted for framing services in consultation with families in many of the services and sectors. However it is not consistently adopted in all services and at all times. Learning from the the services that focus on an SBA will be a useful process for other interested in adopting this approach.

Facilitators and barriers

Existing exemplars of SBA will facilitate a wider application of this approach. Barriers will include a lack of knowledge on how to implement SBA with family members. Barriers will also include a perceived contradiction between CP safety and using SBA.

Training needs

Practitioners will need context specific training in implementing SBA with children, young people and with parents. practitioners will also need an understating of the limits of SBA and an appreciation that as an approach it cannot solve all the issues and inequalities families experience.

Expected impact on the audiences

Consistent and widespread adoption of SBA will result in more inclusive, positive experiences for family members engaged with services. It will strengthen their capacity to cope with an manage their challenges and difficulties.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Successful experiences

At an overall level, service managers and providers promote a positive work environment. Most (but not all) services provide supervision, support and in-service training, promoting continuing professional development.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

The service sector in Ireland has been committed to ensure a broad range of accessible formal supports that is available to all families in response to their particular levels and type of need. There is an inclusive and flexible approach to supporting all family forms as appropriate to ensure the needs and wellbeing of children is met.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Successful experiences

There is a broad and wide ranging continuum of services available to children, young people and their families which spans support, protection and alternative care. Across all of these services preventative approaches which access informal supports when possible is implemented.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Successful experiences

Ireland, overall has a strong emphasis on the significance of the family unit and the relationships formed therein. As part of this emphasis on family, Ireland has a strong emphasis on foster care providers both (relative and non-relative) as its main alternative care arrangement.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Successful experiences

There is an ongoing and strong commitment to collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support. While efforts at collaboration are strong in many sectors, they are not in place in all sectors, agencies or services. However, there is ongoing attention to increasing and improving efforts in this regard.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Successful experiences

Aligned with its focus on collaboration and SBAs, at an overall level in Ireland there is a strong awareness among practitioners, policy makers and managers of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received. There is an increasing focus on public and patient participation which is underpinned in a number of Government policies and strategies.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

There are a wide and increasing array of graduate, postgraduate or in-service professional training programmes available in relevant areas. Components of many of the relevant programmes and training initiatives include a focus on evidence-based guidelines of best practices and associated competences.

Quality Assurance in Family Support in Israel

The coordinator of the chapter on quality assurance in family support in Israel is Orna Mager (Modi'in Municipality), representative of Israel in EurofamNet. The authors of the chapter are the members of the Israeli National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinator): Orna Mager, Yafit Alfandari, Liat Avramovitch, Revital Bar, Miri Belhassan, Tova Ben Ari, Maly Danino, Galit Freedman, Rotem Idelman Nagar, Yael Nasimian, Hagit Pe'er, Vered Sasson, Edna Shimoni, Alon Tabib, Irit Tzvieli, Eran Zimran, and Maya Zohar.

Characteristics of the National Working Group and Process for Discussion in Israel



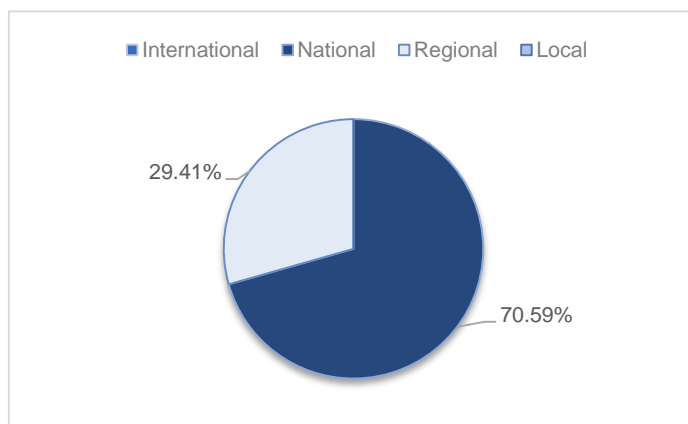
17 national experts



- 1 online meeting.
- Individual responses gathered and email and personal contacts.



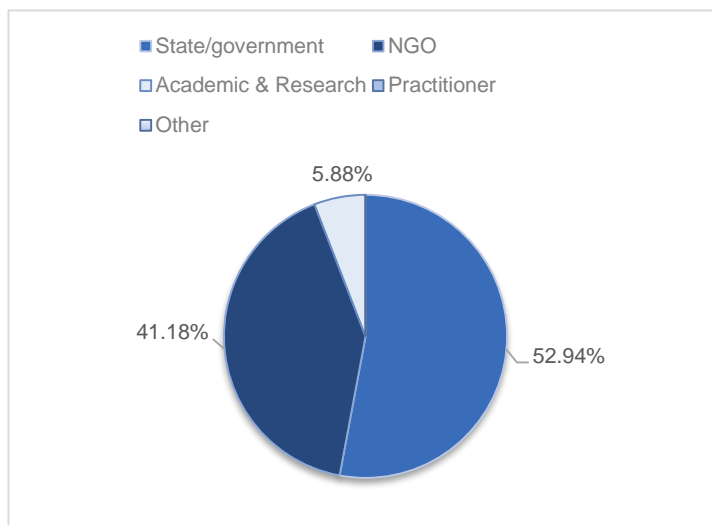
Scope of the family support actors



- Representation from national, and regional scopes.
- National scope as the most represented.
- No representation at international and local scopes.



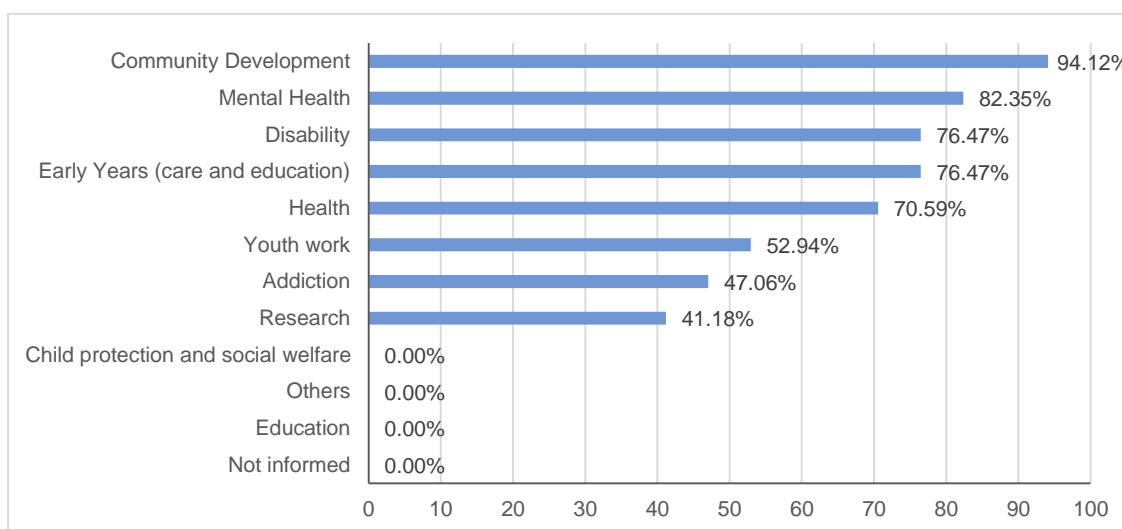
Type of family support actors



- Balanced representation of state/government and NGO actors.
- No representation from ombudsperson and institutes and practitioners.
- Directors, chairs and CEOs from NGOs and state/government actors represented.



Areas of family support actors



- Representation from a wide variety of areas in family support.
- Large representation from community development, mental health, disability, early years and health areas.
- Some representation from youth work, addiction and research.
- No representation from child protection and social welfare and education areas.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

An introductory online meeting was held to explain the expectations and the tasks at hand. The link to the translated **Quality Assurance Protocol** was then distributed to the members of the National Working Group. The members filled in the Quality Assurance Protocol online. The findings were then shared with the members, enabling further correspondence and debate that led to consensus on the document. Personal conversations were also conducted.

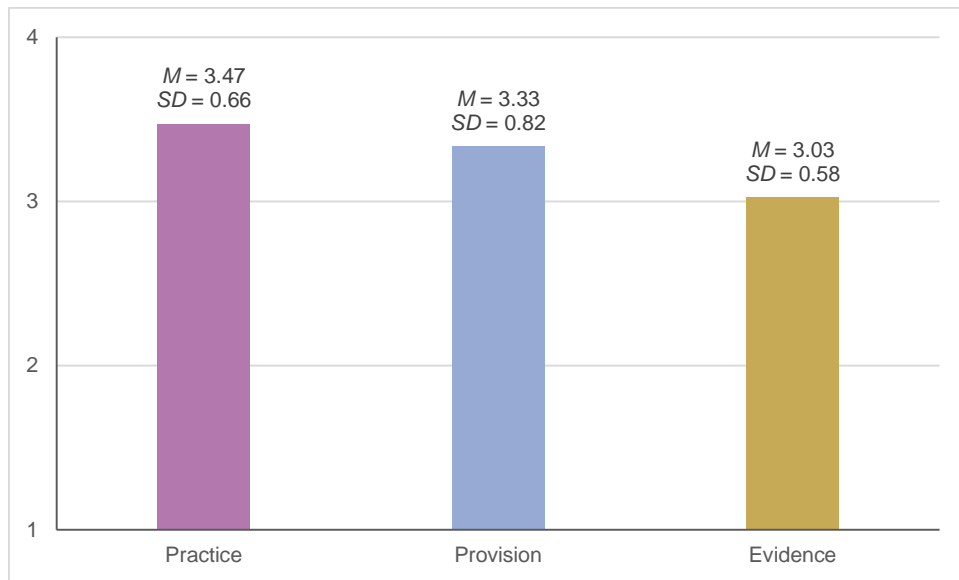
Following the results report received and discussed after filling out the Quality Assurance Protocol, a draft of the **National Strengths and Recommendations Report** was shared with the National Working Group members, in order to collect their responses and insight. A discussion was conducted after collecting and analyzing their feedback, in order to reach the consensus of answers listed in the report.

Summary of Results of the Quality Assurance Systems in Israel

In this section, the global scores obtained in Israel for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

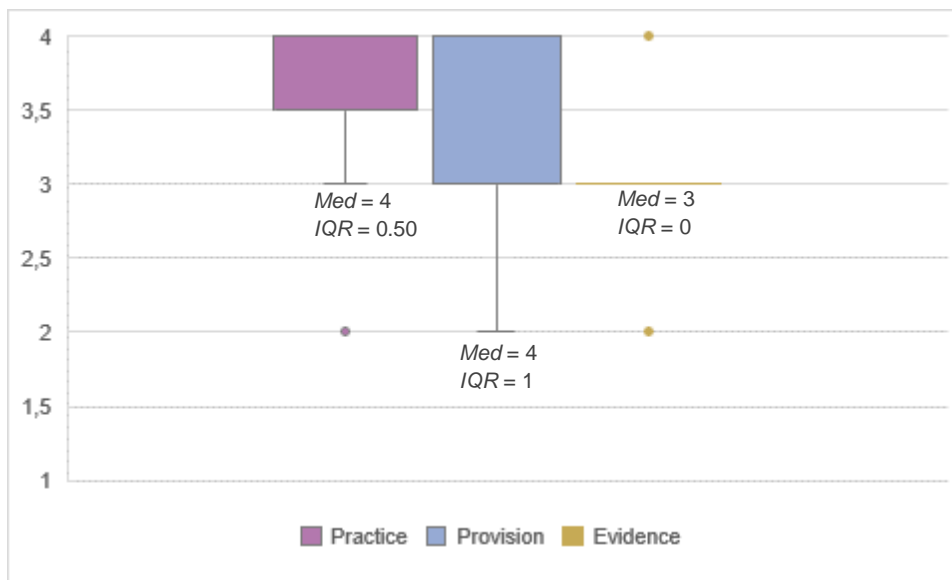
As shown in the following figure, the **average scores** of the three systems are high; all the systems are located at the strengths level (3 points or more). The highest score is obtained in the family support practice system, followed by the family support provision system and, lastly, the family support evidence system. Thus, overall, the quality of family support in the country is regarded highly by the Israeli National Working Group, particularly in the case of the family support practice system.

Average scores of the quality assurance systems in Israel: means and standard deviations



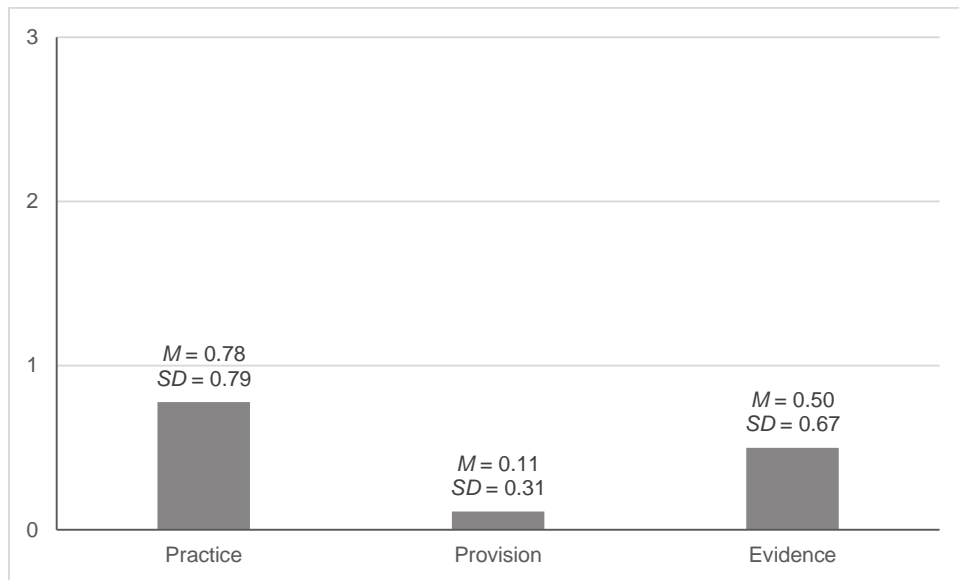
The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians are located between 3 and 4, with the practice and provision systems presenting a higher median than the evidence system. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 1. As shown in the figure, the interquartile ranges indicate that the differences between the scores of the quality standards in the family support evidence system are negligible. In comparison, the differences between the standards in the family support provision system are more pronounced. Finally, the differences between the standards in the practice system are midway between those of the provision and evidence systems.

Average scores of the quality assurance systems in Israel: medians and interquartile ranges



As shown in the following figure, the **variability** in all three systems is below the low level, indicating that the quality of family support in the country is very consistent. The practice system presents the highest variability, followed by the evidence system and, lastly, the provision system, which presents a particularly low variability.

Variability scores of the quality assurance systems in Israel: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Israel's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

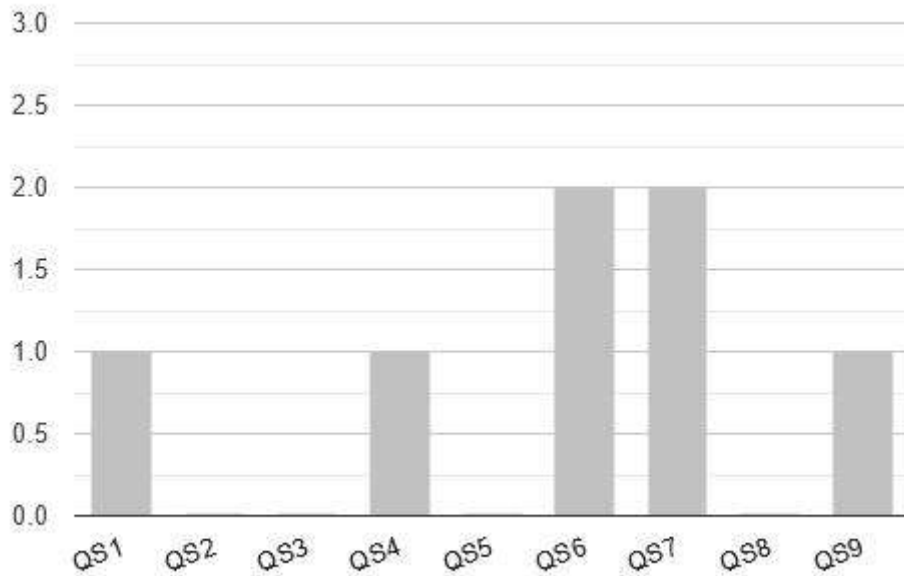
Results Report of the Quality Assurance Protocol: Israel

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

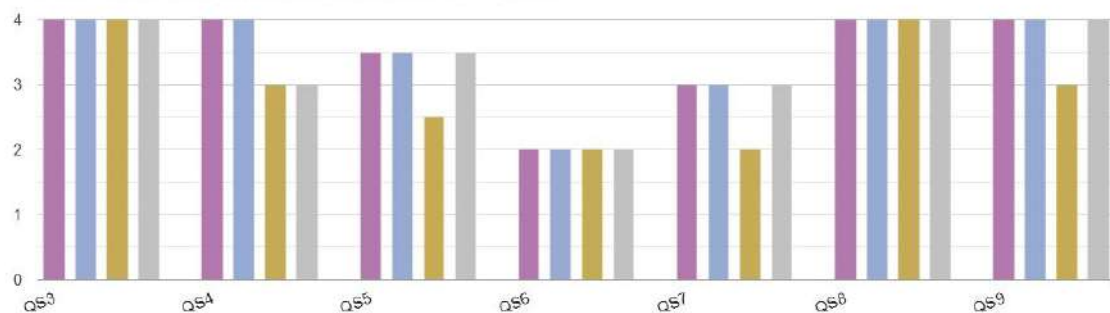
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Strong areas with room for improvement

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.

Areas for improvement

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

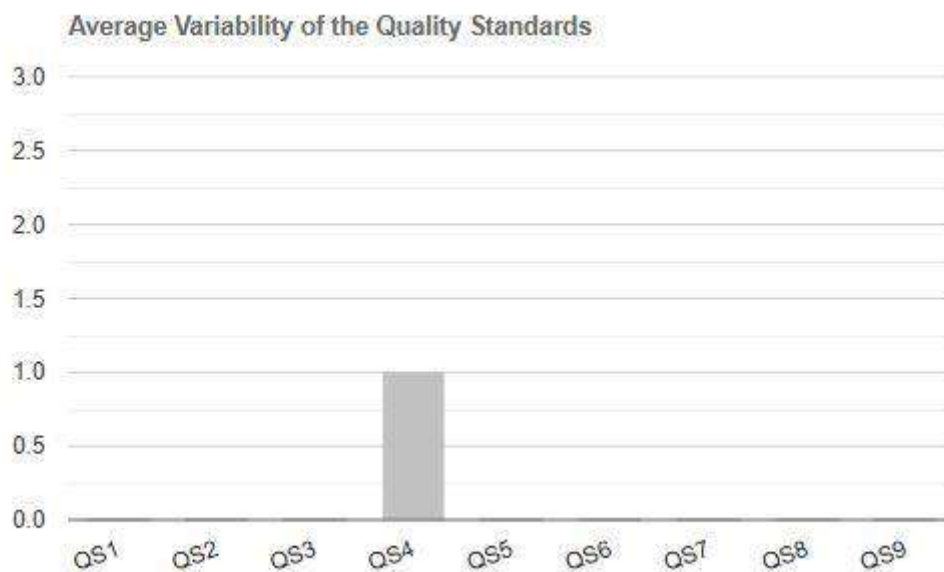
Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

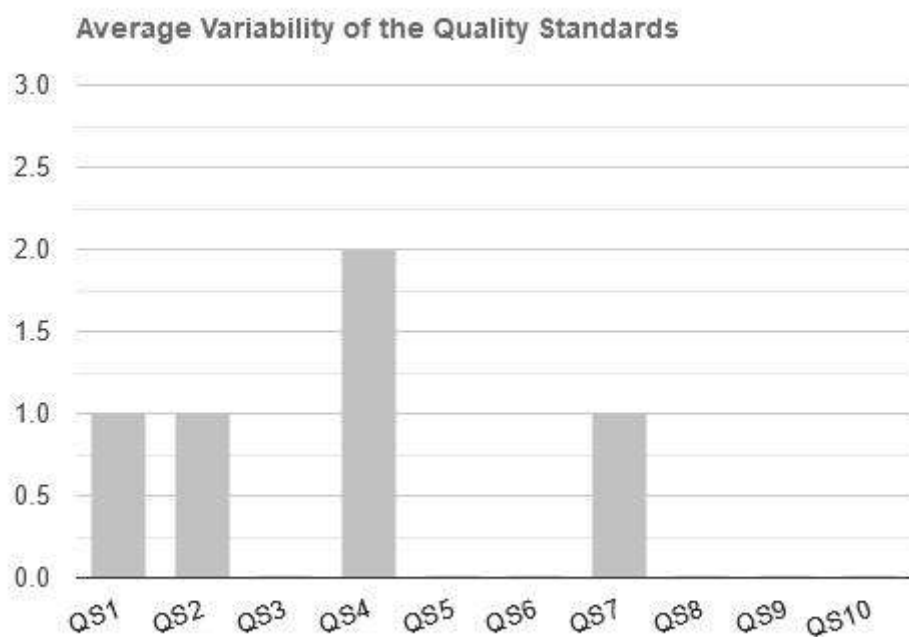
Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





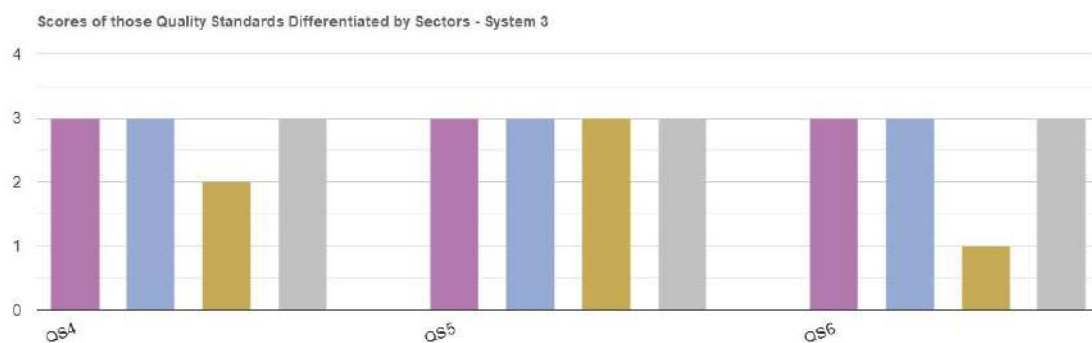
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Strong areas with room for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.

National Strengths and Recommendations Report

Over the next pages, the Israeli Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Israel

Date: 06/20/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Following the results received and discussed after filling out the initial QA Protocol, the following form was shared with the forum members, in order to collect their responses and insight. A discussion was conducted after collecting and analyzing their feedback, in order to reach the consensus of answers listed below.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

The Israeli welfare system has developed programs to help families and individuals in personal, economic and social aspects. The service is provided through the social services departments in local authorities, in dedicated specialized local or regional centers for family and individual care, in collaboration with organizations.

The activity for families or individuals in need is characterized by the identification and utilization of positive strengths of the individual and family, while sharing and empowering, as well as acting to prevent the deterioration of their condition. The activity is intended to promote and improve the situation of families or individuals in a personal, family, social and community aspect, and to act to reduce the personal hardships of the individual and/or the family, as well as to promote population groups weakness.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

The activity for families or individuals in need is characterized by the identification and utilization of positive strengths of the individual and family, while sharing and empowering, as well as acting to prevent the deterioration of their condition. The activity is intended to promote and improve the situation of families or individuals in a personal, family, social and community aspect, while respecting the families' confidentiality, making sure they are informed of their rights to confidentiality.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Successful experiences

The service provider accompanies the family throughout the process, directing them further in case of need- to additional offices and services. The national system is aware of the overall array of service.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Successful experiences

A wide variety of programs is developed, for instance by the ministry of welfare, in order to promote family capacities, according to the challenges that are identified, for example: families in distress, families under the poverty line.. these will receive accompaniment by social workers, in order to adapt a suitable option promoting their participation in various workshops to strengthen and enable a change.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Successful experiences

Interviews as well as questionnaires are designed to collect as much information as possible, and analyzed, in order to assess and categorize families to direct them to the proper service provider.

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Successful experiences

The national system runs the framework "behind the scenes", and the infrastructure is all computerized so that each local authority takes responsibility for the regional citizens. processes take time, but when an issue is familiar to the system- the local professional will automatically know where to direct the family and they will receive support and service accordingly. The local representatives also know how to prioritize when cases are more urgent than others.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Successful experiences

There are set protocols which direct the professionals adaptation of services and programs to specific target audiences and their needs, in order to ensure the quality of service provided to the public, while taking into account the resources available.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

This needs better coordination among multiple offices and services, depending on the case. And additional resources are always needed, due to new challenges of growing unemployment, increase in senior citizens..

Facilitators and barriers

All offices do not all work in conjunction, so a plan is not automatic.

Training needs

Administration needs to know where to direct, and appropriate professionals – advise the plan further.

Expected impact on the audiences

practitioners and families would be directly impacted, since intervention plans would be planned more effectively

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Successful experiences

This is a complex issue, and depends on a number of factors, including the challenges faced by the varied public accompanied in different places. Though the professionals come with a sense of duty and a high level of commitment to create a change and assist others and the organizations support their workers, with perks such as days dedicated for their own well-being and social involvement, as well as maintaining professional training workshops and opportunities, for their own growth and develop.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Successful experiences

There are certain measures that are followed regularly in order to monitor families who enter the system for receiving services: personal files: which collects and records all the relevant family data. Regular home visits by social workers, who then report the progress they witnessed. Committees, that convene regularly to examine, discuss and make decisions accordingly, on a yearly basis. So the support process is a standardized supervised framework. for instance: a "care committee" meets every 3 to 6 months, depending on the case, to discuss the development.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

Israel by definition, has both a wide variety in terms of diverse needs (many immigrants, and all of the challenges that accompany, as well as, all family forms and vulnerable groups in the general population). The professional framework for response is also very developed, as there are many associations and organizations dealing with providing services for all of these groups and needs. There is, therefore a very expansive pool of social workers and committed professionals who are assigned to follow and tend to the family needs throughout the country, accompanying them throughout the process of examining the needs and following through with the appropriate service, identifying what exists and is available in the relevant region.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Successful experiences

This process is automatized through government decision and carried out through the ministry of welfare. Families can turn to the local office linked to their region for assistance, and can submit all relevant paperwork relating to their situation. Once their data is filed, a representative will contact them if info is missing or if they don't fit a certain criteria, but if all is in order, they may be summoned to a committee for verification, or they may just automatically receive a stipend according to what situation was defined by law (single parenting/child with special needs/a certain number of children over the age of X..)

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Successful experiences

This issue has developed and much progress has been made in terms of awareness and actions on the part of employers towards mothers for instance, of young children will have the eligibility to work one less hour a day, in some frameworks. some large offices have special “family days” throughout the summer vacation- knowing that the children are without frameworks. some organizations provide discount cards to multiple chains as part of their working conditions. some provide partial refund for young childrens’ frameworks.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Successful experiences

As mentioned, a wide pool of social workers, all through the country, work in all realms (health, education, welfare), and are involved in family cases, following them through as soon as they are identified and on file. Some of the support and guidance provided, is directing to appropriate tools in order to assist the parents to acquire proper tools for skill development, or workshops for adolescents- to provide positive social circles and additional addresses to turn to in a time of need, but of course also for empowerment and encouragement to be actively involved in productive activities.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Successful experiences

Social workers meet in person with the family members in order to familiarise, in depth, the case at hand, with much sensitivity towards all components and family needs in order to provide optimal services according to what is needed. There is a high level of awareness to all types of family units, as acknowledged through a variety of personalized services offered, following guidelines based on rights aimed specifically for single parents for instance, or LGBT Parenting, or families with special needs, foster families, etc.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Successful experiences

The proper professionals are suited and provide services according to the families at hand. there is a built-in awareness towards the diversity in Israel, in terms of families from different countries- needing to be addressed in their own language, ultra orthodox vs. secular jews, arabs, and so on. there is a high level of understanding and commitment to provide for and respect the various cultures.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Successful experiences

There is a high level of awareness, nationally, for the essential process of Professionals to be trained, and continue to receive enrichment and guidance in various positions, throughout all service fields. many conferences and workshops are constantly offered and continue to be developed, in order to remain up to date with the global developments and to be relevant.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

Establishing a mechanism to coordinate and manage a data base between offices.

Holding conferences to explain the challenge at hand, and to discuss ways to promote understanding and knowledge between offices.

Development of a system for shared data.

Facilitators and barriers

*Concern regarding the sharing of sensitive information with a wide spectrum of people.

*a shortage in time and budget, for such a widespan coordination

*reaching a consensus in terms of service, when each – represent a different field and hold at times, contradicting views.

Training needs

*better communication skills

*better understanding of the corporate culture

Expected impact on the audiences

It would raise the accessibility towards the services, for the families, and raise awareness and significance to address these issues- for the professionals involved. the policy makers committment would lead to better service.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

Holding days dedicated to convening the variety of profesisonals, researchers, policy makers, in order to share information and develop a network of professional ties and mutual vision.

Development of collaborating programs.

Development of incentives to encourage the involvment of additional professionals.

Facilitators and barriers

shortege of resources.

work load.

diverse perceptions in terms of how to address the assessment and results.

Training needs

*optimally utilizing shared digital data

*effective communication workshops

Expected impact on the audiences

More accessible service for the fmailies and better communication and collaborative work between the various offices

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Successful experiences

There are formalized systems, which collect info reflecting input and feedback from families that receive support, through: phone conversations, online questionairres, in-person meetings, and academic research is done conveying statistics and

interviews reflecting the support provided. Families are also welcome to share their feedback and input on the various media channels of the providing organizations.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Successful experiences

The professionals, providing services to families follow guidelines and have a developed and deep understanding, both towards respecting the privacy and needs of the specific family as well as developing the appropriate response, involving all of the relevant aspects needed, whether it relates to education, mental health, health, strengthening the emotional side, parent training, etc. A wide variety of professionals are accessible and committed to address any case presented, and respond according to the collaborative work with the other professionals.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Successful experiences

Evaluation is conducted regularly, following collection of feedback and questionnaires from the families (through online, in-person, and phone calls as mentioned above), this data is analyzed, in order to determine positive points and ones that need strengthening. as well as identifying patterns that exist.

This evaluation, leads to development of supervisor training and sharing with policy makers, in order to be efficient and develop better work patterns.

Also, in light of the results, workshops are promoted for the service providers to learn and develop further.

Reports are listed and distributed, indicating the status of the support provided. In the media as well.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Successful experiences

There are formalized systems, which collect info reflecting input and feedback from families that receive support, through: phone conversations, online questionnaires, in-person meetings, and academic research is done conveying statistics and interviews reflecting the support provided. Families are also welcome to share their feedback and input on the various media channels of the providing organizations. And regular reports are distributed, indicating the level and scope of support provided, in order to continuously improve the quality and raise awareness towards the points that need strengthening.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

Establish a forum of national social service, to convene and involve media, attesting to the best practices conducted by various organizations and perhaps classifying on an annual basis, the accomplishment of various teams who will receive an incentive, in order to create competition and prestige.

Facilitators and barriers

budget and resources not dedicated to this issue. not developed enough.

Training needs

development of campaign skills
raising awareness among the various offices

Expected impact on the audiences

The families will benefit from professionals attempting to do their best in order to be considered the best, and professionals will receive publicity and expand their network. this will lead to a higher level of motivation in the service providers, and will improve the image of the service provider/entire organization.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

The field of training is very developed and is constantly expanding, as the need for professionalization is a priority, and service providers are sent for various training to promote their skills and advance their knowlegde and competences in order to address more aspects of their service. Courses and guidance is provided by a wide variety of skilled academics and profesisonals, providing workshops and lectures, adapting to the changing world and adjusting to the fast paced world development. stipends are granted to promote studies related to social services.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

Regular conferences and study events, as well as seminars, take place in order to share information to raise awareness as well as sharing of experieces of service-providing organizations, indicating the scope of ongoing family support.

Quality Assurance in Family Support in Lithuania

The coordinator of the chapter on quality assurance in family support in Lithuania is Daiva Skuciene (Vilnius University), representative of Lithuania in EurofamNet. The authors of the chapter are the members of the Lithuanian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinator): Daiva Skuciene, Jurgita Bučiūtė-Barysienė, Lijana Gvaldaitė, Ugnė Klingerė, Kristina Malinovska, and Martynas Palionis.

Characteristics of the National Working Group and Process for Discussion in Lithuania



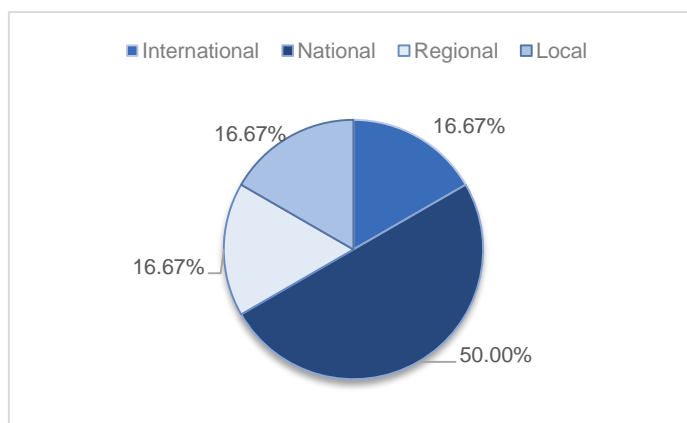
6 national experts



- 1 online meeting.



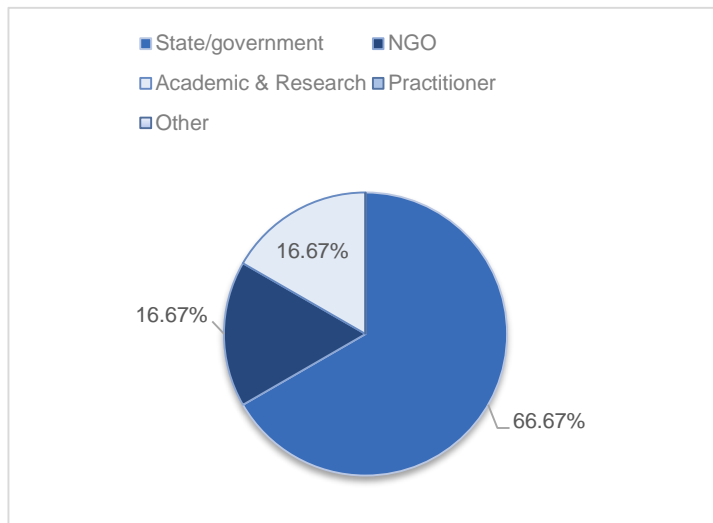
Scope of the family support actors



- Representation from all scopes: international, national, regional and local scopes.
- National scope as the most represented.
- Balanced representation of international, regional and local.



Type of family support actors



- Representation of academic and research, NGO and government actors.
- No representation from ombudsperson and institutes and practitioners.
- Chairs heads and senior advisors were included.



Areas of family support actors

- All family support actors were intersectorial.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

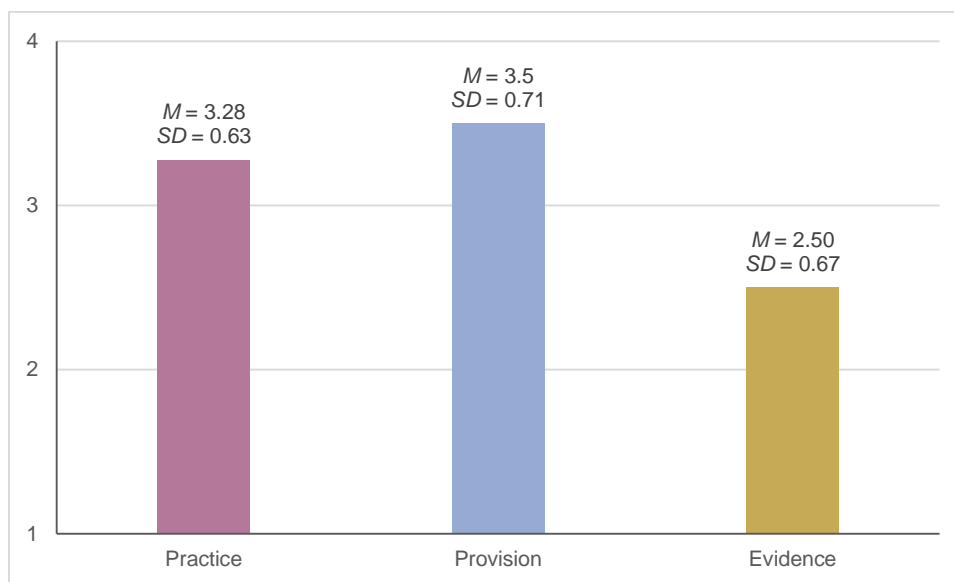
The Lithuanian National Working Group reached a consensus on the **Quality Assurance Protocol** through the discussion held during the online meeting. The information provided in the **National Strengths and Recommendations Report**, concerning the prioritised strengths and areas for improvement, was also based on the discussions conducted in the online meeting.

Summary of Results of the Quality Assurance Systems in Lithuania

In this section, the global scores obtained in Lithuania on the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

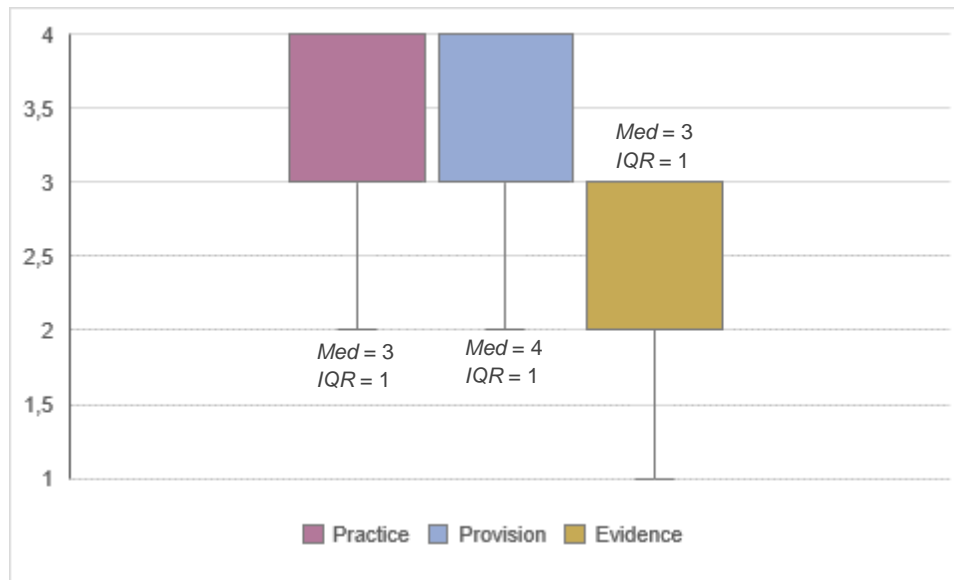
The **average scores** of the quality assurance systems are presented in the following figure. The practice and provision systems are located at the strengths level (3 points or more), whereas the evidence system is midway between 2 (considered an area for improvement) and 3 points (considered a strength). The highest score is obtained in the provision system, followed by the practice system. The score of the evidence system is considerably lower. Thus, the quality of the family support practice and provision systems is high, whereas the quality of the evidence system is significantly lower, according to the National Working Group of Lithuania.

Average scores of the quality assurance systems in Lithuania: means and standard deviations



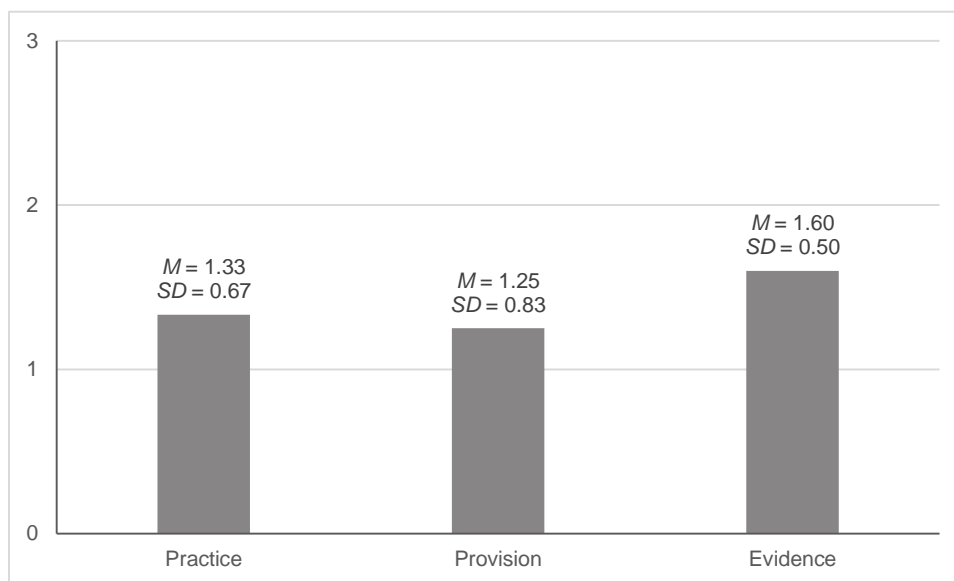
The **medians** and **interquartile ranges** of the three systems are presented in the next figure. The medians are located between 3 and 4, with the provision system presenting a higher median than the other two systems. With regard to the dispersion of the data, all interquartile ranges equal 1. As shown in the figure, the interquartile ranges indicate the existence of significant differences between the scores of the quality standards in all three systems.

Average scores of the quality assurance systems in Lithuania: medians and interquartile ranges



As presented in the following figure, all three systems are located at the medium-low level of **variability**, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The evidence system presents the highest variability, followed by the practice and finally, the provision system. These results show that the quality of the practice and the provision of family support are considered slightly more homogeneous in Lithuania than the quality of the family support evidence system.

Variability scores of the quality assurance systems in Lithuania: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Lithuania's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Lithuanian National Working Group considered that they could not assess the education, health or justice sectors; therefore, the average scores of the quality standards that are differentiated by sectors were calculated based only on the scores obtained in the social sector. Additionally, it was not possible to reach consensus on the indicator pertaining to quality standard 8 of system 2, thus the average score of this quality standard, reflected in the report, should not be considered when analysing the situation in the country.

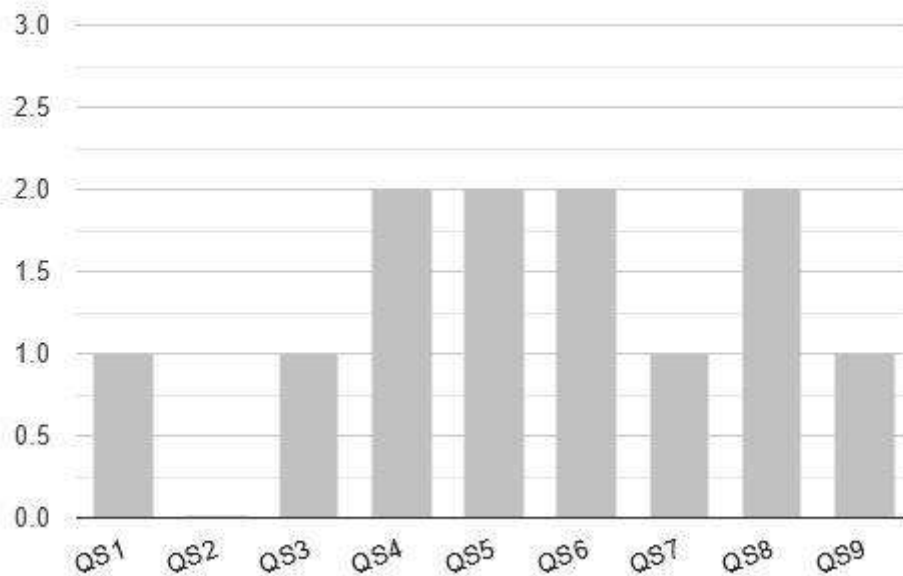
Results Report of the Quality Assurance Protocol: Lithuania

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

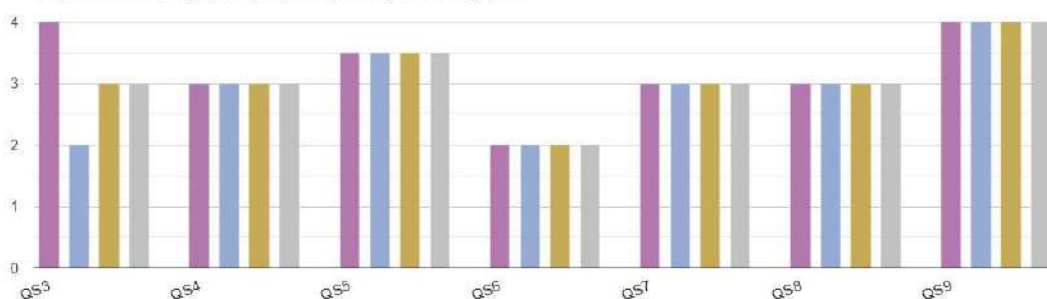
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Strong areas with room for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support

families, while promoting professionals' health and wellbeing in the education sector.

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.

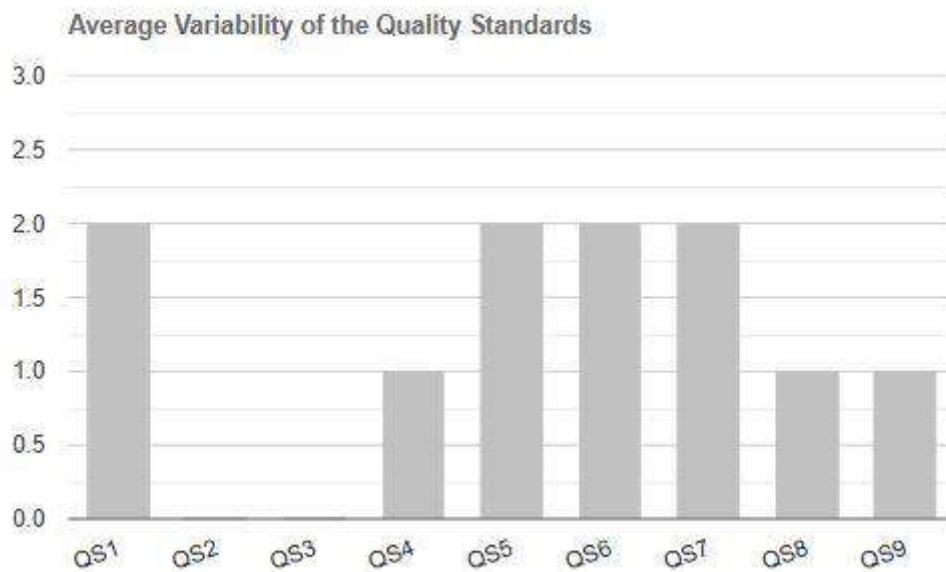
Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability:** The situation is homogeneous in the country in this regard

1 = **Low variability:** The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability:** There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability:** There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided



- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Areas for improvement

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 8: Services are available when needed

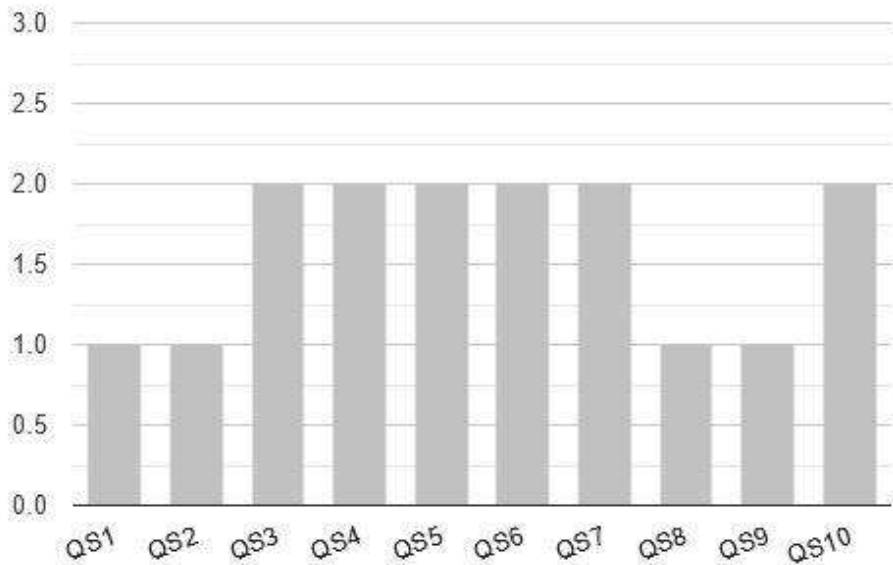
- Adequate funding for service is guaranteed and mainstreamed.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

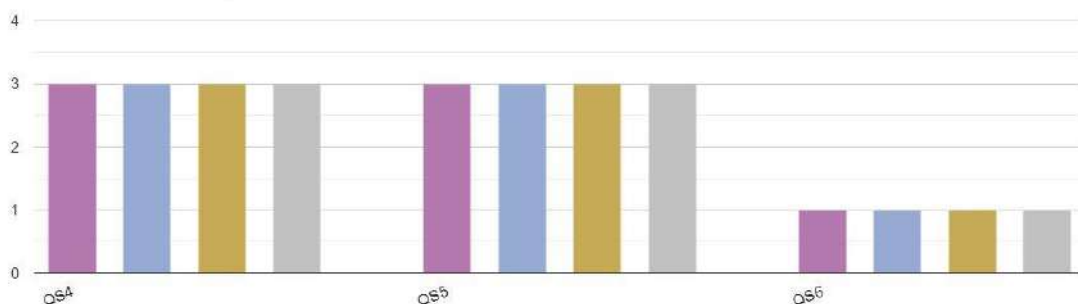
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Scores of those Quality Standards Differentiated by Sectors - System 3



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

National Strengths and Recommendations Report

Over the next pages, the Lithuanian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Lithuania

Date: 06/20/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

The protocol was discussed in a joint meeting of the National Working Group of Lithuania, which includes five members: a researcher, a representative from the municipality, the National Family Council, the Ministry of Social Security and Labour, the State Child Rights Protection and Adoption Service, and an NGO.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

The services for families and children are focused on the child's best interest and respect the rights and developmental needs of children and youth. Three examples of successful experiences are evidence:

The Multidimensional Family Therapy Program is implemented in 41 municipalities in Lithuania. It is an evidence-based, integrated, comprehensive, family-centered behavior change program for children and youth with complex behavioral problems. The MDFT program contributes to the creation of healthy relationships between the child and his parents or other legal representatives, strengthening the relationship, strengthening the ability of the parents or other legal representatives of the child to meet the needs of the child as a result of which violent parenting methods, failure to meet or inadequate satisfaction of the child's needs are correspondingly reduced, also changing the aggressive, high-risk behavior of the child/young person themselves.

Basic Package of Family Services. The basic package of services for the family is a set of educational, health, social, legal, mobility, and socio-cultural services provided to the family, which ensure the necessary assistance to strengthen the family's ability to solve problems independently and to create a safe, healthy and harmonious environment in their family. The package of basic services for the family consists of twelve basic services, covering persons (family members) of various age groups, the provision of which in their territory and their availability are ensured by all Lithuanian municipalities.

The project (until 2029) for Complex Family Services financed by the European Structural Funds is ongoing in all municipalities in Lithuania. NGOs and municipal organizations provide services to families such as psychological counseling, parenting education groups, mediation in case of divorce, and others.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

Improvement of accessibility to special aid for families with children with disability and special needs

Ensure that services are provided more in line with the family's (with children with disabilities and special needs) needs.

Solve the lack of qualified staff in regions able to work with children with special needs.

Facilitators and barriers

Lack of staff is related to low salaries, lack of supervision, support, and motivation. It is challenging to work with children with disabilities and special needs. The facilitators could have more favorable work conditions: less workload, shorter working hours, and additional rest days.

The main barrier is the lack of staff prepared to work with families with children with disabilities and special needs. The movement of professionals between municipalities solves this issue at the moment.

Training needs

The training is necessary for professionals providing services; it is also important to train organization leaders to improve management and administration and decision-makers to organize services on national or regional levels. It is necessary to improve the collaboration between various levels.

Expected impact on the audiences

The impact will be on the well-being of the targeted groups (families with children with disabilities and special needs) due to the better quality of services. The accessibility to services, better quality of services, and the education of professionals and administration will ensure a more favorable family policy.

Family Support Provision System

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Successful experiences

There are mechanisms to ensure that services are delivered and coordinated across administrative levels (national, regional, local), sectors, and agencies.

The Law of Social services 2006-02-11, Nr. 17-589 defines the management and provision principles. The role of each agent (Ministry of Social Security and Labour, Municipality, The Department of Supervision of Social Services) is defined under the law.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

Ensure sustainability according to the needs of families funding for services.

Facilitators and barriers

The main barriers are the need for more political will and the limitation of the national budget. The facilitator is the requirement by the Law of Social Services 2006-02-11, Nr. 17-589 to plan funding for social services provision.

Training needs

Training organization leaders to improve management, administration, and decision-makers on national or regional levels is essential.

Expected impact on the audiences

The education of decision-makers will ensure a more favourable attitude to funding services provision.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Successful experiences

A competent, knowledgeable workforce is prepared at Lithuanian universities. Social work programs include courses for working with families and children at all Lithuanian universities.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

Ensure better collaboration between politicians, researchers, and practitioners

Facilitators and barriers

The collaboration is occasional now. The more political will to organize joint activities could be helpful.

Training needs

The training is necessary for professionals providing services; it is also important to train organization leaders to improve management and administration and decision-makers to organize services on national or regional levels.

Expected impact on the audiences

The education of professionals and administration will ensure a more favorable family policy.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

Annual reports, publications, and conferences organized by the National Family Council in Lithuania.

Quality Assurance in Family Support in Moldova

The coordinators of the chapter on quality assurance in family support in Moldova are Mariana Buciuceanu-Vrabie (National Institute for Economic Research) and Olga Gagauz (National Institute for Economic Research), representatives of Moldova in EurofamNet. The authors of the chapter are the members of the Moldovan National Working Group that have participated in the QA4EuroFam project (in alphabetical order, after the coordinators): Mariana Buciuceanu-Vrabie, Olga Gagauz, Inga Chistruga-Sînchevici, Mihai Ciobanu, Natalia Cojocaru, Lucia Gaşper, Anastasia Oceretnîi, Olga Poalelungi, Lucia Savca, and Diana Ţeberneac.

Characteristics of the National Working Group and Process for Discussion in Moldova



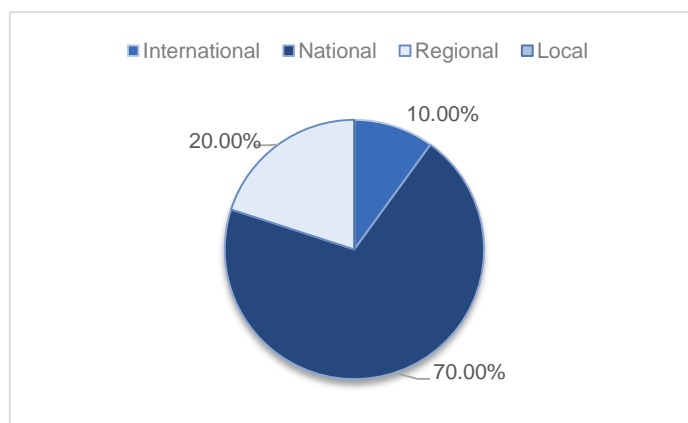
10 national experts



- 2 hybrid online and face-to-face meeting.
- Individual responses gathered and discussed.



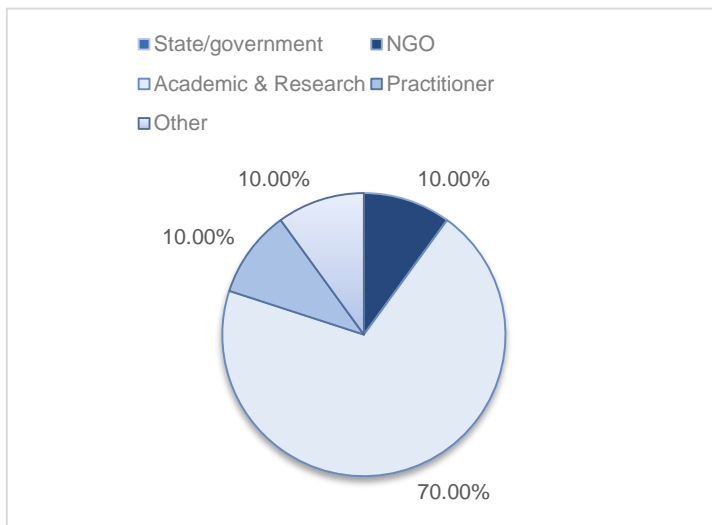
Scope of the family support actors



- Representation from international, national, and regional scopes.
- National scope as the most represented.
- No representation of local scope.



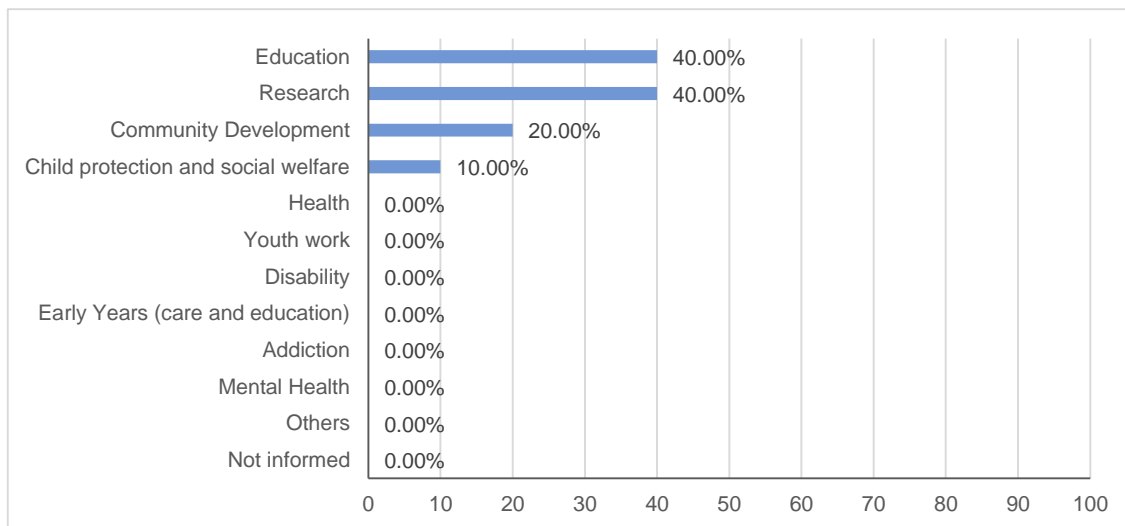
Type of family support actors



- Representation of academic and research, institutes, NGOs and practitioners.
- No representation from state and government.
- Practitioners' associations were included.



Areas of family support actors



- Most representation from education and research.
- Some representation from the community development and child protection and welfare areas.
- No representation from the areas of health and early years.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

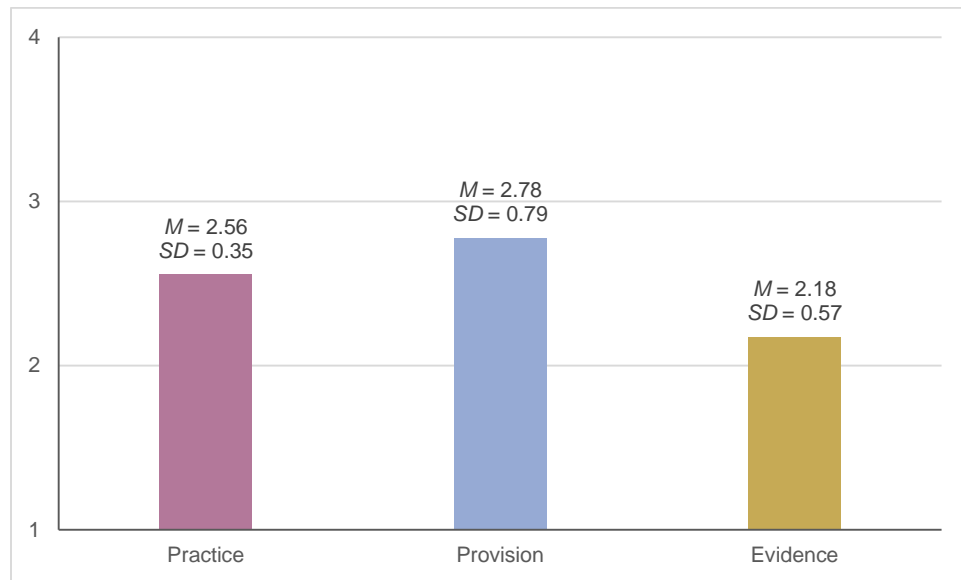
Following the introductory webinar on February 15, 2024, which had over 20 participants, and subsequent email correspondence with other invitees, the **Quality Assurance Protocol** was shared with the group members who had confirmed their involvement. Each participant completed the protocol individually based on their expertise, with national coordinators available to assist in case of any uncertainties. After collecting the completed protocols, the experts' opinions were analysed and systematised by the national coordinators. The draft of the Quality Assurance Protocol was then developed and agreed upon during a hybrid meeting and correspondence with the experts involved in its completion, leading to the final version that was submitted. The coordinators then drafted the **National Strengths and Recommendations Report**, which was subsequently agreed upon in the second hybrid session.

Summary of Results of the Quality Assurance Systems in Moldova

In this section, the global scores obtained in Moldova for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

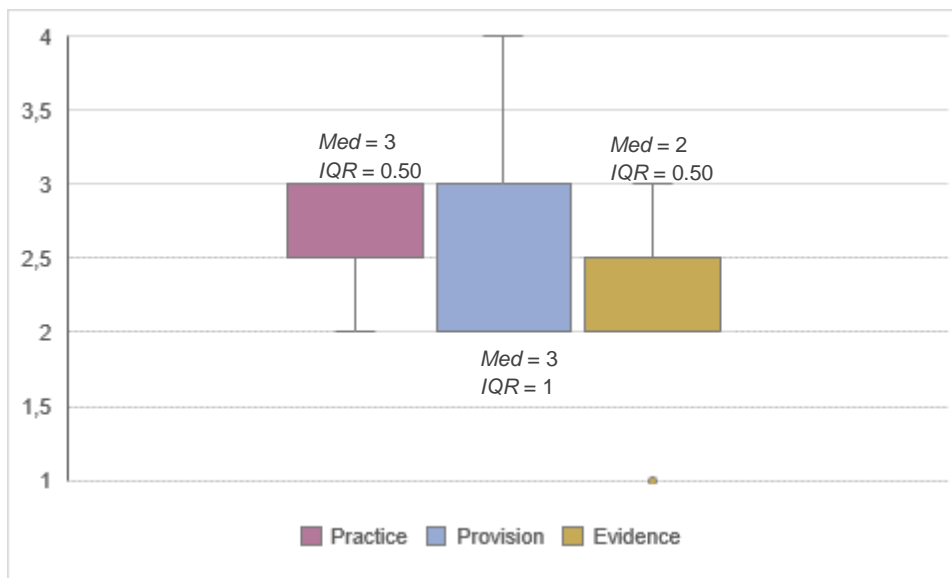
The following figure presents the **average scores** of the family support systems. The systems are located between 2 points (considered an area for improvement) and 3 points (considered a strength). The highest score is obtained in the provision system, followed by the practice system, and, finally, the evidence system. The results indicate that the members of the Moldovan National Working Group consider that the quality of family support in the country, overall, can be improved, especially in the case of the evidence system.

Average scores of the quality assurance systems in Moldova: means and standard deviations



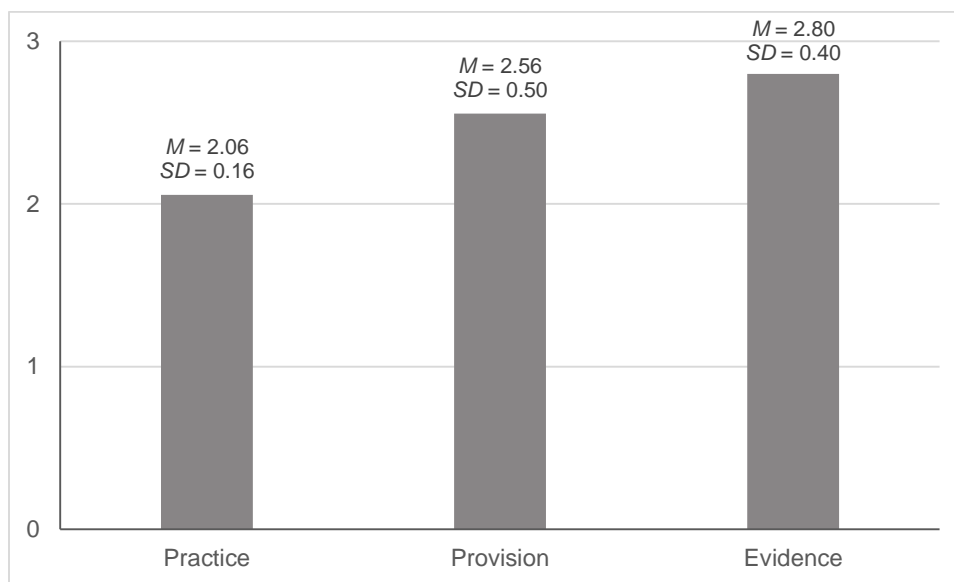
The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians are located between 2 and 3; the practice and the provision system presenting higher medians than the evidence system. Concerning the dispersion of the data, the interquartile ranges are located between 0.50 and 1. As shown in the figure, the interquartile ranges indicate that there is some dispersion in all three systems; however, the differences between the scores of the quality standards in the provision system are bigger than the ones in the practice and evidence systems.

Average scores of the quality assurance systems in Moldova: medians and interquartile ranges



The following figure presents the average variability of the three systems. As shown, the practice system is located at the medium level of **variability**, the provision system at the medium-high level and the evidence system is close to the high level. These results indicate that there is quite a bit of variability in the situation in the country in relation to the quality of family support; the answers of the practice system reflect the overall situation in the country, but in the case of the provision and, especially, the evidence system, the answers provided might not reflect the situation accurately due to the degree of variability found.

Variability scores of the quality assurance systems in Moldova: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Moldova's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

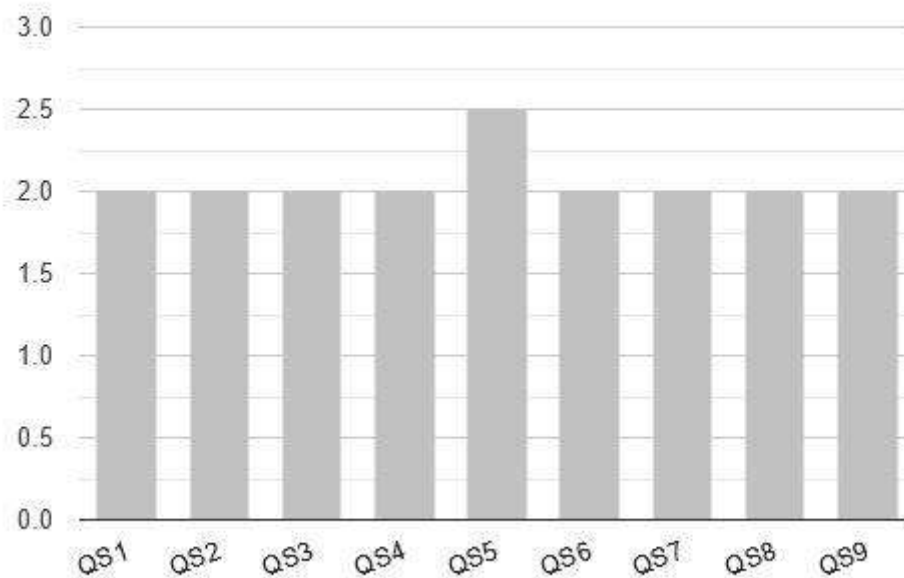
Results Report of the Quality Assurance Protocol: Moldova

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

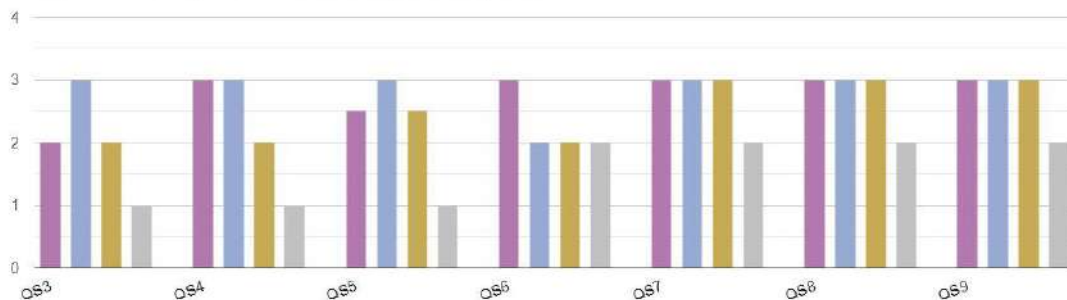
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

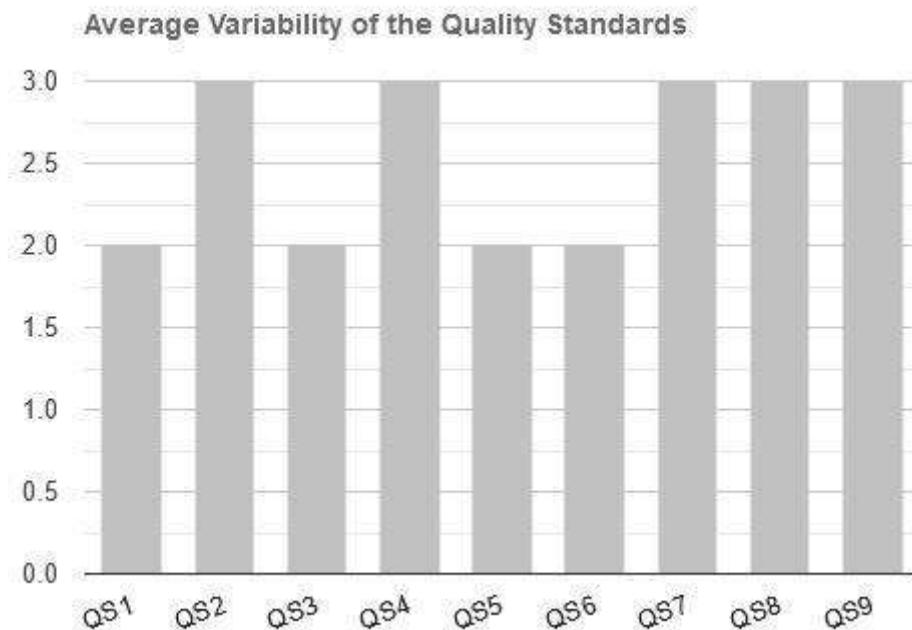
Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.



Quality Standard 8: Services are available when needed

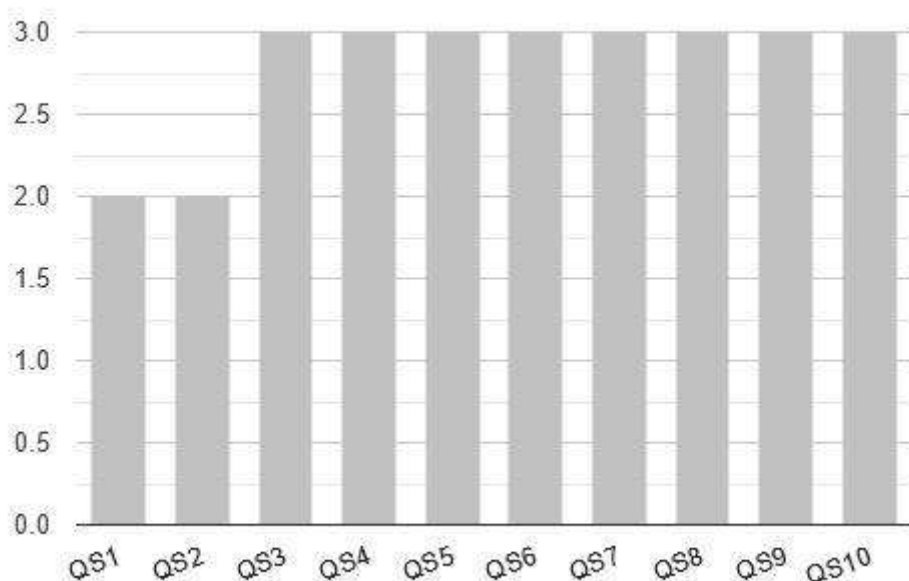
- Adequate funding for service is guaranteed and mainstreamed.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

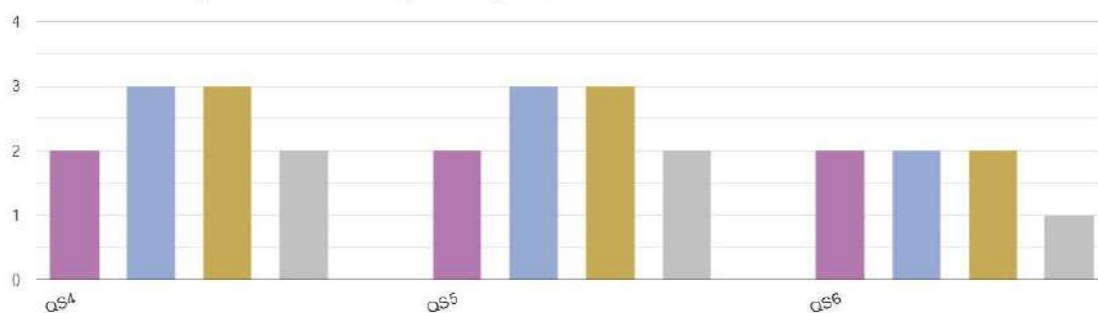
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

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3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 3



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Areas for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Moldovan Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Moldova

Date: 06/27/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

The process to develop the National strengths and recommendations and reach a consensus among the members of the National Working Group was quite challenging. Central public authorities were less involved, leading to prolonged timelines and overlapping activities. However, non-governmental organizations were more receptive and actively participated. It was noted that the Protocol was very complex and difficult for some members to complete. National coordinators also found the process difficult due to a variety of activities and multitasking, but successfully managed consultations primarily in a network format. Additionally, academic and university institutions were receptive and contributed positively.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

Moldova has adopted a comprehensive legal framework that prioritizes the best interests of the child. This includes the Law on Child Protection and the National Strategy for Child Protection, which mandates that all child-related services consider the child's rights and developmental needs.

The country has implemented multidisciplinary teams in child protection services. These teams include social workers, psychologists, educators, and healthcare providers who work together to ensure holistic support for children and their families. Continuous training programs for professionals working with children ensure that they are well-versed in child rights and developmental needs. These programs are supported by both government and international organizations like UNICEF. Moldova has developed community-based services that focus on early intervention and family preservation. These services aim to keep children within their family environments whenever safe and possible, avoiding unnecessary institutionalization. National campaigns have been conducted to raise awareness about the importance of considering the best interest of the child in all decisions. These campaigns involve various stakeholders, including government agencies, NGOs, and the media. The implementation of a robust monitoring and evaluation system helps ensure that services are effectively meeting the needs of children and their families. Regular assessments and feedback mechanisms are in place to improve service delivery. Efforts to support families within their communities have led to a decrease in the number of children placed in institutions.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Recommendations

Standardize protocols to ensure all families are consistently informed about the reasons that preclude confidentiality. This includes regular training for professionals and clear communication guidelines.

This recommendation is crucial to ensure transparency, trust, and compliance with ethical standards in family support services.

Facilitators and barriers

As facilitators, Existing legal frameworks support confidentiality, service providers' commitment to ethical practices, and support from international organizations.

Barriers: Variability in implementation across different regions and services.

Limited resources for training and monitoring.

Possible resistance to change in established practices.

Training needs

regular training programs for service providers on confidentiality and communication; development of clear guidelines and protocols for informing families;

continuous professional development to maintain high ethical standards

Expected impact on the audiences

For professionals – improving understanding and implementation of confidentiality protocols.

For policy makers – better informed policy decisions to support ethical practices will result.

For beneficiaries – will increase confidence in services through transparent and consistent communication.

Ensuring consistent and transparent communication regarding confidentiality will build trust, improve service quality, and protect the rights and well-being of children and families.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

It is recommended to develop and implement community-based family support centers in rural and under-resourced urban areas. These centers should provide a comprehensive range of services including counseling, education, healthcare support, and legal advice. By focusing on community-based support, families can access the necessary resources and services in a more integrated and coordinated manner. This approach is essential because it addresses the disparities in service availability and ensures that all families have access to consistent, high-quality support.

Facilitators and barriers

Facilitators

Existing Community Engagement Initiatives – urban centers like Chisinau have already implemented successful family engagement programs that can be adapted and replicated in rural areas.

Supportive National Policies – policies such as the National Strategy for Child and Family Protection support family engagement and can be leveraged to promote the establishment of community-based centers.

Community Willingness – communities in Moldova have shown a willingness to participate in family support initiatives, which can aid in the successful implementation of these centers.

Barriers

Resource Disparities: Significant differences in resource availability between urban and rural areas, with rural areas often lacking adequate infrastructure and trained personnel.

Inconsistent Practices: Without standardized guidelines, practices can vary widely, leading to inconsistent family engagement across different sectors and regions.

Limited Training Programs: Comprehensive training programs on effective family engagement techniques are lacking for professionals, particularly in rural areas.

Training needs

Training for policymakers and administrative leaders on the importance of community-based family support centers and strategies to support their development and sustainability.

Training for service managers on coordinating and integrating services within the community-based centers, ensuring they

meet families diverse needs.

Comprehensive training programs for front-line professionals (social workers, healthcare providers, educators, legal advisors) to enhance their skills in family engagement and interdisciplinary collaboration.

Regular workshops and seminars to share best practices and new research findings related to community-based family support.

Expected impact on the audiences

The implementation of community-based family support centers in Moldova will have a significant impact on various audiences. For practitioners, it will enhance their skills and promote interdisciplinary collaboration, leading to better service outcomes and increased job satisfaction. Policymakers will benefit from informed decision-making and policy improvements driven by data from these centers, resulting in more effective and supportive policies. Children, young people, and families will experience improved trust and cooperation with service providers, better overall outcomes due to comprehensive service access, and increased empowerment through active involvement in decision-making processes.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

In Moldova, it is recommended to establish integrated family support centers in rural and under-resourced urban areas. These centers should focus on enhancing family capacities by providing comprehensive services such as parenting workshops, vocational training, mental health counseling, and legal assistance. Prioritizing the development of these centers is essential to address the disparities in service availability and quality, ensuring that all families have access to the support they need to build their strengths and competencies. This approach will empower families to better manage their challenges and contribute more effectively to their communities.

Facilitators and barriers

The effective implementation of standardized family assessment protocols in Moldova is facilitated by existing national frameworks, community engagement, and successful models in urban areas that can be scaled nationwide. However, consistent implementation is hindered by resource disparities between urban and rural areas, inconsistent practices due to the lack of standardized guidelines, and limited training for professionals, particularly in rural regions.

Training needs

The same as to I.3.1

Expected impact on the audiences

The same as to I.3.1

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

It is recommended to develop a standardized family assessment framework across social, educational, health, and justice sectors in Moldova. This framework should include comprehensive tools and protocols for evaluating family needs and characteristics, ensuring that each family receives tailored support that addresses their unique circumstances. Implementing a standardized assessment process is crucial for providing consistent and effective services, particularly in under-resourced and rural areas where current practices are often fragmented and inconsistent.

Facilitators and barriers

Facilitators – Existing Policies and Strategies; Previous pilot programs in urban areas like Chisinau;
Barriers – Rural areas lack the infrastructure and resources necessary for consistent and thorough family assessments;
Limited access to modern technology and data management tools in many regions hinders the effective implementation of standardized assessment protocols

Training needs

Regular workshops and seminars to share best practices and new research findings related to family assessment.
Continuous training programs for professionals to enhance their skills in conducting effective family assessments.

Expected impact on the audiences

The same as in previous indicators

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Recommendations

To streamline the coordination and communication processes among service providers, establishing clear protocols for rapid response after assessment, integrating digital tools to facilitate real-time communication, and ensuring adequate staffing levels to handle caseloads efficiently.

Facilitators and barriers

Barriers: Inefficient communication and coordination among different sectors (social, educational, health)
Facilitators: Policy Support

Training needs

Workshops on using digital tools for real-time communication and coordination among service providers.

Expected impact on the audiences

Prioritizing timely intervention is critical to addressing families' needs promptly and effectively, improving their overall well-being and outcomes. Practitioners will be better equipped to deliver timely interventions, enhancing service efficiency and effectiveness.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

To establish and implement evidence-based family support programs across social, educational, health, and justice sectors. These programs should include structured content, comprehensive manuals, and robust evaluation protocols. Additionally, materials for families and tools to evaluate the quality of implementation should be provided.

Facilitators and barriers

Moldova can leverage partnerships with international organizations to access resources and expertise in developing evidence-based programs.

Inconsistent Data Collection without standardized data collection methods can be challenging to evaluate and ensure the quality of implementation across different regions.

Training needs

Training for policymakers and administrative leaders on the importance of evidence-based approaches and strategies to support their implementation and sustainability

Expected impact on the audiences

Moldova can ensure that all families receive consistent and high-quality support based on evidence and best practices, leading to better outcomes for children, youth, and families. This comprehensive approach will contribute significantly to the overall well-being and development of the community.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

Conduct a thorough assessment of current resources in all 4 areas.

Identify specific resource availability and allocation gaps, particularly in rural and under-resourced areas.

Securing targeted funding from national budgets and international organizations.

Establishing partnerships with international NGOs and donor agencies to support capacity building and resource provision.

Facilitators and barriers

Policy Frameworks & Community Engagement, especially in urban areas, most in the capital Chisinau; Potential partnerships with international organizations to provide additional resources and expertise.

Training needs

Diverse training at all sectors for policymakers on efficient resource allocation and management to support feasible intervention plans.

Workshops on best practices for leveraging community resources and partnerships.

Expected impact on the audiences

Empowerment of families. Better data from resource allocation strategies can help develop improved policies.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

Create uniform guidelines for leadership and management practices that promote a positive work environment; Allocate resources to support training and development programs for leaders and managers in all sectors; find and implement best practices from countries with successful models, where emphasis on professional development and collaborative practices has shown significant positive outcomes.

Facilitators and barriers

Facilitators: successful models in some regions (municipality of Chisinau) that can be replicated. Supportive policies from local authorities.

Barriers: Lack of resources in some regions. Limited training opportunities for leaders and managers.

Training needs

Training on collaborative practices and team building.
Comprehensive leadership and management training programs

Expected impact on the audiences

Increased efficiency and effectiveness in service delivery, better collaboration among professionals,

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Recommendations

Implement a centralized database for authorized access. Establish clear communication protocols and foster collaboration between sectors (social, educational, health, justice). Use of standardized reporting templates and protocols across all sectors involved in family support.

Facilitators and barriers

Facilitators: Some regions have already begun implementing data collection and reporting systems that can be expanded and standardized. National policies that support the tracking and monitoring of family progress.

Barriers: National policies that support the tracking and monitoring of family progress; Data Privacy Concerns

Training needs

workshops on data management, privacy, and security to ensure professionals can handle family data responsibly; develop guidelines and protocols for sharing information securely and efficiently

Expected impact on the audiences

Effective teamwork across sectors. Enhanced accountability through regular reporting.
Improved coordination support & increased trust for families.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

Standardize and expand services ensuring consistent and comprehensive support services across all regions;
Address resource disparities through equitable funding mechanisms;
Implement robust monitoring and evaluation to ensure continuous improvement.

Facilitators and barriers

Facilitators: supportive Legislation of formal support to families.

Pilot programs in some regions that can be scaled up.

Barriers: Significant differences in resources between urban and rural areas. Variability in how support services are implemented across different regions and institutions.

Lack of continuous monitoring

Training needs

Comprehensive training on the diverse needs of different family forms and how to address them effectively. Train professionals on data collection, analysis, and reporting to strengthen the monitoring and evaluation framework. Develop training programs on best practices for using evaluation data to inform service improvements.

Expected impact on the audiences

Better access to a broad range of formal supports tailored to their specific needs.

Improved skills and knowledge in providing diverse and effective support services.

Ability to make informed decisions and improvements based on robust monitoring and evaluation data.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

Update and strengthen existing laws to ensure comprehensive coverage of family-friendly working conditions across all sectors.

Mandate flexible working arrangements, parental leave, and other family-friendly policies with clear guidelines for implementation.

Introduce policies that guarantee adequate compensation for employees utilizing family-friendly working arrangements.

Provide incentives for employers to offer and maintain family-friendly policies, such as tax benefits or subsidies.

Establish mechanisms for monitoring compliance and addressing violations effectively.

Facilitators and barriers

The same

Training needs

For employers, provide training on the benefits of family-friendly working conditions and how to implement them effectively; offer workshops on managing flexible working arrangements and ensuring adequate compensation.

for employees: educate employees on their rights regarding family-friendly working conditions and how to advocate for them.

Provide resources and support for navigating flexible working arrangements.

Expected impact on the audiences

Improved Work-Life Balance

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Successful experiences

Moldova has established comprehensive training programs for professionals in the family support sector at the high education level. These programs cover a wide range of topics, including best practices, ethical guidelines, and the latest research in family support. Certification and accreditation have increased the recognition and respect for family support professionals. However, additional steps can be taken to enhance this component further, like expanding training accessibility to ensure that all professionals, including those in remote or rural areas, have access to high-quality training; Moldova can leverage technology and partnerships; enhance practical training components, incorporate simulation-based training and role-playing exercises to provide real-life scenarios; conduct regular surveys and feedback sessions with participants to assess the effectiveness of training programs and identify areas for improvement; establish exchange programs with family support organizations in other countries to facilitate knowledge sharing and exposure to different methodologies.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

Establish formal agreements and protocols to facilitate collaboration between policymakers, researchers, and practitioners. Create interdisciplinary committees or working groups focused on family support issues. Organize regular meetings, workshops, and conferences to promote dialogue and knowledge exchange. Implement digital platforms for continuous communication and collaboration. Encourage and fund joint research projects that address critical family support issues and translate findings into policy recommendations. Establish protocols for integrating evidence-based practices into everyday operations.

Facilitators and barriers

Facilitators: existing interest among stakeholders to improve family support systems; international support;
Barriers: insufficient formal structures to facilitate effective collaboration; limited financial and human resources to support collaborative initiatives; differences in expertise and priorities among stakeholders.

Training needs

Provide training on the benefits and importance of collaboration between policymakers, researchers, and practitioners. Enhance research and policy-making skills of practitioners through capacity-building programs. Train professionals on translating research findings into practical policy recommendations.

Expected impact on the audiences

Access to the latest research and best practices, improving their skills. Policies are more attuned to practical challenges faced by practitioners. Enhanced collaboration leading to stronger networks and partnerships. More effective and evidence-based family support services.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

Develop and formalize national-level bodies dedicated to overseeing quality assessment and communication across all sectors involved in family support, and ensure these bodies have clear mandates, sufficient resources, and authority to implement and enforce quality standards. Create and implement standardized protocols for quality assessment that can be applied uniformly across different regions and sectors. Develop robust communication strategies to ensure that quality assessment results are effectively communicated to all stakeholders, including service providers, policymakers, and the general public. Encourage collaboration between existing bodies, institutions, and stakeholders to create a more cohesive and coordinated approach to quality assessment.

Facilitate regular meetings and workshops to share best practices and discuss improvements.

Facilitators and barriers

The same related to other indicators.

Barriers: Limited awareness among some stakeholders about the importance of quality assessment and communication.

Training needs

training for professionals on conducting effective quality assessments and using standardized protocols.; develop capacity-building programs for staff within coordinating bodies to enhance their skills in managing and implementing quality assessment processes.

Expected impact on the audiences

Improved services; enhanced skills; data-driven improvements

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Recommendations

In Moldova, there is growing awareness among social agents about the importance of including children and parents in the evaluation of the quality of support services. However, the implementation of systematic and standardized mechanisms for such participation is still inconsistent and varies significantly across different regions and institutions.

It is recommended that standardized protocols and tools be created to facilitate the involvement of children and parents in the evaluation process. Ensure these mechanisms are adaptable to various contexts and needs.

Conduct awareness campaigns to highlight the importance of involving children and parents in service evaluations. Establish feedback systems that systematically collect and utilize input from children and parents regarding the quality of support services. Encourage the adoption of inclusive practices that consider the perspectives of children and parents from diverse backgrounds.

Facilitators and barriers

Some policies already emphasize the importance of family and child participation in service evaluations.

Barriers: significant variability in the adoption and implementation of participatory mechanisms across different regions and institutions. Limited resources to develop and maintain comprehensive feedback systems. Potential cultural resistance to involving children and parents in formal evaluation processes.

Training needs

Provide training on the principles and benefits of participatory evaluation.

Offer workshops on developing and implementing effective feedback systems; educate children and parents about their rights to participate in service evaluations; provide resources and support to help families effectively communicate their feedback.

Expected impact on the audiences

Empowerment for families; improved services; better service delivery;

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Recommendations

Collaborate with national and international experts to develop comprehensive best practice guidelines that are tailored to Moldova's specific context.

Ensure these guidelines are based on the latest scientific evidence and consensual professional expertise. Create standardized protocols for the implementation of these best practice guidelines in all sectors involved in children and family support. Improve access to the latest research and evidence-based practices through partnerships with academic institutions and international organizations.

Establish online databases and libraries where practitioners can easily access relevant research and guidelines.

Facilitators and barriers

Barriers: limited financial and human resources to develop, disseminate, and implement comprehensive guidelines; inconsistent implementation and variability in the adoption and application of best practices across different regions and institutions.
challenges in accessing the latest scientific research and integrating it into practice.

Training needs

Provide comprehensive training on the best practice guidelines and their application in daily operations. Offer workshops on interpreting and integrating scientific research into practice.
Develop capacity-building programs to enhance the ability of institutions to implement and monitor the application of best practice guidelines.

Expected impact on the audiences

Improved service quality – families receive higher quality and more effective support services based on proven best practices; enhanced trust – consistent application of best practices builds trust in the support system among families; Institutions can provide more consistent and effective services by adhering to standardized best practices.
Practitioners gain confidence and competence in their work through the use of evidence-based guidelines.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Recommendations

To improve interprofessional competency in family support, Moldova should develop comprehensive, adaptable guidelines with national and international experts, standardize their implementation across all sectors, promote interprofessional education programs and regular training sessions, and enhance collaboration and communication through digital platforms and regular meetings.

Facilitators and barriers

Moldova's efforts to enhance interprofessional collaboration in family support are facilitated by growing interest from policymakers and practitioners, and potential international support. However, these efforts face challenges such as fragmented frameworks, resource constraints, and cultural resistance to new collaborative practices.

Training needs

Comprehensive training on the principles and benefits of interprofessional collaboration; workshops on developing and implementing effective interprofessional practices; Capacity Building for Institutions to support interprofessional collaboration.

Expected impact on the audiences

higher quality and integrated support services for families, greater confidence and competence among professionals, and more coordinated and effective services with continuous improvement for institutions.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

Develop standardized evaluation protocols, enhance training and capacity building, allocate adequate resources, and establish mechanisms for continuous improvement to ensure consistent and effective evaluation of support services for children and families in Moldova.

Facilitators and barriers

The same as in previous

Training needs

indicated in the recommendation

Expected impact on the audiences

Improving quality of support

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

In Moldova, there is an emerging awareness of the importance of incorporating feedback from children and families to improve support services. However, the establishment and implementation of formal protocols to systematically collect, analyze, and act upon this feedback are inconsistent and underdeveloped. This variability affects the ability to ensure that services are continually improved based on direct input from those they serve.

So, it is important to create comprehensive protocols for collecting, analyzing, and using feedback from children and families; utilize digital platforms, suggestion boxes, and regular feedback sessions to facilitate this process; implement mechanisms to ensure that feedback is regularly reviewed and integrated into service improvement plans.

Facilitators and barriers

Potential support of International organizations.

The same barriers as in previous items

Training needs

Offer training for service providers on the importance of feedback and how to effectively collect and use it to improve services. Develop workshops and training materials focused on communication skills and data analysis.

Expected impact on the audiences

Higher quality and more responsive support services; enhanced skills of service providers; benefits from more coordinated and effective service improvement efforts

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

Use various media platforms to highlight success stories and best practice implementations by professional teams. Host annual awards and ceremonies to publicly recognize outstanding contributions to family support services.

Invite stakeholders, including policymakers, community members, and international partners, to participate and celebrate these achievements.

Facilitators and barriers

The same

Training needs

Offer opportunities for professional development, such as training or conferences, as part of the incentive package.

Expected impact on the audiences

Improved Service Quality, Professional Growth

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

Develop and expand comprehensive graduate, postgraduate, and in-service training programs focused on evidence-based guidelines and best practices.

Make participation in these training programs a mandatory part of professional development for all practitioners in the family support sector.

Provide continuous professional development opportunities to keep practitioners updated with the latest best practices and evidence-based guidelines.

Enhance collaboration between educational institutions and family support services and academic institutions to align training programs with practical needs.

Encourage academic institutions to include evidence-based guidelines and best practices in their curricula for relevant degrees.

Facilitators and barriers

the same

Training needs

Develop platforms to offer training programs, making them accessible to professionals in remote areas.

Develop digital resources and e-learning modules that can be used for ongoing training and reference.

Expected impact on the audiences

Improved service quality; practitioners will be better equipped with the latest knowledge and skills in best practices; institutions will provide more effective and consistent services by ensuring their staff are well-trained.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

There are some efforts to organize conferences, workshops, and seminars; however, these are often sporadic and lack a comprehensive strategy. Additionally, the use of social media and other digital platforms for disseminating best practices is not fully optimized.

As recommendation:

to develop a comprehensive strategy for meetings and dissemination, create a structured plan to regularly organize meetings, workshops, and seminars focused on exchanging and disseminating best practices in family support.

It is imperative that these events are not only regular but also accessible to a wide range of stakeholders. This inclusivity is key, as it ensures that all voices, from policymakers to families, are heard and considered in our efforts.

Leverage Social Media and Digital Platforms to reach a broader audience and facilitate the exchange of best practices; Enhance Collaboration and Partnerships between government agencies, NGOs, academic institutions, and international organizations to organize and promote these events.

Facilitators and barriers

The same

Training needs

Improved access to information; increased knowledge sharing; enhanced service quality;

Expected impact on the audiences

Improved access to information; increased knowledge sharing; enhanced service quality

Quality Assurance in Family Support in Montenegro

The coordinator of the chapter on quality assurance in family support in Montenegro is Branko Bošković (University of Donja Gorica), representative of Montenegro in EurofamNet. The authors of the chapter are the members of the Montenegrin National Working Group that have participated in the QA[4]EuroFam project.

Characteristics of the National Working Group and Process for Discussion in Montenegro



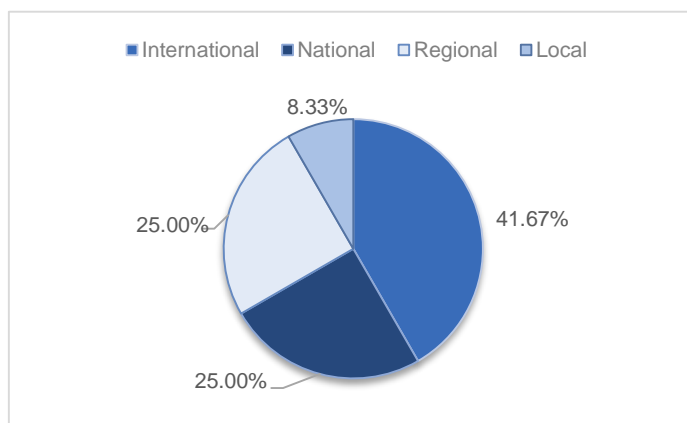
12 national experts



- 2 online meetings.
- 2nd meeting with some members for clarifying.



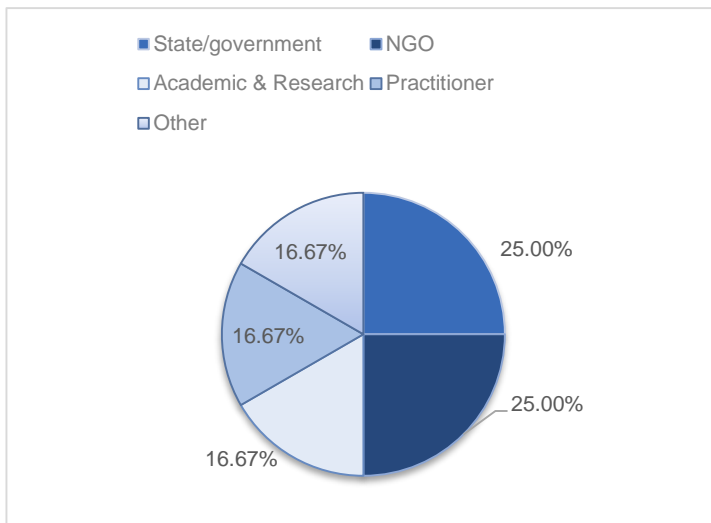
Scope of the family support actors



- Representation from all scopes: international, national, regional and local scopes.
- International scope as the most represented.
- Balanced representation of national and regional actors.



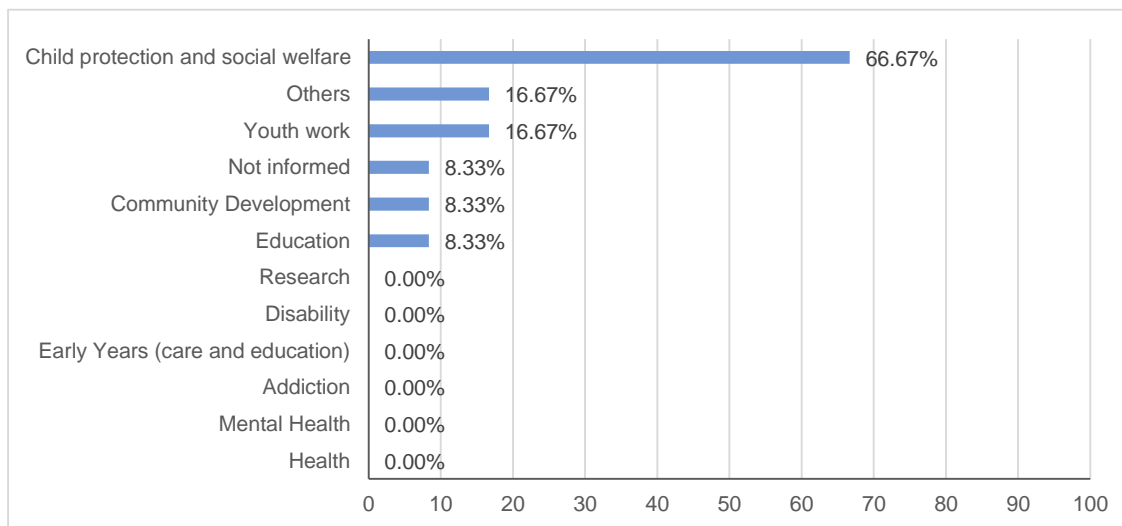
Type of family support actors



- Representation of academic and research, institutes and ombudsperson, government, NGOs and practitioners.
- Balanced representation from all actors.
- Ombudsperson, directors and coordinators were included.
- Legal department was included.



Areas of family support actors



- Most representation from child protection and social welfare.
- Some representation from youth work, community development, education and other areas.
- No representation areas such as research, mental health or early years.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

One major online meeting was held to fill in the **Quality Assurance Protocol**. Additional comments were sent by some participants. One additional meeting was held where only a few of the members of the National Working Group participated, those who had additional comments which they wanted to clarify. There were no significant and insurmountable differences among participants. Academics tended to be more critical than other participants, especially from the state institutions but in general, the need for significant improvements was recognised by all participants. Additional comments mostly referred to clarifications of their positions, rather than disagreeing on what had already been achieved. Participants were willing to adapt their position for most of the indicators since there were no significant differences in stated positions. The coordinator suggested on a few occasions to adopt a certain response and all participants agreed on it.

The **National Strengths and Recommendations Report** was written as a set of comments which were noted during the conversation with the National Working Group members. All of the members received the protocol in advance and were asked to think of responses but also to take a more qualitative stance towards it, namely to think about weaknesses and possibilities for improvement. So during the online meetings there was a discussion not only about the responses to the protocol, but also on issues related to specific indicators, which were noted by the coordinator and resulted in the report as such. The report was written by the coordinator and it was an outcome of the discussion with the members of the National Working Group, who agreed on the overall opinion on the current state of affairs of the indicators.

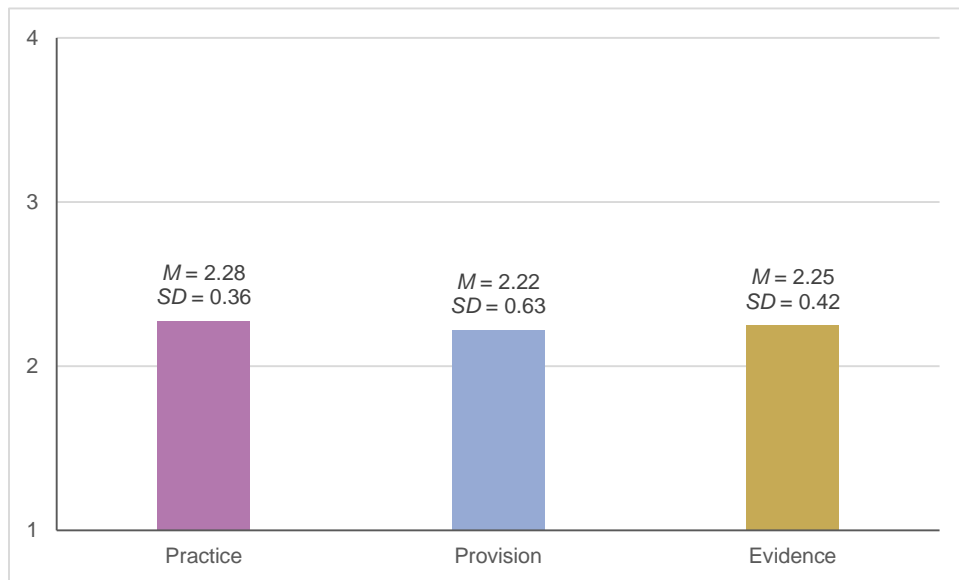
Summary of Results of the Quality Assurance Systems in Montenegro

In this section, the global scores obtained in Montenegro for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

As shown in the following figure, the **average scores** of the three systems are quite low; all systems are located closer to 2 (considered an area for improvement) than to 3 points (considered a strength). The highest score is obtained in the family support practice system,

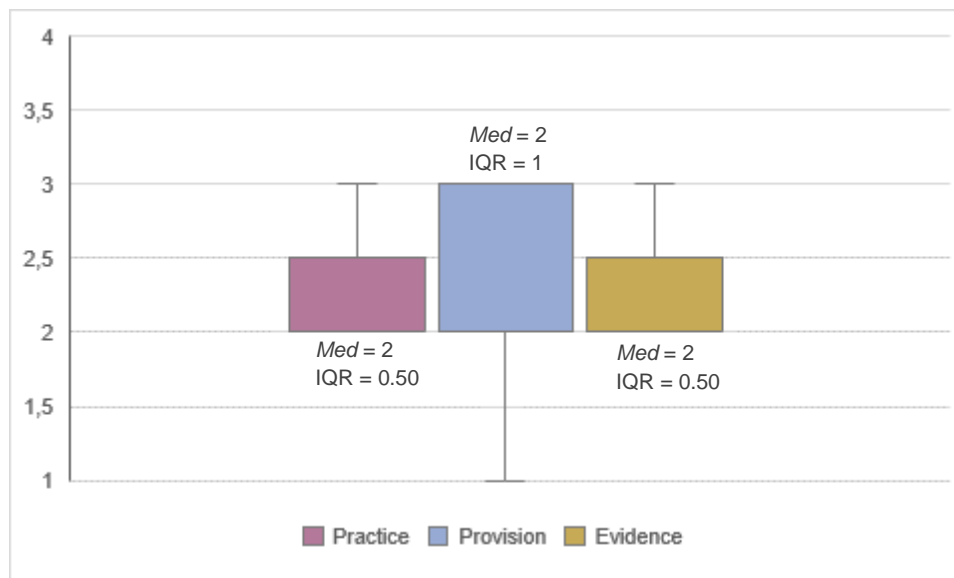
followed by the family support evidence system, although the differences between systems are very small. Thus, the Montenegrin National Working Group considered that the quality of family support in the country was rather low, as well as quite homogeneous across the three systems.

Average scores of the quality assurance systems in Montenegro: means and standard deviations



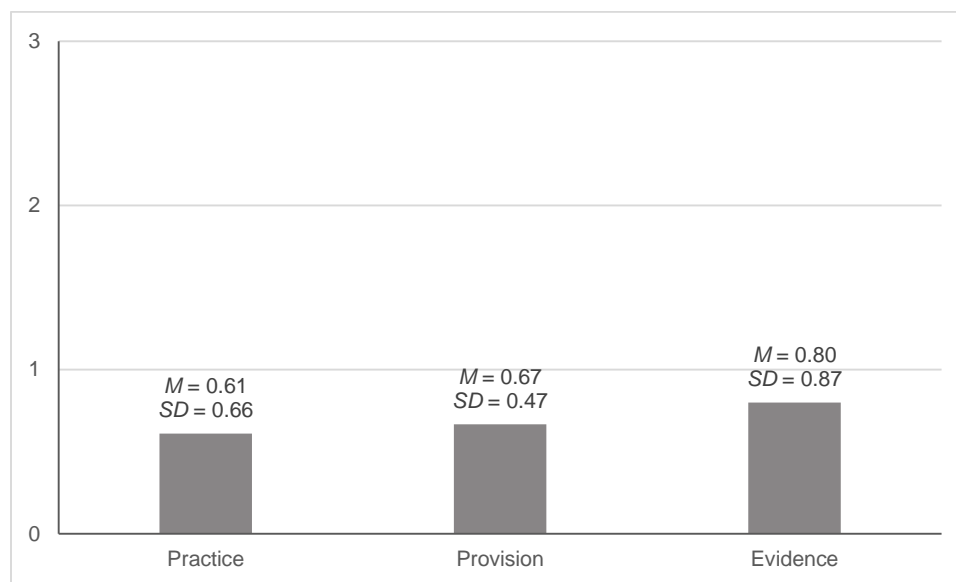
The **medians** and **interquartile ranges** of the three systems are shown in the next figure. All medians equal 2. Concerning the dispersion of the data, the interquartile ranges are located between 0.50 and 1. As can be observed in the figure, the interquartile ranges suggest that there is some dispersion in all three systems; however, the differences between the scores of the quality standards in the provision system are bigger than the ones in the practice and evidence systems.

Average scores of the quality assurance systems in Montenegro: medians and interquartile ranges



As shown in the following figure, the **variability** in all three systems is below the low level, indicating that the quality of family support in the country is very consistent. The evidence system presents a slightly higher variability than the provision system and, lastly, the practice system, although the differences across systems are small.

Variability scores of the quality assurance systems in Montenegro: means and standard deviations



Results Report of the Quality Assurance Protocol

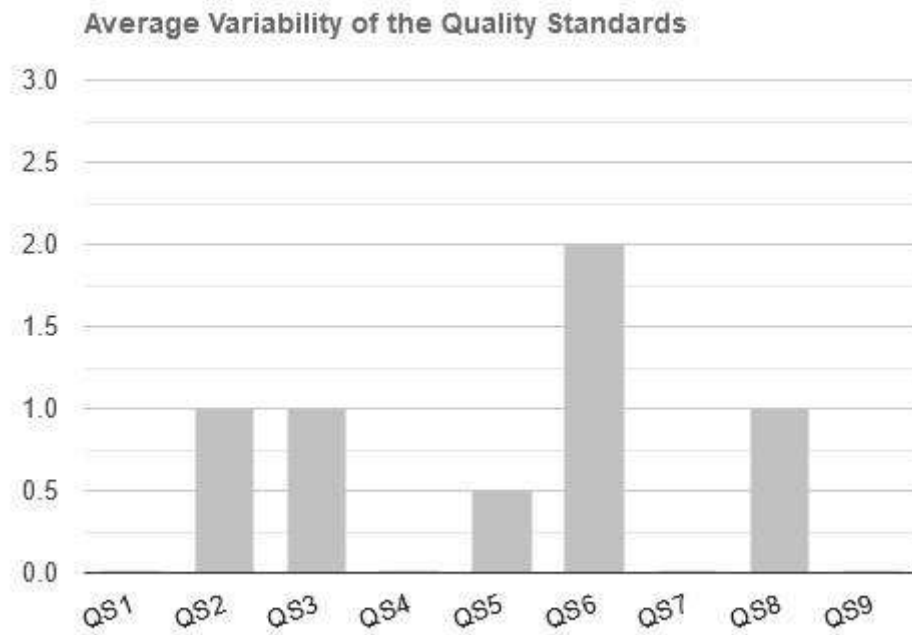
The following pages present Montenegro's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: Montenegro

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





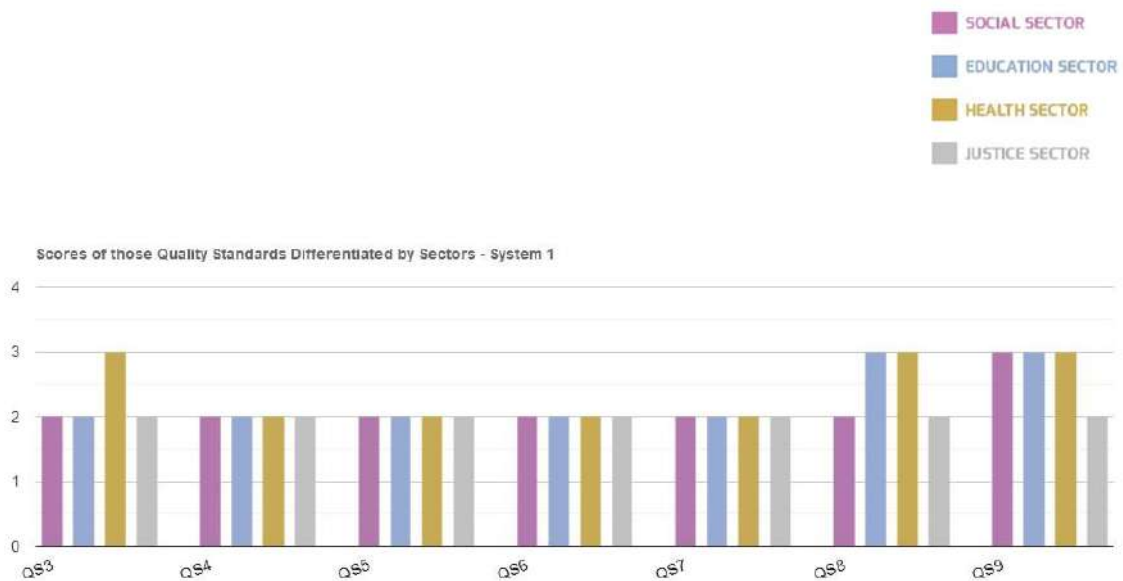
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.

Areas for improvement

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

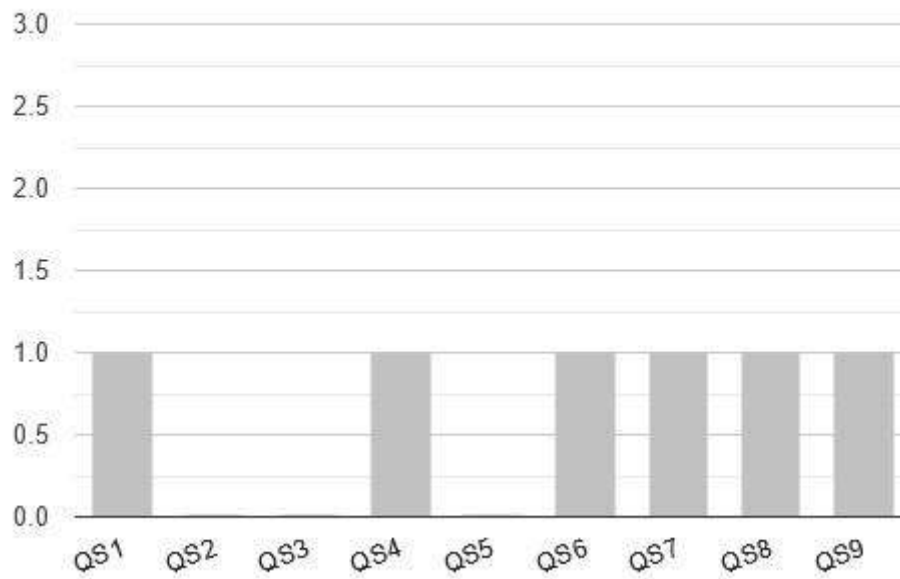
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

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Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Areas for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

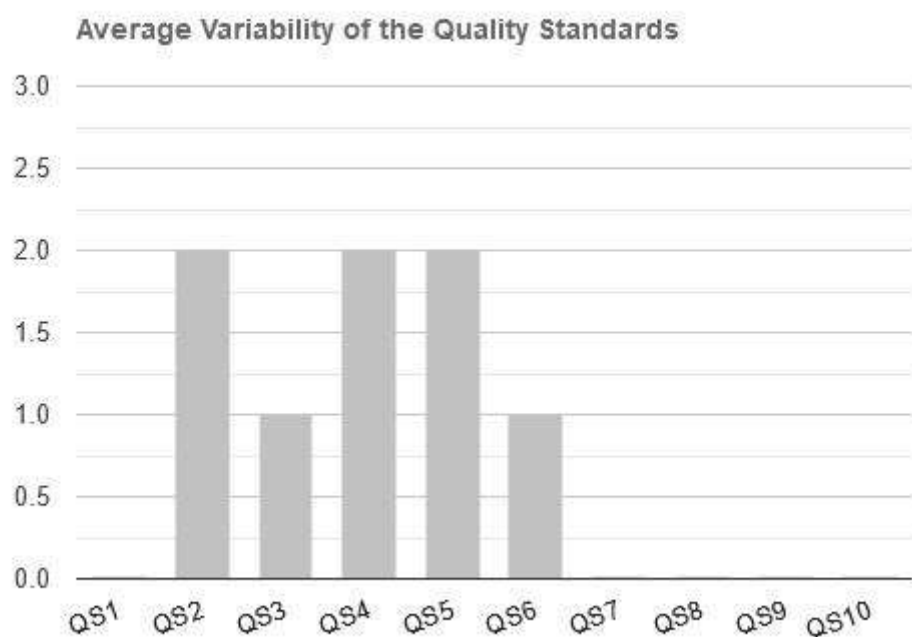
Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





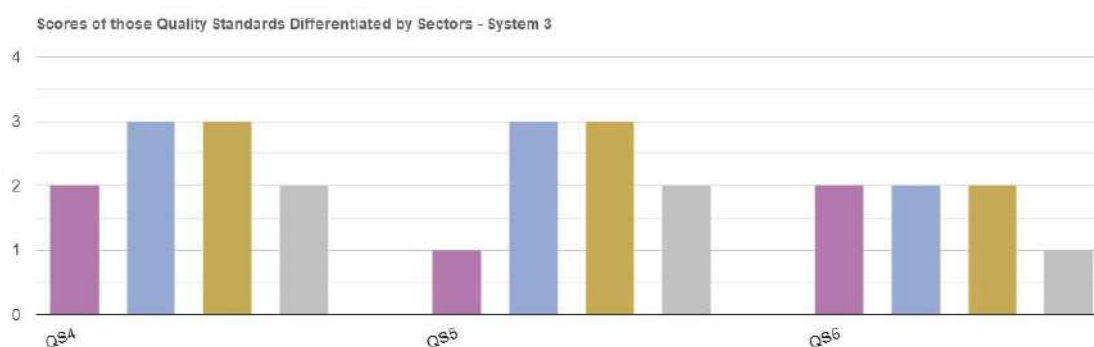
Legend of the Variability Scores

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Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Montenegrin Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Montenegro

Date: 07/01/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Additional comments referred to this part and some participants stressed which were the most important. However, for almost all standards, there is a need for improvement and it was widely recognised.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

The major strength of the family support system is a legal framework which is adapted to the key international treaties for this policy area. Specifically, it refers to the following: Law on the social and child protection, Family law, Law on protection of the violence in the family, Law on prohibition of discrimination, , Labour law. Despite the need to improve the legal framework continuously, there is a solid base which provides the system functionality and it is a good starting point. The system of social protection is designed to take into account best interest of children and families. Also, there is a strong cooperation between different levels of decision making, from the national to local levels since some institutions are locally organised, e.g. centres for social work. The current process of adopting new strategic framework (e.g. Draft of the Strategy on deinstitutionalisation for a period 2024-2028, Draft of the Strategy on Social and Child protection system 2024-2028, with the Action plan for the first year) is in process and it is inclusive, with the aim to ensure the best conditions for improvement of the current conditions. Preschool education offers another example where positive outcomes are visible, in terms of inclusion of parents in decision making related to children, protection of children's rights, availability and accessibility but there is a need of significant improvements in reducing the number of children per educational unit and increasing participation in rural areas.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Recommendations

Protection of data and confidentiality are not recognised as an important part of Montenegrin practice in general. The same refers to family protection and there is a need of additional education in this sense. It especially refers to educational programmes and curricula but also during the procedures which apply obtaining relevant licenses, e.g. when the professional exam is undertaken for the area of social and child protection. There is a need to increase an importance of confidentiality and to define it in more detail.

Facilitators and barriers

The major problem can be a slow implementation and a need for adapting the current curricula which is a time consuming process. Resources are recognised as an area for improvement because there is always a need for additional funding.

Training needs

There is a need for improvement of curricula, as already stated, but more specifically, it refers to the need of recognising the key issues of importance of data protection, privacy, confidentiality in a more general terms and also a social responsibility of protecting the identity and the current issues related to specific families.

Expected impact on the audiences

Trust and willingness are seen as the major factors for improvement and this is the area which can gain most in the society in general but also for users of specific services. Therefore, just the introduction of the issue to the family may not be enough and there is a need to develop it further so all parties involved in the process, especially families and service providers, know what to expect and what their rights and obligations are.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

Families need to be included in the process of creating legal framework, strategic framework, ways of implementation and on the ground. There is a need to have a more family sensitive approach in all areas related to children and health has been recognised as the area with the highest level of advancement. The court system lacks this approach and there is a need for a further education so the needs of children and families are considered in all steps during the procedures when children and families are involved. The same refers to educational system where a holistic approach is missing.

Facilitators and barriers

Inclusion of non-state actors can be useful, especially NGOs which are active in this area and they can provide relevant, up to the moment and applicable knowledge and practices. Inclusion of additional actors is welcome. There is a need to amend legal framework where it is necessary and to change an overall thinking about openness to advising and counseling in different areas by individuals and organisations coming from other areas. Families need more recognition and their representation is necessary, NGOs can be a solution.

Training needs

Additional training in all areas has been highlighted and it should be prioritised within the new strategic framework. It has been recognised thus far but the implementation was lacking and it is in general the crucial problem in Montenegro so it is reflected in this area as well.

Expected impact on the audiences

The impact would be visible in a more sensitive and inclusive approach, which especially refers to children and families. Individuals involved in the process of services provision would benefit too.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

There is a need to have a more sensitive and individual approach. There are positive moves and changes in this direction but it is still not the dominant approach. Professionals who are involved in the process are seen as the major figures here and the process eventually depends on them. Their positive attitudes are welcomed and recognised but there is a need of a more systemic approach here, to introduce systemic positive changes. Health is seen as the most advanced area but it is still not a systemic advancement. Evaluation has been recognised in the new rule books in 2019 but the implementation is not on the highest level, irrespective of how good a legal framework is.

Facilitators and barriers

There is a need to have a more inclusive approach so the best experiences can be transferred from one area to the other. More inter-area cooperation is needed because professionals or individuals involved are sometimes not aware of other positive experiences.

Training needs

Specifically oriented trainings are needed and these need to be provided during the career of professionals in different areas.

Expected impact on the audiences

The outcomes are more sensitive outcomes, decisions and processes which benefit users. Also, professionals will learn more and be able to save time and resources and provide services which are more adapted to specific circumstances.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

There is need to adapt specific protocols and rules in a manner that is more responsive to needs of children and families. There is a need to provide more information to families and these materials are missing. Non-state actors are very active and their services can be used more, especially in preparing educational and informational materials. A more generalised approach needs to be adapted and it especially refers to evaluation of services. There is also a need to consider evaluation in a serious manner, both by users and professionals. As already mentioned, implementation is missing and dealing with the high volume of information and processing it is a problem.

Facilitators and barriers

Lack of resources and time are seen as the major problems and there is a need for further staff who can effectively deal with the increasing amount of data and information that need to be processed and assessed.

Training needs

Inclusion of a more flexible approach, which ensures gaining the major theoretical insights but more focus is needed on practice. It is a lack of the education system in general but in this policy area as well. More systemic evaluations need to be implemented so professionals are in touch with the latest developments.

Expected impact on the audiences

Families and children would have a more friendly approach and environment, they would be more informed and professionals would be more equipped and knowledgeable to deal with different situations and circumstances.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Successful experiences

Positive moves have been highlighted, in the sense that there is an overall willingness and positive changes to have a more systemic reporting system. As previously stated, implementation is the issue which is the most debated one and an area which can be improved most. Social services, education and health have made a significant progress recently, which can be seen in providing reporting which is also inter-sectoral. The process is slow and time consuming but there are positive outcomes in the sense that children benefit from the system which provides all the information, from different areas. However, it most often happens when there is a problem and after the problem is recognised and it is reflected in provision of service which is not adapted and the most suitable, e.g. in the education process. There is a need to improve the justice system further, but the lack of resources, especially professionals is creating a barrier here, e.g. in the need of experts who provide

opinions on which a further action is undertaken.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

There is a need to recognise differences among families and their members. The legal framework, e.g. The law on social and child protection, in some cases does recognise the individual and in others the family as a unit. Provision of cash transfers depends on the size of the family and their other incomes or possessions but there is a need of a more individualistic approach because circumstances can vary significantly. It especially refers to different family forms which are becoming common and one parent families are of a particular importance. There is also a lack of understanding of a family as a whole and services aiming at children need to be improved so this aspect is taken into account, e.g. to consider the role parents have in strengthening the child, if there is a need of a service provision.

Facilitators and barriers

Education system needs to be improved so differing family forms are recognised from the beginning, together with their needs. There is a lack of knowledge how to understand roles of parents and their needs. It was noted that the major discussion and the issues in the society as a whole are cash transfers whose importance is noted but there is also a need to improve the services and it should be highlighted more. The strategic framework should consider this as well.

Training needs

Additional education should be provided in the educational system but during the career as well because circumstances are shifting quickly, in terms of new family forms which are being more present. A traditional family is the norm in Montenegro but services need to be more case sensitive. Engaging non-state actors to provide training has been noted as a good practice.

Expected impact on the audiences

Families will benefit the most, especially those that are in danger. Also, families which are not considered as a traditional family will see then most positive impact of the prospective changes in the education and the practice.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

More case sensitive approach is needed. As already stated, due to the rising inflation and costs of living, there has been a debate on the amount of cash transfers, especially for children, but these are not adopted yet. On the other hand, there is a need to raise the issue of the quality of services and even when cash transfers are discussed to see if these can be more case sensitive and not stated in the general manner with absolute amounts. Cash transfers are always discussed during election periods as a prospective way of obtaining votes and this should not be the case. The nature of cash transfers need to be debated in more detail and should be more inclusive, with families being part of it, which has not been the case so far. Turn towards a more localised approach would be a positive outcome too.

Facilitators and barriers

Major state institutions are seen as the key players, Ministry of work and social care but also municipalities. Parliament and the Government should play the role as well since prospective changes of the legal framework are facilitated through them. Lack of resources is stated as the major problem.

Training needs

There should be a more inclusive social dialogue.

Expected impact on the audiences

Families and children would be the main beneficiaries, especially the most endangered ones.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Recommendations

Support is in Montenegro, in general, understood as a concept which aims strictly those who are the most endangered. Consequently, the approach refers in almost all cases to those in need and the result is that preventive measures are not well developed. It has been noted by the major international organisations, e.g. UNICEF in some of their reports on ECD. There is a need of the shift of the mind-frame in general but also of specific policies which aim at families and children, to have a more preventive approach which will be all-encompassing. It would include mothers with yet unborn children, with educational programmes which are already developed and praised but they need to be more inclusive because participation is still low. It would then include all aspects and ranges of care and most importantly in health, which has also seen a positive moves in the recent period but there is still a need to make regular checks widely used by parents. Some recommendations are to make them obligatory and more common for a certain period of child's growing up.

Facilitators and barriers

Creating a more preventive measures oriented system requires a dynamic change which would include educational system, but also practice. Health system is seen as crucial. Non-state actors can play an important role by providing know-how when it is necessary. Lack of resources and personnel is seen as the major issue.

Training needs

Trainings need to be provided for professionals and they need to be educated continuously. There is a need of a social campaign to increase the knowledge of the importance of prevention by all means, especially for children.

Expected impact on the audiences

Families and children, professionals but society as a whole would benefit. Positive impact of preventive measures has been noticed already and it needs to be strengthened even further.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Recommendations

One of the areas which needs strong improvement is obtaining knowledge how to deal with different families and children, especially coming from different cultures and backgrounds. A positive moves have been noted and they are visible, especially in the educational system, e.g. in attempts to include Roma population in the preschool education and other levels as well. However, understanding and dealing with minorities requires special attention and there is a need to educate more professionals here. The interest for the education in this area is not high and the approach here should be more systemic. Diversification will only become one of the major characteristics of Montenegrin society in the future and all services should be prepared for that in advance. Not much is being done here and the strategic framework needs to deal with it, since it will be

essential to have an inclusive and non-discriminatory society. Also, all of the services previously mentioned will need to be adapted, e.g. knowing English language as the basic requirement, apart from the specific service knowledge.

Facilitators and barriers

The educational system needs to be adapted but also a more systemic approach to a societal understanding of the importance of a differing approach is needed.

Training needs

Educational system needs to be strengthened from the very beginning and as has been noted already, more practice oriented approach is needed. Positive moves are noted here as well, but education in social and health care need to be in focus.

Expected impact on the audiences

Different social groups will gain the most, especially minorities, e.g. Roma population, but also all the other prospective communities that will be formed.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Recommendations

Montenegro is recognised as a regionalised country, with three geographical regions: southern, central and northern. The northern part is the least developed, which refers to economy especially but also to different services availability and use. Family support has the same status and there is a need to strengthen services in the northern part of the country. It refers to social care, health care and education. Facilities are not available as in other regions and services should be more developed. The state is trying to change the perspective but investing in the northern region, e.g. improving hospitals, health care centres, centres for social work but it is still not enough. There should be more coordination between municipalities and the government, to increase availability and quality of services.

Facilitators and barriers

The major facilitator should be the government, with specific ministries in charge of above-mentioned areas. Municipalities need to be involved more but also communities.

Training needs

The issue is more about coordination rather than education.

Expected impact on the audiences

Local communities and families and children living there are the major beneficiaries, who would receive a positive impact of these changes.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

One of the major issues raised for family support is the lack of funding. Almost all state institutions and NGOs relevant in this area state it and they are showing the need of adequate funding. It refers especially to health care and social care, but also to education. Government has in the recent period increased salaries of employees in all these areas, however still not making them as attractive as other non-state actors professions, but the quality of services has not been in the focus. There have been positive outcomes too, by providing equipment, e.g. in health care, but no guarantees are provided for services funding. Regional approach is stated here too, with the northern region being seen as the one where funding is a problem.

Facilitators and barriers

These are the same as for the previous question, so state actors on the national and local level.

Training needs

The issue is more about coordination rather than education.

Expected impact on the audiences

Users of services are the major beneficiaries but the society as whole as well.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

It has been stated that state institutions have become more open for non-state actors, there is still a need to actively engage them. NGOs are almost always included and active when new laws or strategic frameworks are drafted. All kinds of consultations are most often open for the public as well. Researchers and representatives of different organisations are sometimes present, it is on a case to case basis but families and children are not represented. Practitioners are also not represented enough so these should be advanced further. NGOs do represent families and protect their interests but there is a need of a more systemic representation if the voice of them is to be heard. Legal framework is sometimes politicised which is seen as a negative practice and not useful for creating quality services.

Facilitators and barriers

Major barriers refer to organisational issues but also to the fact that there is no history or families representation in creating different frameworks related to family support. NGOs have made a difference here and processes are more transparent and inclusive now. There are no significant barriers but there is a need to create social awareness on the need for participation.

Training needs

It is up to the state institutions to create further inclusive environment. Also, there is a need of a more organised practitioners associations, as well as parents, that should be more active, apart from the NGOs.

Expected impact on the audiences

Increased quality of services, more inclusive approach and higher level of participation which benefits families and children.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Successful experiences

A strong inputs towards creating a system of assessment was noted, however with still a ample space to improve. Ministry of work and social care, Ministry of education and Ministry of health are seen as the major institutions that provide assessment for entering specific working posts. Examination requires understanding and knowing the legal framework which includes

specific guidebooks and rules but there is a need to ensure the examination is more thorough and detailed. There have been improvements in the recent period, however communication or results of specific outcomes is missing and needs to be improved. NGOs are providing a lot of informal education which plays a significant role in understanding practice because some of the education is based on practice and less on the theory.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Recommendations

As has already been stated, children and families are missing from the social dialogue related to family support, but even beyond it. NGOs play an important role in Montenegro in general so they are seen as a voice of underrepresented groups because they are independent and not under the influence of the state. Consequently, NGOs can act as their representatives but this is not always the case. Evaluation is not a continuous and regular process in Montenegro, although there is a solid legal framework but the implementation is missing.

Facilitators and barriers

Lack of resources and funds, which limits systemic approach and studying outcomes on a longitudinal basis. Relevant ministries should be in charge of the process.

Training needs

Coordination and preparation by relevant ministries is needed in advance, which is missing as already stated. There should first be an analysis of the current state of affairs and only then proposed activities to improve evaluation by increased participation.

Expected impact on the audiences

Services should be improved and their quality increased.

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Recommendations

The same conclusion was made for this and the following indicator and a reply includes both. There has been an improvement in providing expertise and improving and developing guidelines for family support, especially in the last 5-6 years. The role of NGOs is highlighted here as very important together with international organisations, especially UNICEF. A high level of commitment was recognised by the state institutions and significant number of recommendations has been applied in the recent period. However, there is a space for improvement, especially at implementation of specific expertise and even more in practice oriented guidelines. It is similar as in other areas but some of the major improvements can be noticed in: guidelines and rule-books on conditions and minimum standards for social protection of children and families; standards on organisation of centres for social care; minimum standards for foster care; standards and organising of children in small groups. Positive experiences were included in drafting these documents and they became an essential part of guidelines developed by NGOs. NGOs offer free discussion groups which are based on inclusion of professionals and experienced individuals (e.g. NGO Roditelji), which are recognised as useful and easily accessible by all interested parents. Participants are active and use social networks for an exchange of opinions and experts are available to provide replies to matters, especially related to child bearing and upbringing of children.

Facilitators and barriers

NGOs are seen as very active but there is a need of having more participants, namely families, but all interested individuals to participate and be included in the process. The state can provide resources in facilities dedicated for specific purposes, e.g. in

hospitals or in schools but other areas lack it. Other areas also lack interest by the majority of the population since health and education are seen as everyday necessity so parents are more willing to participate actively and professionals are more available. NGOs lack resources to have an all-encompassing activities.

Training needs

Increasing capacities of judiciary especially to increase the knowledge in this area is significant and should be amplified. Individuals, professionals and experts should be equipped with a more contextual knowledge so problems are presented in a more adapted manner but also that guidelines are more easily understandable.

Expected impact on the audiences

Users of different services may benefit, but also professionals in the area of family support.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Successful experiences

Evaluation is seen as an area where a lot has been done in terms of improvement. It mainly refers to developing specific guidelines, especially in the area of social care and health care, with specific tools for reporting. These refer to assessment of conditions of individuals and families. . As already said, information need to be more contextualised. A more direct approach, e.g. talking and discussing issues related to social care and living conditions is used, planning and reporting,. The data, related especially to cash transfers are available and reachable so together with other statistics on the population and different social groups can provide an overview of major macro data, on social conditions of different groups. There is a lack of human resources and due to this procedures are sometimes too slow and time consuming. Faster reporting would result in more preventive actions.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

There is a need to improve visibility of professionals and the effort they are putting in. It has already been emphasised that a lot of activities and positive outcomes depend on the individuals and their effort. It especially refers to professionals willing to commit to work with families. Social work and education, especially preschool education and care, were stressed as the major areas here, especially in areas with dominant minority populations, e.g. Roma in the capital city. Also, dealing with families in danger and living in rural areas, but there is a lack of resources here so these practices are an exception, rather than a rule. There needs to be reporting on successful application of best practices and specific cases so the knowledge and practice can be obtained and made publicly available. All of the efforts above mentioned stay undocumented officially or it takes a significant amount of time if some of the practices are reported. There is a need of developing protocols for at least a part of these practices to be documented officially.

Facilitators and barriers

Professionals are playing the major role and the lack of staff who can continue these practices is the major problem. There is a lack of reporting apart from the official evaluations and reporting, e.g. in preschool education. Funding is stressed as the problem which hinders further activities on increasing capacities.

Training needs

Training is not a key issue but rather developing protocols on reporting and publishing successful practices. Also developing measures to advance professionals who put the effort publicly and to see how they can spread the knowledge gained and provide insights to other professionals and individuals who are interested.

Expected impact on the audiences

The major impact would be improvement of practices, positive impact on families and children and increasing the awareness of positive practices publicly.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

There was a view that a lot is being done on the transparency of state institutions. This mainly refers to their websites but also their social media. Also, an interaction approach is being strengthened on the state level, with a need to have activities visible and presented to the wider audience. Even though this is not on the highest level and there is a lot of space for improvement, transparency is here seen as the major improvement, which was not the case before. The major documents are available on the websites of relevant ministries and all of the activities are announced in a timely manner which gives space to interested parties to prepare and participate. Also, positive experiences are presented, however the information needs to be more specific and detailed, so users can benefit from it. Information is sometimes general but it is still a significant improvement.

Quality Assurance in Family Support in North Macedonia

The coordinators of the chapter on quality assurance in family support in North Macedonia are Irena Avirovic Bundalevska (Ss. Cyril and Methodius University) and Makedonka Radulovic (Ss. Cyril and Methodius University), representatives of North Macedonia in EurofamNet. The authors of the chapter are the members of the North Macedonian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Irena Avirovic Bundalevska, Makedonka Radulovic, Loreta Andreevska, Gordana Atanasova, Ana Bosnjak, Elena Chehova, Elena Crvenova, Tanja Cvetkovic Daneva, Ana Daneva-Markova, Jasna Ercegovic, Ana Filipce-Savevska, Mario Janchev, Angelka Keskinova, Marta Markovska, Nevena Petrovska, Emilija Popova, Daniela Stanojkovska, Meri Sviderska-Jovanovska, Biljana Todorova, Hristina Todorvska, and Viktorija Volak.

Characteristics of the National Working Group and Process for Discussion in North Macedonia



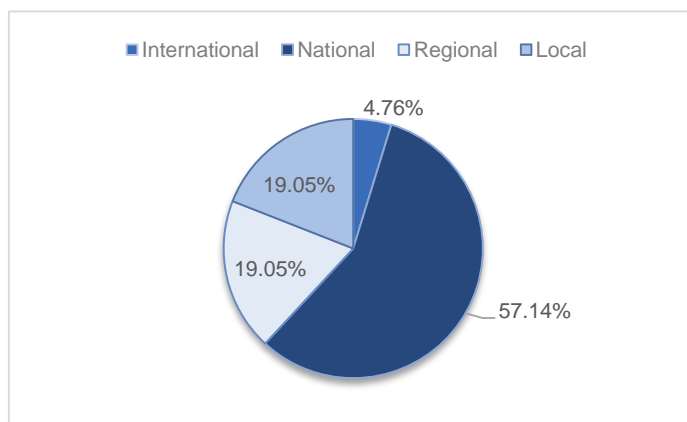
21 national experts



- 1 online and 1 face-to-face meeting.
- Individual responses gathered and discussed.



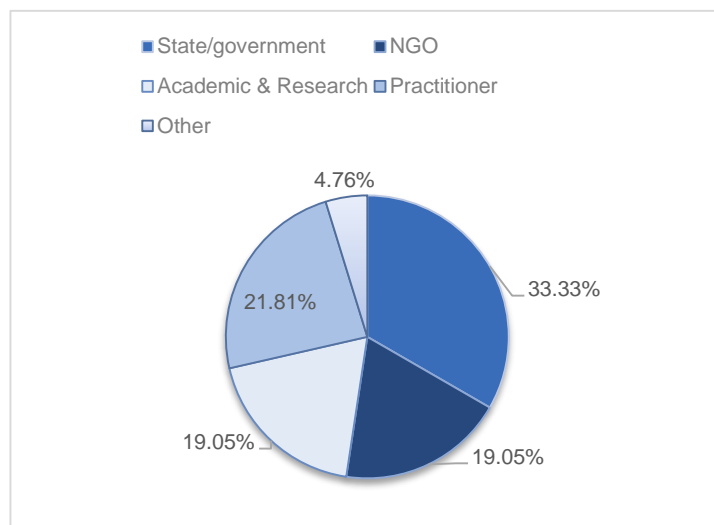
Scope of the family support actors



- Representation from all scopes: international, national, regional and local scopes.
- National scope as the most represented.
- Balanced representation of regional and local actors.



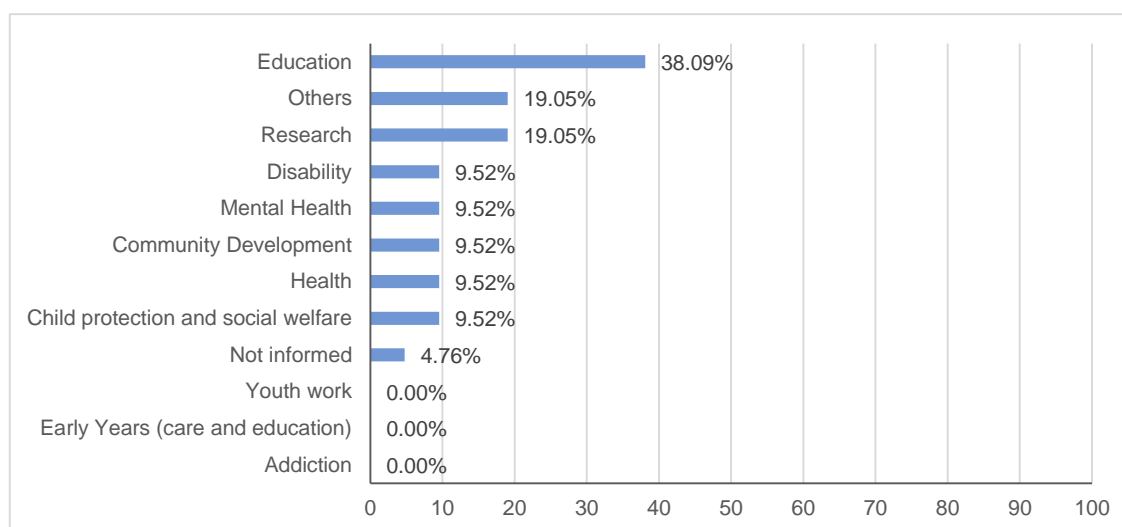
Type of family support actors



- Representation of academic and research, institutes, government, NGOs and practitioners.
- Balanced representation of academic & research, government, NGOs, and practitioners.
- Actors from the different levels of education (early childhood through university) and a legal expert were included.



Areas of family support actors



- A wide variety of family support areas represented.
- Most representation from the education area.
- Some representation from research and other areas such as social protection.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

The first meeting of the Macedonian National Working Group was held online. In the meeting the national coordinators Makedonka Radulovic and Irena Avirovic Bundalevska explained the objectives and deliverables of the NWG. The members of the group had the possibility to ask questions and give suggestions about the **Quality Assurance Protocol** and expressed their opinion on core matters. After this meeting, all the members received explanatory materials, as well as the Quality Assurance Protocol in a questionnaire format and were asked to fulfill it. When all the answered questionnaires were gathered, the national coordinators and the group secretary Angelka Keskinova analyzed the data and created a PowerPoint presentation with the results, potential challenges and issues to discuss with the National Working Group members. This document was sent to the members for pre-view. The next meeting was an in-person event at the Faculty of Philosophy in Skopje. The attending members of the group had the possibility to discuss the results of the presentation and all agreed on the final document with full consensus, resulting in the Quality Assurance Protocol for North Macedonia. On the same day, a workshop regarding the **National Strengths and Recommendations Report** was organised. The members were divided per sectors and after the group work was done, all the participants had the possibility to discuss the potential recommendations for improvement of family support in North Macedonia. After the meeting, a draft of the report was shared via email and the agreement of the group members was obtained.

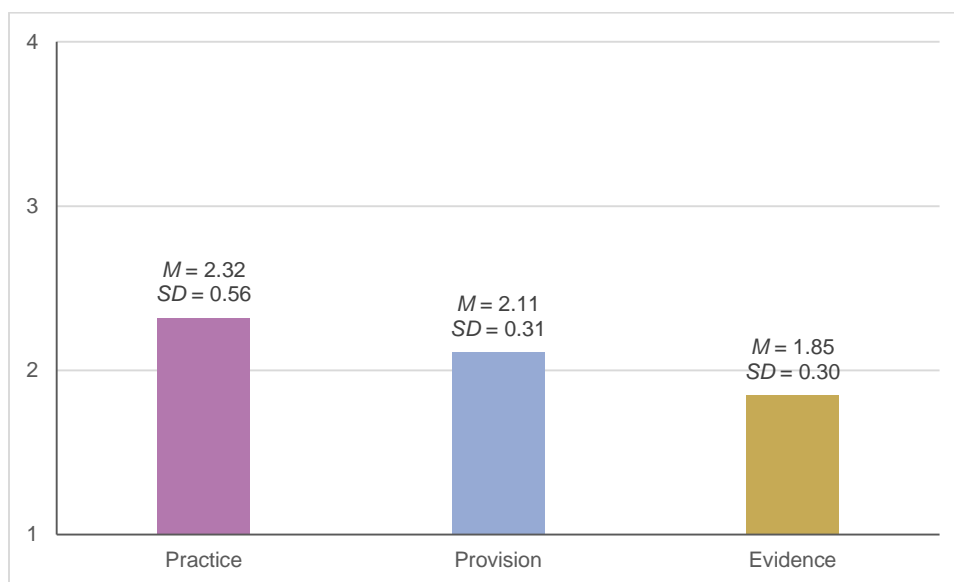
Summary of Results of the Quality Assurance Systems in North Macedonia

In this section, the global scores obtained in North Macedonia for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

In North Macedonia, the **average scores** of the three systems are closer to 2 points, considered an area for improvement, than to 3 points, considered a strength (see the following figure). The highest score is obtained in the practice system, followed by the provision system. The score obtained in the evidence system is the lowest. Thus, the North Macedonian National Working

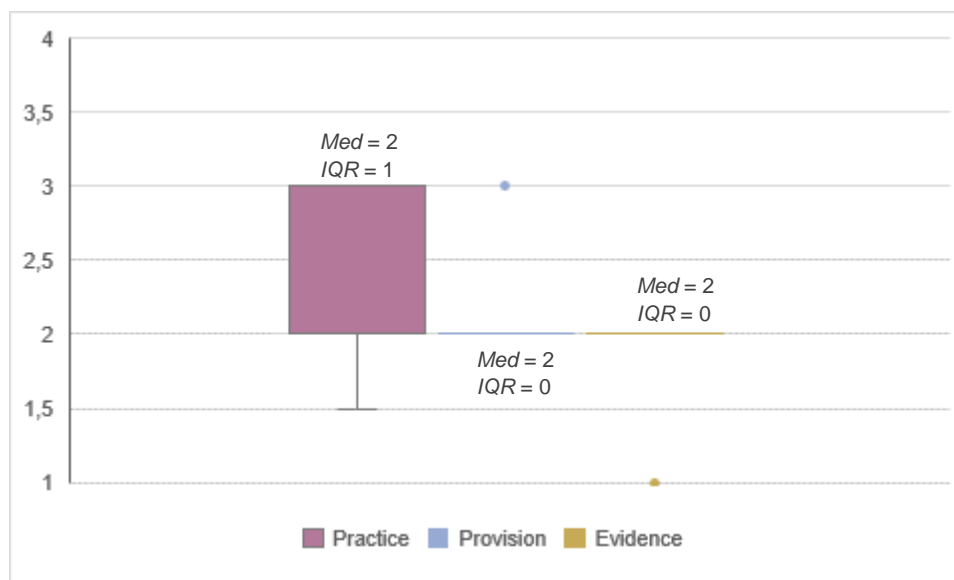
Group considered that the quality of all three family support systems was rather low, particularly in the case of the evidence system.

Average scores of the quality assurance systems in North Macedonia: means and standard deviations



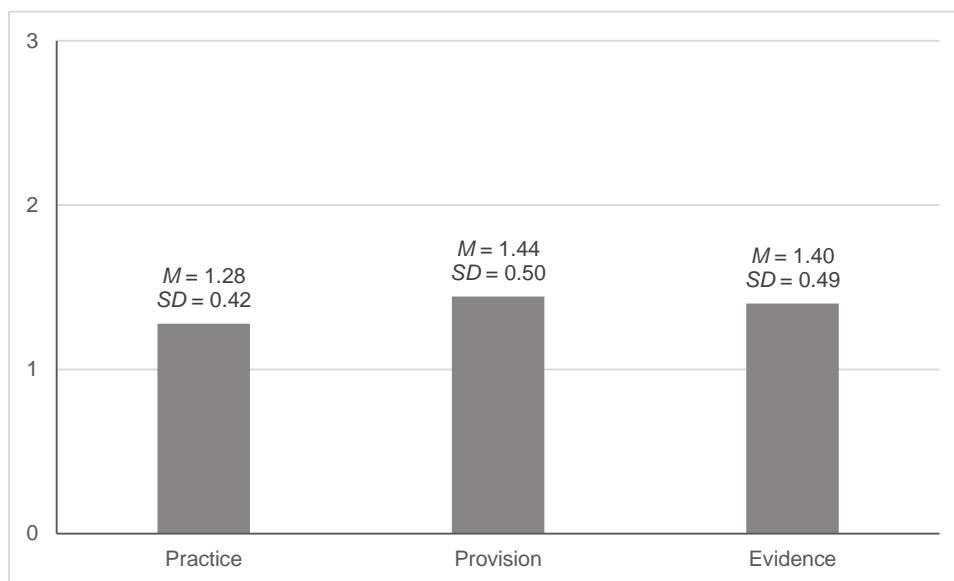
The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians are all equal to 2. Concerning the dispersion of the data, the interquartile ranges are located between 0 and 1. As shown in the figure, the interquartile ranges indicate that the differences between the scores of the quality standards in the family support provision and evidence systems are negligible. In comparison, the differences in the family support practice system are more pronounced.

Average scores of the quality assurance systems in North Macedonia: medians and interquartile ranges



As presented in the following figure, the three systems are located between the medium and the low level of **variability**, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The provision system presents the highest variability, followed by the evidence, and, lastly, the practice system, although the differences across systems are small.

Variability scores of the quality assurance systems in North Macedonia: means and standard deviations



Results Report of the Quality Assurance Protocol

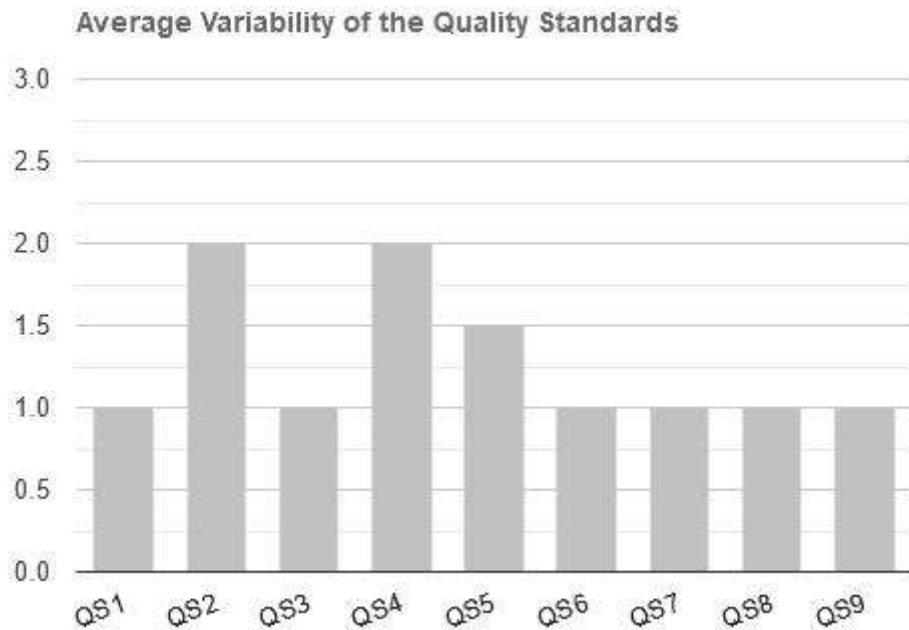
The following pages present North Macedonia's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: North Macedonia

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





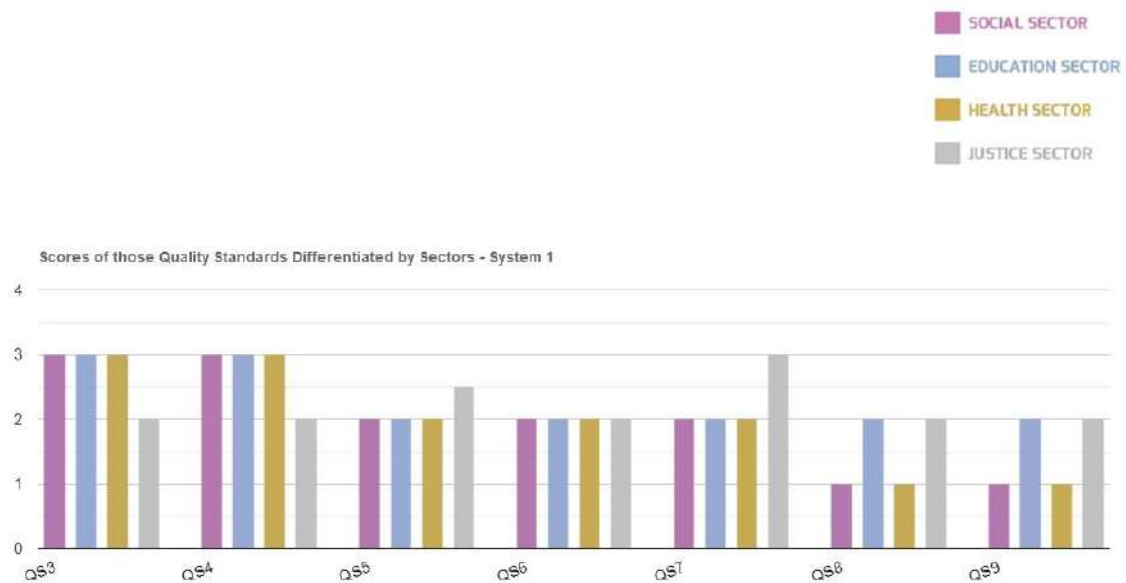
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely mannerr

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

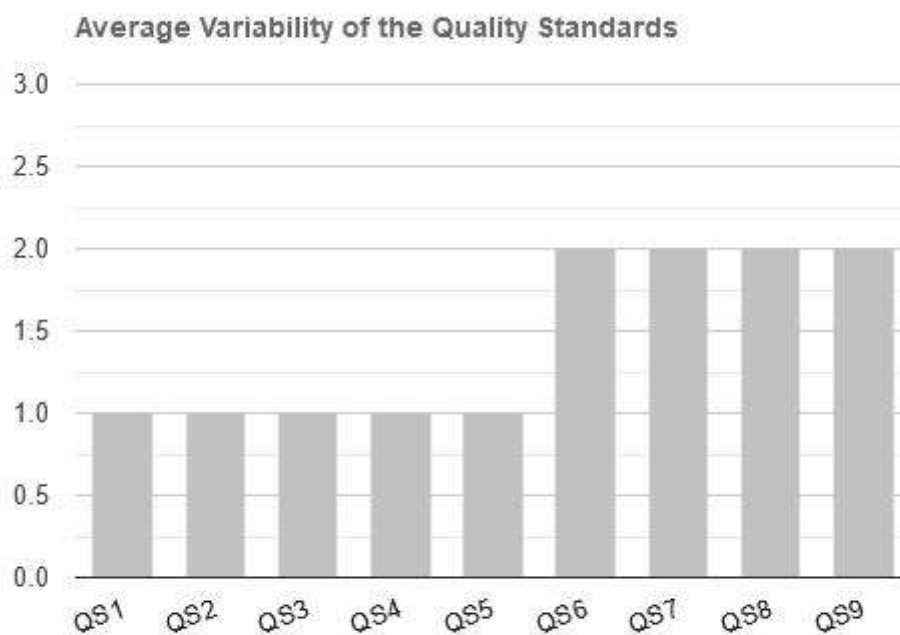
Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

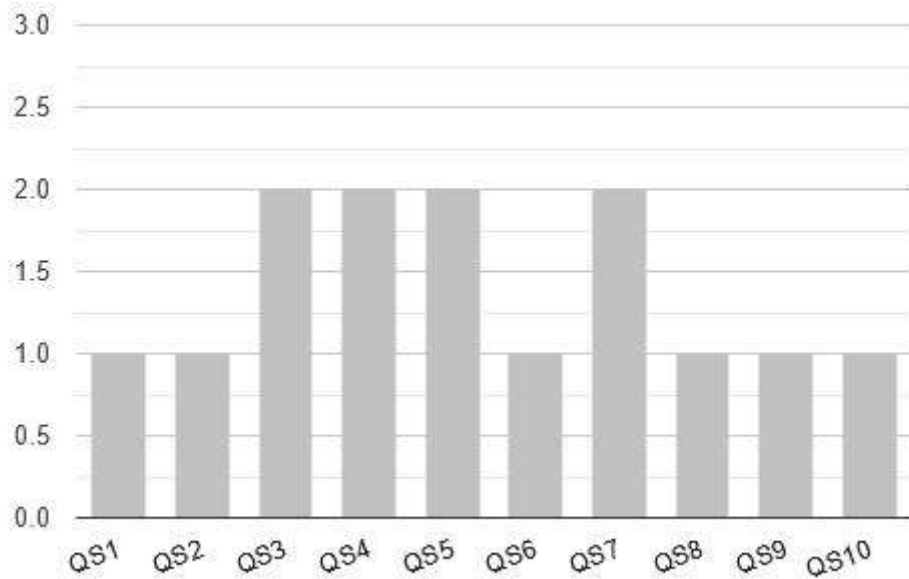
- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

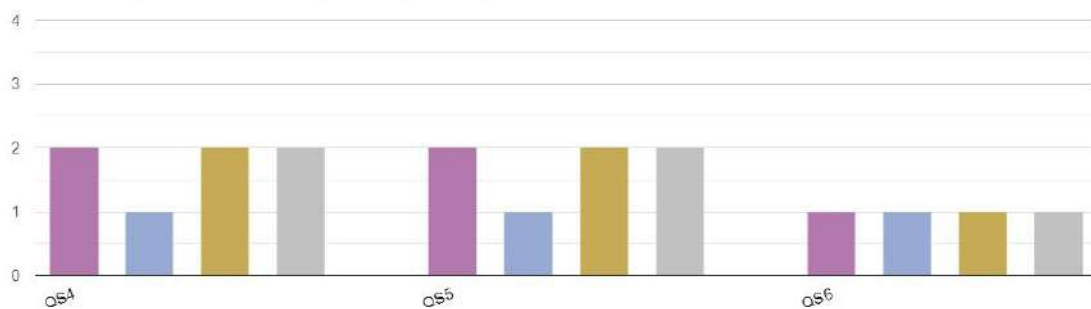
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 3



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the North Macedonian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: North Macedonia

Date: 05/17/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

The Macedonian National Group discussed the strengths and weaknesses along with recommendations on the in-person meeting and workshop held at the Faculty of Philosophy. After the meeting, the materials were shared online with the members of the group and were agreed the final recommendations.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

North Macedonia in the past years has developed a good legal framework that considers the best interest of children and youth.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

Macedonian National legal framework has been adapted to international and European standards and harmonized with international ethical principles.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

We consider this to be an area of improvement, since most members of the sectors believe that a more holistic approach to the matter is needed.

Facilitators and barriers

North Macedonia lacks a national system that links and incorporates all services and sectors.

Training needs

We consider that the training of administration and professionals is needed in this area.

Expected impact on the audiences

We concluded that this is especially important for practitioners in order to better deliver services. Strong alliance is a significant mean to reach the final quality of services used by families and their members.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

The services are designed only for families in risk and do not take into consideration functional families which also go through difficulties and challenges during the different life circles.

Facilitators and barriers

The services are directed to a small group families and needs to broaden its activities.

Training needs

The same training need could be applied to a broaden target group of families, therefore we consider that North Macedonia does not need trainings in this area.

Expected impact on the audiences

By including a broaden group of families, future difficulties could be prevented.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

Our country should evaluate families' needs with a more personal and individualistic approach (case-management approach).

Facilitators and barriers

Lack of a sector for the evaluation process.

Training needs

/

Expected impact on the audiences

With a case-management approach, we consider that families could benefit more from what services offer. Otherwise, with the current system families facing different difficulties receive the same package of services.

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Recommendations

Same as 1.5.1.

Facilitators and barriers

Same as 1.5.1.

Training needs

Same as 1.5.1.

Expected impact on the audiences

Same as 1.5.1.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

The programmes that are implemented should be followed and results should be analyzed.

Facilitators and barriers

As mentioned before, our country has a lack of evaluation system and evaluation sector.

Training needs

No training needed.

Expected impact on the audiences

A follow-up process will bring more quality to family support in the country.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

Resources in the service should be amplified.

Facilitators and barriers

Challenging economic situation in the country.

Training needs

Not applicable.

Expected impact on the audiences

Reaching a greater number of families.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

Improve supervision, expand family support professionals.

Facilitators and barriers

Lack of workforce especially in the social services system. In our country we have only one Ministry for Social Protection and Labor and administrative staff is overloaded with work.

Training needs

Training of professionals coming from a multidisciplinary educational background.

Expected impact on the audiences

A better and bigger network of family support professionals could deliver better services in the country.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Recommendations

Track and monitoring on a more frequent bases.

Facilitators and barriers

Lack of professionals and lack of uniform system for monitoring families across the different institutions and sectors.

Training needs

Training after implementation of a uniform monitoring system.

Expected impact on the audiences

A better and bigger network of family support professionals could deliver better services in the country.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

Formal support should respond different family models that take into consideration their individual needs. National mapping of families and their potential needs for family support.

Facilitators and barriers

/

Training needs

/

Expected impact on the audiences

Prevention, adequate services, and better reach of families in need.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Successful experiences

Successful experiences regard usually family in risk category and poverty category.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

We are in the process of the introduction of a new Labor law which is needed in order to provide more family friendly working conditions (different packages of maternity leave, paternity leave, flexible working hours etc.).

Facilitators and barriers

Political inconsistency of ruling parties as a result of frequent change of political power and general instability of the country.

Training needs

/

Expected impact on the audiences

Improvement of work and family balance.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Successful experiences

In the country there are present many NGOs which provide counseling and informal support to families.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Recommendations

We need services that respond to specific needs, individualistic approach and case-management approach.

Facilitators and barriers

Family support system is very general and does not take into consideration specific needs of families.

Training needs

Training professionals towards a person-centered approach.

Expected impact on the audiences

Better implementation of existing services.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Successful experiences

North Macedonia is a multicultural country and public institutions already work according to a so-called quota system that is sensitive towards all ethnicities living in the country.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Recommendations

A more integrated system is needed (intersectoral and interinstitutional).

Facilitators and barriers

Lack of uniform and coordinated system of family support.

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

Increase fundings and create funding according to individualistic approach of families in need. Creation of ad-hoc funding system.

Facilitators and barriers

Lack of holistic approach to funding system.

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Successful experiences

We consider to have good educational programmes in the Social Sciences field, however, more practical trainings are need.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

Collaborations of all stakeholders involved is urgently needed.

Facilitators and barriers

Lack of integrated system, not sufficient collaboration between private and public sector.

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

Better coordination between the sectors and the institutions involved.

Facilitators and barriers

Lack of integrated system.

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Successful experiences

Social agents are generally aware of the needs of children and families, however, there is need of better and more adequate financing.

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Recommendations

Need of more research and analyses; involvement of professionals and families.

Facilitators and barriers

Not enough research centers and data available in the country.

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Recommendations

Family support guidelines should be applied in the country and made mandatory for future professionals.

Facilitators and barriers

/

Training needs

/

Expected impact on the audiences

Better implementation of existing services. Development of family support profiles with improved skills.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

We need to develop and include evaluation in our system.

Facilitators and barriers

/

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

Introduce questionnaires for families where they can express their experience with social services.

Facilitators and barriers

/

Training needs

/

Expected impact on the audiences

Improvement and better quality of existing services.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

There is lack of public recognition of teams and services endorsing best practice guidelines. Therefore, we consider that practitioners and professionals should have the opportunity to publicly publish their achievements.

Facilitators and barriers

/

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

Creation of professional training in evidence-based guidelines of best practices and associated competences.

Facilitators and barriers

/

Training needs

/

Expected impact on the audiences

Better implementation of existing services.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

We have good media coverage of meetings and dissemination processes.

Quality Assurance in Family Support in Norway

The coordinators of the chapter on quality assurance in family support in Norway are Øivin Christiansen (Norwegian Research Centre) and Mona Sandbæk (Oslo Metropolitan University), representatives of Norway in EurofamNet. The authors of the chapter are the members of the Norwegian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Øivin Christiansen, Mona Sandbæk, Elin Herikstad, Simen Mørstad Johansen, Liv Marie Melby, Gro Sannes Nordby, Mathias Lia Nordmoen, and Maria Rekleiv.

Characteristics of the National Working Group and Process for Discussion in Norway



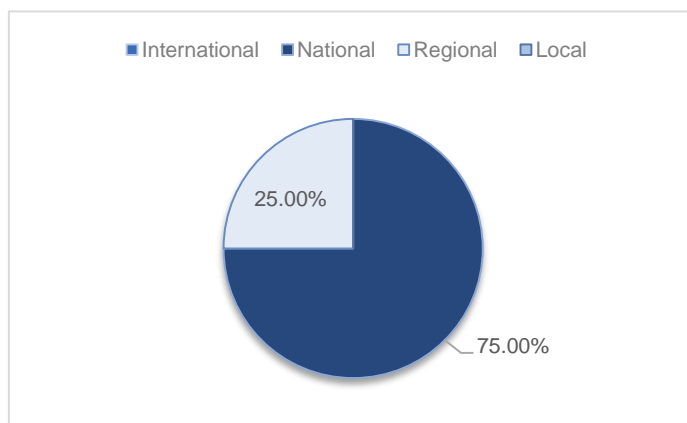
8 national experts



- 2 online and 1 face-to-face meeting.
- Protocol sent and read in advance.



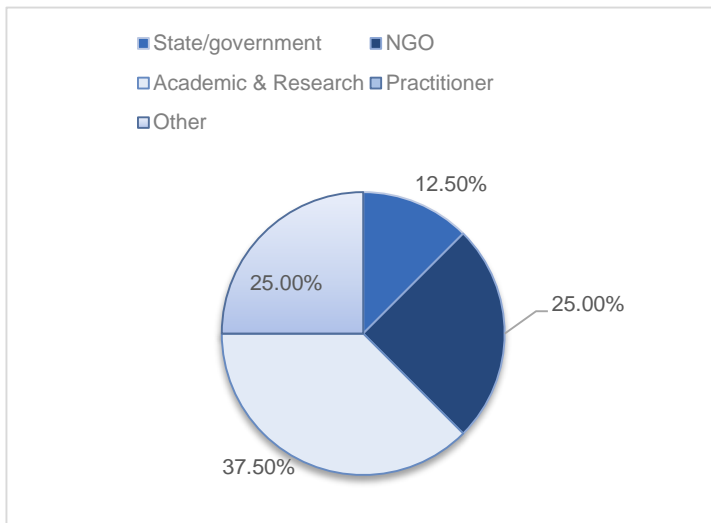
Scope of the family support actors



- Representation from national and regional scopes.
- National scope as the most represented.
- No representation from international and local actors.



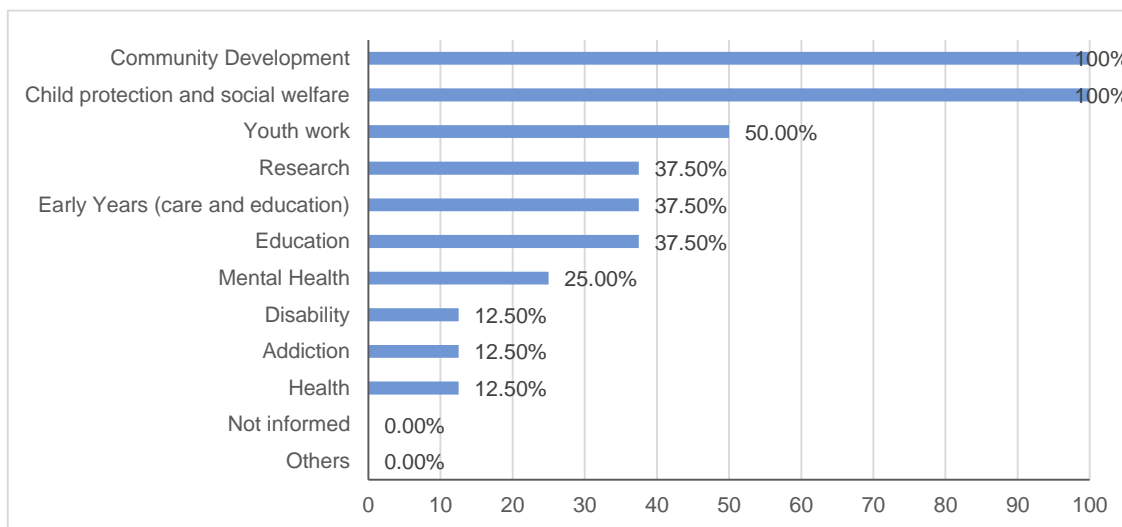
Type of family support actors



- Representation of academic and research, institutes and ombudsperson, government, and NGOs.
- Balanced representation of academic & research, institutes and ombudsperson, and NGOs.
- Actors advocating for children were included.



Areas of family support actors



- A wide variety of family support areas represented.
- All actors represented the child protection and welfare and community development areas.
- Balanced representation from youth work, research, early years and education.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

In total, three meetings were held to carry out the national level tasks. The first – online – meeting aimed to inform all participants about EurofamNet, the COST Innovators Grant, and the process regarding the fulfillment of the **Quality Assurance Protocol**. Before the second and face-to-face meeting, the protocol was sent to the members of the National Working Group who were encouraged to read it through and make note of topics and indicators of special interest. In the meeting, each indicator was discussed and the preliminary scores were noted. Comments were recorded to explain or further discuss our answers. In the third meeting, online, the items which were complicated to answer were discussed and a consensus was reached. Next, a draft of the fulfilled protocol was sent to all members with an invitation to share their final suggestions.

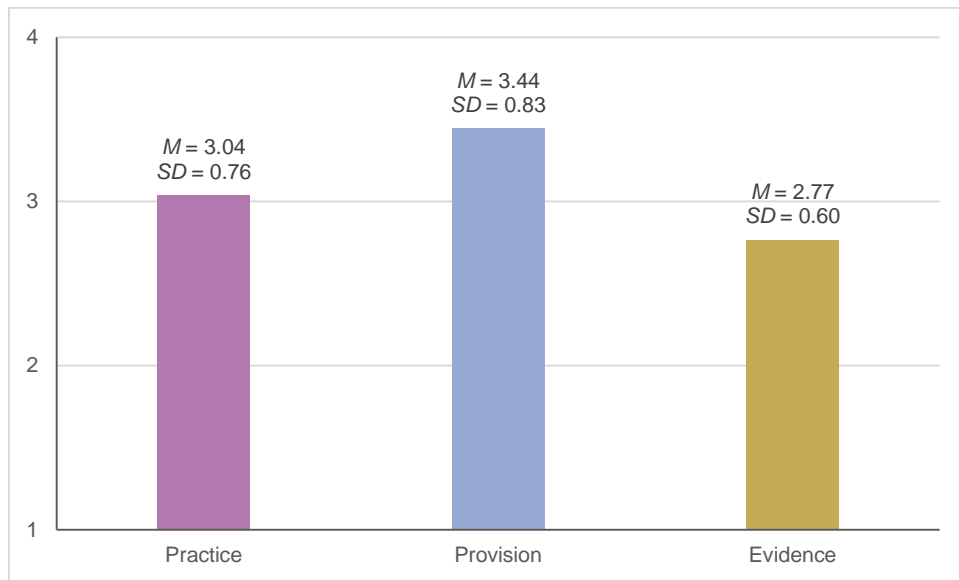
Topics relevant to the **National Strengths and Recommendations Report** were first raised by members of the National Working Group during the initial meeting. The work on the Quality Assurance Protocol led the discussions in the direction of the prioritised quality indicators. Once the results report of the Norwegian protocol was available, the group held a physical meeting to identify and agree on both strengths and areas for improvement. The national coordinators drafted initial texts, which were then shared with the group via email. All members provided suggestions for adjustments and additions. The coordinators were then approved to finalise the text.

Summary of Results of the Quality Assurance Systems in Norway

In this section, the global scores obtained in Norway for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

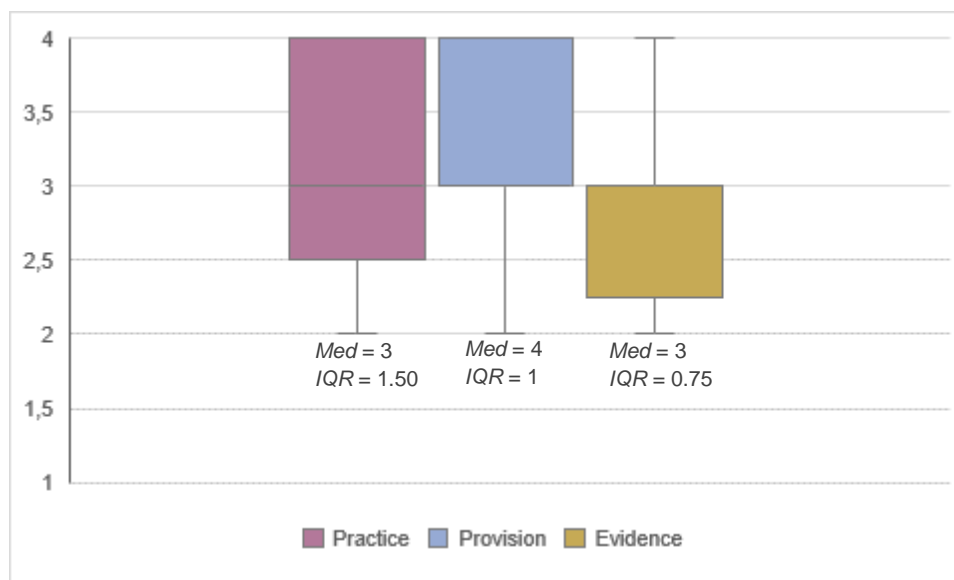
In Norway, the **average scores** of the three systems are either higher than 3, considered a strength, or close to 3 (see the following figure). The highest score is obtained in the provision system, followed by the practice system. The score obtained in the evidence system is the lowest. Thus, the quality of family support in the country is regarded highly by the members of the Norwegian National Working Group, especially with regard to the provision and practice systems.

Average scores of the quality assurance systems in Norway: means and standard deviations



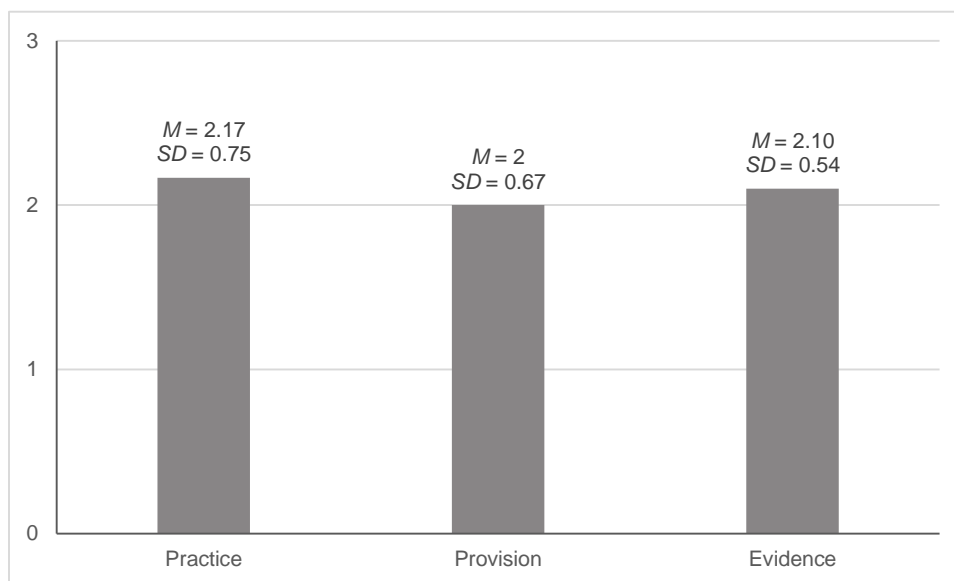
The **medians** and **interquartile ranges** of the three systems are shown in the next figure. The medians are located between 3 and 4; the provision system presents a higher median than the other two systems. Concerning the dispersion of the data, the interquartile ranges are located between 0.75 and 1.50. As presented in the figure, the interquartile ranges indicate that all the systems present noticeable differences between the scores of their quality standards. These differences are particularly pronounced in the family support practice system.

Average scores of the quality assurance systems in Norway: medians and interquartile ranges



As presented in the following figure, all three systems are located at the medium level of **variability**, indicating that there is quite a bit of variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The practice system presents the highest variability, followed by the evidence system and, finally, the provision system, although the differences are very small.

Variability scores of the quality assurance systems in Norway: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Norway's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Norwegian National Working Group considered that they could not assess the justice sector; therefore, the average scores of the quality standards that are differentiated by sectors were calculated excluding the scores of the justice sector.

Results Report of the Quality Assurance Protocol: Norway

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





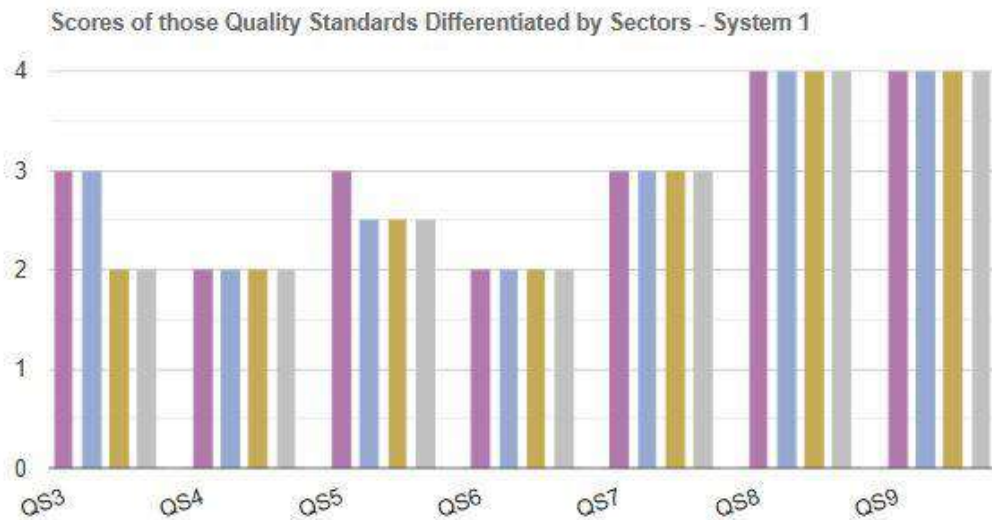
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support

- families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
 - The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



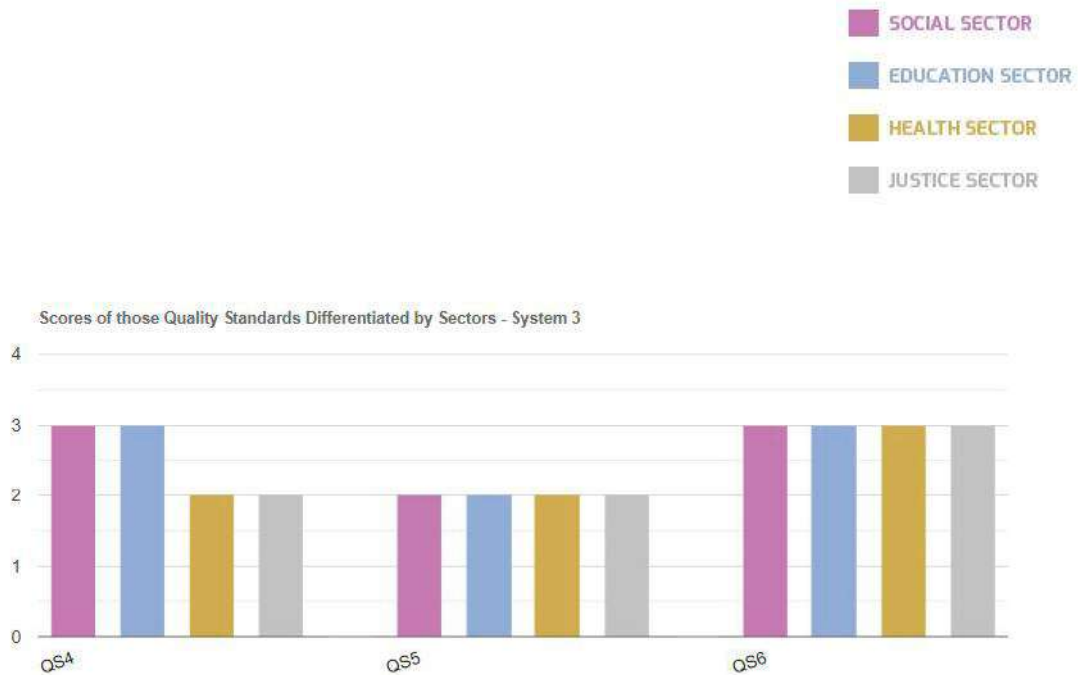
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

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3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Strong areas with room for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

National Strengths and Recommendations Report

Over the next pages, the Norwegian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Norway

Date: 06/17/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Topics relevant to this document were raised by members of the national group already during their initial meeting. The work on the Quality Assurance Protocol (QAP) led the discussions in the direction of the prioritized quality indicators. Once the QAP results report for Norway was available, the group held a physical meeting to identify and agree on both strengths and areas for improvement. The national coordinator and deputy coordinator drafted initial texts, which were then shared with the group via email. All members provided suggestions for adjustments and additions. The coordinators were then approved to finalize the text.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

There is high awareness of children's rights, which are also protected by law. Norway ratified the UN Convention on the Rights of the Child in 1991 and incorporated it into Norwegian law in 2003. In 2014, a provision was added to the Norwegian Constitution stating: For actions and decisions that affect children, the best interests of the child shall be a fundamental consideration. Over time, the main focus has been on children's rights to protection and participation. Recently there are trends to expanding the focus to include children's rights to an adequate standard of living also for children in low-income families, and to family life.

A separate leisure declaration has been signed by the government, KS, and several voluntary organizations. This declaration is based on the UN Convention on the Rights of the Child, which affirms that children have the right to rest, leisure time, and to engage in age-appropriate play and recreational activities.

Regulations are upcoming with a general obligation to incorporate children's best interests in all governmental policy and planning that may affect children.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

Important facilitators are collaboration between users, practitioners, researchers, and policymakers to accomplish the task. Encouragement, facilitation, and time for practitioners to use participatory decisionmaking processes and network approaches like family group conferences. Barriers that deserve attention:

Lack of clear definitions, standards and systematic implementation, professionals' deficit fixation and an approach based on the assumption that professionals hold the knowledge. The sectoral division can also be an obstacle when it comes to focusing attention on families' resources and capacities.

Facilitators and barriers

More systematic training of practitioners to identify and support the strengths and resources in families and children will facilitate the process.

Training needs

More systematic training of practitioners to identify and support the strengths and resources in families and children will facilitate the process.

Expected impact on the audiences

Parents and children may feel more empowered and motivated to work towards positive changes for the family. Practitioners experience greater proficiency, improved collaboration with families, and increased trust in the services.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

There is a need to ensure that parents' and children's rights to participation are being implemented and that they are invited to share their own perspectives on their needs and measures. This involves challenging the power imbalance that exists between them and the service employees.

Facilitators and barriers

An important facilitator is that strong awareness of human rights and children's rights in addition to cooperation with children and parents are enshrined in the laws. Further, a cross-sectional perspective helps address the families' most urgent needs. Lack of attention to the significance of the power dimension in working with vulnerable children and families and underestimating the value of children's and parents' own perspectives may create barriers to achieving this ambition.

Training needs

Updated information about children's and parents' rights to participate, methods in how to collect such information and evaluation skills.

Expected impact on the audiences

Support to families is better adapted to their needs, children and parents experience greater influence, and the trust in welfare services increases among people.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

There are a number of research-based parenting programs in Norway. We recommend that these be used more extensively when relevant, while also paying close attention to whether the programs meet the real and perceived needs of families and their right to participation. It is challenging for municipalities and services to navigate the diversity of programs. Therefore, we recommend focusing on identifying core components across programs through research and ensuring that these components are widely known and implemented.

Facilitators and barriers

A unified effort within the research communities, supported by government incentives, is needed to follow up on this recommendation.

One challenge is that the organisations that own or implement specific programs prioritize market interests over a unified effort for parenting training that is research-based and flexible enough to meet the needs of families.

Training needs

Based on knowledge of common components in parenting programs, a plan must be developed for how this knowledge and the associated skills will be implemented in practice. Moreover, practitioners need training in how to adapt these components and skills to the individual family.

Expected impact on the audiences

Easier choices for municipalities and services, greater potential for dissemination, and more accessible measures for families. Increased ability to offer measures that are better tailored to the individual family.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Successful experiences

Norway has a Working Environment Act that regulates and aims to promote a positive work environment. Practitioners working in family support across various sectors are generally well-educated, and there has been an increasing focus on providing guidance, in-service training, and additional education. Additionally, there has been a growing emphasis on strengthening the leadership level in these services, including through specialized education programs.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

Norway has a well elaborated well-fare state offering economic transfers, benefits (child benefits) and allowances and services such as free school, health, and social services. These arrangements must continuously be defended and improved. Family counselling is a free, low-threshold service available nationwide to couples, families and individuals. It offers help to people who need support to deal with difficult family issues in order to prevent escalation in crisis and conflicts.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

Despite Norway having well established welfare benefits for families with children, over the years, there has been a growing proportion of families with children living in low-income households. To address this and ensure children's right to an adequate standard of living, there is a need for a significant increase in child benefits. Furthermore, municipalities should be empowered and committed to raising economic social assistance, and the Norwegian State Housing Bank should be given better opportunities to assist lowincome families in the housing market.

Facilitators and barriers

A stronger focus on rights, including children's rights to an adequate standard of living and families' rights to support to be able to enjoy family life underpins these recommendations. However, costs may be a barrier to increasing benefits and allowances, as well as activation policies that view low benefits as a means to encourage people to work.

Training needs

An increased awareness among employees in the Norwegian Labour and Welfare Administration (NAV), and all family-supporting services about the importance of material living conditions.

Expected impact on the audiences

Improved living conditions for low-income families with children. Enhanced social equality.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Successful experiences

There are legally established rights for parents to take leave after the birth of a child, including extensive financial compensation schemes for the first year for parents who have been part of the labour force. These arrangements are designed to ensure that fathers take part in the care of their children. Along with nearly nationally full coverage of the needs for kindergartens and a maximum price for using them, this helps both women and men to combine family and work life in a family-friendly manner.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Recommendations

Norway has several universal prevention services at a general level. However, the availability of some valuable universal and targeted parenting support measures varies across the country. This may imply that state authorities should consider establishing minimum requirements for the measures municipalities must offer to support vulnerable children and families. National authorities should consider developing universal parenting courses and guidance based on human rights and the Convention on the Rights of the Child. These courses should communicate the minimum expectations for parents in Norway and inform them of their social rights.

Facilitators and barriers

Potential barriers may be that information about the courses does not reach parents who would benefit most from the courses, and if there are limited opportunities for them to participate. Additionally, stigma associated with attending parenting courses may pose a challenge. To ensure relevance, the courses should be custom-designed and be culturally and socioeconomically sensitive. Encouraging participation can be achieved by integrating the courses with public services, such as the regular infant healthcare program, kindergartens, schools, and community-based voluntary organizations, and by making them available online.

Training needs

A national plan must be developed for both the program model, the licensing of courses, and the training of those who will implement it. The plan must be developed with input from relevant stakeholders from the public and voluntary sector

Expected impact on the audiences

Improved mutual clarification of expectations and rights between public services and parents will strengthen the conditions for mutual trust between service users and public service providers such as the child welfare services regarding childcare and

upbringing.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Recommendations

Initiatives and measures aimed at vulnerable groups are most often targeted at parents or children as isolated individuals or dyads. We advocate for a more holistic family perspective, grounded in an understanding of children's right to family life and a transactional view of the family as a system. This perspective acknowledges the complex and mutual influences between the resources and challenges different family members face.

Facilitators and barriers

Well-developed cooperation with other services, along with network methodologies such as family group conferences, has the potential to better address the children's and families' actual needs. The same applies to emphasizing the various rights outlined in the Convention on the Rights of the Child. This is the fact, even if these approaches are perceived as more complex and time-consuming for practitioners.

Training needs

At both the policy and practitioner levels, there is a need for greater emphasis on an ecological systems perspective and a transactional understanding.

Expected impact on the audiences

Families receive more comprehensive support, and cooperation between services is stimulated

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Successful experiences

Both locally and nationally, there has been increasing attention to the lack of coordination between sectors responsible for family support. Recently, several measures have been taken at the national level to address this. Among them are:

"The 0-24 collaboration" has involved several directorates with the aim of coordinating state resources to ensure that all children and young people up to 24 years receive the support and help they need to manage their own lives.

New regulations on collaboration and coordination have been introduced in a total of 14 different laws to strengthen the support for vulnerable children, young people, and families. At the same time, consideration should be given to whether a unified, cross-sectoral cooperation act would better serve children and families.

In addition, each municipality is legally required to develop a plan to prevent children and young people from experiencing neglect or developing behavioural problems. The plan must describe how the work will be organized and distributed among the various municipal agencies.

Measures will be taken through the 'investigation instruction', which ensures that no national reforms and major changes affecting children are introduced without the authorities having sufficient knowledge of the effects and possible unintended consequences of the measures.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

Innovative preventive efforts for vulnerable children, young people, and families are often project-financed.

We recommend establishing schemes to ensure that promising and valuable initiatives receive secure and sustainable financing.

Facilitators and barriers

Existing funding arrangements may pose a barrier and should therefore be revised with a focus on longterm planning

Training needs

x

Expected impact on the audiences

Increased predictability for innovative family support projects.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

There is a need for better coordination both vertically, not just and horizontally. In other words, there is a need to ensure that efforts to improve coordination at the national level of governance have implications for what happens at the local level of practice. We also recommend that development work within one sector highlights the connections with other sectors. In addition, it is recommended to ensure systematic support and dissemination of knowledge about innovative projects and promising development work in the practice field.

Facilitators and barriers

A fragmented service system, a silo mentality, and professional competition may represent barriers to these recommendations. Therefore, national and regional initiatives for better coordination must focus on the local service system. An annual national family support conference, where participants from various sectors and levels meet to share promising initiatives and positive experiences from the local level, could be stimulating for achieving our goals.

Training needs

Interdisciplinary and interagency training and further education. Internship schemes.

Expected impact on the audiences

Professionals in the services find that collaboration with other services and their employees enhances their ability to provide better help to children and families.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Successful experiences

Several competence centres have been established to summarise and disseminate knowledge about vulnerable children, young people, and families, as well as best practices for working with these groups. In recent years, national programs have also focused on enhancing competence in child welfare, schools, and kindergartens. The County Governor supervises these services and has taken on a more significant role in facilitating development work at the municipal level.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

There is a strong focus on how to organize coordinated services, but the most important question is whether parents, children, and young people experience more coordinated and tailored help. The connection between coordination and the outcome of the help should be established through systematic feedback from families and be a subject of research.

Facilitators and barriers

Managers and employees who prioritize their own interests over the collective goal are a barrier to this ambition. Routine feedback from children and parents incorporated into the services will be an important factor in realizing this improvement. Another facilitator will be for supervisory authorities to consider children's and parents' experiences and views as essential parameters when assessing the success of coordination between services.

Training needs

How to incorporate feedback from children, young people and parents into daily practice.

Expected impact on the audiences

Families encounter services that work together and offer the best possible support.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

In recent years, several websites and online resources have been established to disseminate best practices on quality family support. These include scientific resources like ungsinn.no, as well as websites intended for practitioners, policymakers, and society in general. Forums and networks for knowledge and experience sharing between municipalities have also been established, for example, under the auspices of The Norwegian Association of Local and Regional Authorities. Additionally, a Nordic network has been established about "The first 1000 days – Supporting a healthy start in life". The goal of this collaboration is to increase knowledge and sharing of knowledge at a Nordic level on how to better ensure children's development and health from pregnancy until the child reaches the age of two.

Quality Assurance in Family Support in Poland

The coordinator of the chapter on quality assurance in family support in Poland is Justyna Michałek-Kwiecień (University of Gdańsk), representative of Poland in EurofamNet. The authors of the chapter are the members of the Polish National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinator): Justyna Michałek-Kwiecień, Magdalena Chrzan-Dętkość, and Aleksandra Lewandowska-Walter.

Characteristics of the National Working Group and Process for Discussion in Poland



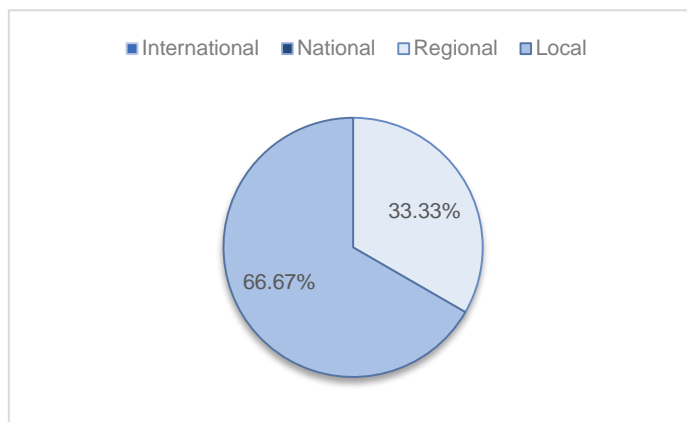
3 national experts



- 2 face-to-face and 1 online meeting.
- Individual responses were gathered.



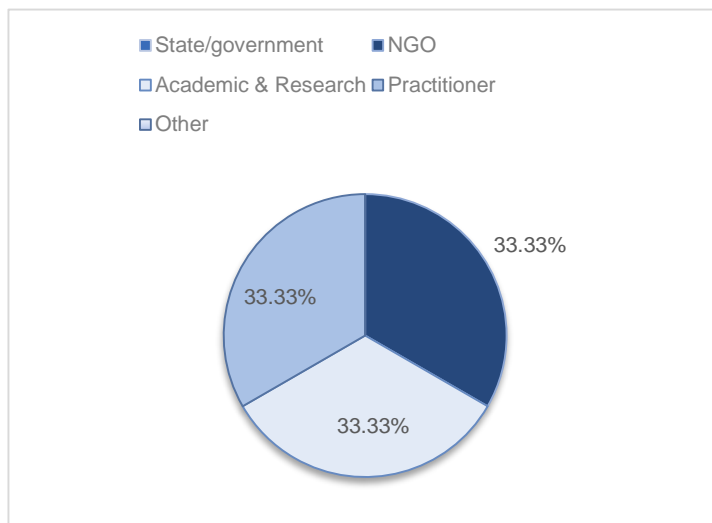
Scope of the family support actors



- Representation from regional and local scopes.
- Local scope as the most represented.
- No representation from international and national actors.



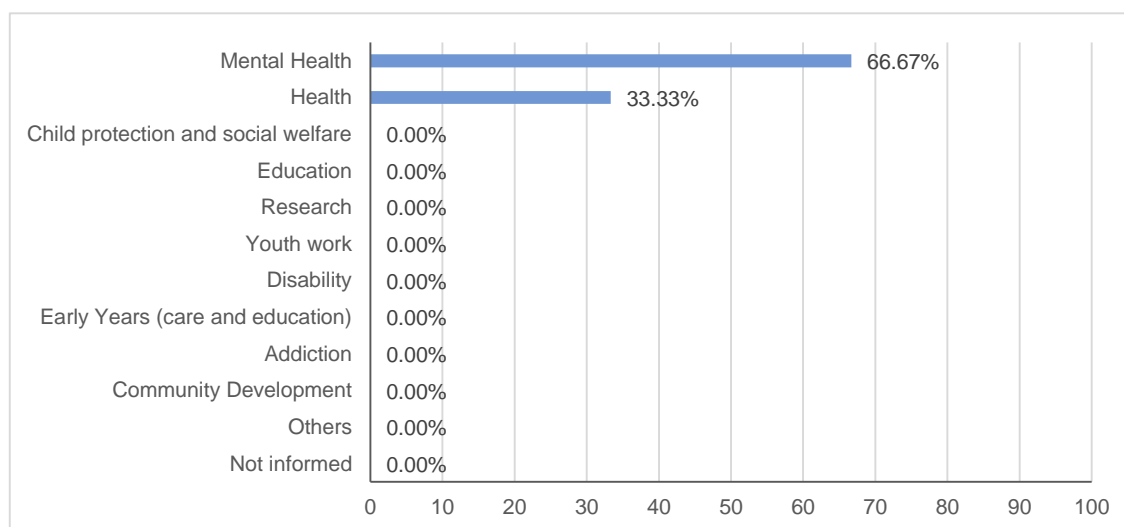
Type of family support actors



- Representation of academic and research, NGO and practitioners.
- Balanced representation of academic & research, NGOs and practitioners.



Areas of family support actors



- Large representation of the mental health sector.
- No representation from areas such as child protection and social welfare, education and research.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

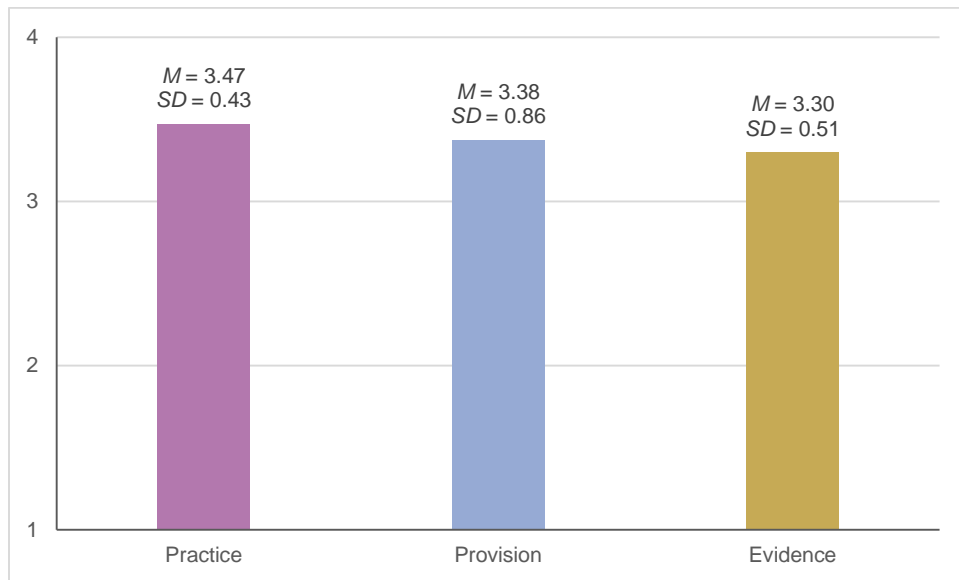
The members of the National Working Group filled the **Quality Assurance Protocol** in individually. Then, two meetings were held to discuss the answers provided, after which a consensus was achieved. Subsequently, an online meeting and email correspondence gave the members the opportunity to discuss the quality of family support in Poland. As the National Working Group was relatively small, the members were aware that the **National Strengths and Recommendations Report** would not be very detailed. The report presents the most important aspects that emerged during the discussion in the online meeting.

Summary of Results of the Quality Assurance Systems in Poland

In this section, the global scores obtained in Poland for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

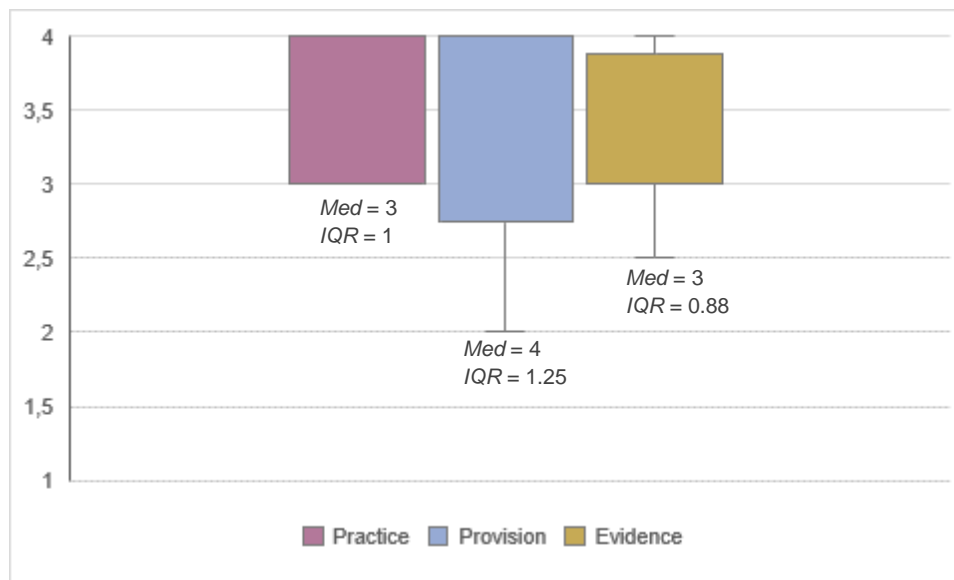
The following figure presents the **average scores** of the family support systems. Overall, the scores are high: all three systems are at the strength level (3 points or more). The highest score is obtained in the family support practice system, followed by the provision system, and, finally, the evidence system. However, the differences between systems are small. Thus, the Polish National Working Group considered that the quality of family support in the country was high, as well as quite homogeneous across the three systems.

Average scores of the quality assurance systems in Poland: means and standard deviations



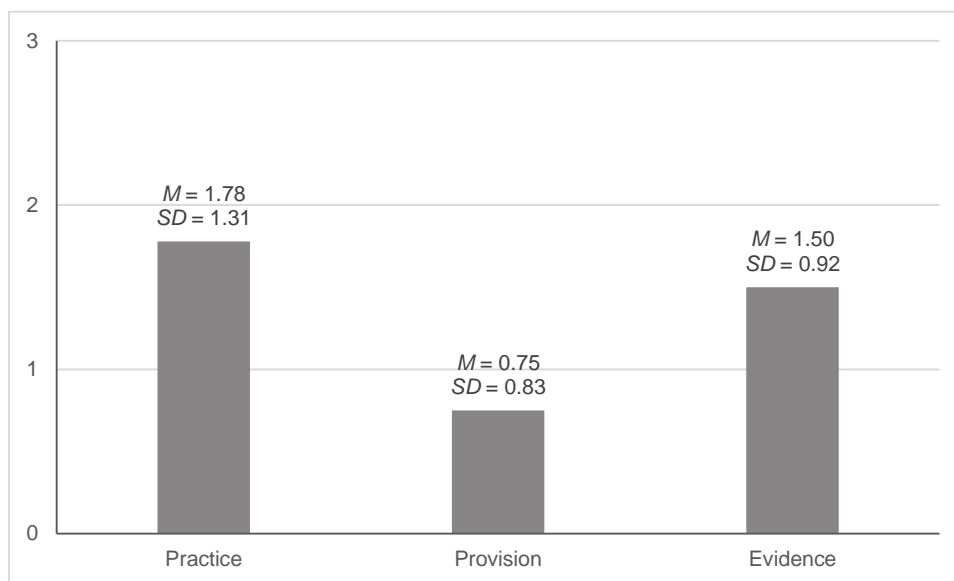
The **medians** and **interquartile ranges** of the three systems are shown in the next figure. The medians are located between 3 and 4; the provision system presents a higher median than the other two systems. Concerning the dispersion of the data, the interquartile ranges are located between 0.88 and 1.25. As presented in the figure, the interquartile ranges indicate that all the systems present noticeable differences between the scores of their quality standards, particularly in the case of the family support provision system.

Average scores of the quality assurance systems in Poland: medians and interquartile ranges



The following figure presents the average variability of the three systems. As shown, the practice and evidence systems are located at the medium-low level of **variability**, whereas the provision system is located below the low level of variability. The highest variability is obtained in the practice system, followed by the evidence system and, lastly, the provision system. These results indicate that there is some variability in the situation in the country in relation to the quality of the family support practice and evidence systems, although the answers reflect the overall situation in the country. In addition, in the case of the provision system, there might be some occasional variability, but the overall situation is very homogeneous.

Variability scores of the quality assurance systems in Poland: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Poland's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Polish National Working Group did not reach consensus on the indicator pertaining to quality standard 8 of system 2, thus the average score of this quality standard, reflected in the report, should not be considered when analysing the situation in the country.

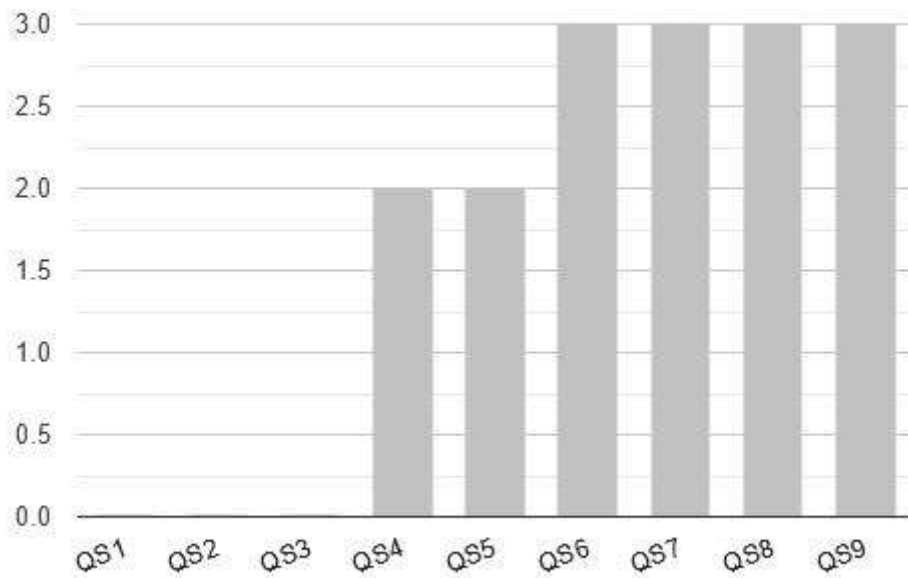
Results Report of the Quality Assurance Protocol: Poland

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

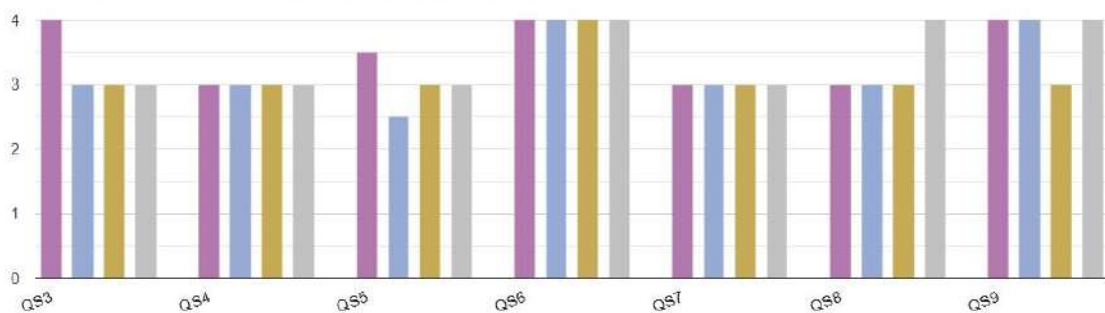
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3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
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- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Strong areas with room for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
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- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.

Areas for improvement

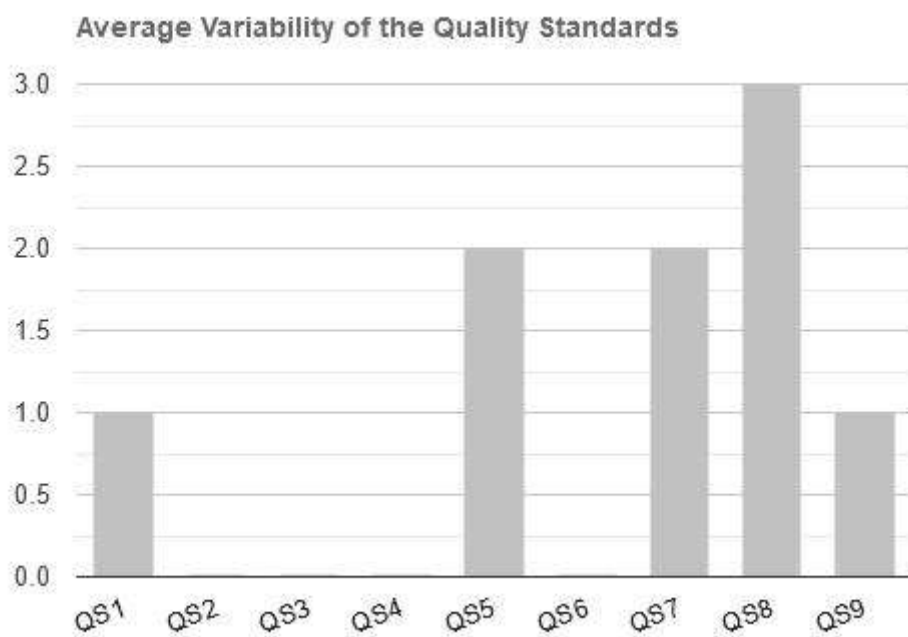
Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

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Strengths

Excellent areas; no improvement required

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Areas for improvement

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

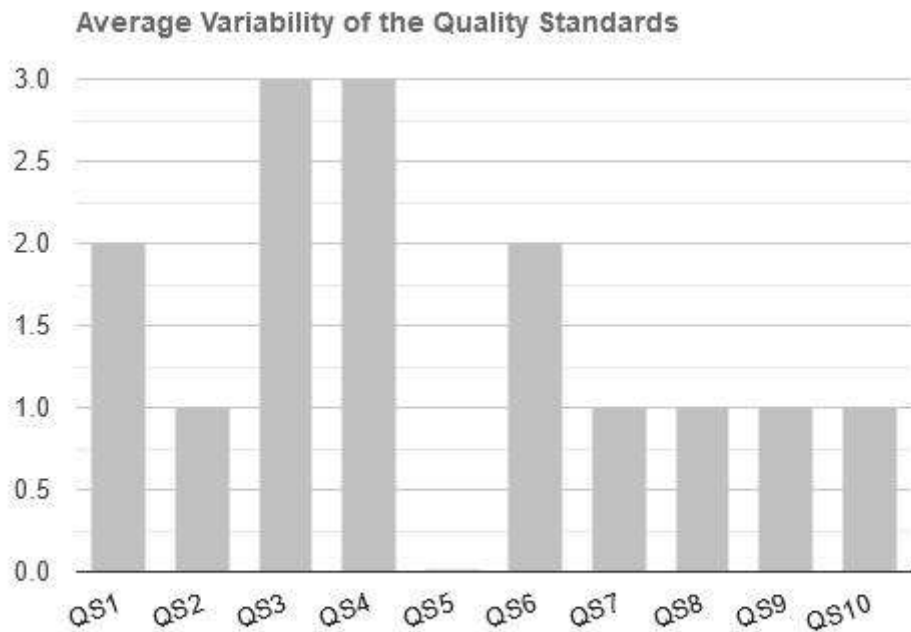
Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





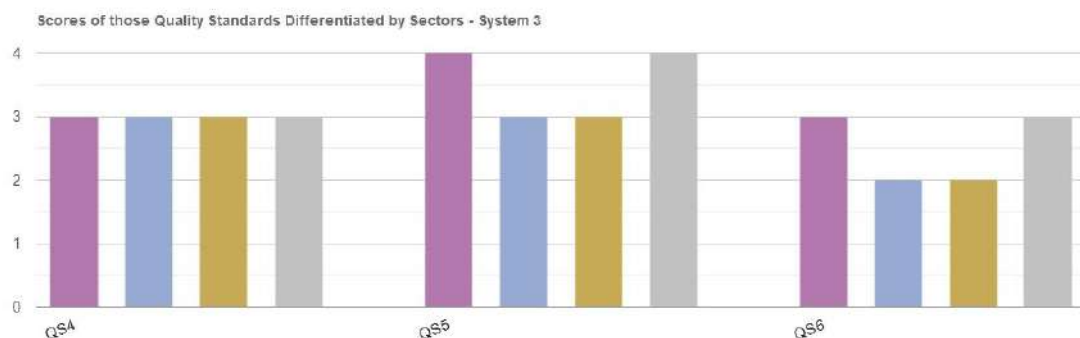
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Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Areas for improvement

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.

National Strengths and Recommendations Report

Over the next pages, the Polish Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Poland

Date: 06/30/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Online meeting and email correspondence gave us opportunity to discuss the family support in Poland. The national working group was relatively small, thus we were aware that our Strengths and recommendations for improvement in family support at the national level report cannot be very detailed. I am going to present the most important aspects that occurred during our discussion.

Family Support Practice System:

Family Support Provision System

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Successful experiences

At the national level, the family is protected as the most important social unit, legal regulations provide protection for the family but also for its individual members. There is a lot of freedom in deciding about upbringing and all rights are guaranteed to parents. Moreover, procedures are also being implemented to protect family members against domestic violence.

Family Support Evidence System

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

Increasing awareness that evaluation is crucial to ensuring adequate family support at the level of policy makers, researchers, practitioners and families.

Facilitators and barriers

Facilitators: an act on the profession of psychologist is being developed, as currently not every aspects of this profession is regulated, it can ensure better quality of the support provided to children and families.

Barriers: the time needed to prepare the final act – there is an important discusion related to this act between policy markers

and professionals.

Training needs

Training needs related to this area should be prepared for policy makers and practitioners.

Expected impact on the audiences

The recommendation would make an impact on practitioners that it is important aspect of family support based on evidence. Families would be more aware that they could expect such evaluation.

Quality Assurance in Family Support in Portugal

The coordinators of the chapter on quality assurance in family support in Portugal are Ana Almeida (University of Minho), Ana Catarina Canário (University of Porto), Orlanda Cruz (University of Porto) and Cristina Nunes (University of Algarve), representatives of Portugal in EurofamNet. The authors of the chapter are the members of the Portuguese National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Ana Almeida, Ana Catarina Canário, Orlanda Cruz, Cristina Nunes, Madalena Alarcão, Fernanda Almeida, Sonia Almeida, Inês Amaro, Ana Antunes, Luísa Barros, Paulo Cardoso, Isabel Costa, Carmelita Dinis, Fernando Diogo, Nélia Feliciano, Filomena Gaspar, Camila Gesta, Rui Godinho, Ana Justino, Cristiana Lopes, Rita Machado, Cátia Martins, Silvana Martins, Marisa Matias, Sandra Nogueira, Carlos Peixoto, Dora Pereira, Carla Pinto, Sofia Ramalho, Joana Sequeira, Ana Serrano, Mariana Simão, and Isabel Soares.

Characteristics of the National Working Group and Process for Discussion in Portugal



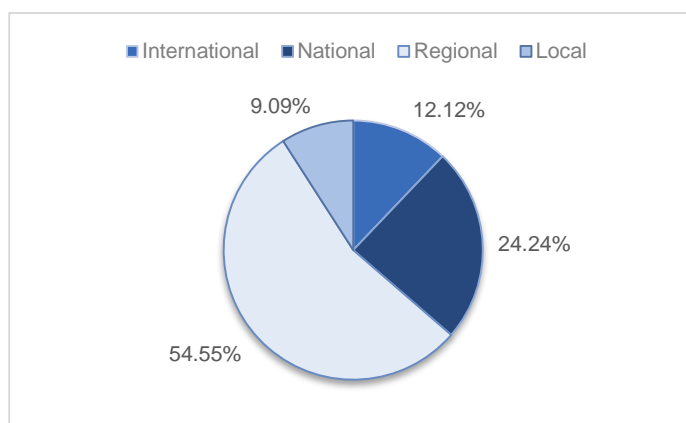
33 national experts



- 2 online meetings.
- Individual responses were gathered.



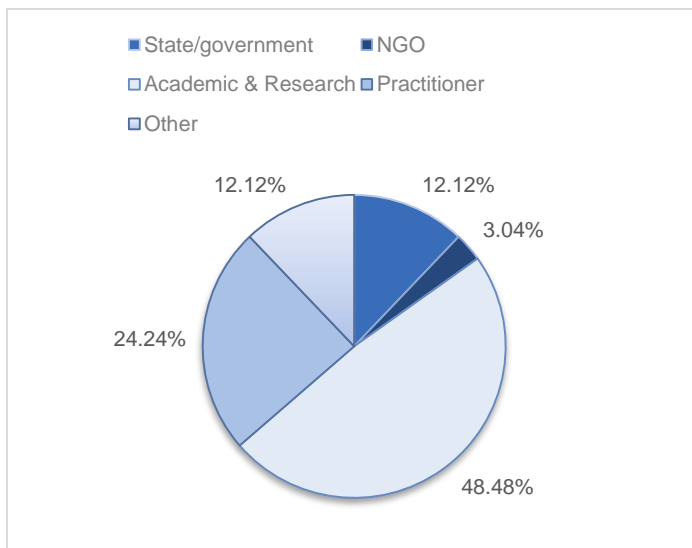
Scope of the family support actors



- Representation from international, national, regional and local scopes.
- Regional scope as the most represented.
- Balanced representation from international and national actors.



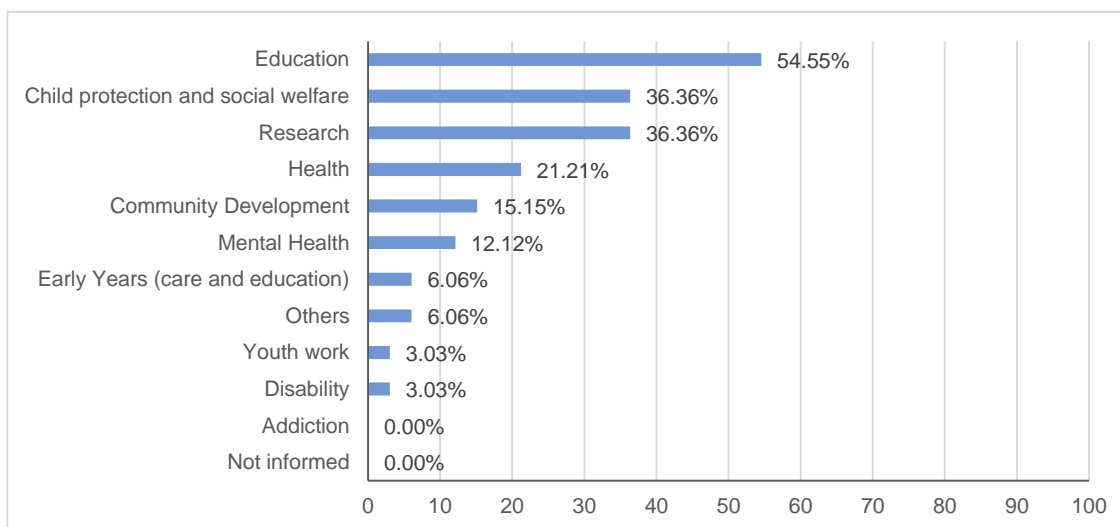
Type of family support actors



- Representation of academic and research, government, institutes and ombudsperson, NGO and practitioners.
- Balanced representation of, practitioners, institutes and ombudsperson and government actors.
- Institutes representing parents and NGOs and practitioners' associations were included.
- Ombudsperson to advocate for children's rights was included.



Areas of family support actors



- Most representation from the education, child protection and social welfare and research areas.
- Balanced representation from the health, community development and mental health areas.
- Some representation from early years, youth work, disability and other areas.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

With the purpose of filling in the **Quality Assurance Protocol**, two group meetings were held. The national coordinators explained the data analysis process to the members of the National Working Group, detailing the results obtained per indicator. To this account, descriptive statistics were presented (minimum and maximum scores, the mean, the median, the standard deviation, and interquartile intervals). The consensus was obtained upon established statistical criteria. For the Likert scale questions, the median values rated the quality standard level for the given indicator. Additionally, the interquartile ranges equal to or below 1.00 defined consensual responses. Interquartile ranges higher than 1.00 were considered nonconsensual responses. For single-choice questions, the absolute frequencies and percentage values were used to pinpoint the preferred option. For multiple-choice questions, a percentage equal or greater than 50% indicated that half or more of the respondents had selected that option. In this case, the adopted criterion was the selection of the response option by the majority of respondents.

The National Strengths and Recommendations Report resulted from an initial quantitative and qualitative analysis of the data collected at the national level and is based on the assessments produced by the experts who make up the National Working Group. The indicators selected as strengths and areas for improvement were identified based on the following criteria: the level of consensus and the variability of the indicator recorded at the national level. The final selection of strengths and areas for improvement presented in this report is intended to illustrate the above-described process of analysis of the results obtained on the Quality Assurance Protocol, paired with the commentaries of the members of the National Working Group in the meetings, and exemplify how we might replicate this analysis for other indicators.

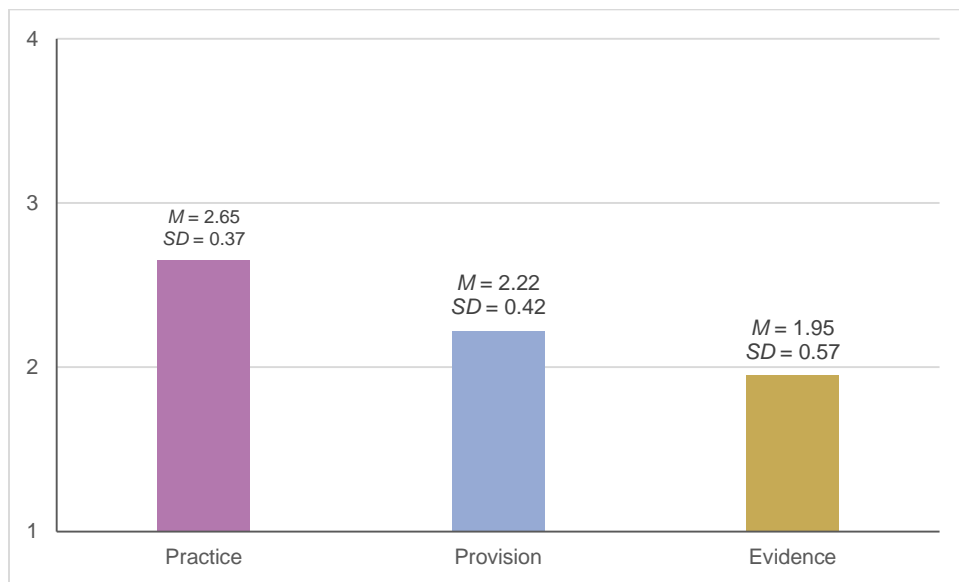
Summary of Results of the Quality Assurance Systems in Portugal

In this section, the global scores obtained in Portugal for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

In Portugal, the **average score** of the practice system is closer to 3 (considered a strength) than to 2 points (considered an area for improvement), whereas the scores of the provision and

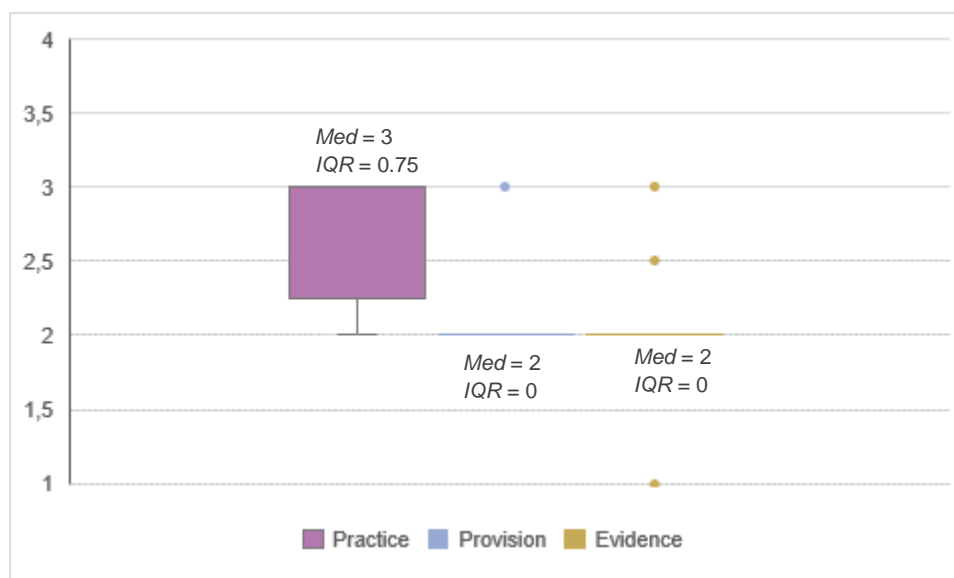
evidence systems are closer to 2 and below 2, respectively (see the following figure). The highest score is obtained in the practice system, followed by the provision system. The score obtained in the evidence system is the lowest. Thus, the Portuguese National Working Group considered that the quality of family support in the country still has areas for improvement, particularly in the case of the provision and the evidence systems.

Average scores of the quality assurance systems in Portugal: means and standard deviations



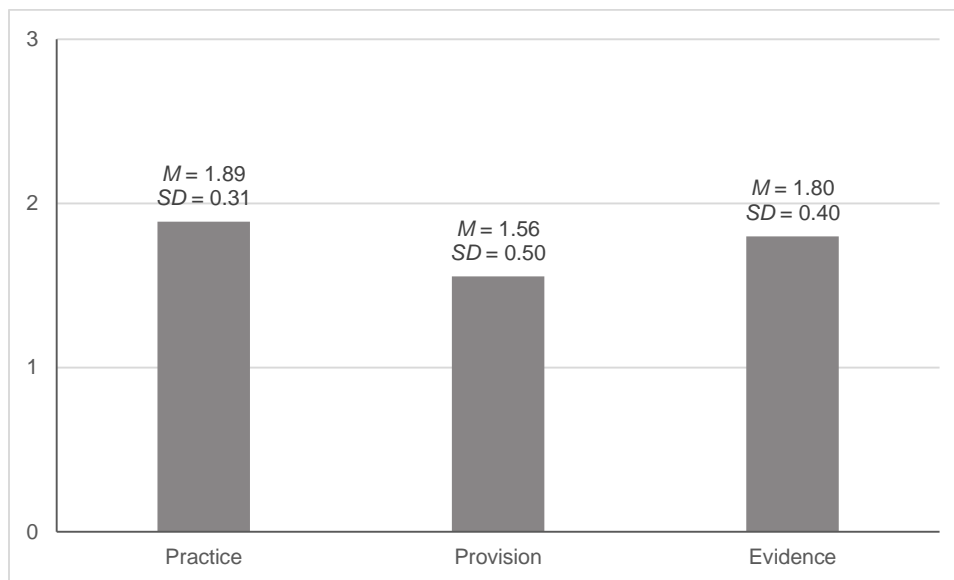
The **medians** and **interquartile ranges** of the three systems are presented in the next figure. The medians are located between 2 and 3; the practice system presents a higher median than the other two systems. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 0.75. As shown in the figure, the interquartile ranges indicate that the differences between the scores of the quality standards in the family support provision and evidence systems are negligible. In comparison, the differences in the family support practice system are a bit more pronounced.

Average quality assurance systems in Portugal: medians and interquartile ranges



As presented in the following figure, all three systems are located at the medium-low level of **variability**, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The practice system and the evidence system are closer to the medium level of variability than the provision system, indicating that the quality of the provision of family support in the country is slightly more homogeneous than the quality of the practice and evidence systems.

Variability scores of the quality assurance systems in Portugal: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Portugal's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Portuguese National Working Group considered that they could not assess the justice sector in indicators I.3.1., I.5.1. and I.8.1.; therefore, the average scores of the corresponding quality standards were calculated excluding the scores of the justice sector. Similarly, the group could not assess the education sector for the indicator pertaining to quality standard 6 of system 3, thus the average score of this quality standard was calculated excluding the score obtained in the education sector. Lastly, the group considered that they could only assess the social sector for the indicator pertaining to quality standard 6 of system 1, thus the average score of said standard was solely based on the score obtained in the social sector.

Results Report of the Quality Assurance Protocol: Portugal

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





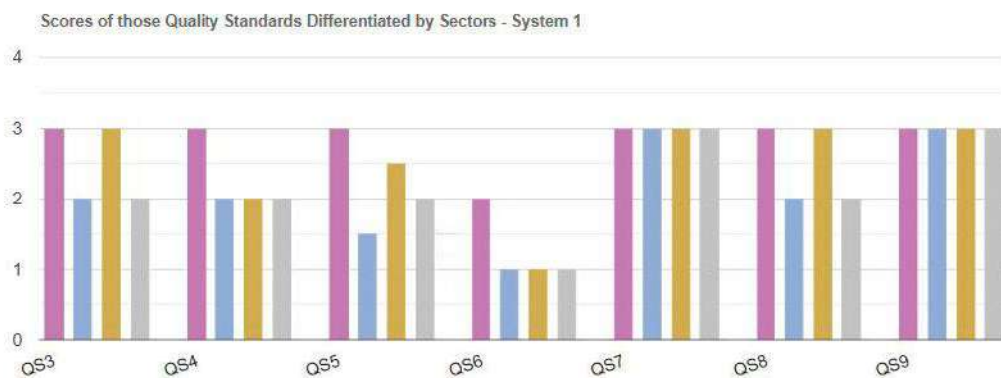
Legend of the Variability Scores

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Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
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Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
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- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
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Areas for improvement

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Quality Standard 6: Use of evidence based programs / interventions

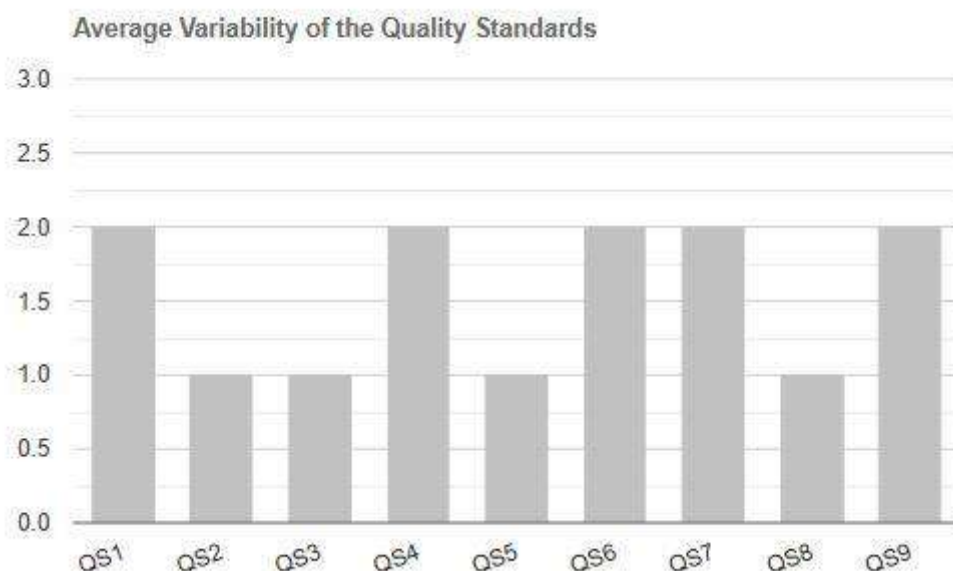
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System 2. Quality Standards of the Family Support Provision System

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- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



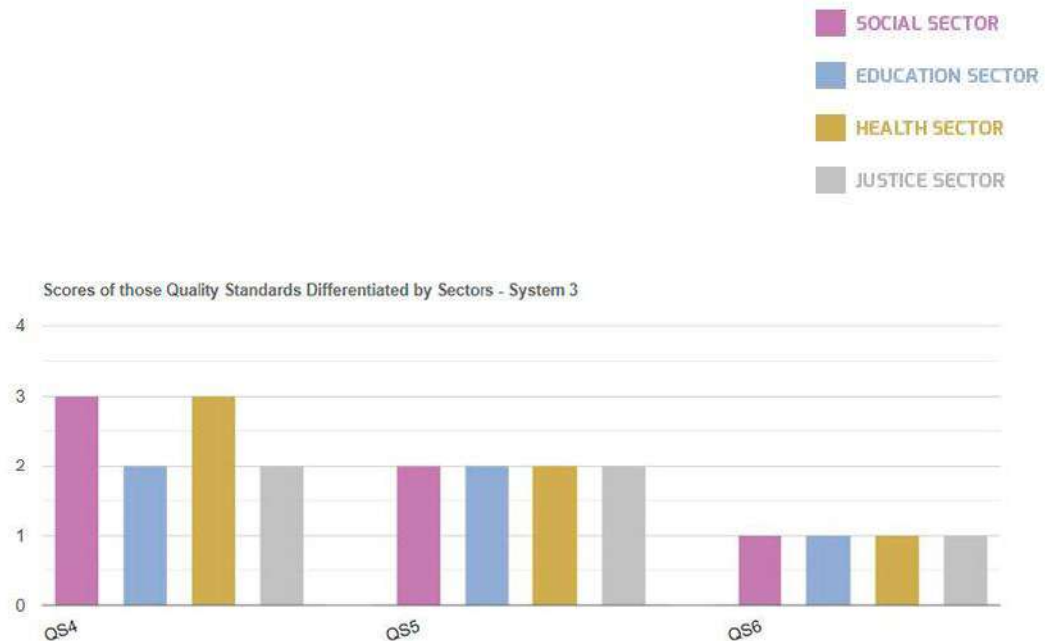
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

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Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.



Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Portuguese Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Portugal

Date: 06/15/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

- 1) The Strengths and Recommendations report results from an initial quantitative and qualitative analysis of the data collected at national level and is based on the assessments produced by the experts who make up the National Working Group.
- 2) The indicators selected as Strengths and Recommendations were identified based on the criteria approved by the EUROFAMNET team, which prioritise: the level of consensus and the variability of the indicator recorded at the national level.
- 3) The assessment of the family support system, its functioning, and characteristics is based on the score given to the twenty-nine quality indicators and the identification of those indicators whose score, in statistical terms, was above the median (the point above which 50 per cent or more of the responses were registered) on a scale of 1 to 5 points. As such, it is possible to say that the median is the point on the scale where 50 per cent or more of the responses were obtained.
- 4) The variability assessment scale at the national level considers a range of four points, leading us to consider that level one (1) reflects a more homogeneous reality in the national context; and to interpret that this indicator is achieved more consistently throughout the country. On the other hand, levels of variability higher than one (1) indicate less consistency in its application and make it more difficult to interpret reality.
- 5) The final selection of Forces and Recommendations for this first report is intended to illustrate the above described process of analysis, paired with the commentaries of the members of the National Working Group in the meetings, and exemplify how we might replicate this analysis for other indicators.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

- The child's best interest is stated as a fundamental principle in the Portuguese legislation on child protection. The publication of Law no. 147/99: Act for Protection of Children and Young People in Danger enforced a legal and institutional framework reclaiming a change in the minors' justice model driven by international legal instruments (e.g., the United Nations Convention on Children's Rights, the European Social Chart, the European Convention on the Exercise of Children's Rights).
- At the legal level, the Law resets the State interventions to abide by routines of care on behalf of children's best interest. The prevention and protection of children are to be considered as a community matter, not an exclusive state affair. This appeal to the community's responsibility aimed at the engagement of several social actors, involving local government, NGOs and other stakeholders.
- At the institutional level, the Law established the National Commission for the Protection of Children and Young People at Risk, and Commissions for Protection of Children and Young People at Risk (CPCJ's) were created as local agencies at each country's municipality, a local network for the prevention and protection of violence against children and young people. At the municipality level, this community breach is accomplished through a twofold structure of the CPCJ that enable its function as restricted commission and as enlarged commission integrating main local stakeholders.
- Successive amendments implemented important reforms through its respective regulations (2003, 2015, 2017, 2018 and 2023) clarifying practical measures to improve the quality of residential care, adoption jurisdiction, educational guardianship administration, children's foster family care, economic and psycho-pedagogical and social support to young people autonomy

of life.

Equally important, has been the endorsement of policies concerning the planning, implementation, assessment, and reporting of protection, prevention, and promotion interventions.

A number of good practices have been identified, although its consistency and dissemination deserve more investment and public and social recognition by all the main involved stakeholders.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

Most services undertake the evaluation of the family's needs and characteristics, but they are often limited to socioeconomic indicators and not sufficiently informative or accurate for the intervention goals. Worth of mentioning the country's variability per sector is remarkably emphasized, distinguishing progresses made in the evaluations carried on by the social sector and an accrued professional awareness of its relevance to the practice. This perception is not corroborated in education, health and justice sectors. Institutional culture, administrative management, and technical constraints are the main obstacles recognized, still hindering the incorporation of the evaluation procedures of the family's needs and characteristics. In Portugal, the justice sector typically does not integrate the level of service provision in family support. Most frequently the services in the justice sector deliberate on the actions needed to support the families and referred to services in the social sector to receive mandated interventions.

Comprehensive evaluation protocols can have great utility in targeting the specific needs of families, especially for needs assessment gathering fundamental knowledge to match services to the families' characteristics, culture, developmental level, and circumstances. This initial assessment proves important for monitoring the family's progress and determining potential benefits and outcomes accountable to that specific intervention.

Proper evaluation protocols can be parsimoniously adjusted and address the characteristics of the targeted families receiving the intervention in a specific context, and planned according to the costs related to the service provided. As often stated in the research conducted on evidence-based parenting programs, the evaluation process entails a deliberate effort to aggregate evidence about the results of the family's support intervention, but also to whom and under what circumstances can those programs be more useful, and at which costs, benefits and utilities.

There is a need to resort to evaluation to make accurate choices for programs that have proven efficacy and effectiveness across different populations, such as parents of children of different ages, with different developmental, mental or physical health needs, ranging from low, medium and high-risk families.

Facilitators and barriers

Barriers

Lack of understanding about the utility of a proper evaluation of family's needs and characteristics in intervention plans and/or program evaluation and its use to promote positive outcomes and to avert negative ones (if any).

Lack of an evidence-based culture (and a little scientific basis) in socio-educative and psychosocial interventions, and generally, in the routine care practice of family support services across social, education, health and justice sectors, diminish the interest, effort, and regularity of its use. In the majority of services, the programmes implemented have not been evaluated using rigorous methods nor do they follow a theoretical framework or use EB strategies, and they do not monitor the quality of implementation, i.e. they are simply structured programmes with no other concerns.

Lack of resources and funds allocated to the evaluation prevent its regular use and considerably delays a change in understanding how practitioners, services, and policymakers may benefit from exploring, and ideally setting up, a pluralistic evaluation approach both as conceptual and methodological pillars of the service.

Facilitators

A growing interest and steady, no matter slow, penetration of psychoeducational approaches has directed attention to improve parenting skills, parenting and/or family resilience, calling attention to the parent's characteristics and needs (risk and protective factors) that are critical for achieving the intervention goals, and more deliberately, heightened the protective

functions salient in the context of the intervention in itself (ie., therapeutic alliance with the professionals, natural support network among the participating families, strengthening of families capacities/competences). In Portugal, both national programs (Programa Adélia), and experimental interventions conducted in research programs (e.g., Triple P – Positive Parenting Program, Incredible Years, Growing happily in the family, Parenting Wisely-Young Child Edition”, Walking family – Program of parental competencies for foster care and reunification, Experience adolescence in the family) contribute to the dissemination of a proper evaluation of families’ needs and characteristics.

Research-assisted evaluations in the context of the effectiveness evaluation of programs along with the dissemination of evidence-based interventions/programs can be a catalyst for the improvement of the evaluation of the family’s needs and characteristics and vice-versa.

Collaborative partnerships and access to research groups to support the implementation of evidence-based interventions and translational practices.

Reporting data on the interventions’ outcomes paired with their costs has shown to be particularly important to inform cost-sensitive decisions about which programs fit the families’ needs and, simultaneously, ensure a better allocation of resources and funds to those interventions that prove to be successful.

A modern perspective of parenting, and particularly of positive parenting, as well as of the family diversity renders the service and practitioners more prone to listen to the families’ experiences and promote their active engagement in the intervention, attendance and participation in the service’s activities.

Training needs

Well-informed and skilled personnel, specifically to use the evaluation protocols, is an important resource of the services.

Particularly, in the context of program implementation turning to the evaluation of families’ needs and characteristics to gear the families’ participation and strengthen the parent’s competencies can be key components of effective programs.

Well-educated and trained personnel to deal with the participants’ data is ever more important to manage ethical and positive relationship attitudes and practices in contemporary societies while enabling respectful, non-stigmatizing, warm, trusting, and empathic to the families’ needs and characteristics.

Good and skilled professional training as part of a routine care practice across the educational, social, health, and justice sectors imply costs to be necessarily covered by funding institutions and governmental programs, by no means attributed to the professionals’ expenses.

Expected impact on the audiences

Better and routinized evaluation procedures can contribute to establishing competent, genuine, and concerned family-centred approaches for parents and children’s well-being.

Understanding the families’ needs and characteristics is a fundamental aspect of producing the desirable outcomes of interventions and, whenever necessary, facilitating better-informed referrals and/or coordination with other community services and resources.

A major purpose of evaluation is putting into practice a leading principle of prevention in the routine care practice making support available for all, with more support to those who need it most. Progressive universalism establishes a continuum of care for parents and children that diminishes the risk of stigmatization and enhances the effectiveness of the service system. Extending training initiated at needs assessment can lead to the supervision of front-line practitioners thoroughly and reflectively to promote their professional development, and facilitate their accreditation procedures.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

The establishment of family support is legally recognized under public policies and family-dedicated policies that involve a network of services across the four sectors: social, educational, health and justice. Along nationwide agencies, regional administrations, and local services integrating public, non-profit organizations, NGO and private services provide support to the diverse of families' needs. Of utmost importance has been the coordinated action among entities and professionals to develop and implement the social support system for families in need. This said, it is emphasized that efforts should be increased aiming at a better monitoring of this practice.

Prevention, protection, and promotion of families' well-being and children's rights are intertwined issues in governmental policies and action work plans, considered as a non-exclusive task of the State, as it must engage several local social actors, involving not only local government but also NGOs and other stakeholders.

This social policy framework has enabled worth mentioning good practices at the national level:

- o A modern conception of a coordinated action plan assisted the creation of Commissions for Protection of Children and Young People (CPCJ), which are nowadays part of the family and child protection services in every municipality.
- o Social deprivation and vulnerability of psychosocial risk families are most often referred and managed by community agencies and social departments of public or private solidarity organizations which integrate the regional Social Network (Rede Social).
- o Among good practices and regarded as an innovative model, Early Childhood Intervention (ECI) is established as an intersectoral, multidisciplinary, and a family-centered approach. In Portugal, specific national legislation created the SNIPI in 2009 (which stands for the Portuguese National System of Early Childhood Intervention) and it is one of a few countries in the world that has a build a specific ECI system. Its singularity reflects the articulation of the three Ministries (Health, Education and Social Services) and the use of existing resources within the three ministries, namely, the Health sector which has preventive services or universal children follow-up as well as Education and Social Services which provide also important resources, namely, educators and special educators, psychologists, therapists, as well as nurseries, preschools and social support. Services are provided to families and children through a transdisciplinary model, composed of professionals from different disciplines, provided by the three Ministries and forming a Local Early Intervention team. SNIPI covers children between 0 and 6 years old, with changes in body functions or structures that limit participation in typical activities for their age and social context or with a serious risk of developmental delay. Services are provided using a family capacity building model, and in the natural contexts of children and families, guaranteeing the pathway for inclusion and families' wellbeing from early years. Collaboration and coordination are the core aspects of the system, which in turn assure families' quality support.

Family Support Evidence System

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

Most universities in the country offer undergraduate and postgraduate training in different professional areas that provide family support (social work, psychology, health, justice).

Evidence-based practice has been included as content in graduate and postgraduate training, although differences are observed between different sectors and its incorporation into the real world is still far from being fully achieved.

Professionals of family support services have received in-service training but with medium variability between sectors.

Despite the growing recognition of the relevance of evidence-based family support, the responsibility for training and accrediting professionals in the programmes often falls on the professionals' expenses. Considering the service provision in the country, this state of affairs is not aligned with a sustained implementation of the programmes as part of routine care practice.

Collaborative and reciprocal relations among professionals in academia and in the services, so that the evidence obtained through research informs the professional's practice. In addition, this collaboration can be extended to policymakers who make decisions about how to allocate funding for family support.

Regardless professional's training experiences are evaluated as a successful experience, 'one swallow does not make a summer' and efforts should continue to incorporate evidence-based guidelines of best practices and associated competences. The continuity of professional training as a successful practice will be certainly maintained thanks to more investment in research about family support skills and standardised guidelines for family support workforce skills.

Researchers' suggestions for the making of a Best Practice Guide for Family Support Professionals and the creation an Agency on skills standards for the family support workforce would most certainly be beneficial to improve the professional training in Portugal.

Legislative regulations could support an update in the Portuguese Law on family support services in order to include a criterion that family support services have at least two professionals with training and accreditation in one different evidence-based family support programme.

To this date, existing resources should continue to contribute to the:

- o Empowerment of practitioners through in-service training.
- o Funding action research about the acquisition, maintenance, and transferability of family support skills.
- o Sustainability of evidence-based family support models in different practice settings.

Quality Assurance in Family Support in Romania

The coordinator of the chapter on quality assurance in family support in Romania is Oana David (Babes-Bolyai University), representative of Romania in EurofamNet. The authors of the chapter are the members of the Romanian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinator): Oana David, Ioana Alexandra Iuga, Lucian-Calin Puia, and Cristina Teodora Tomoiagă.

Characteristics of the National Working Group and Process for Discussion in Romania



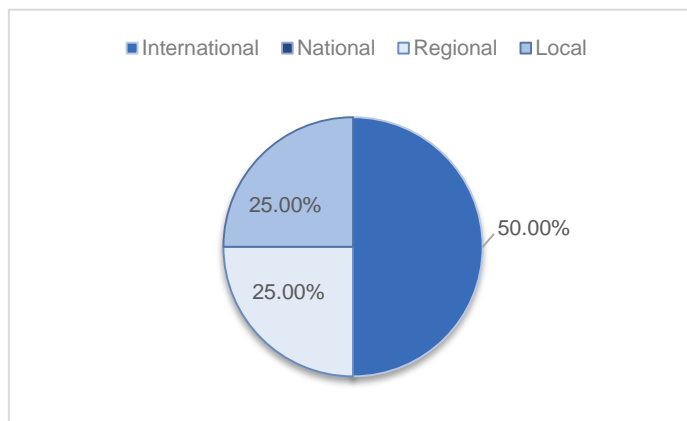
4 national experts



- 2 online meetings.



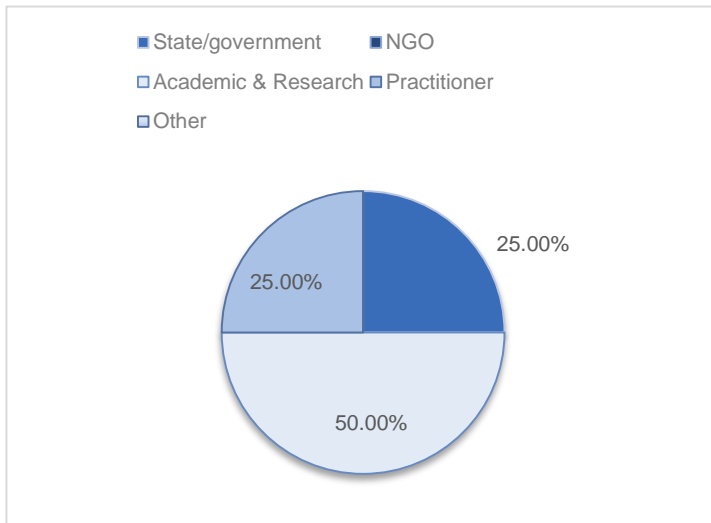
Scope of the family support actors



- Representation from international, regional and local scopes.
- International scope as the most represented.
- No representation from national actors.



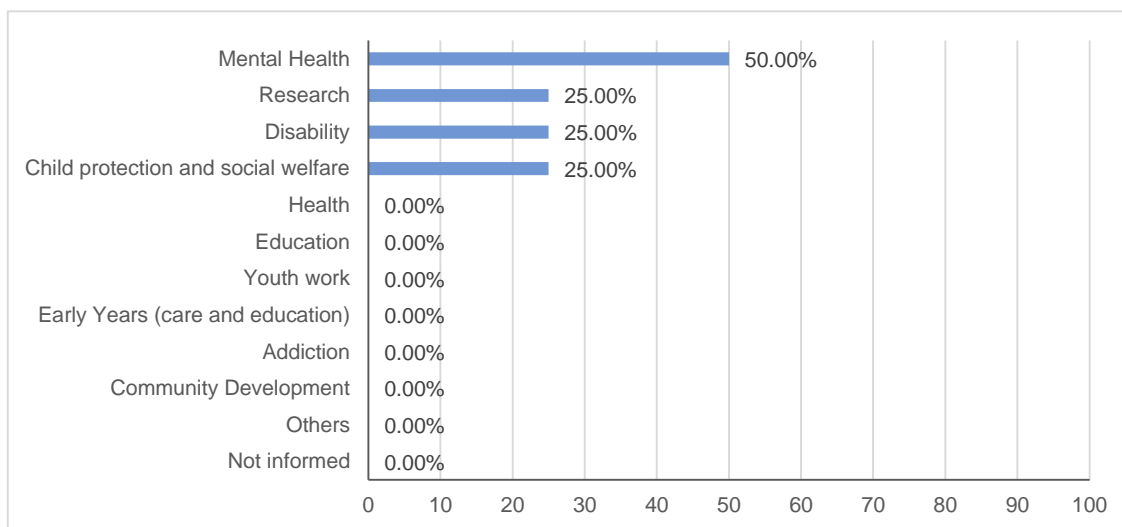
Type of family support actors



- Representation of academic and research, government and practitioners.
- Academic and research most represented.
- Balanced representation of government and practitioners.
- Professional association was included.



Areas of family support actors



- Large representation of the mental health sector.
- Balanced representation from the research, disability and child protection and social welfare areas.
- No representation from areas such as education and early years.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

To reach a consensus among the members of the National Working Group on the **Quality Assurance Protocol**, a structured process was conducted over two key meetings. The first meeting was focused on discussing the objectives and scope of the activity, ensuring that all members had a clear understanding of the goals and the issues at hand. Relevant data was gathered and presented, and the group members engaged in initial discussions to surface diverse perspectives. Between the two meetings, members reviewed the gathered information and provided feedback. In the second meeting, in-depth discussions were held, addressing concerns and refining the ratings on the Quality Assurance Protocol based on the feedback received. Through facilitated deliberation, the National Working Group worked collaboratively to integrate differing viewpoints and achieve a broad agreement. This iterative process of open communication and respectful dialogue enabled a consensus that reflects the collective input and expertise of the group.

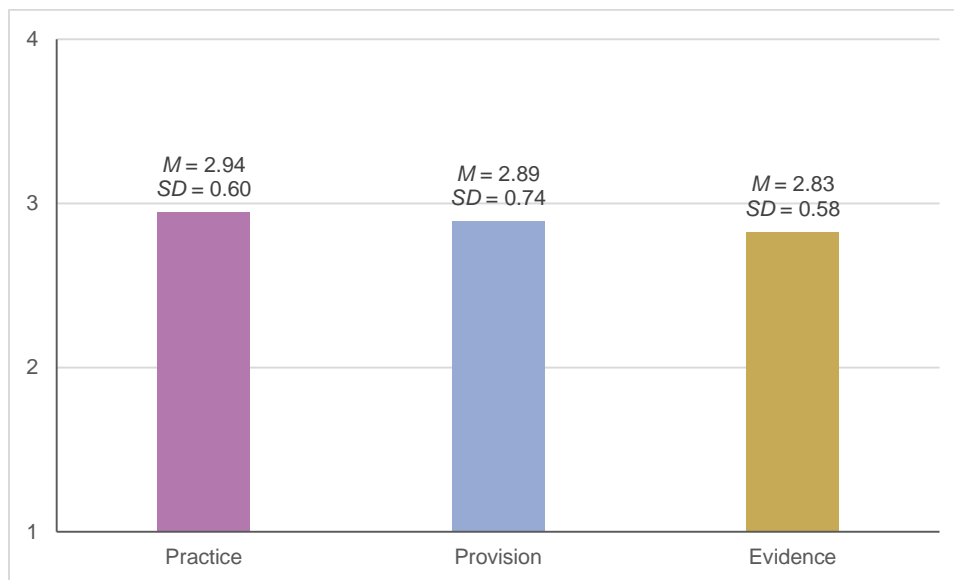
With the purpose of producing the **National Strengths and Recommendations Report**, the members of the National Working Group analysed current family support systems, discussed findings, and agreed on practical steps to enhance policies and services. This collaborative approach ensured that the recommendations were grounded in real-world insights and aimed at improving support for families nationwide.

Summary of Results of the Quality Assurance Systems in Romania

In this section, the global scores obtained in Romania for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

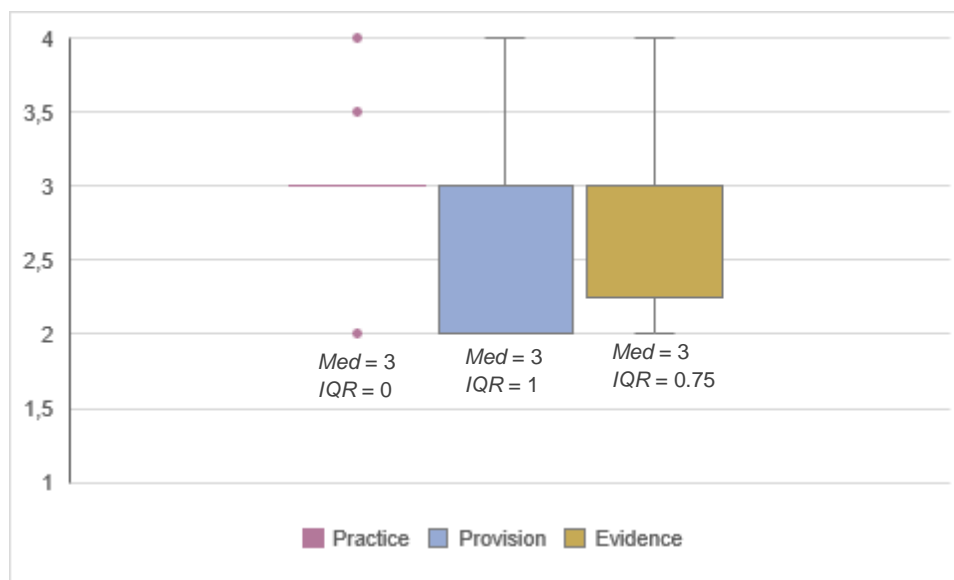
The following figure presents the **average scores** of the family support systems. Overall, the scores are quite high: all systems are close to 3, which is considered a strength. The highest score is obtained in the family support practice system, followed by the provision system, and, finally, the evidence system. However, the differences between systems are small. Thus, the Romanian National Working Group considered that the quality of family support in the country was quite high, as well as fairly homogeneous across the three systems.

Average scores of the quality assurance systems in Romania: means and standard deviations



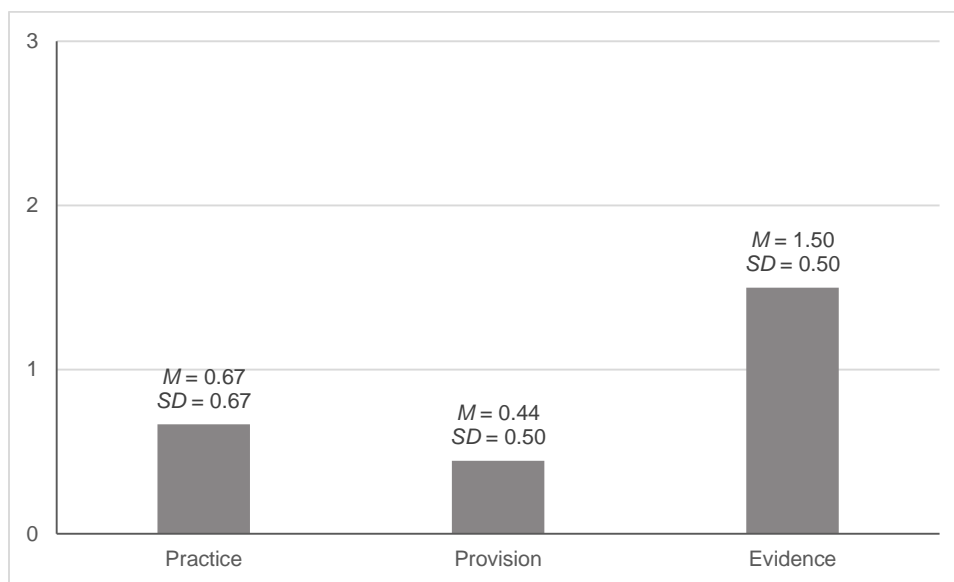
The **medians** and **interquartile ranges** of the three systems are presented in the next figure. The medians are all equal to 3. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 1. As shown in the figure, the interquartile ranges indicate that the differences between the scores of the quality standards in the practice system are negligible. In comparison, the differences in the family support provision and evidence systems are more pronounced.

Average scores of the quality assurance systems in Romania: medians and interquartile ranges



As presented in the following figure, the practice and the provision systems are located below the low level of **variability**, while the evidence system is at the medium-low level of variability. These results indicate that there might be some occasional variability in the practice and provision systems, although the situation in these systems is rather homogeneous, whereas there is some variability in the situation in the country in relation to the quality of the family support evidence system, although the answers provided reflect the overall reality.

Variability scores of the quality assurance systems in Romania: means and standard deviations



Results Report of the Quality Assurance Protocol

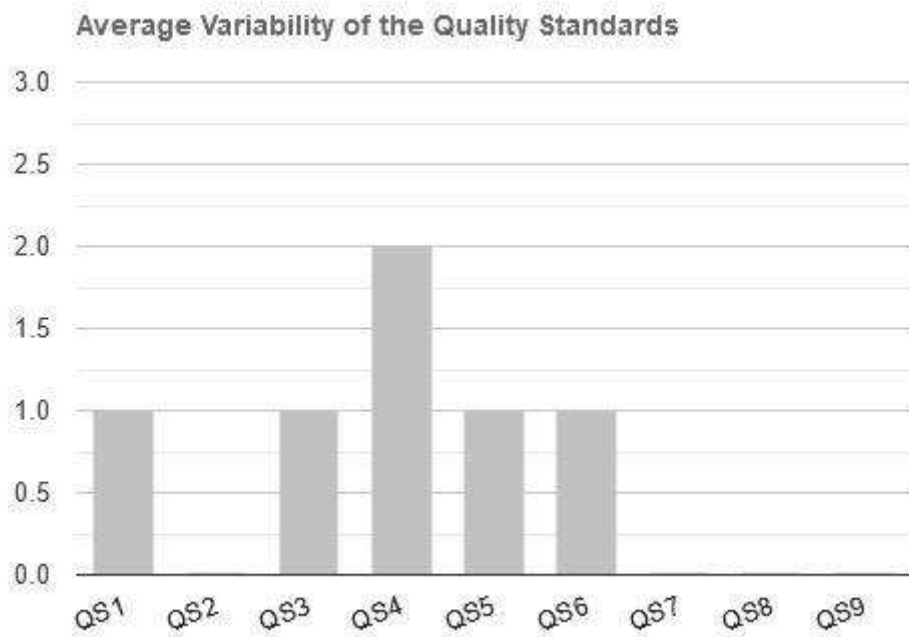
The following pages present Romania's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: Romania

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





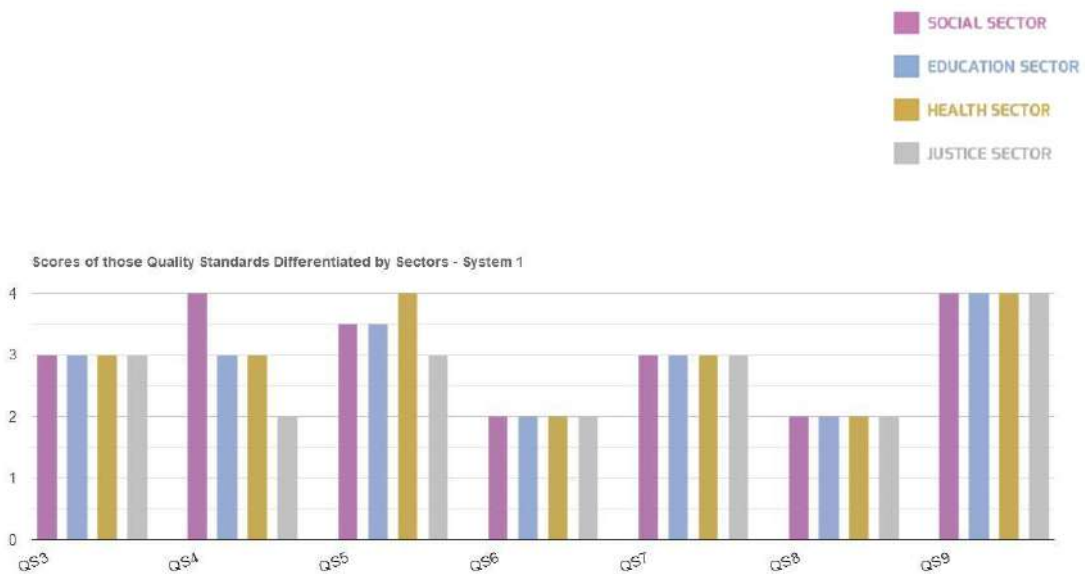
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3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Areas for improvement

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

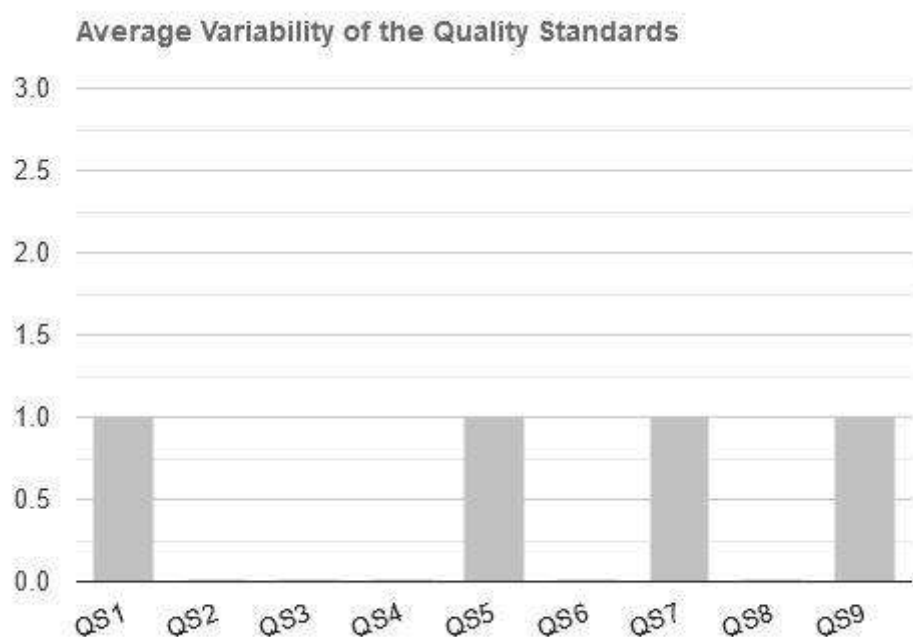
Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided



- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 8: Services are available when needed

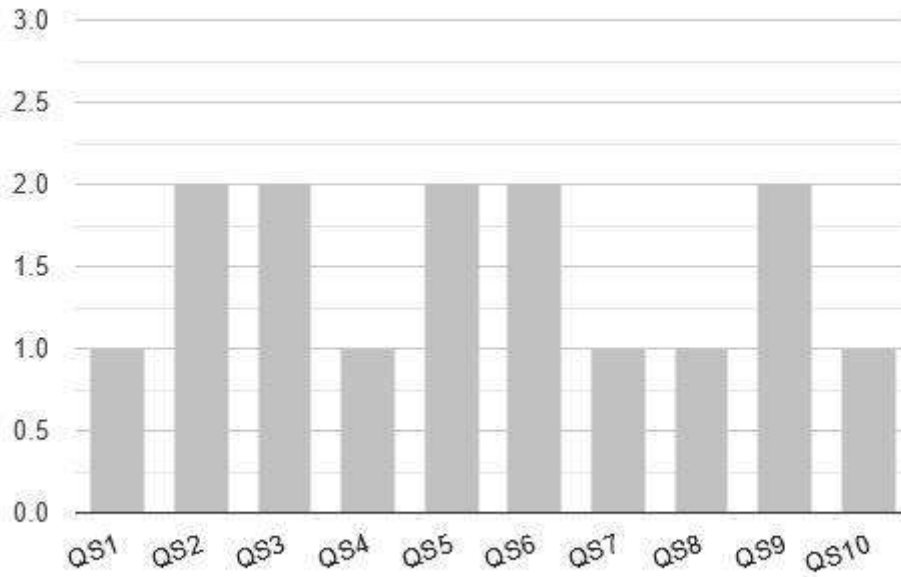
- Adequate funding for service is guaranteed and mainstreamed.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

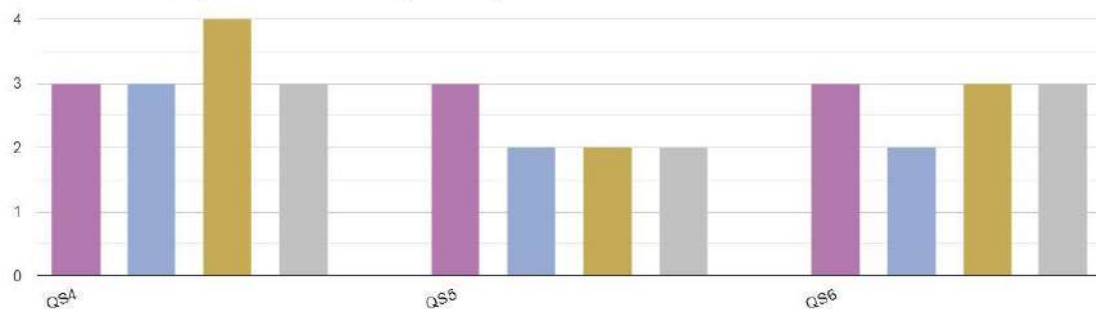
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

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3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 3



Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

National Strengths and Recommendations Report

Over the next pages, the Romanian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Romania

Date: 07/01/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

The members of the National Working Group analyzed current family support systems, discuss findings, and agree on practical steps to enhance policies and services. This collaborative approach ensures that recommendations are grounded in real-world insights and aimed at improving support for families nationwide.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

Legislative Framework: Romania has a robust legislative framework aimed at protecting children's rights, including laws that align with the UN Convention on the Rights of the Child. The establishment of institutions like the National Authority for the Protection of Child Rights and Adoption reflects the country's commitment to child welfare.

Education Initiatives: Various programs have been implemented to improve access to education for all children, including those from marginalized communities. Projects like "School after School" aim to reduce dropout rates and support students' educational needs.

Child Protection Services: There have been improvements in the child protection system, with a focus on deinstitutionalization and promoting family-based care. Initiatives to train social workers and foster parents are ongoing to ensure better care for children.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

General Data Protection Regulation (GDPR):

GDPR emphasizes the protection of personal data and mandates that individuals must be informed about how their data will be used and under what circumstances it might be shared. For instance, Article 13 requires data subjects to be provided with information about the purposes of processing and any recipients of the personal data.

Child Protection Laws:

Many jurisdictions have mandatory reporting laws that require service providers to report suspicions of child abuse or neglect. These laws generally mandate that families be informed about these legal requirements at the outset of service provision.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

To effectively implement I.3.1. and establish strong alliances with families in service delivery, it's important to leverage facilitators such as cultural competence, community involvement, and accessible services. These facilitators can enhance

trust and engagement with families. However, barriers such as bureaucratic inefficiencies, resource constraints, and varying levels of family readiness may hinder alliance building. Addressing these barriers requires targeted training in family-centered practices, communication skills, and cultural sensitivity for service providers. Training should emphasize collaborative approaches that empower families as active participants throughout the service journey, thereby improving outcomes for all involved.

Facilitators and barriers

Barriers:

In Romania, there may be cultural and societal barriers that hinder the formation of strong alliances between service providers and families. Traditional views on authority and family privacy can sometimes limit open communication and collaboration.

Trust Issues:

Historical mistrust of governmental and social services can impact the willingness of families to fully engage and collaborate with service providers. This can be particularly pronounced in marginalized or disadvantaged communities.

Resource Constraints:

Limited resources and high caseloads for social workers and other service providers can impede the time and attention needed to build strong relationships with each family. This often results in a more transactional approach rather than a collaborative one.

Training and Professional Development:

There might be insufficient training for service providers on the importance and techniques of building strong alliances with families. This includes skills in communication, cultural competence, and family engagement strategies.

Facilitators:

Community Involvement:

Engagement with Local Leaders: Collaboration with local community leaders and influencers to promote trust and acceptance of services among families.

NGO Partnerships: Strong partnerships with non-governmental organizations that have deep community roots and trust

Training needs

Building Trust: Strategies to build and maintain trust with families, including transparent communication and consistent follow-up.

Collaborative Planning: Methods for involving families in the planning and decision-making processes, ensuring their voices are heard and valued.

Communication Skills:

Managing Disagreements: Techniques for resolving conflicts and negotiating solutions that are acceptable to both service providers and families.

Mediation Skills: Training in mediation to facilitate discussions and agreements between family members and service providers.

Emotional Awareness: Developing emotional intelligence to better understand and respond to family members' feelings and needs.

Empathetic Engagement: Techniques for engaging with families empathetically to build stronger, more supportive relationships.

Joint Solutions: Methods for working with families to identify problems and develop joint solutions.

Empowerment: Strategies to empower families to take an active role in the service delivery process.

Teamwork: Promoting teamwork and collaboration among different service providers to offer comprehensive support to families.

Holistic Approach: Training on taking a holistic approach to service delivery, considering all aspects of a family's needs and circumstances.

Digital Tools: Training on using digital tools and platforms to communicate with families and manage service delivery effectively.

Remote Engagement: Techniques for engaging with families remotely, especially in areas where in-person interactions may not be feasible.

Expected impact on the audiences

Increased Satisfaction: All parties involved are likely to report higher levels of satisfaction with the service delivery process.

Better Resource Utilization: More effective and efficient use of resources as services are better tailored to the actual needs of families.

Sustainable Change: Establishing strong alliances fosters long-term, sustainable improvements in service delivery and family outcomes.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Successful experiences

In Romania, recognizing and strengthening the family's capacities or competences can be considered a strength because it aligns with cultural values that emphasize close-knit family relationships and mutual support. Romanian families often play a central role in providing care and support across generations, which underscores the importance of empowering them in service delivery. By enhancing family capacities, services in Romania can leverage existing resources within families, promote resilience, and foster sustainable solutions to challenges. This approach not only respects the cultural context but also enhances the effectiveness of interventions by ensuring they are relevant and responsive to the specific needs of Romanian families.

An example is community-based social work: Social workers in Romania engage directly with families to assess their strengths and needs, providing personalized support and interventions. They work collaboratively with families to develop individualized care plans that address issues such as unemployment, housing instability, or health concerns. By strengthening family capacities, social workers aim to enhance family resilience and prevent social exclusion.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

In Romania, enhancing the leadership and management of family services is crucial for fostering a supportive and effective environment. Implementing regular supervision and support sessions for staff would enable structured discussions on cases and professional development needs, ensuring that supervisors are equipped to provide constructive feedback and guidance. Developing a comprehensive in-service training program tailored to the unique challenges of working with families, such as cultural competence and trauma-informed care, would further bolster staff capabilities. Promoting collaborative practices among interdisciplinary teams through regular meetings and shared decision-making processes would strengthen service delivery. Additionally, initiatives to support the physical and mental wellbeing of professionals, including access to counseling and stress management resources, are essential. Leadership training for managers to enhance team-building and strategic planning skills, along with establishing feedback mechanisms for continuous improvement, would contribute to a more inclusive and effective service delivery framework in Romania.

Facilitators and barriers

Facilitators:

Dedicated Professionals: There are dedicated professionals in Romania who are committed to promoting family support and are willing to engage in collaborative practices.

Professional Development Opportunities: There are initiatives and programs that provide in-service training and support for professionals, albeit needing expansion and improvement.

Government Initiatives: Government policies and initiatives aimed at improving the social services sector may provide

frameworks for effective supervision and support.

Barriers:

Limited Resources: Insufficient funding and resources allocated to social services can limit the implementation of effective supervision, support, and training programs.

Fragmented Service Delivery: Fragmentation and lack of integration across sectors (e.g., health, education, social services) hinder collaborative practices among professionals.

Workload and Stress: High caseloads and demanding work environments contribute to burnout and may detract from effective supervision and support for professionals.

Organizational Culture: Variability in organizational cultures within institutions can affect the implementation of positive work environment practices and collaborative efforts.

Training needs

Effective Supervision: There is a need for structured and consistent supervision frameworks across various sectors, including social services, education, and healthcare. Many professionals may not receive adequate supervision to support their work with families.

Support and In-Service Training: While there are training opportunities available, they may not be universally accessible or tailored to the specific needs of professionals working with families. More investment in continuous professional development and support programs is necessary.

Staff Collaborative Practice: Interdisciplinary collaboration among professionals (e.g., social workers, psychologists, educators) is crucial for comprehensive family support. However, barriers such as siloed approaches and lack of integrated service delivery may hinder effective collaborative practice.

Promoting Professionals' Wellbeing: The wellbeing of professionals working in family support services can be overlooked, leading to high levels of burnout and stress. More efforts are needed to address mental health support, work-life balance, and occupational stress management.

Creating a Positive Work Environment: While there are positive examples, creating consistently positive work environments across all sectors requires systemic changes. Issues such as workload management, job satisfaction, and recognition of achievements need to be addressed.

Expected impact on the audiences

Promoting a positive work environment, effective supervision, support, in-service training, and collaborative practices in family services in Romania is expected to lead to improved service delivery, increased professional satisfaction, enhanced collaboration, better family engagement, improved organizational performance, and enhanced professionals' wellbeing. These factors collectively contribute to better outcomes for children, youth, and families receiving support services.

Family Support Provision System

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Successful experiences

Employers in Romania can support parent employees, such as through additional benefits, extra days off, and flexible working arrangements. These supports are often implemented to ensure compliance with legal requirements and to enable parents to fully utilize their entitlements. For instance, starting in 2023, changes to personal deductions under the tax code aim to reduce taxable income for employees with dependents or lower incomes. This deduction, applied monthly, is not funded by the

employer but is instead a statutory right for employees. Moreover, new regulations introduced a caregiver leave of up to five working days per year, aimed at assisting employees caring for sick family members, with employers obligated to grant this leave upon request. These measures illustrate how Romanian legislation and workplace policies strive to support working parents and their families.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

While Romania has made strides in promoting collaboration between policy makers, researchers, and practitioners to enhance family support, there are ongoing challenges and opportunities for improvement in this area. Efforts have been made to align policies with research findings and practitioner expertise to ensure effective family support services. For instance, initiatives in social policy and healthcare often involve consultations with researchers and practitioners to inform decision-making. However, there remains room for more structured and sustained collaboration across these sectors to consistently promote and ensure the quality of family support services nationwide. Strengthening these partnerships could lead to more evidence-based policies and better-coordinated services that meet the diverse needs of families in Romania.

Facilitators and barriers

Facilitators for collaboration between policy makers, researchers, and practitioners in Romania include:

Increasing Awareness: Growing recognition among stakeholders about the importance of evidence-based practices in family support.

Research and Data: Availability of research studies and data that can inform policy development and service delivery.

International Guidelines: Alignment with EU guidelines and frameworks that advocate for comprehensive family support systems.

Professional Networks: Established networks and associations that facilitate communication and collaboration among stakeholders.

Barriers to effective collaboration include:

Limited Resources: Insufficient funding and resources allocated to support research and collaborative initiatives.

Policy Implementation Gaps: Challenges in translating research findings into actionable policies and practices due to bureaucratic hurdles or resistance to change.

Lack of Coordination: Limited coordination mechanisms between different stakeholders, leading to duplication of efforts or gaps in service provision.

Training needs

Policy Analysis: Training in policy analysis and development can help stakeholders understand how to translate research findings into effective policies.

Interdisciplinary Skills: Training programs that foster interdisciplinary collaboration among researchers, policymakers, and practitioners can enhance communication and understanding across different sectors.

Advocacy and Communication: Training in advocacy and communication skills can empower stakeholders to effectively communicate research findings and advocate for evidence-based policies.

Evaluation and Monitoring: Training in program evaluation and monitoring can ensure that family support interventions are

assessed regularly for their impact and effectiveness.

Expected impact on the audiences

Improved Policy Effectiveness: Enhanced collaboration can lead to the development of evidence-based policies that better address the needs of families, resulting in improved outcomes.

Enhanced Research Quality: Collaboration facilitates the use of rigorous research methodologies, leading to higher-quality research that informs policy and practice.

Increased Innovation: By working together, stakeholders can innovate and develop new approaches to family support that are responsive to emerging challenges and societal changes.

Stronger Stakeholder Engagement: Improved collaboration fosters stronger engagement among stakeholders, promoting shared understanding and commitment to advancing family support initiatives.

Sustainable Impact: The collaborative efforts can contribute to sustainable improvements in family well-being over the long term, supported by continuous learning and adaptation based on research and practice outcomes.

Quality Assurance in Family Support in Serbia

The coordinators of the chapter on quality assurance in family support in Serbia are Jelena Arsic (Union University Belgrade) and Nevenka Žegarac (University of Belgrade), representatives of Serbia in EurofamNet. The authors of the chapter are the members of the Serbian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Jelena Arsic, Nevenka Žegarac, Danijela Barjaktarovic, Vesna Mrakovic, Tamara Ručnov, Sasa Stefanovic, Marco Tomic, and Veljko Vlaskovic.

Characteristics of the National Working Group and Process for Discussion in Serbia



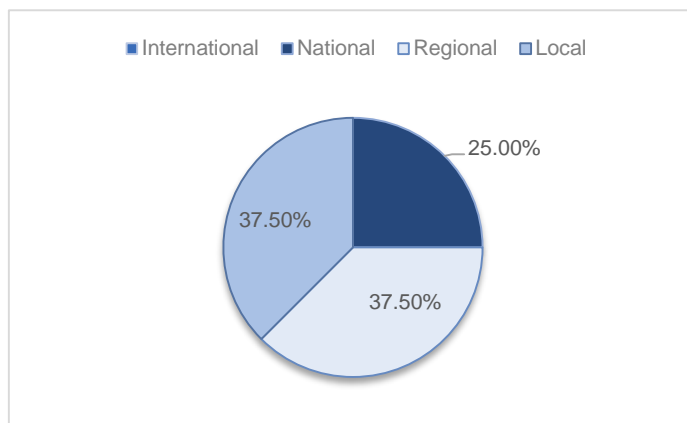
8 national experts



- 2 online meetings.
- Information sent in advanced.



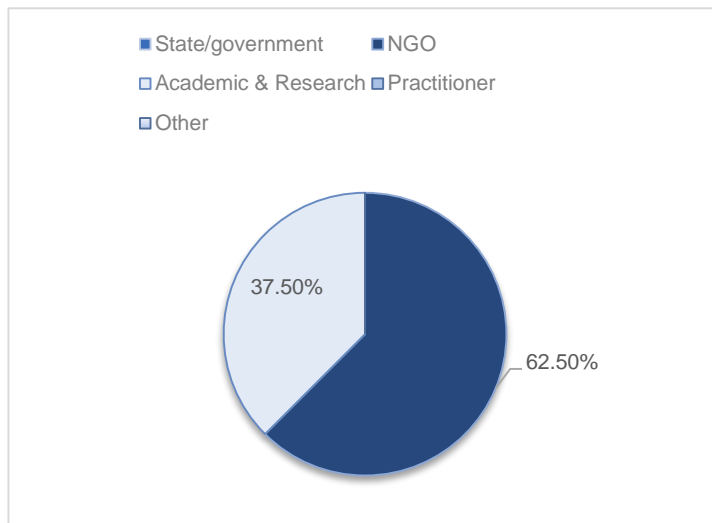
Scope of the family support actors



- Representation from national, regional and local scopes.
- Balanced representation from national, regional and local scopes.
- No representation from international actors.



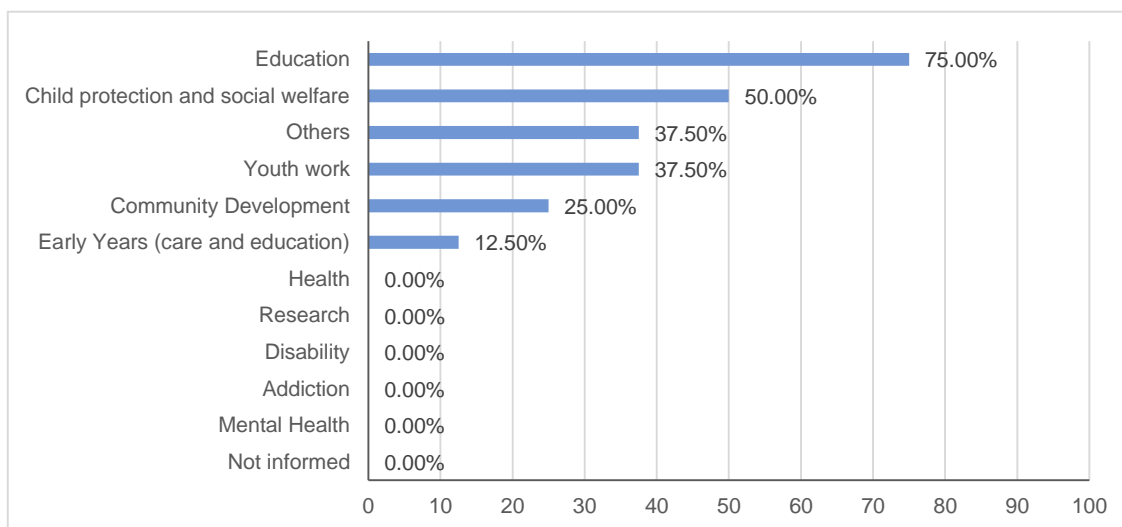
Type of family support actors



- Representation of academic and research, and NGOs.
- NGOs most represented.
- Directors and coordinators were included.
- Academics from the law area were included.



Areas of family support actors



- Large representation of the education and child protection and social welfare areas.
- Balanced representation from the youth work and other areas.
- No representation from areas such as research and mental health.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

Each member of the National Working Group was given the opportunity to share their views regarding the options to be chosen as most appropriate in relation to each of the indicators of the **Quality Assurance Protocol**. Then, a discussion was conducted to take into account all relevant factors and issues to choose the final answers that most realistically described the situation in the country. There were no disagreements about chosen options and the whole process ran smoothly. All the given answers were voted for by all the members as a team.

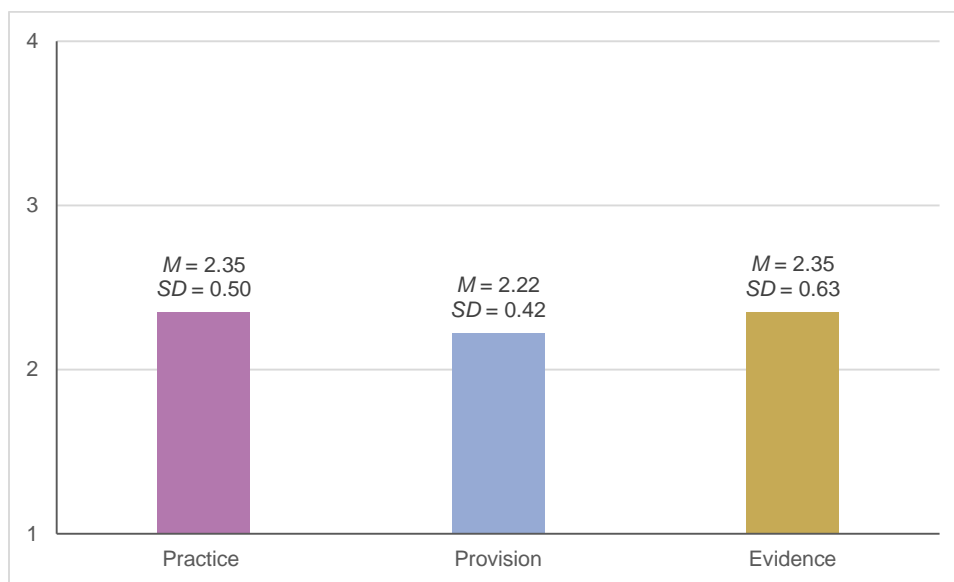
Based on the automatic results report on the Quality Assurance Protocol, and identified strengths and areas for improvement, national coordinators prepared the first draft of the **National Strengths and Recommendations Report**. This document was sent in advance to all members of the National Working Group, and in the joint online meeting that followed, each member was given the opportunity to share their views on all relevant indicators, and to suggest successful practices and reflect on the areas for improvement at the national level. The report is a result of the joint agreement of all participants in terms of successful experiences and recommendations for improvements at the national level.

Summary of Results of the Quality Assurance Systems in Serbia

In this section, the global scores obtained in Serbia for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

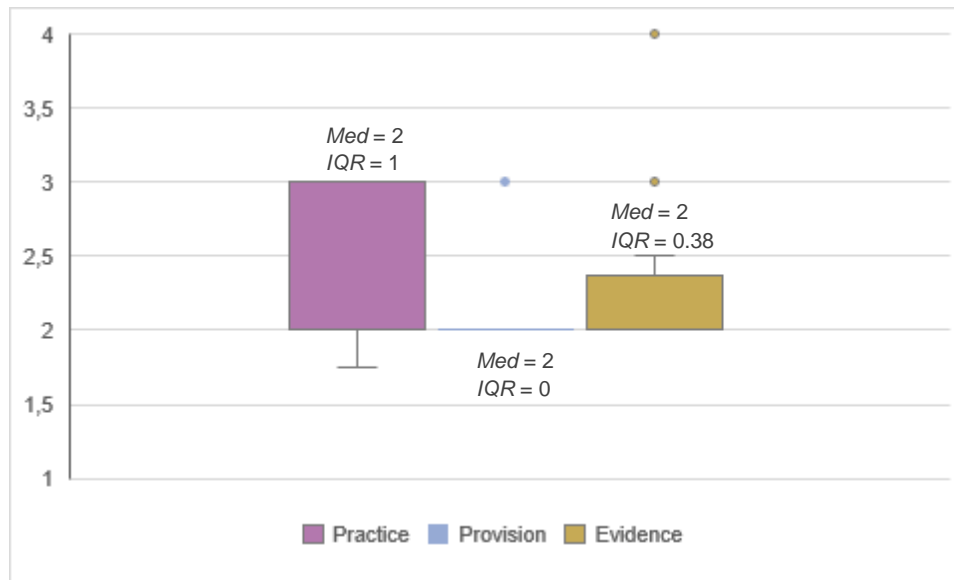
As shown in the following figure, the **average scores** of the three systems are rather low; the three systems are closer to 2 (considered an area for improvement) than to 3 points (considered a strength). The highest scores are obtained in the family support practice and evidence systems. The family support provision system has a slightly lower score, although the difference is small. Thus, overall, the Serbian National Working Group considered that the quality of family support in the country was somewhat low, as well as fairly homogeneous across the three systems.

Average scores of the quality assurance systems in Serbia: means and standard deviations



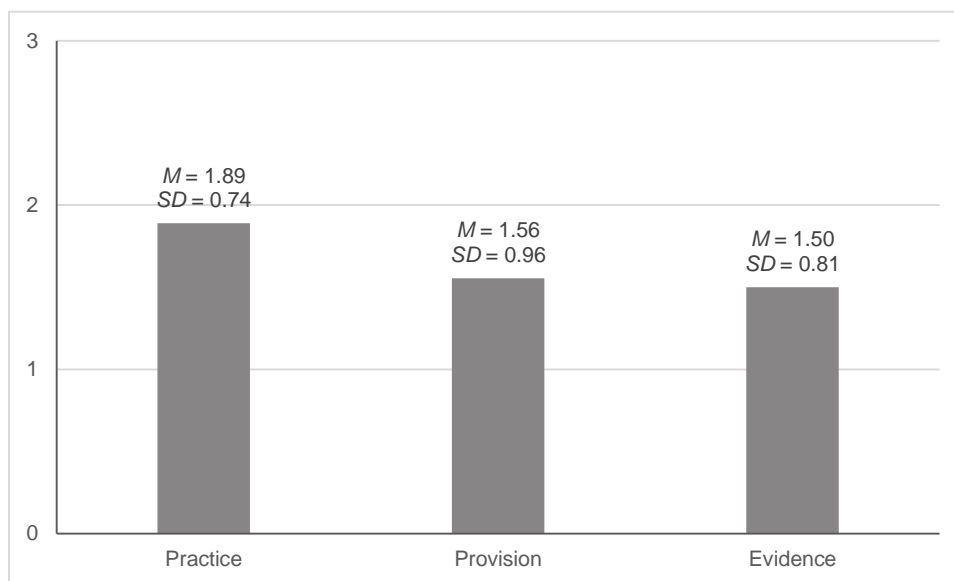
The next figure presents the **medians** and **interquartile ranges** of the three systems. All the medians equal 2. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 1. As can be observed in the figure, the interquartile ranges indicate that there are noticeable differences between the scores of the quality standards of the practice system and some differences between the scores of the quality standards of the evidence system, whereas the provision system presents no dispersion.

Average scores of the quality assurance systems in Serbia: medians and interquartile ranges



As presented in the following figure, all three systems are located at the medium-low level of **variability**, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The practice system is located closer to the medium level of variability than the other two systems, showing that the quality of the family support practice system is considered somewhat more heterogeneous in Romania than the quality of the family support provision and the family support evidence systems.

Variability scores of the quality assurance systems in Serbia: means and standard deviations



Results Report of the Quality Assurance Protocol

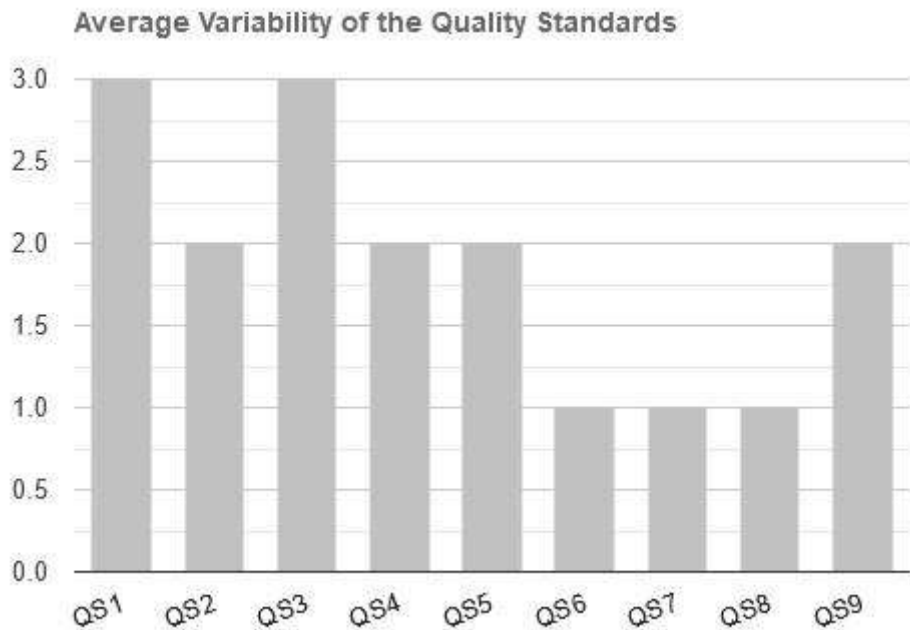
The following pages present Serbia's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: Republic of Serbia

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





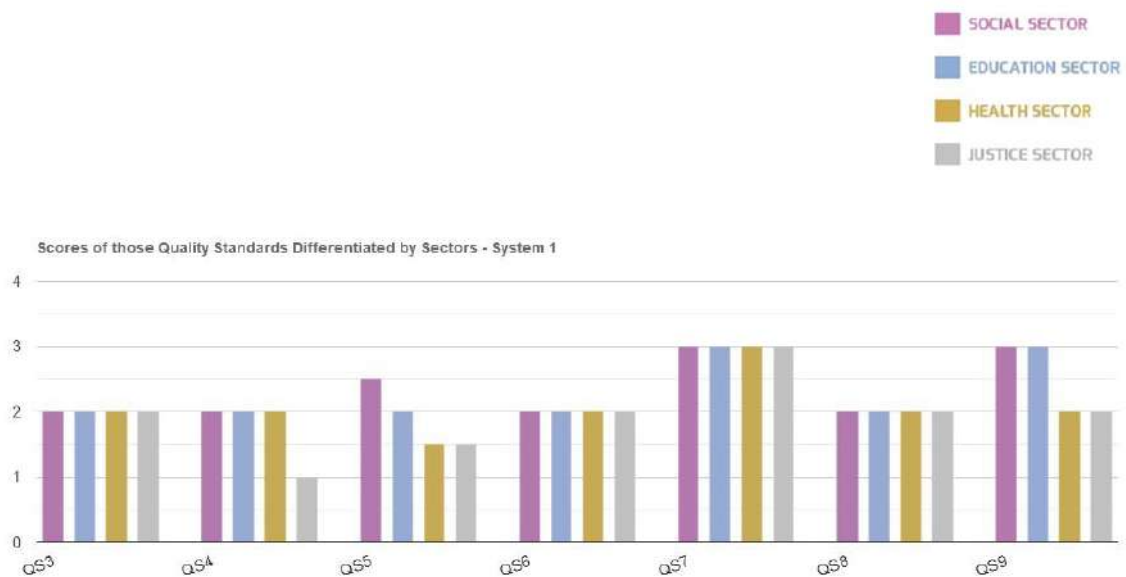
Legend of the Variability Scores

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3 = **High variability:** There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

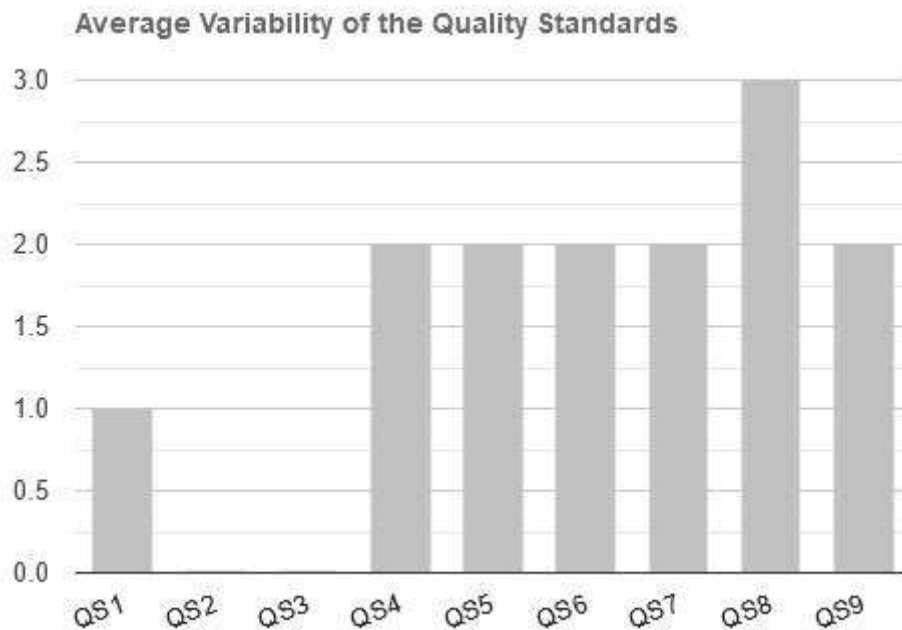
Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

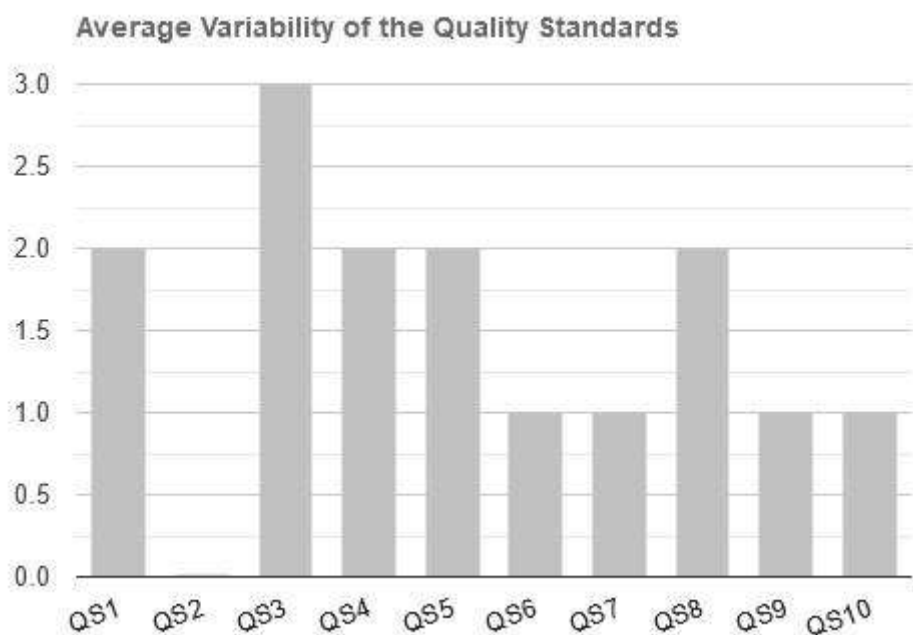
Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





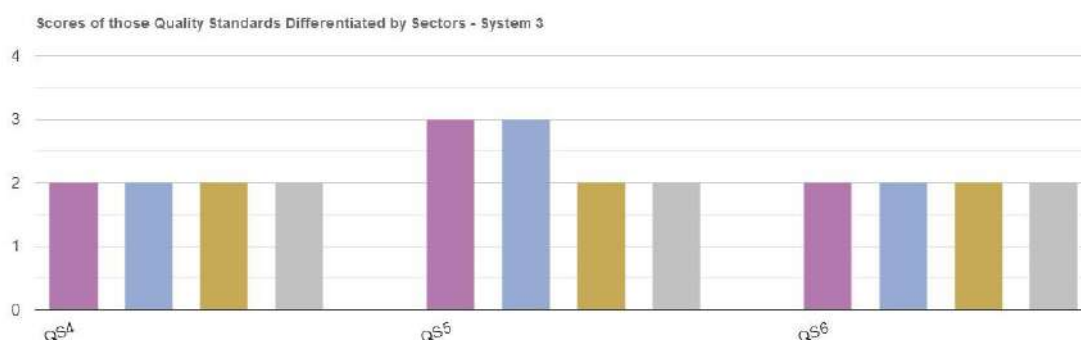
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Strong areas with room for improvement

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Areas for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Serbian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Serbia

Date: 06/11/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Based on the automatic results report on the QA Protocol, and identified strengths and areas for improvement, national coordinators have prepared the first draft of the national promising practices document. This document was sent in advance to all members of the National team, and in the joint online meeting that followed, each member was given opportunity to share their views on all relevant indicators, and to suggest successful practices and reflect on the areas of improvement at the national level. The following is a result of the joint agreement of all participants in terms of national promising practices.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

This standard is clearly and widely included in national regulations and policies, serving as the basis for good practice. Such practice is also supported by specialised trainings for professionals and by other creative methods of dealing with crisis situations. Here are some successful experiences:

- During the European migrant crisis, which started in 2015, numerous programs and services were developed for the migrant population, including services for children and families, i.e., specific child protection initiatives for unaccompanied and separated children, family support programs and services for migrant families, such as cultural mediators, one-stop transit center for refugee and migrant aid (so-called “Miksalište”), offering various programs for immediate support and referral for migrant children and families;
- The initiative driven by the tragic shootings of an elementary school children and youth in May 2023 has raised awareness on the issues of mental health and parenting support practices, which led to the development of the CEZAM (center for supporting youth mental health and security) which offers various preventive and interventive services for children, youth, and their parents/families, as well as professionals in the field.
- There are guidelines developed for determining the best interests of children participating in administrative and court proceedings, as well as guidelines for determining child's best interests when providing services to migrant children, that were developed by national NGOs specialised in these fields (Child Rights Centre, NGO Atina);
- Family Strengthening Program and Program for Mother and Babies for families at risk of child separation and prevention of placement in alternative care, implemented by SOS Children's Villages, are defined as taking into account the best interests of the child and respecting the rights and developmental needs of children and youth and their families, holistic approach and the user participation in design, implementation, and evaluation of service;
- in general, we consider as successful the existence of a number of family support services that were established more than a decade ago (e.g., respite care for children with developmental disabilities, day care centers for diverse groups of vulnerable children, such as street-involved children, family outreach workers, etc.), and that have survived despite the fact that there is no continuing and adequate state funding and support for such services;

Apart from successful experiences, there is a space for improvement. Namely, taken actions are rarely monitored from the aspect of BIC, and therefore practices vary a lot in terms of the level of impact of BIC in concrete cases, as well as elements

considered when implementing this principle. The majority of professionals in all sectors have adopted this narrative, but there are difficulties in understanding the criteria for its implementation. This is sometimes challenged by contradictory instructions coming from administrative bodies (e.g., relevant ministries). At the same time, in recent years, a strong counter-narrative that questions child rights is registered, leading to confusion and strong demands for revision and a return to the previous state. Monitoring is additionally challenged by a lack of decisions documented and clearly justified from the aspect of BIC.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

Regulations and policies in the Republic of Serbia clearly require and support the implementation of the confidentiality principle. In recent years, special attention has been paid to the improvement of regulations governing the protection of personal data, as well as practices for the adequate use and anonymisation of personal data in the decisions of competent authorities regarding issues of importance to children and families. Successful practices relate to the following:

- SOS Children's Villages follows all relevant regulations and standards – the UNCRC, Ethical Code, protocols for child protection in the welfare system, internal Child Safeguarding Policy, PSHEA, Code of Conduct, and other regulations, including GDPR and Personal Data Protection Law. Program Data Base and other files that contain personal data are strictly confidential and used and stored with maximum care and protection measures, including ICT security rules and training for all employees;
- Several NGOs have developed detailed procedures and practices to ensure that children and family members using their services are fully informed of all aspects of their actions in accordance with the principle of confidentiality and other standards of ethics (e.g., NGO Psychosocial Innovations Network, NGO Center for Youth Integration, etc), and some have developed child security policies outlining limits to confidentiality to secure child safety (e.g. Network of Organizations for Children of Serbia – MODS).

Apart from the above mentioned successful practices, there is also a room for improvement at the national level in terms of providing full information to children and families in all relevant sectors, since there is a general variability in terms of implementation in various parts of the country.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

Although regulations and policies support collaborative relationships to a certain extent, this is often lacking in direct practice and usually depends on individual professional approach and isolated efforts instead of being implemented as a service standard. Recommendations include the following;

- Initiate changes in regulations and procedures in all sectors to better support collaborative approach, and adopt obligatory minimal standards of practice for all services related to cooperation between service providers and users;
- Develop organisational culture and mechanisms for monitoring the implementation of intersectoral cooperation;
- Improve competencies (especially value competencies) of management and professionals in all sectors;
- Determine minimum obligatory standards for all social welfare services, including socio-educative and counseling-therapeutic services for children, young people, and families, including partnership between service participants and service providers;
- Develop child-friendly and family-friendly materials for service users in all sectors;
- Develop mechanisms for service evaluation;

Facilitators and barriers

Barriers: Political situation, changes in management structures, low budget funds for certain sectors or services, centralization of public administration dealing with family support.

Facilitators: Professional associations and NGOs willing to address and develop quality of FS services. Associations of

parents of different groups of children making significant pressure on public sector while contributing to improve FS services.

Training needs

- Training of professionals regarding the collaborative and strength-based approach to family;
- Inter-professional training for intersectoral cooperation;
- Training at the management level to support better institutional and organizational efforts in all sectors;
- Training for local administration regarding implementation of sustainable local family support services.

Expected impact on the audiences

Polymakers

Professionals/practitioners

Children, young people and families

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

The services in the Republic of Serbia are not designed to adequately recognize and strengthen the family's capacities/competencies in the social welfare, education, health, and justice sectors. This is the biggest problem in the justice system, where mechanisms to empower families are poor, and the procedures are not designed to recognize and strengthen family capacities. In the social welfare, health, and education systems, there are some tools and practices addressing this.

Recommendations are the following:

- Initiate changes in regulations and procedures in all sectors to support the shift of the focus of the social protection system from restrictive to family supportive approach, e.g. in the Social Protection Act explicitly recognize the importance of family support, particularly to families in crisis, which are at risk of displacement of the child from the family, and provide concrete measures of support and preparation for the return of the child to the primary family;
- Develop organizational culture of services in all sectors;
- Improve competencies of management and professionals in all sectors;
- Increase the number, content and availability of FS services in social protection/welfare, particularly develop a continuum of services intended for families with numerous and complex needs, from preventive to very intensive services;
- Develop and implement mechanisms to empower families in the justice system (set up clear and appropriate deadlines for handling family disputes and affairs) and include/improve special family support programs and services (parent education programs, family mediation, support for the child's participation in court proceedings, etc.);
- Adopt minimal obligatory standards for social protection services, focusing on service users' strengths and capacities.

Facilitators and barriers

Barriers: Lack of staff and professional training; low budget for certain sectors and services.

Facilitators: Professional associations and NGOs willing to address and develop quality of FS services. As a good example, SOS CV Family Strengthening service is based on strengthening the existing capacities, competencies, and resources of the family and building new ones.

Training needs

- Inter-professional and professional training regarding strength-based approach to family.
- Inter-professional training for intersectoral cooperation.
- Training for local administration regarding implementation of sustainable local family support services.

Expected impact on the audiences

Polymakers

Practitioners

Indirectly – children, young people and families

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

The services in the Republic of Serbia do not properly evaluate the family's needs and characteristics to determine the best response, primarily in the education, health, and justice sectors. Recommendations are the following:

- Reformulate the existing mechanisms to support proper communication with parents regarding preschool and school children's needs;
- Increase the availability and timely provision of specialized services in the health sector, such as mental and behavioral health services and services for children with severe health problems (particularly outside large regional centers);
- Reframe procedures in the justice sector to better respond to family's needs and characteristics and to do so in a timely manner, particularly concerning the child's sense of time and the development of child-friendly procedures;

In the social welfare sector:

- Develop clear performance monitoring and evaluation mechanisms;
- Improve cooperation procedures with courts and prosecutor's offices;
- Develop mechanisms for accessible and sustainable local social services across the country;
- Provide minimal obligatory social protection services in local communities.

Facilitators and barriers

Barriers: Lack of staff, professional training, low budget funds for certain sectors or services, centralization of public administration dealing with family support.

Facilitators: Professional associations and NGOs willing to address and develop quality of FS services.

Training needs

Training of professionals in the field.

Expected impact on the audiences

Policymakers

Practitioners

Indirectly – children, young people and families

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

Most of the services in the Republic of Serbia implement programmes that have structured content and follow specific techniques or activities which are detailed in a manual. However, these programs often do not comply with the criteria of evidence-based approaches, i.e., manuals are provided in some sectors, evaluation protocols are extremely rare, materials for families and/or materials to evaluate the quality of the implementation in the social welfare, education, health, and justice sector are presented mainly by non-governmental organisations, but with no effect on the improvement of the public sector (e.g. SOS CV implements a result-based management, and monitoring and evaluation framework in its work). In terms of this, recommendations relate to the following:

- Initiate changes in regulations and procedures in all sectors concerning evidence-based family support services;
- Adopt minimal standards for all social protection services, including an embedded evidence-based approach;
- Improve competencies of management and professionals in all sectors;

- Review and revise manuals for evidence-based practice with families in the health, education, and social sectors;
- Develop tools for quality evaluation in the health, education, and social sectors regarding child and family outcomes;
- Develop child and family-friendly materials for service users in the health, education, justice, and social sectors.

Facilitators and barriers

Barriers: lack of funding, lack of professional competences.

Facilitators: good practices developed in NGO sector.

Training needs

Training of professionals in the field.

Expected impact on the audiences

Policymakers

Practitioners

Indirectly – children, young people and families

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Successful experiences

The indicator is established in the institution's policies/guidelines, but its implementation is not monitored in most services. Some successful practices are the following:

- In the education sector, individual education plans are nowadays provided for the majority of children with developmental, social, and behavioral difficulties as part of inclusive educational policies and practices. Therefore, a significant number of children is included in the regular preschool and school system. These individual education plans also include family support services such as personal companion (li?ni pratilac), educational assistants, Roma school mediators, etc.
- In the social welfare sector, each service addressing family and child has to be based on an individualised service plan that complements other services provided to the child/family within the social welfare sector and by other sectors.
- NGO Duga developed an innovative preventive service called outreach worker (terenski saradnik) which supports accessibility and better connection between social welfare and health services relevant for citizens (mainly elder) following their personal needs.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

The leadership and management in state-run institutions do not promote a positive work environment characterized by effective supervision, support, and in-service training and do not promote staff collaborative practice to support families while promoting professionals' wellbeing in all sectors. There are isolated efforts in most of the services to improve this situation. However, there is a need for more professional leadership and management that is not affected by the current political structures and that would be primarily based on human rights values and supportive in terms of standards of professional development and a collaborative multidisciplinary approach. Some NGO social welfare service providers (such as Center for Youth Integration, SOS Children's Villages) provide regular supervision, training, and other HR measures for employees, with additional professional support for field and childcare workers. Having this in mind, recommendations are the following:

- Develop organizational culture of services and mechanisms of positive leadership in all sectors;
- Develop and improve competencies of management in all sectors;
- Provide conditions for sustainable provision of social protection services in all local municipalities and pluralism of service

providers.

Facilitators and barriers

Barriers: Unstable political situation and frequent changes in management structures, lack of management competencies, low budget funds for certain sectors or services, centralization of public administration dealing with family support.

Facilitators: Professional associations and NGOs willing to address and develop quality of FS services and good practices in this field.

Training needs

Training of management in terms of positive leadership, promoting professional development, and other relevant in-service training at the management level in all sectors.

Training of professionals to support team collaboration and positive workplace culture.

Training for local administration regarding implementation of sustainable local family support services.

Expected impact on the audiences

Policy makers

Management

Professionals in all sectors

Indirectly, children and families

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

The indicator is established at the policy level in the Republic of Serbia, however, its implementation is not monitored.

Successful experiences relate to the following:

- Framework for early development family intervention is established in most of the regions;
- Alternative care is developed and available to children across the country;
- Inclusive education was introduced; still, although the need for additional support for students with disabilities and students from other vulnerable and minority groups is recognized, it is partially addressed in practice;
- Roma Mediator programs and Health Mediator programs are highly successful, although they are under supported and limited in accessibility;
- Non-governmental organizations, besides a number of obstacles, provide various supplementary family support services, which strive to successfully fill gaps in the public system response.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

Relevant regulations support measures related to cash transfers and taxation benefits for families most in need linked with family size, and context and cost of living. Still, in practice, these measures do not provide sufficient support for vulnerable children, youth and families (financial amounts of aid) and are not available to a large number of the most vulnerable children and families (in terms of conditions and procedures for obtaining aid, as well as providing sufficient information to citizens).

Therefore, there is a need to:

- Develop additional/ targeted economic support measures for particularly vulnerable families.
- Revision of the mechanisms and rules that regulate the financing of local services, particularly in the social sector.

Facilitators and barriers

Barriers: low budget afforded to these measures and general lack of funding, unstable political situation, lack of vision on the policymaker level.

Training needs

/

Expected impact on the audiences

Children, youth, families.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

There is a legal and policy-based recognition of the requirement for varied optional family-friendly working conditions. However:

- Laws and by-laws regulating family work balance should be improved in terms to support and oblige fathers to participate more fully in child care.

Facilitators and barriers

Barriers: Political situation, lack of vision on the policymaker level.

Training needs

/

Expected impact on the audiences

Children, families.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Recommendations

The person-centered and family-focused approach is present in national policies in the Republic of Serbia, but its implementation is somewhat established (medium variability). Recommendations relate to the following:

- Revise existing procedures so that they are more family-supportive and person-centered in the health, education, and social sectors.
- Provide adequate financing and a sufficient number of qualified professionals that emulate family support and person-centered practice.
- Provide continuous professional training that follows family support and person-centered practice.

Facilitators and barriers

Barriers: Lack of funding, lack of competencies among professionals and management.

Facilitators: Good practices of the professional associations and NGOs providing quality FS services.

Training needs

Training of professionals in terms of FS and person-centered approach.

Expected impact on the audiences

Practitioners

Children and families

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Recommendations

Respect for, and awareness in terms of diversity, are only partially present in national policies and regulations, with medium variability in terms of the implementation at the national level. Recommendations include the following:

- Improve relevant regulations to better support inclusive approach regarding families;
- Employment of an adequate number of trained professionals in terms of an inclusive approach;
- Conduct training for management and professionals in all sectors, preferably intersectoral/multidisciplinary;
- Raise awareness about diverse cultures in the professional and public arena.

Facilitators and barriers

Barriers: Lack of funding, lack of vision on the policymaker level., as well as interest among professionals and management.

Facilitators: Good practices of the professional associations and NGOs providing quality FS services.

Training needs

Training of professionals and management.

Expected impact on the audiences

Policy makers

Professionals

Indirectly: children and families.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Recommendations

Mechanisms to ensure that services are delivered in a coordinated manner across sectors are insufficient. Recommendations are the following:

- Review and reformulate the mechanisms of intersectoral cooperation;
- Provide training for management and professionals in all sectors (preferably intersectoral/multidisciplinary).

Facilitators and barriers

Barriers: lack of vision on the policymaker level., as well as interest among professionals and management.

Training needs

Professionals and management

Expected impact on the audiences

Professionals

Indirectly: children and families

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Successful experiences

Adequate funding ensuring sustainable provision for most of the services is generally guaranteed at the national and/or local level in the Republic of Serbia; however, there is a lot of variability in the country in this regard to the extent that in some municipalities there is no funding at all for some necessary services (e.g. personal assistant for children with disabilities, family associate, family counselling services, GBV services, day care services for vulnerable groups of children, drop-in centers, respite care, etc.), while in other municipalities same services continue to be financed. Therefore, there is a high level of variability in terms of the number and, consequently, the quality of services financed and regularly offered to children and families. Successful experiences relate to the following:

- With the adoption of the new regulations in 2015, the area of pre-implantation, prenatal and postnatal diagnosis of rare diseases is regulated in accordance with good European practice. The law is more widely known as Zoja's Act after the name of a girl who suffered from a rare disease that could not be diagnosed in time and whose parents were the initiators of the adoption of this law. The Act stipulates the conditions under which the Republic Health Insurance Fund bears the costs of sending biological material abroad for diagnostic procedures when a certain rare disease cannot be diagnosed in Serbia. According to available data, during the first year of the Act's application, nearly 200 samples have been sent abroad to enable genetic diagnosis;
- There is a National online platform to report violence against children;
- Developed gender-based/domestic violence inter-sectorial emergency services.

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Recommendations

Existence of education institutions and professional networks that offer high-quality training to improve workforce competences for each discipline. Recommendations are the following:

- Amend regulations and procedures regarding continuing professional education and in-service training to include family support approach to more extent;
- Create changes in high education for pre-service training, to include family support approach to more extent;
- Improve the organisational culture of services through the development of policies and practices that support family support practice and positive leadership;
- Secure an adequate number of competent professionals in all sectors.

Facilitators and barriers

Barriers: lack of vision on the policymaker level, low budget funds.

Training needs

Training of professionals and management.

Expected impact on the audiences

Policy makers

Professionals

Indirectly: children and families.

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

Communication could be less formal and more public/transparent in the Republic of Serbia. Political structures significantly influence this, and the family support agenda encourages a traditionalist and populist approach to the family and widespread corruption. There is a need for advocacy actions for more transparency in collaboration.

Facilitators and barriers

Barriers: lack of vision on the policymaker level

Training needs

/

Expected impact on the audiences

Policymakers – initiatives and advocacy efforts for changes in policies and laws and adequate financing.

Practitioners – Better working conditions, improvement of competencies and unambiguous requirements regarding family support practice.

Children, young people and families – quality service provision secured.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

Existence of ineffective and non-transparent bodies for coordination at all levels in the Republic of Serbia. Recommendations may include:

- Merger/ fusion of the Ministry of Social Protection/ Welfare and the Ministry of Family Care;
- Advocacy actions for effective high-level inter-ministry structures that ensure intersectoral cooperation.

Facilitators and barriers

Barriers: lack of vision on the policymaker level

Training needs

For practitioners and managers regarding responsible professional appearances in the media for evidence-based family support.

Expected impact on the audiences

Policymakers – initiatives and advocacy efforts for changes in policies and laws and adequate financing.

Practitioners – Better working conditions, improvement of competencies and unambiguous requirements regarding family support practice.

Children, young people and families – quality service provision secured.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

- Initiate changes in procedures regarding quality assessment protocols regarding outcome-based evaluation.

Facilitators and barriers

Barriers: lack of vision on the policymaker level

Training needs

/

Expected impact on the audiences

Children and families

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

Changes in procedures regarding quality assessment protocols, including service user feedback for service improvement in the public sector.

Facilitators and barriers

Barriers: lack of vision on the policymaker level

Training needs

For professionals in the field

Expected impact on the audiences

Professionals, children and families

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

- Changes in regulations and procedures regarding continuing professional education and in-service training to include evidence-based family support practice to more extent.
- Changes in higher education for pre-service training to include evidence-based family support practice to more extent.

Facilitators and barriers

Barriers: lack of vision on the policymaker level, lack of interest of professionals and at the management level

Training needs

/

Expected impact on the audiences

Professionals and management

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

- Advocacy efforts and training for responsible professional appearances in the media for evidence-based family support.
- Organise meetings and community events aimed at parents from both general and particularly vulnerable populations.

Facilitators and barriers

Barriers: lack of vision on the policymaker level

Training needs

For practitioners and managers regarding responsible professional appearances for evidence-based family support.

Expected impact on the audiences

Professionals

Children and families

Quality Assurance in Family Support in Slovenia

The coordinators of the chapter on quality assurance in family support in Slovenia are Tadeja Kodele (University of Ljubljana) and Nina Mešl (University of Ljubljana), representatives of Slovenia in EurofamNet. The authors of the chapter are the members of the Slovenian National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Tadeja Kodele, Nina Mešl, Ana Bogdan Zupančič, Irena Čampa, Maja Drobníč Radobuljac, Klavdija Gorjup, Damjana Govekar, Izabela Lara Gracer, Anita Grbić, Neža Haler, Mateja Hudoklin, Valerija Ilešič Toš, Jakob Jurca Sinkovič, Mija Marija Klemenčič Rozman, Hana Košan, Katja Košir, Tamara Malešević, Mateja Marovič, Tatjana Milavec, Miran Možina, Saša Poljak Lukek, Tanja Povšič, Ksenja Pravne, Urška Repar Justin, Ana Rijavec, Lara Romih, Jože Ruparčič, Lea Šugman Bohinc, Alenka Švab, Matej Vajda, Jerneja Nina Voga, and Maruša Zalokar.

Characteristics of the National Working Group and Process for Discussion in Slovenia



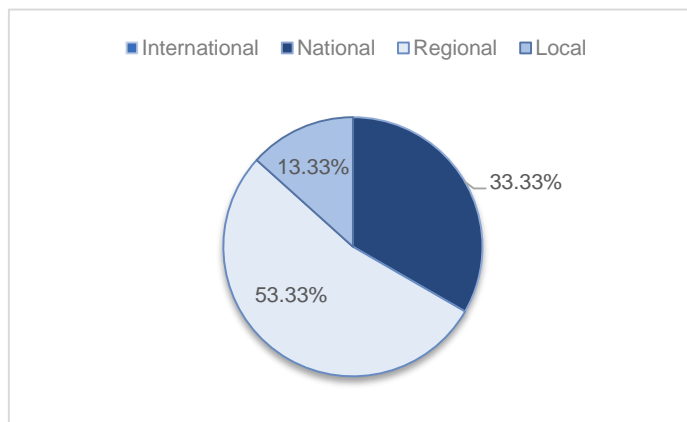
30 national experts



- 1 face-to-face meeting.
- Information sent in advanced.



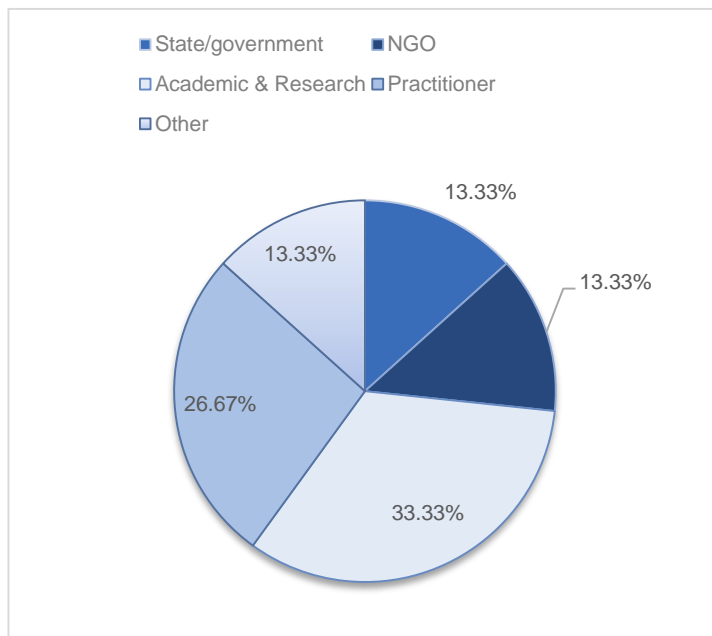
Scope of the family support actors



- Representation from national, regional and local scopes.
- Regional scope most represented, particularly with academic and research.
- No representation from international actors.



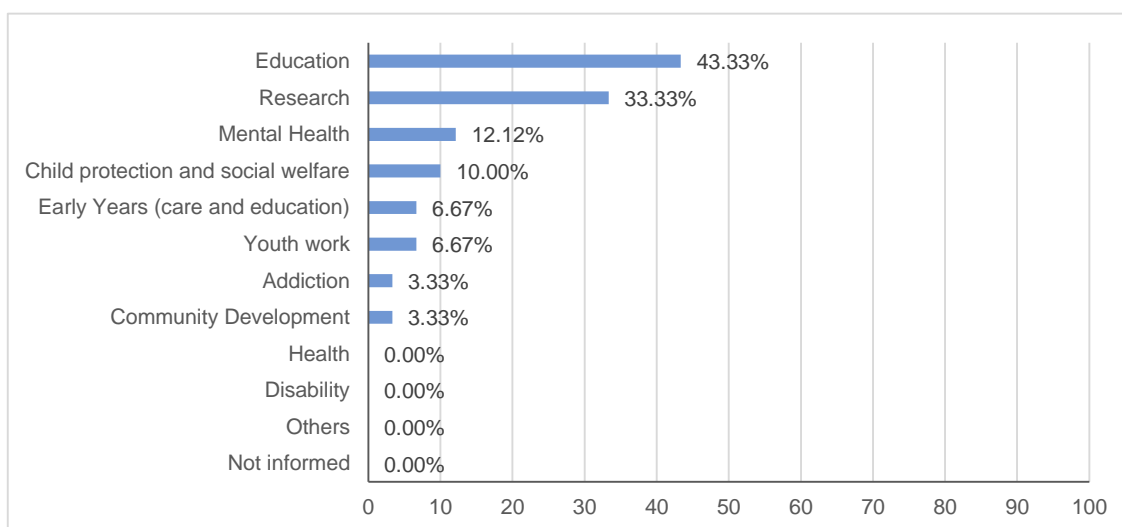
Type of family support actors



- Representation of government, NGO, academic and research, practitioners, and institutes and ombudsman actors.
- Balanced representation of government, NGO and institutes.
- Practitioners' associations, directors, coordinators and heads of services were included.
- Ombudsperson to advocate for human rights was included.



Areas of family support actors



- Large representation of the education and research area.
- Balanced representation from the mental health and child protection and welfare areas.
- No representation from areas such as health or disability.
- Some of the actors ($n = 4$) were intersectorial, but not specified.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

In the first phase, information about the project and the **Quality Assurance Protocol** was sent to the members of the National Working Group, asking them to review it, complete it and return it before the face-to-face meeting. The second phase was a group discussion during the whole day meeting held at the Faculty of Social Work of the University of Ljubljana. At the beginning of the meeting, part of the analysis of the responses collected from the members of the national group was presented by the national coordinators. The full analysis was presented on a system-

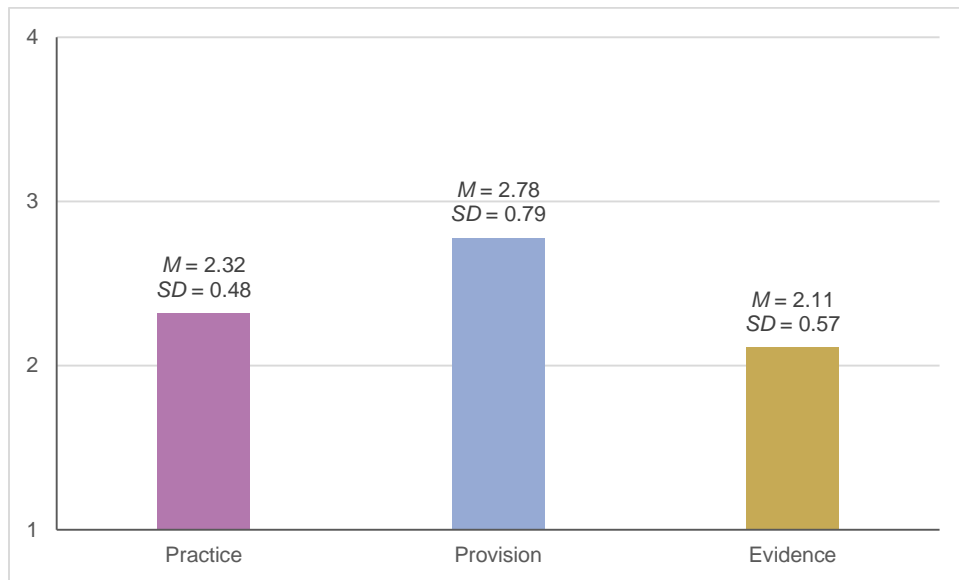
to-system basis at the different tables according to the World Café principle, where a thematic discussion on all topics was carried out and the group members tried to reach a consensus or clarify different views. This was followed by a debrief by the coordinators who presented the answers to the protocol items. Based on this, the Quality Assurance Protocol was finalised. In a third phase, the draft **National Strengths and Recommendations Report** was sent to all members of the National Working Group and they were asked for their comments and suggestions for changes.

Summary of Results of the Quality Assurance Systems in Slovenia

In this section, the global scores obtained in Slovenia for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

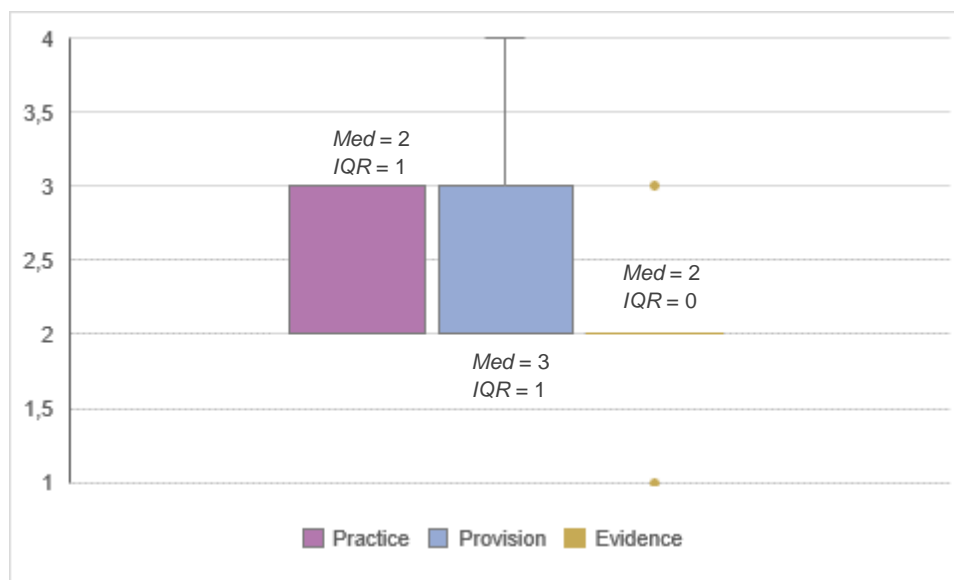
In Slovenia, the **average score** of the provision system is closer to 3, considered a strength, than to 2, considered an area for improvement. However, the scores of the practice and evidence systems are closer to 2 (see the following figure). The highest score is obtained in the provision system, followed by the practice system, and, finally, the evidence system. Thus, the Slovenian National Working Group considered that, overall, the quality of the family support provision system was relatively high, whereas the quality of the practice and evidence systems was found to be significantly lower, especially in the case of the latter.

Average scores of the quality assurance systems in Slovenia: means and standard deviations



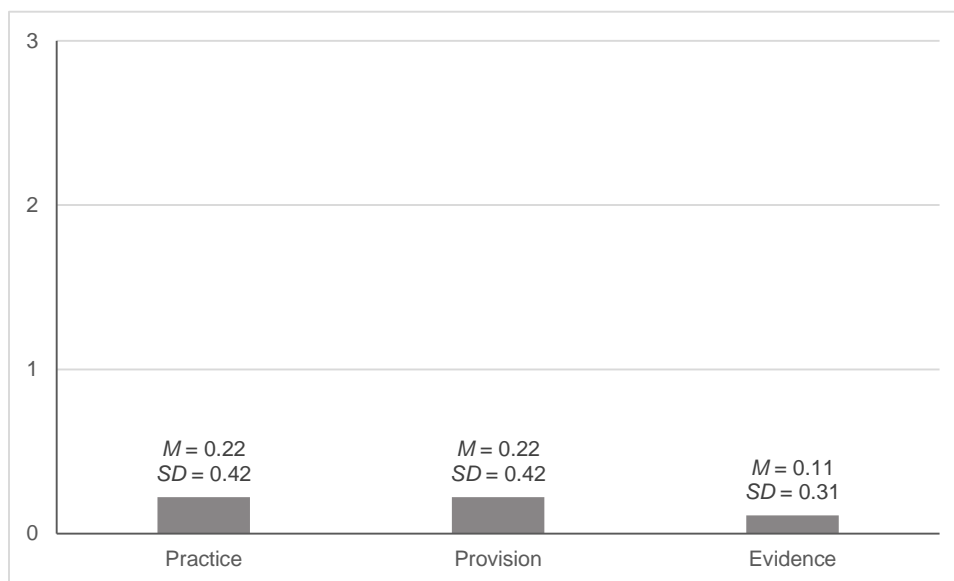
The next figure presents the **medians** and **interquartile ranges** of the three systems. The medians are located between 2 and 3, with the provision system showing a higher median than the other two systems. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 1. As presented in the figure, the interquartile ranges indicate that there are noticeable differences between the scores of the quality standards of the practice and provision systems, whereas the evidence system shows no dispersion.

Average scores of the quality assurance systems in Slovenia: medians and interquartile ranges



As shown in the following figure, the **variability** in all three systems is below the low level, indicating that the quality of family support in the country is very consistent. The practice and provision systems present a slightly higher variability than the evidence system, although the differences across systems are very small.

Variability scores of the quality assurance systems in Slovenia: means and standard deviations



Results Report of the Quality Assurance Protocol

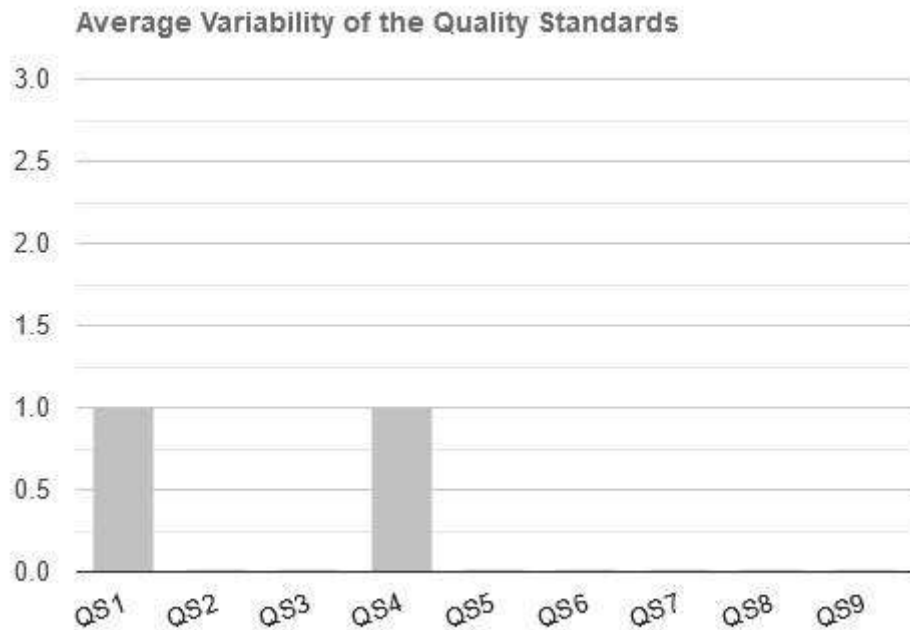
The following pages present Slovenia's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Slovenian National Working Group considered that they could only assess the social sector for the indicator pertaining to quality standard 9 of system 1, thus the average score of said standard was solely based on the score obtained in the social sector. In addition, it was not possible for the group to reach a consensus on the indicator pertaining to quality standard 1 of system 3, thus the average score of this quality standard, reflected in the report, should not be considered when analysing the situation in the country.

Results Report of the Quality Assurance Protocol: Slovenia

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





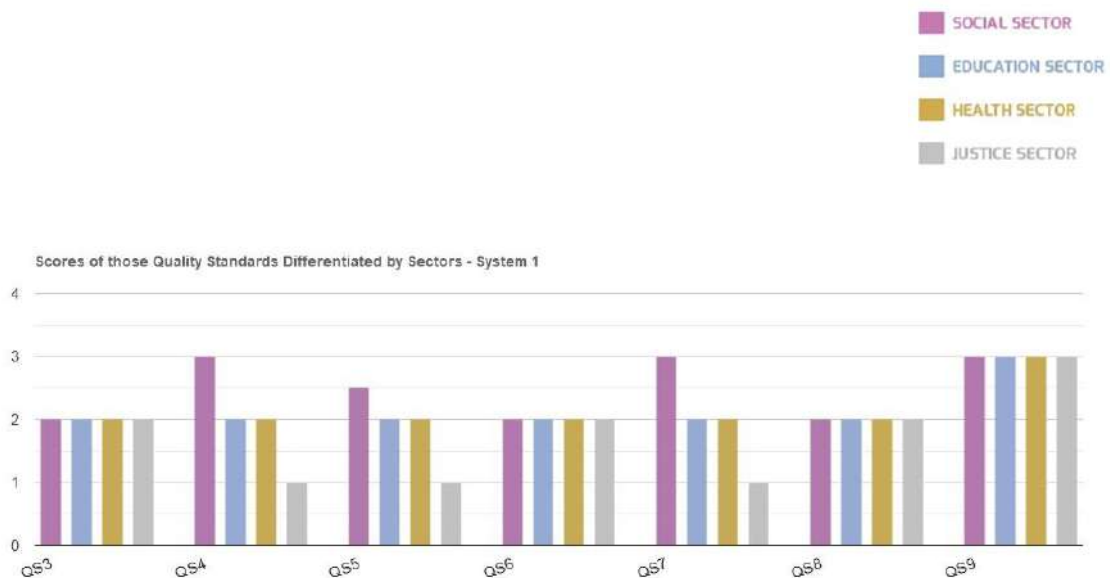
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely mannerr

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

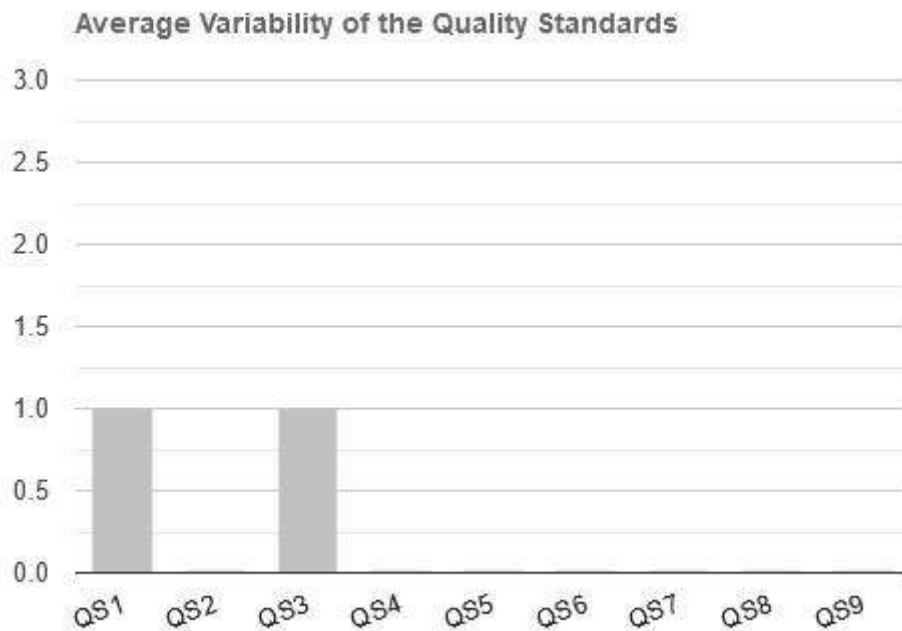
Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Strong areas with room for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Areas for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

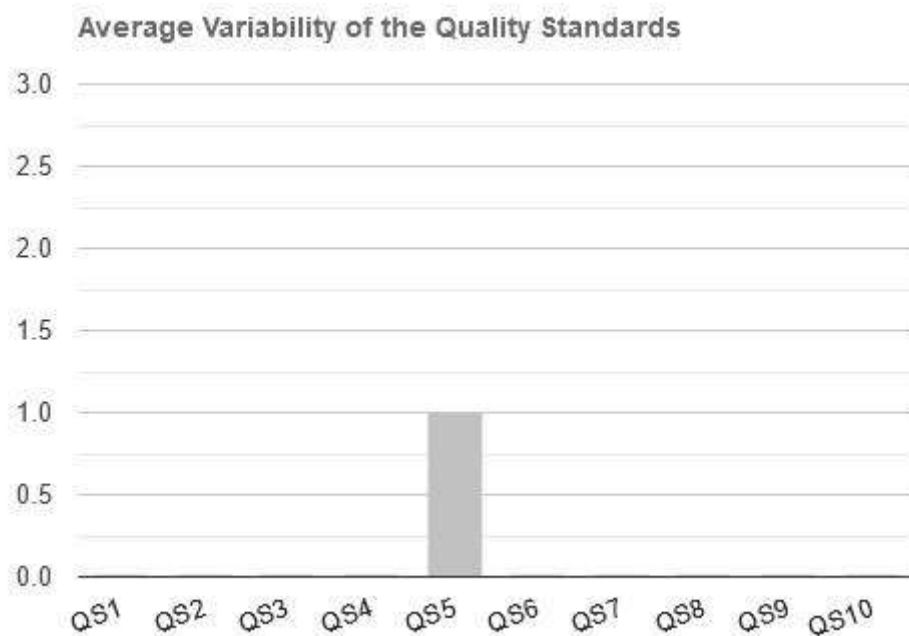
Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

System 3. Quality Standards of the Family Support Evidence System

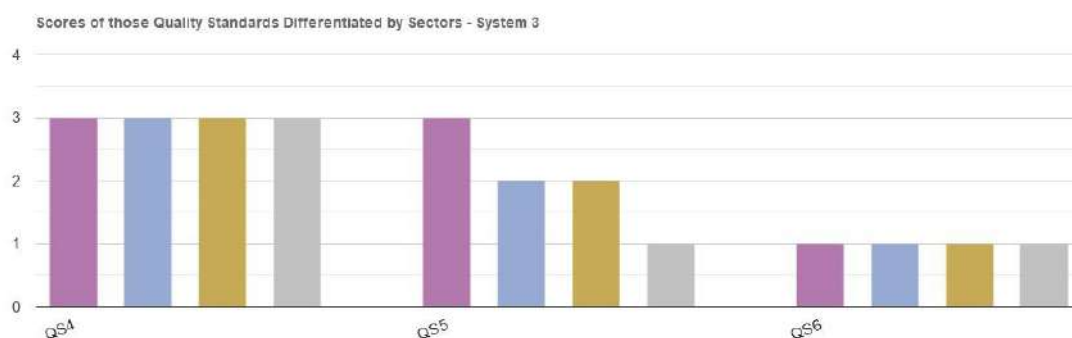
Average scores of the Quality Standards





Legend of the Variability Scores

- 0 = **No variability:** The situation is homogeneous in the country in this regard
- 1 = **Low variability:** The situation is mostly homogeneous in the country in this regard, but there is some occasional variability
- 2 = **Medium variability:** There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally
- 3 = **High variability:** There is a lot of variability in the county in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Areas for improvement

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Slovenian Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Slovenia

Date: 05/31/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

In the first phase, we sent information about the project and the Quality Assurance Protocol to the members of the national group, asking them to review it, complete it and return it to us before the face-to-face meeting.

The second phase was a group discussion at the whole day meeting carried at the Faculty of Social Work, University of Ljubljana. At the beginning of the meeting, we presented part of the analysis of the responses collected from the members of the national group. The full analysis was presented on a system-to-system basis at the different tables according to the World Café principle, where we had a thematic discussion on all topics and the group members tried to reach a consensus or clarify different views. This was followed by a debrief by the facilitators who presented the answers to the protocol questions, best practices, and areas for improvement. Based on this, we finalized the protocol and produced a report.

In a third phase, the draft report was sent to all members of the National Group and we asked them for their comments and suggestions for changes.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

In Slovenia, the rights and developmental needs of the child are the starting point in all areas of cooperation with the child. The Convention on the Rights of the Child is a fundamental document for work in the areas of social welfare, education, health and justice, on which the decisions and actions of professionals must be based. Children are familiarised with the Convention in primary school, and students at universities training for professions such as education, help and support, etc. The implementation of children's rights is monitored by the Ombudsman. The special protection of children is already enshrined in the Constitution of the Republic of Slovenia, which provides an adequate legal framework for the regulation of individual rights but is not a sufficient basis for concrete decisions by the responsible authorities. Since the Republic of Slovenia does not (yet) have a special Ombudsman for Children, the Ombudsman, as part of his duties, tries to draw attention to certain outstanding issues of children's rights and their implementation, in particular by involving the professional public and all others who are confronted in their daily work with the problems of inadequate and inconsistent legislation or the lack of professional guidelines for their work. An important good practise is the project "Advocate – the voice of the child", which has been implemented for several years in Slovenia by the Slovenian Ombudsman to help children who are in proceedings before institutions to be heard and taken into account. An example of a practise that focuses on children's rights and development needs is the Council for Children and Families, which brings together policy makers, researchers, and practitioners at national level – from 2023, the Council will also include two children's representatives. An inter-ministerial working group has been set up within the Council to develop a children's agenda. The programme has been approved by the government and is valid for the period 2020-2025. However, consideration should be given to how the number of representatives of the individual interest groups can be increased or how the voice of the individual interest groups can be taken into account.

An important project aimed at the welfare of the child is the House of the Child. The project is led by the Ministry of Justice, which is responsible for the area of human rights, including the rights of the child. The Children's House is a place where children who are witnesses or victims of sexual offences receive help and support and are interviewed as part of the court

proceedings. The hearing takes place in one place, in a child-friendly and safe environment, and the Children's House works with representatives of the judiciary, the public prosecutor's office, the police, social work and the health service in addition to the professionals. After the hearing, the child and their family can receive psychosocial support. The members of the National Family Support Group would like the Children's House to extend its activities to children who need this type of support and not to make participation in the pre-trial process a condition.

In a system that has been very child-centred in terms of child-centred practises, family support needs to be further developed in the future, as family support is a right of the child that can currently be violated due to circumstances (e.g. not enough preventive work and early support for families, overload of professionals, etc.).

The importance of children's participation in support and assistance processes, their role and their developmental needs are addressed in various university programmes for training in working with people (social work, social pedagogy, primary education, etc.). Even though there is a good system and legislation to support children's participation in processes, there is a need to continuously reflect on actual practises (and in particular to make learning about children's rights a continuous and systemic process), raise practitioners' awareness of the importance of participation and find ways to make participation a reality.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

The umbrella document for the protection of families' personal data is the Personal Data Protection Act, which is followed in all areas of family support. In addition, professionals are obliged to comply with the codes of ethics for their specific areas of work (e.g. Code of Ethics for Volunteering, Code of Ethics for Social Workers in Slovenia, Code of Professional Ethics for Psychologists, etc.). All codes of ethics are based on international ethical principles and include a focus on confidentiality and data protection, as well as guidance on what information professionals can share with others and how (e.g. the Code of Ethics for Volunteering, the Code of Ethics for Social Workers in Slovenia, the Code of Ethics for Psychologists, etc.). Respecting the privacy of every user (including former users) and ensuring and protecting the confidentiality of all information about them; collecting and recording only the information about the user that the practitioner needs for their professional work; sharing information is only allowed if the users are informed and have given their consent or in exceptional cases without consent if it averts a life-threatening or other serious danger). Procedures for dealing with breaches of data protection and confidentiality are provided at system level (e.g. to whom and how breaches are to be reported).

This indicator is well defined at the level of institutional policies and guidelines, and awareness of ethical principles is well developed among practitioners. However, we see room for improvement in the systematic monitoring of consistent implementation in individual services – particularly in situations where confidential child protection information is shared (how families are informed).

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

In all areas of family support, it is important to ensure that collaborative relationships and partnership with families is not left to the discretion of individual professionals but is the fundamental starting point for work at the level of different services.

It is important that higher education programmes that train students to work with families include in their curricula knowledge about the importance and possibilities of building partnerships with families at all stages of the work process and support them in putting this knowledge into practise.

There is a need to reflect on the relevance of institutional frameworks in specific areas, as institutional frameworks shape the work of practitioners in specific cases of working with families through laws, regulations, and protocols. Institutional frameworks must be designed to support, encourage, and engage staff to implement partnership with families at all stages of their work.

In this context, training should be organised to support staff in understanding the importance of partnership with families and

implementing this knowledge in daily practise.

A specific proposal of the National Family Support Group in Slovenia refers to the processes related to the placement of children in Residential and Counselling Institution, as it would be necessary to ensure greater involvement of families in these processes.

Facilitators and barriers

The conditions that support the realisation of the development of collaborative relationships with families in practise are university programmes that already train students in collaborative approaches (e.g. social work, social pedagogy, etc.) and encourage them to put this knowledge into practise, e.g. for example through individual field assignments.

The current institutional framework, which still assumes a position of power of practitioners over users and orients practitioners towards productivity and proceduralism, where it is difficult for practitioners to take the time to build partnership relationships with families, is an obstacle.

Training needs

Training on the importance of partnership with families is needed at all levels. Professionals working with children and/or families need to be trained (both during their studies and later in the form of additional, preferably continuous, professional training where they can reflect on their practice and receive additional support in implementing partnership with families). Managers and policy makers should also be educated that partnership with families is an important starting point for working to create working conditions that allow professionals the time and opportunity to engage with families.

Expected impact on the audiences

The implementation of this proposal into practice would have a direct impact on children and families as they would be able to experience partnership at all stages of the support and help processes. Indirectly, this would have a positive impact on all stakeholders – both practitioners and policy makers who could see how satisfied and engaged families are to actively participate in the support and help processes, which in the long term could help more cases to be successfully resolved and achieve the desired outcomes.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

Slovenia has already made some of the desired progress on this indicator in the area of social protection. The concept of user empowerment has been a central concept in higher education programmes for the training of social work profiles for several decades. The academic and professional literature published in this field also frequently addresses these concepts. Staff training courses emphasise the importance of empowerment and working with users' resources. The systematic development of knowledge in this area and the search for ways to implement this knowledge in practise on a broad basis (e.g. by involving students in faculty learning bases (for practical placements), assignments on the topic under the supervision of practitioners, presentations of the concepts at conferences, congresses, working groups in the relevant ministries, supervision sessions based on empowerment, etc.) has contributed to changes in practise in the field of social care, where practitioners often explore and strengthen users' resources.

We suggest that we also focus on developments in other areas that could contribute to change: The concepts of user empowerment in university programmes that train profiles to work in the field should become central concepts, scientific and professional literature should address these concepts, and additional training for staff should emphasize the importance of empowerment and working with user resources. The systematic development of knowledge and the search for ways to implement it widely in practice (e.g. by involving students in learning bases for practical placements, field assignments on the topic under the mentorship of practitioners, presentation of concepts at conferences, congresses, working groups in the relevant ministries, supervision in the context of empowerment, etc.) can contribute to changes in practice. The challenge in daily practise is to maintain this professional attitude when dealing with complex problem situations and when people are faced with multiple problems. In these situations, practitioners can lose sight of this basic premise and extra efforts are

needed to consistently implement empowerment in the various services.

Facilitators and barriers

The circumstances that favour the development of this indicator are the changes that have already taken place in the field of social care and the understanding of individual professionals of the importance of work from the strength perspective in other areas.

The obstacles are the long-standing working doctrine that focuses on the problems and the search for their causes, overlooking the person who, in addition to the problems they face, also has many resources to live with them and achieve the desired results.

Training needs

Training is needed at all levels on the importance of working with families from the strength perspective and strengthening their autonomy. There is a need for training for professionals working with children and/or families (both during their studies and later in the form of additional, preferably continuous, professional training in which they have the opportunity to reflect on their own practice and receive additional support for the implementation of partnership with the family). Managers and politicians should also be trained on this topic in order to create the conditions for a way of working that strengthens the resources of practitioners and supports them in implementing this indicator in daily practice.

Expected impact on the audiences

Putting this proposal into practice would have a direct impact on children and families, as they could have an experience of collaboration that strengthens their resources and autonomy. Indirectly, this would have a positive impact on all stakeholders – practitioners and policy makers alike, who could recognise the satisfaction and commitment of families to actively engage in support and help processes, which in the long run could help to successfully resolve more cases and achieve the desired outcomes.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

We suggest that (even) more attention to the development of services that recognise the needs of families and respond appropriately and in a timely manner. Although we have ranked the social sector slightly higher than the other areas, we believe that all areas need to be developed. All too often it is the case that services are reactive rather than proactive. Early identification of needs could better support families and prevent some undesirable outcomes (e.g. accumulation of problems, placement of children outside the family). It is also important that engagement with the family does not end with the identification of needs (e.g. making demands on family members based on identified needs, what they need to do that they find difficult to do on their own without support), but to support families in a very concrete way on the path to the desired outcomes.

Professionals' working conditions need to be adapted so that they work with fewer families (currently their workload is too high, and they respond to urgent needs) and they need to be supported through additional training in how to identify and respond to needs – it is crucial that they are trained to work in partnership with families.

Facilitators and barriers

The circumstances that support development are the knowledge we have already developed about ways of joining families in order to identify their needs in time, and their consistent application in practice would mean putting this indicator into practice. An obstacle is the current institutional framework which focuses practitioners towards productivity and proceduralism, with an excessive workload that prevents in-depth and timely engagement with families.

Training needs

Continuing professional training is needed for professionals who are engaged in contemporary approaches to working with families that are based on partnership, start from the needs of families and co-create the desired outcomes. Training needs to be organized in a way that allows for reflection on one's own practice and additional support in implementing contemporary concepts into daily practice (e.g. continuous work in small groups, in a safe space to explore one's own beliefs and practices and to find ways to develop new practices).

Expected impact on the audiences

The consistent implementation of this indicator could prevent the accumulation of family problems and the reactive response of putting out the most urgent fires, which often leads to blaming families for the problems, making demands on family members that they themselves find difficult to fulfil, and placing children outside the family environment.

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Recommendations

This indicator is closely related to the previous one. The circumstances and suggestions we have outlined also apply to family engagement planning (based on the identification of family needs). We suggest that (even) more attention should be paid to developing services that respond appropriately to the needs of families, with a plan that is co-created with family members in a timely manner. All too often services are reactive rather than proactive. By recognising needs in a timely manner, families could be better supported and individual undesirable outcomes (e.g. accumulation of problems, placement of children outside the family) could be prevented. Furthermore, the working conditions of professionals need to be improved so that they work with fewer families (currently their workload is too high, and they respond to urgent needs). At the same time, practitioners need to be supported through additional training to work with families in a way that is based on help and support (rather than reactive measures) and empowers family members – it is crucial that practitioners are trained to work in partnership with families.

Facilitators and barriers

The enabling environment is the knowledge we have already developed about collaborative support processes, the consistent application of which in practice would make this indicator a reality.

Barriers are the current institutional frameworks that focus practitioners on performance and procedural orientation and entail an excessive workload that prevents in-depth and timely engagement with families. The work is oriented towards official measures rather than early and timely support for families.

Training needs

Continuing professional training is needed for professionals who are engaged in contemporary approaches to working with families that are based on partnership, start from the needs of families, and co-create the desired outcomes. Training needs to be organized in a way that allows for reflection on one's own practice and additional support in implementing contemporary concepts into daily practice (e.g. continuous work in small groups, in a safe space to explore one's own beliefs and practices and to find ways to develop new practices).

Expected impact on the audiences

The consistent implementation of this indicator could prevent the accumulation of family problems and the reactive response of putting out the most urgent fires, which often leads to blaming families for the problems, making demands on family members that they themselves find difficult to fulfil, and placing children outside the family environment.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

In Slovenia, there are very few practises based on the use of evidence-based programmes in the form of structured content, manuals, evaluation protocols and materials for families, as well as materials for evaluating the quality of programme implementation. An example of this is the Incredible Years programme. We recommend creating space for more and different programmes in Slovenia and developing them according to the criteria for evidence-based programmes. We believe it is important that families can be supported based on a diverse range of programmes. We would like to see programmes that are based on relational approaches to support and help. We write more about the development of evidence-based programmes in System 3.

Facilitators and barriers

See notes under system 3.

Training needs

See notes under system 3.

Expected impact on the audiences

See notes under system 3.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

The conditions must be put in place to ensure that families are supported with an appropriate and workable work plan, given the available resources of services in all sectors working with families. This is closely linked to Standard 5 and the recommendations we have written for the indicator 'Services implement a plan of help and support as soon as possible after needs assessment (i.e. in a timely manner, taking into account the needs, welfare and rights of families)'. See the notes to this indicator.

Facilitators and barriers

See notes under Standard 5.

Training needs

See notes under Standard 5.

Expected impact on the audiences

See notes under Standard 5.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

To support families in a collaborative way, employees need a positive work environment, opportunities for continuous professional development and supervision. Management needs to encourage collaborative working methods while taking care of employees' health and well-being. Although a positive working environment is already partially developed in Slovenia in all areas (e.g. training, supervision), we suggest some improvements: the possibility to choose training on a larger scale

(continuous, in-depth training); the possibility of supervision in smaller groups where participants are connected to similar work topics, or to allow supervision at all in some areas; the promotion of collaborative work with families at the level of individual organisations and systematically at the level of the country.

Facilitators and barriers

An encouraging fact is the increasing recognition by the leadership of organisations that staff need good professional training to work well with families. An example of good practise is the manager of a social work centre who, as part of a pilot project for which she has received funding, has found a way to provide ongoing support to professionals working with families with complex problems. The support takes place in small mentoring groups with researchers and teachers from the Faculty of Social Work, University of Ljubljana. The mentoring groups are aimed at the professional development of staff, who develop their work through a reflective approach, consolidate their already acquired knowledge and learn about contemporary concepts of collaboration, which they test in their daily practise.

The limitations in this area are related to financial resources, as the managers of each organisation have an annual budget for the organisation, with a limited portion of the funds allocated to finance training and supervision.

Training needs

Educating managers on the importance of and ways to ensure a positive working environment.

Expected impact on the audiences

A positive working environment affects everyone involved in the system: Employees, users, and management. It means lower staff turnover (which is currently high in the Slovenian public sector), less sick leave, professional development and, as a result, better services for users.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Successful experiences

Regular recording of work processes takes place in all these areas. The individual areas set their own recording standards and keep their own files in which the work done, conversations with families, team meetings, etc. are recorded. In recent years, some areas (e.g. social and health care) have also introduced system-level recording in special computer programmes that allow authorised persons to access data and documentation.

The Personal Data Protection Act must be considered in this context. In Slovenia, great importance is attached to keeping appropriate documentation, and professionals are trained in the proper recording and maintenance of documentation in special seminars. The documentation forms the basis for controls, e.g. in the event of complaints or regular inspections. The recording methods are seen as a challenge in this area, from which the processes of collaboration are often difficult to recognise, as the records are oriented towards recording in accordance with the administrative procedure. An issue that needs further consideration in the future is the role of families in the recording process, to what extent and how they can participate in the creation of records relating to them. The problem reported by practitioners is bureaucratization, proceduralism and the high workload involved in keeping the required documentation, to the detriment of direct work with families.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

Family support is support for all family members. In Slovenia, the focus is still on supporting the individual, the family member, rather than the family as a whole, and the individual is often not seen as part of the family system. There needs to be a shift from working with the individual to working with the family. Especially in programmes that train students to work with children and/or families, this aspect of supporting the family as well as supporting all family members should be strengthened, and students should be further equipped with the knowledge of how to work with parents and families.

Facilitators and barriers

Facilitators: in the training programmes of the various faculties (which train students to work with the child and/or the family) this aspect is emphasised, students are strengthened in this direction / Barriers: Strong tradition of processes of support and help for the individual; the decision of how to continue the collaboration (with the family or the individual) is often left to and depends on the individual professional; more challenging and complex work; in all systems we do not always even get to the collaboration with the family at all (justice, health, etc.); professionals in certain fields often do not feel competent enough to work with the whole family (doctors, judges, etc.).

Training needs

Training needs for professionals working with the child and/or the family (already during their studies, but also later in the form of additional, preferably continuous, professional training, where they have the opportunity to reflect on their practise and receive additional support for working with the family). Managers and politicians should also be made aware that supporting the family is also supporting all family members, so that professionals are given the time and opportunity to work with the family.

Expected impact on the audiences

Putting this proposal into practise would have an impact on all stakeholders – practitioners and policy makers, but especially children, adolescents and families. For children, adolescents and families, this would mean a different experience of support based on the participation of all family members and could contribute to fewer children being placed outside the family. Practitioners would broaden their focus of work and could see working with the whole family context as an important source of strength in achieving their goals. In the long term, policy makers would save resources that are currently spent on solving problems that focus on the individual (e.g. out-of-home placements).

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Successful experiences

According to the legislation (Social Welfare Act, Parental Welfare and Family Benefits Act), families are entitled to various cash benefits such as parental allowance, childbirth allowance, child benefit, allowance for large families, childcare allowance, and partial payment for loss of income. The amount of benefits depends on the size of the family and the amount of their income (salary, assets, etc.). Families or individual adult family members are also entitled to social assistance if their income per person does not reach the statutory income limit. In cases of severe hardship (sudden material hardship in the family, natural disaster, etc.), families are also entitled to cash social assistance, which is intended to cover extraordinary expenses. There is also other financial assistance, e.g. help to overcome current material hardship, covering the cost of attendance at school trips, summer/winter holidays for primary school pupils, covering the cost of lunch for children in primary and secondary schools where meals are provided, covering the cost of lunch for citizens over the age of 65. State grants are also available for pupils and students (this is an additional benefit to cover the costs incurred during the school years. The purpose of the state grant is to encourage beneficiaries to pursue higher education and achieve a higher level of education). Families receive information on how to access the various services they need (websites of the Ministry of Labour, Family, Social Affairs and Equal Opportunities, Social Work Centres, oral information from Social Work Centres, school counselling services, NGOs, etc.). Areas for improvement are mainly seen in the simplification of financial support application forms (practitioners

report that financial support application forms are relatively complicated and sometimes difficult for people to complete on their own without the help of practitioners) and in the timely processing of submitted forms (due to understaffing of Social Work Centres, it is sometimes difficult to process all applications received on time and within the deadline – despite the efforts of staff and the fact that they prioritise cases). There is also a problem with the interpretation of data when assessing eligibility for cash social assistance (if someone becomes unemployed, they are not immediately eligible for cash assistance, as the family's financial situation is checked retrospectively when they were still employed and still had an income, but the person needs assistance at a given moment).

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Successful experiences

From a systemic point of view, the area of work-life balance is very well regulated in Slovenia. The basic law in this area – the Parental Care and Family Allowances Act – provides the basis for an easier reconciliation of parental and professional responsibilities and supports a more equal division of parental rights and responsibilities. Parental care insurance entitlements include leave (parental, maternity and paternity leave entitlement), wage compensation during parental, maternity and paternity leave (which amounts to 100% of the assessment base), the right to part-time work and the right to social insurance contributions for parenting (The right to part-time work for parenting is granted to a parent or other person (foster parent, guardian) who cares for and looks after a child up to the age of three or at least two children up to the age of 8 years of the youngest child or a child up to the age of 18 who requires special care and protection. The part-time employment must be at least half-time (the beneficiary must work at least 20 hours per week). The employer pays the beneficiary a salary corresponding to the actual hours of work, and the Republic of Slovenia pays the beneficiary social security contributions up to the full hours of work on the basis of the amount calculated for maternity benefit, but at least a proportionate part of the minimum wage), the right to social insurance contributions in the case of four or more children, breastfeeding allowance and the right to social insurance contributions during breastfeeding breaks. In addition, a family member who is absent from work to care for a family member or to accompany a family member on a doctor's orders is entitled to an allowance of 80% of the basic amount. Slovenia was the first European country to introduce one-year parental leave in 1986 and the only country to offer 100% wage replacement. After Sweden (1974), Slovenia (1976) also introduced the option of splitting parental leave between both parents.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Recommendations

Family support services are aimed at all families, not just those who face multiple and complex psychosocial difficulties in their daily lives, with a focus on preventative work with families. At the same time, there is a need to strengthen early support and help for families facing multiple and complex psychosocial difficulties and to focus more on the integration and collaboration of services, professionals and organisations that support families. The design of services to support families should follow the logic of the service needs of children and families, where there are different thresholds for help associated with the nature of the response of professional services (Devaney, 2019; What is early help? Concepts, policy directions and multi-agency perspectives, 2022): Threshold 1 – UNIVERSAL PREVENTION is for families who are able to meet the needs of their children through universal prevention services. Threshold 2 – UNIVERSAL PLUS PREVENTION is for families with a child who needs one or a few additional services. THRESHOLD 3: ADVANCED ASSISTANCE AND SUPPORT (or targeted prevention) is for children and families with multiple and complex challenges; the risks of child abuse and/or neglect and other distressing experiences may be higher here, but are not yet acute. This type of support is characterised by the child and family needing multiple services from multiple professionals and services. This type of support is characterised by the need to establish a collaborative and partnership relationship with the family in the form of collaborative social work in the community and in supporting the family as early as possible, teamwork with the family already in the processes of early support and help (and not only when crisis situations arise), and the integration and coordination of services is also crucial. At this threshold, the

child's needs are already acute and the child must be protected. This threshold is characterised by the following features: "Crisis social work"; "firefighting". Early help and support for families should be strengthened, especially at the third threshold, as this would mean that the child and family receive help and support as soon as they need it and for as long as they need it (sometimes this can take several years). There should also be more emphasis on bringing early help and support closer to families, especially those facing multiple and complex psychosocial difficulties (home visits, working with the family in the community, etc.). More emphasis should also be placed on the integration of all people supporting the family in order to prevent or at least reduce the fragmentation of support that is still widespread in Slovenia (each person supports the family in their own area, but there are not enough coordinated links between them all).

Facilitators and barriers

Facilitators: Raising awareness among professionals and their managers in organisations, institutions and establishments of the importance of early support and help to families; promotion of this form of support and help by the relevant ministries through various projects; training programmes at various faculties (which train students to work with children and/or families) to train students in this direction in order to raise awareness of the importance of early support and help to families; the current legislation provides room for the introduction of this type of support and help for families (Family Code); there are individual attempts to provide early help and support for families in the community (work with families in the families' homes in the Social Work Centres, mobile services in the Residential and Counselling Institutions, etc.). Project work; voluntary continuous work with families by kindergarten counsellors over several months, etc.) / Barriers: institutional context; lack of staff; inflexible working hours in certain institutions (e.g. Social Work Centres); lack of connection between institutions working with the child and/or the family.

Training needs

The need for training is evident both in the training of managers (in relation to the importance of strengthening this type of support for families so that they are able to recognise the importance of the services and not just the number of families each professional works with) and in the training of professionals working with families (again, there is a need for ongoing, longer-term training to reflect on their own practise, keep up to date with new knowledge and research, etc.). Students should be involved in family work as part of their undergraduate and postgraduate placements (with appropriate mentoring support of course).

Expected impact on the audiences

In the long term, early support and help for families, especially those facing multiple and complex psychosocial problems, reduces the long-term negative impact on the development of children and later adults and thus also reduces future costs to the state in the areas of health, social care, justice, education, etc. The evaluation of the Family Pilot project in Sweden, which aimed to provide better and earlier support for children and families, has also shown that the cooperation between families and social services has changed and become more effective. The cost of social services has been reduced and there is no longer as much need to place children outside the home. Parental unemployment has also decreased as parents have begun to engage in everyday life or take up vocational training, studies or employment. The children's school situation has also improved, and the families now receive better and more tailored health care (see Bo Davidsson: Development of social work with multi-challenged families: Evaluation of the Family Pilot project in Sweden). In this way, we also help to prevent high child welfare risk and the resulting need for so-called firefighting (e.g. emergency removal of the child), strengthen parenting skills, etc. As a result, practitioners are also more satisfied because they see the impact of their work.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Recommendations

To achieve this indicator, we must move away from targeting existing services and programmes to families and toward developing and adapting services and programmes to meet the needs of families. Every family in need of support and help

should have the opportunity to work with a professional who will work with them to establish an individual working project tailored to the family's needs.

Facilitators and barriers

Facilitators: Examples of good practices where individual funding has been tested in Slovenia (i.e. the user decides on the distribution of funds and finances the selected services) / Barriers: systemic obstacles related to the type of funding, institutional frameworks that determine the way of working, overload of professionals due to the number of cases.

Training needs

Policy makers need to understand the opportunities that this type of arrangement offers to family support systems.

Expected impact on the audiences

Children, young people and families would have more influence over which service they want to engage in (right to choose), what meets their needs and which service they choose. This also enables better quality and efficiency of services and greater personalization of services.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Recommendations

Support for families must be based on the principle of inclusion, respecting the family and its cultural and ethical background. An inclusive approach that respects the different ethnic and cultural backgrounds of the family and its members is a central starting point of family support, its core value. We are also committed to this in the codes of ethics of the various profiles that work with families. It is therefore necessary to strengthen this awareness. This awareness is also becoming increasingly important since Slovenia is confronted with a growing number of people with migration experience.

Facilitators and barriers

Facilitators: individual groups of people who are culturally sensitive and increase cultural sensitivity in society; as part of educational programs at various faculties (training students to work with children and/or families), students are encouraged to be as culturally sensitive as possible; individual training on this topic; projects in kindergartens and schools aimed at intercultural integration / Barriers: Prejudices and beliefs of professionals; systemic barriers – e.g. lengthy procedures to obtain certain rights; unreflective practice.

Training needs

Particularly for practitioners working with children and/or families to reflect on their own practice in terms of respecting and accepting difference and diversity.

Expected impact on the audiences

Practitioners would be more culturally sensitive and better equipped to work with families from different cultural and ethical backgrounds. Families would have a greater sense of acceptance, respect and understanding when working with practitioners. In this way, policy makers could further develop strategies to promote inclusion and refine recommendations for culturally sensitive practice based on examples of good practice.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Successful experiences

Adequate funding for family support services is largely available at national and local level. At the national level, there are various annual or multi-annual calls for proposals for the development of family support programmes (e.g. call for proposals

for psychosocial support programmes for families at risk and/or in high-conflict situations; call for proposals for the co-financing of multi-generational centres, etc.). However, at the regional level, the funding of family support services in Slovenia is not developed, mainly due to the specificities of the country itself – Slovenia is a country with many municipalities in relation to its size, and budgets are usually tied to a single municipality rather than a region. It is certainly important that funding for family support services is maintained at national and local level, or that ways are found to strengthen them further. However, it would certainly be worth considering how the development of family support programmes could also be promoted at the regional level, especially given that some regions of Slovenia are more developed in terms of family support programmes (e.g. the Central Slovenia region, which includes the capital Ljubljana), while regions outside of Central Slovenia have a lack of adequate family support programmes. Consideration should also be given to how the call for projects can be targeted as much as possible to the respective themes (e.g. poverty, mental health of young people, support for families with migration experience, etc.).

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Successful experiences

In Slovenia, professionals working with children and/or families can be educated at three main universities (University of Ljubljana, University of Maribor and University of Primorska), which offer various study programmes (undergraduate and postgraduate) to ensure competent, qualified and professionally trained staff in the field of work with children and/or families. In addition, there are private higher education institutions and individual therapeutic schools for various specialisations. In addition, there are also various training courses offered by various faculties, networks, associations and organisations to improve the skills and competences of staff working with children and/or families in various fields (social care, health, justice, education) – to name just a few (training courses offered by Slovenian Association for Psychotherapy, the Association of Social Work Centres, the Institute of Education, the Social Chamber, etc.). In particular, we see room for improvement in the need to strengthen training programmes to improve interprofessional skills (as an example of good practise, we can cite the Interdisciplinary and Intersectoral Approach to Child Protection training programme, coordinated by the Faculty of Social Work, UL, aimed at professionals from different sectors (social work, education, police, justice, law, health) who are committed to coordinated and mutual cooperation in the child protection process). The programme has been developed in collaboration with all working in this field who play a key role in the good functioning of the system. Lecturers from various fields (social work, health, education, justice, security sciences) are also involved in the implementation of the programme. In Slovenia, there is a need to regulate the provision of psychotherapy, as it is not yet systematically regulated. As a result, there is no adequate funding and quality control of services provided by therapists to children and/or families.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Successful experiences

An example of good practice in linking policy, researchers and practitioners are individual projects (targeted research projects, Erasmus+, etc.) where project applicants are required to identify stakeholders from all three areas in the project application requirements. EU projects in particular not only promote this type of networking, but also require it. In addition, expert councils in various ministries that cover the area of work with children and/or families (the Council of the Republic of Slovenia for Children and Family in the Ministry of Education and Science, the Expert Council of the Republic of Slovenia for General Education in the Ministry of Education and Youth, etc.), as well as working groups in the ministries, are good examples of networking between these three actors, working groups in the ministries that deal with the development of the area of support

for children and/or families (working group on the reform of social work centres, working group on the reform of the foster care system, working group on the reform of the program guidelines for the work of the counselling service in kindergartens and schools, etc.). Both the expert councils and the working groups aim to involve representatives of all three interest groups (i.e. policy makers, researchers, and practitioners). Due to the small size of the country, Slovenia's advantage in this area is that we can relatively quickly get different stakeholders to participate in the individual groups, councils, when applying for a project, and there is a greater chance that there will later be closer cooperation between stakeholders and that agreements, guidelines, etc. can have a nationwide impact.

In the future, efforts should be made to take this practice into account more systematically, especially when forming individual expert panels and working groups (this will be taken into account more consistently when applying for individual projects, as it is a condition for application), and especially to try to take into account the voice of all stakeholders in the final decisions (as it is up to the leader of each panel or group how the voice of stakeholders is represented). Above all, ensure that the outcomes of the projects, specific consultations (children's parliament, student organisation etc.) are considered and put into practice in a meaningful way.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Recommendations

see description under III.8.1.

Facilitators and barriers

see description under III.8.1.

Training needs

see description under III.8.1.

Expected impact on the audiences

see description under III.8.1.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Recommendations

Establish protocols for collecting feedback from children and/or families about services received. At both the micro and macro levels, protocols for collecting feedback from children and/or families about services received should be implemented to improve services received. At the micro level, collecting feedback from children and/or families could significantly contribute to better outcomes of the work process and consequently to improving services for families (to make them even more responsive to families' needs), to increasing motivation and empowerment of children and/or families, and to avoiding or reducing barriers in the (work) process. Professionals working with children and/or families should be trained to evaluate the process of collaboration at the end of each meeting with the child and/or family (perhaps with the help of prepared guidelines that could be adapted to the context of the collaboration). At a macro level, consideration should be given to how children and/or families can be involved in the evaluation of services received. While individual organisations are required to obtain an evaluation from users to verify the programmes implemented, it would be useful to consider how this evaluation can be made even more systematic.

Facilitators and barriers

Facilitators: Facilitators: training programmes in various faculties (training students to work with children and/or families) educate students about the importance of obtaining feedback from users; micro-level efforts to introduce user feedback as an

example of good practise / Barriers: systemic barriers; obtaining feedback is perceived by practitioners as an additional burden.

Training needs

Training of practitioners and managers on the importance and method of collecting user feedback.

Expected impact on the audiences

At the micro level, collecting feedback from children and/or families could significantly contribute to better outcomes of the working process and consequently to improving services for families (so that they are more responsive to families' needs), increasing motivation and empowerment of children and/or families, avoiding or reducing obstacles in the (working) process and helping practitioners to direct the further process of supporting and helping the child and/or family. At the macro level, feedback from users would help to improve the services provided to them and help policy makers to design programmes that are more responsive to the needs of users.

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Successful experiences

see description under III.5.1.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Successful experiences

In Slovenia, the "Incredible Years" programme for the prevention and early treatment of behavioural problems in children is currently recognised as an example of good, evidence-based practise to support the child and/or family and is systematically implemented in various areas (e.g. social care, education, health care). The programme is an important and valuable addition to the support services for children and/or families provided by various public institutions (e.g. social work centres, schools, health centres, etc.) as part of their regular work. In 2022, the CoolKids programme was also introduced in Slovenia to combat anxiety in children and adolescents. Another important programme to support children and young people is the TOM telephone programme, which has been run by the Slovenian Association of Friends of Youth since 1990. It is an anonymous, confidential telephone service, available via the free telephone number 116 111, by e-mail or chat, every day between 12 and 8 pm. However, we see potential for improvement in that further evidence-based programmes could be introduced in the area of child and/or family support to support the child and/or family. These programmes could be implemented in Slovenia through various European or national calls for proposals. (see description under III.8.1.)

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

see description under III.8.1.

Facilitators and barriers

see description under III.8.1.

Training needs

see description under III.8.1.

Expected impact on the audiences

see description under III.8.1.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Recommendations

see description under III.3.1.

Facilitators and barriers

see description under III.3.1.

Training needs

see description under III.3.1.

Expected impact on the audiences

see description under III.3.1.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Recommendations

Development of standards for high-quality family support. In Slovenia, there is no agency that has clearly defined policies and practices to ensure quality family support. First, an agreement should be reached on what quality family support means, what standards and competences everyone working with families should follow and acquire, then an appropriate agency should be established to monitor the implementation of these standards in practice, and finally, on this basis, plans for improving family support should be developed in cooperation with various stakeholders (policy makers, researchers, practitioners, families). The agency could also be responsible for promoting the outcomes of the various family support programs, the quality of the standards set, etc. At both a legislative and practical level, it should be clearly defined what competencies are required by anyone working in the field of child and/or family support.

Facilitators and barriers

Facilitators: start of the CIG project and the national family support group / Barriers: The concept of family support as an interdisciplinary concept is not yet sufficiently developed in Slovenia.

Training needs

It would be necessary to educate decision makers/policymakers especially on why it is necessary to establish such an agency to monitor the quality of services.

Expected impact on the audiences

Development of the family support sector. Improved quality of services for families. Practitioners and policy makers would have more knowledge and understanding of what standards are required to be able to say that family support is of good quality.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Recommendations

Sharing and disseminating good practice in supporting families. Sharing and dissemination is important not only to inform the wider professional and lay public about good practice in family support, but also in terms of networking between practitioners working with families. It is about networking, sharing different practices and supporting each other. Considering the fact that Slovenia is a relatively small country, in addition to creating a platform for the exchange of best practices, we could at least occasionally organize an event, meeting, etc., to which all those who are involved in supporting families in some ways are invited. Cross-sectoral cooperation should also be strengthened when adopting action plans, drafting resolutions, etc. A good example of this type of practice was the meeting of the national expert group in the field of family support within the framework of the CIG project.

Facilitators and barriers

Facilitators: the need for networking; the desire of individual family support professionals to improve the field; educational programmes at various faculties (training students to work with children and/or families) educate students about the importance of mutual cooperation, teamwork and inter-institutional collaboration/ Barriers: Systemic obstacles (lack of time, overload of professionals with too many cases, lack of knowledge of other disciplines); support for families as a marginal issue; lack of collaboration between different sectors (social, health, education, etc.).

Training needs

/

Expected impact on the audiences

Supporting practitioners, updating developments in the different areas of family support, facilitating access to information on existing family support services and programmes.

Quality Assurance in Family Support in Spain

The coordinators of the chapter on quality assurance in family support in Spain are Isabel Bernedo (University of Málaga), Victoria Hidalgo (University of Seville) and María José Rodrigo (University of La Laguna), representatives of Spain in EurofamNet. The authors of the chapter are the members of the Spanish National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Isabel Bernedo, Victoria Hidalgo, María José Rodrigo, Marisa Alario, Susana Andrés, Enrique Arranz Freijo, M^a Àngels Balsells, Félix Barajas, Carmen Bustillo, Carmen Calafat, M^a Aránzazu Calzadilla Medina, Reyes Casares, Carlos Chana, Paloma Chicharro, Javier de Frutos, Amaia Echevarría, M^a Ángeles Espinosa, Susana García, Francisco J. García Bacete, Antonio Garrido, Silvia Garrigós, Lucas González, Lucía González Pasarín, Daura María Hernández González, M^a del Pilar Hidalgo, Ricardo Ibarra, Silvia López Larrosa, Isabel López Verdugo, Jesús López, Bárbara Lorence, Juan Carlos Martín, Libertad Martínez, Raquel-Amaya Martínez, Jesús Maya, Carmen Orte, Javier Pérez Padilla, Débora Quiroga, M^a Reyes Rodríguez, Beatriz Rodríguez-Ruiz, Mayte Salces, Antonio Urbano and Beatriz Vega.

Characteristics of the National Working Group and Process for Discussion in Spain



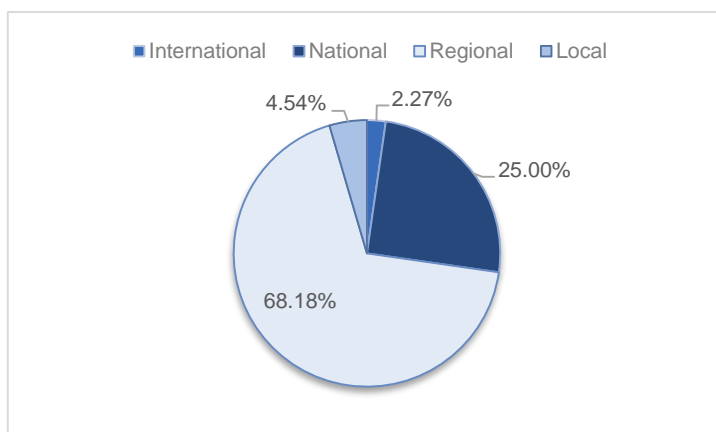
44 national experts



- 2 online meetings for group discussion.
- Protocol sent and filled out individually in advance.



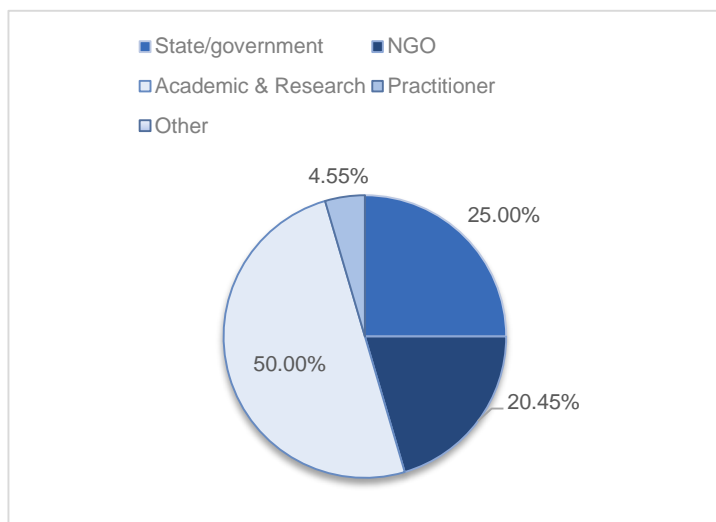
Scope of the family support actors



- Representation from all scopes: international, national, regional and local.
- Large representation of regional organizations.



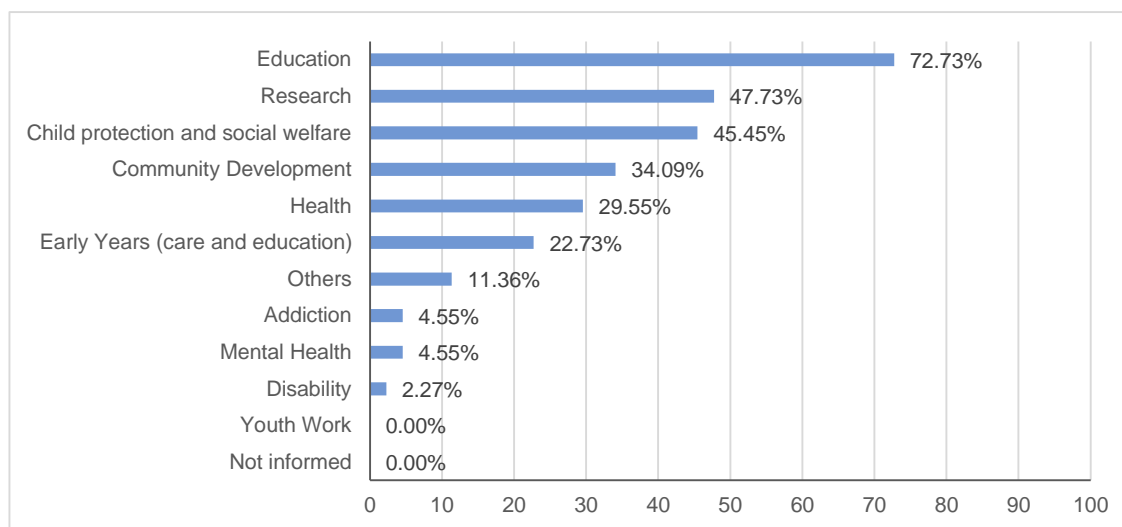
Type of family support actors



- Good representation from academic and research, NGOs, and government actors.
- Heads of departments, coordinators and practitioners' associations included.
- No representation from institutes or ombudspersons.
- Representation of the voices of families and children.



Areas of family support actors



- A wide variety of family support areas included.
- Education, research and child protection and welfare the most represented areas.
- Balanced representation of community development, health and early years.
- Some representation of other areas, such as the legal system.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

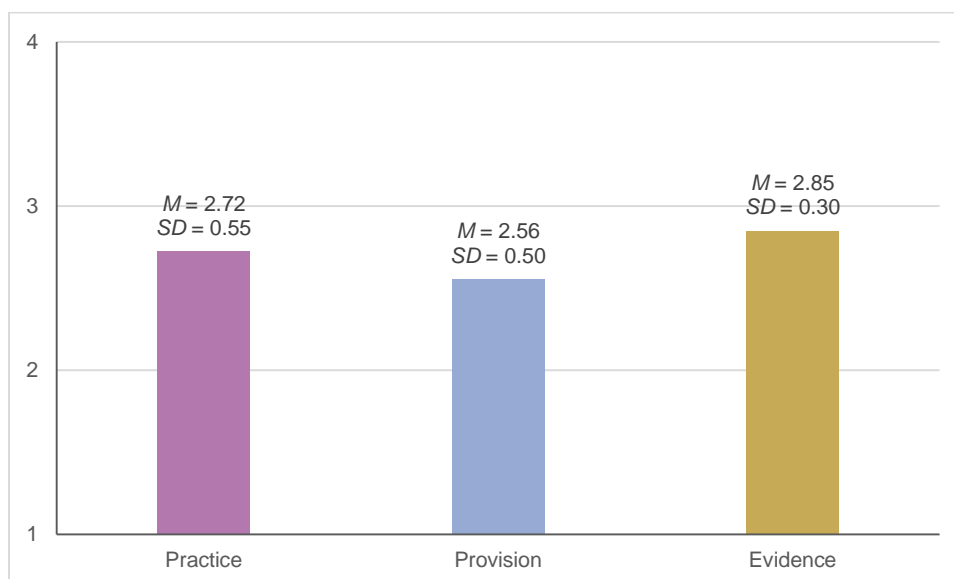
In order to fulfil the **Quality Assurance Protocol**, in the first place, an on-line survey was conducted which was answered by most of the members of the National Working Group. Subsequently, two online meetings were held in which, based on the results obtained in the survey, each indicator was discussed until a consensus was reached on the score for each one. Then, based on the results obtained through the automatic report, the **National Strengths and Recommendations Report** was drafted by a subgroup composed of the coordinators and other members of the National Working Group, and sent to the full group so that they could make their contributions and approve the document.

Summary of Results of the Quality Assurance Systems in Spain

In this section, the global scores obtained in Spain for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

In Spain, the **average scores** of all the systems are closer to 3, considered a strength, than to 2, considered an area for improvement (see the following figure). The highest score is obtained in the evidence system, followed by the practice system, and, finally, the provision system. Thus, the Spanish National Working Group considered that, overall, the quality of family support in the country was relatively high, particularly in the case of the evidence system.

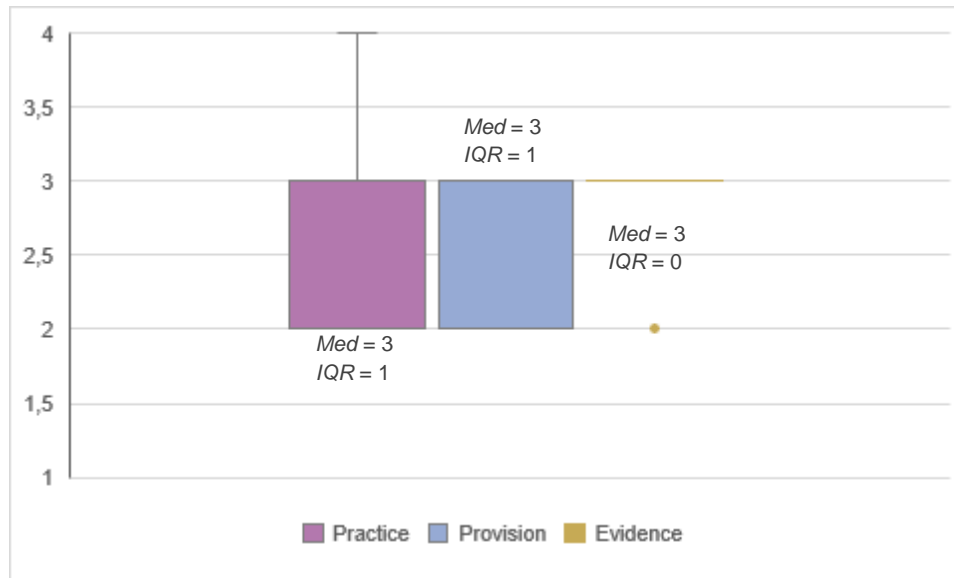
Average scores of the quality assurance systems in Spain: means and standard deviations



The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians all equal 3. Regarding the dispersion of the data, the interquartile ranges are located between 0 and 1. As presented in the figure, the interquartile ranges indicate that there are noticeable

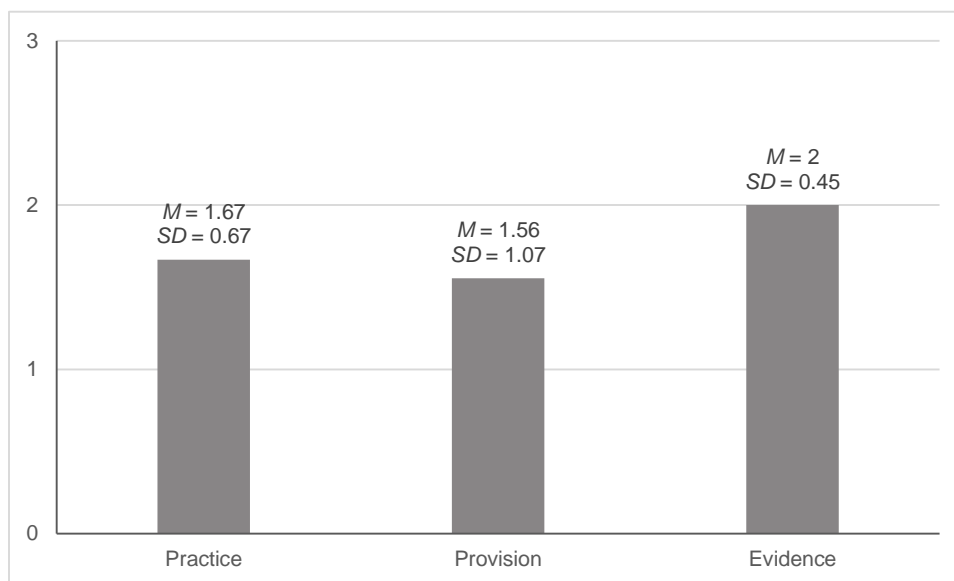
differences between the scores of the quality standards of the practice and provision systems, whereas the evidence system shows no dispersion.

Average scores of the quality assurance systems in Spain: medians and interquartile ranges



As presented in the following figure, the practice and the provision systems are located at the medium-low level of **variability**, while the evidence system is at the medium level of variability, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. These results show that the quality of the practice and the provision of family support is considered somewhat more homogeneous in Spain than the quality of the family support evidence system.

Variability scores of the quality assurance systems in Spain: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present Spain's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

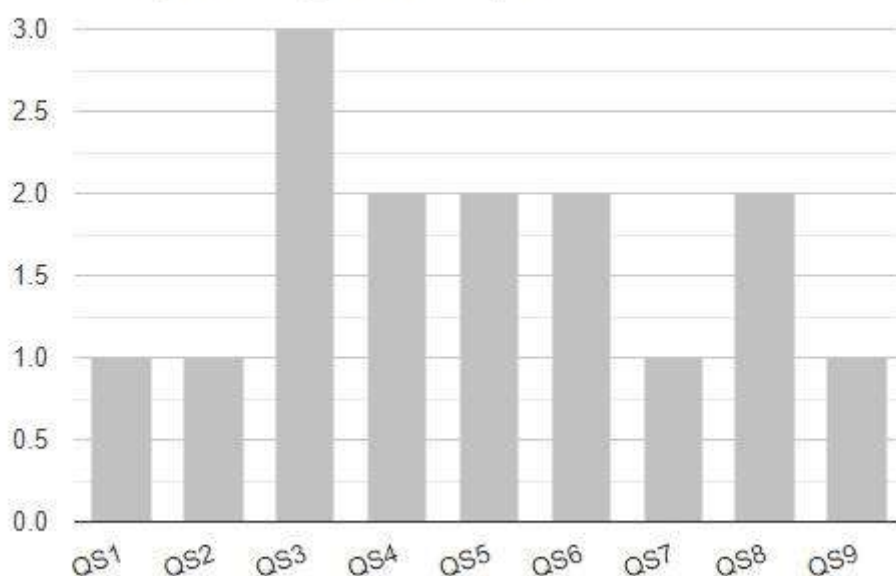
Results Report of the Quality Assurance Protocol: Spain

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

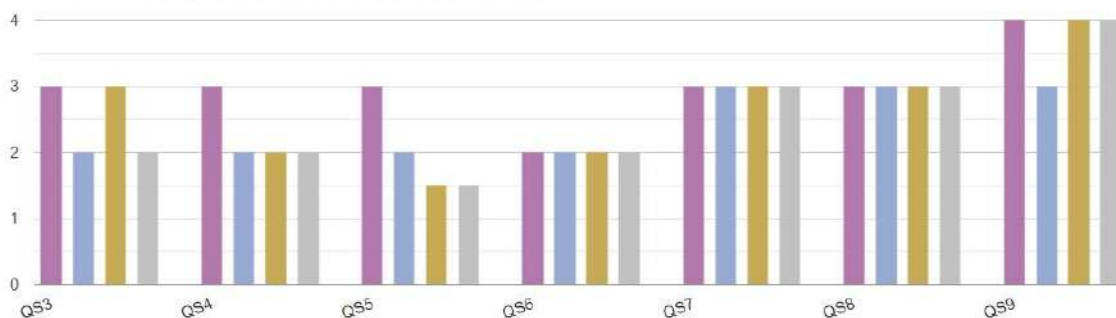
1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Scores of those Quality Standards Differentiated by Sectors - System 1



Strengths

Excellent areas; no improvement required

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.

Areas for improvement

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely mannerr

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

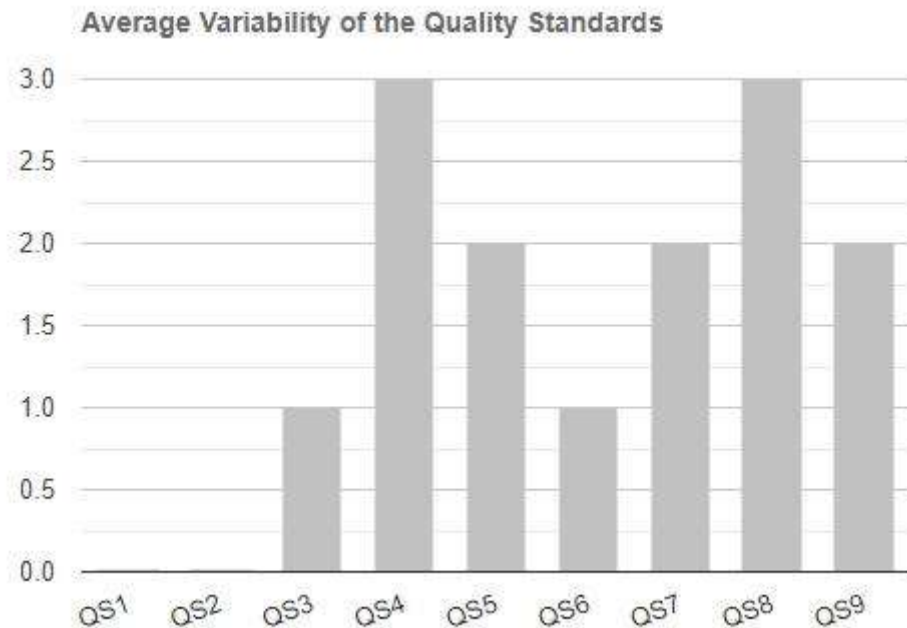
Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

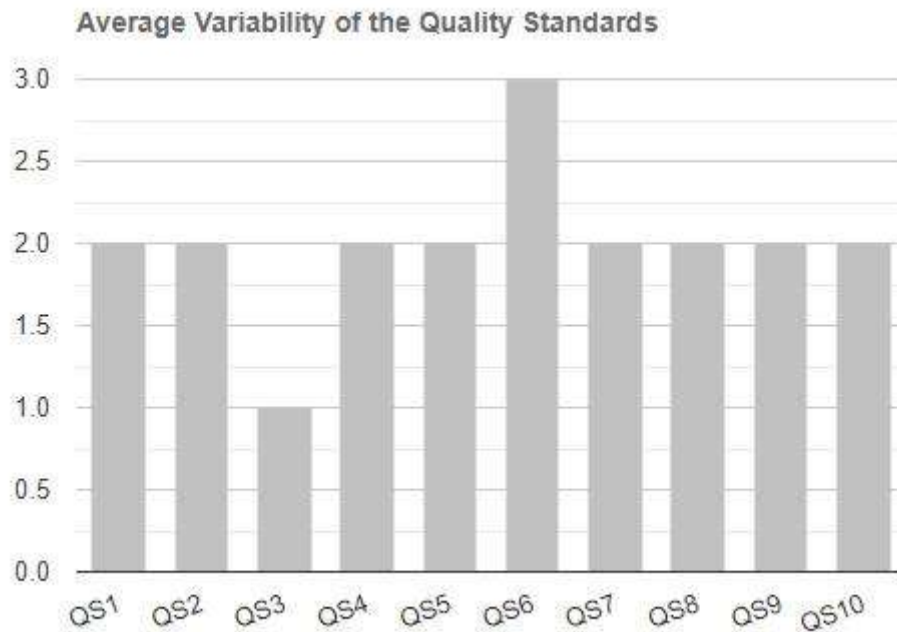
Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





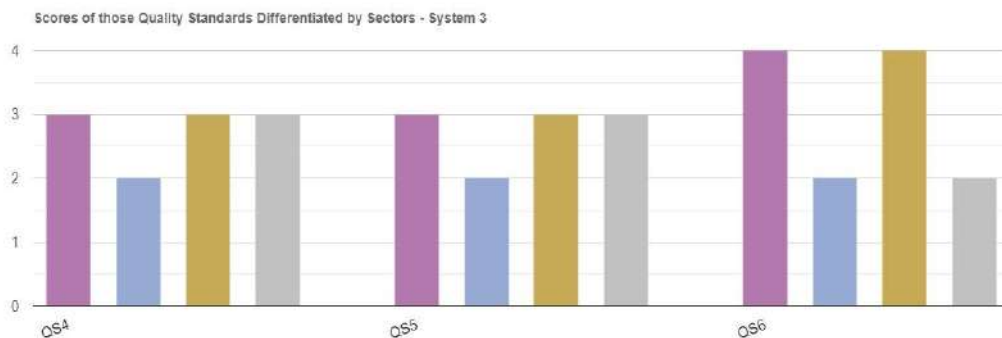
Legend of the Variability Scores

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Strengths

Excellent areas; no improvement required

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

National Strengths and Recommendations Report

Over the next pages, the Spanish Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Spain

Date: 05/29/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Spain has had a large national working group to develop this document. The working group was made up of nearly 50 people, including researchers, professionals from different sectors (health, education, social services and justice), representatives of social entities and policy makers from different levels of government (state, regional and local). Most of these people answered an on-line survey with the indicators of the Quality Assurance Protocol and, subsequently, two meetings were held to agree on the final responses to the protocol. Based on the results obtained, a small group formed by the coordinators and other members of the project prepared a first proposal of this document, which was sent to all the members of the group so that they could make their contributions and approve the national Strengths and Recommendations that follow.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

- International agreements on children's rights and the principle of the best interests of the child have been incorporated into Spanish regulations at national, regional and local level.
- The best interests of the child is not an indeterminate legal principle in Spain, but is specified in Organic Law 1/1996, of 15 January, on the Legal Protection of Minors. In addition, in 2021, a major step forward was taken with Organic Law 8/2021 of 4 June on the Comprehensive Protection of Children and Adolescents against Violence, which incorporated, among others, awareness-raising, prevention and early detection measures, considerably broadening the concept of violence.
- Both managers and professionals of family care services have received, particularly in the social and justice sectors, training on children's rights and the principle of the best interests of the child.
- At the societal level, there has been a great deal of dissemination and effort to raise awareness of children's rights.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

- In the organisation of family care services and programmes, a mandatory commitment to confidentiality has been incorporated and compliance with internationally agreed ethical principles (Regulation (EU) 2016/679 of the European Parliament) is promoted, although it is not always monitored.
- At the national level, Organic Law 3/2018 of 5 December on the Protection of Personal Data and Guarantee of Digital Rights has been implemented within the framework established by Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of their personal data and on the free dissemination of such data.
- In some sectors, especially in health services and some social services programmes, users are informed of their rights.
- The curricula of disciplines related to work with families incorporate training in ethical issues, e.g. in Social Work, Psychology, Social Education, Nursing, Medicine, among others.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Recommendations

- The promotion of a collaborative relationship with families and the effort to establish partnerships and make them active participants in the intervention are well incorporated in the field of social services, being part of the essence of their work, but it is necessary to extend this approach to other sectors.
- It is necessary to increase the sensitivity of the justice system to the needs of children, adolescents and their families, giving them greater voice to the extent that the procedures allow for it and making such procedures more understandable and family-friendly in their organisational aspects (spaces, timetables, language, etc.), as well as avoiding delays in the proceedings.
- Although considerable progress has been made in the health system in trying to incorporate a family-centred approach, the medical-prescriptive model severely limits collaborative work with families at certain levels, especially at the hospital level. There is a need to extend the family-centred approach at all levels of the health system.
- In the education system, collaboration with families is often only sought when there are problems and with a view to improving academic performance. There is a need to improve collaboration with families in a way that also aims at getting to know the family better and improving their well-being, starting from their needs, promoting a relationship based on trust (partnership) and encouraging the active participation of families at all levels.
- There is a need for legislation and organisation of services that establish a framework that promotes collaborative relationships and recognises the rights of families to participate in all phases of the intervention in the different areas and services.

Facilitators and barriers

Barriers:

- Lack of an institutional framework that favours collaborative relationships and the participation of families in different areas and services.
- Lack of time, resources and/or training for professionals, especially in the educational sphere, to carry out these collaborative relationships.
- In the judicial sphere, a significant lack of resources has been detected and the regulations applicable to the procedures leave little room for implementing these collaborative relationships in practice, so a reform in this sense would be appropriate.

Facilitators:

- Successful experiences in some sectors, especially in social services and some levels of health care, can serve as an example for incorporating this approach in other services.
- Scientific evidence on the importance of partnership and the establishment of a collaborative relationship to support the effectiveness of interventions.
- Organic Law 1/1996, of 15 January, on the Legal Protection of Minors, after its reform by Law 26/2015, of 28 July, on the modification of the system for the protection of children and adolescents, includes the need to count on the collaboration of parental figures – and of children, according to their age and maturity – in the intervention plan.
- In the field of education, Organic Law 3/2020 amending Organic Law 2/2006 on Education recognises the rights of parents to participate in educational processes.

Training needs

- Training of professionals from different sectors, especially those in services less related to direct care for families, to work from family-centred approaches.
- Training in the necessary conditions for the establishment of a collaborative relationship with the recipients of the interventions.
- Promotion of professional competences necessary for working with families from this approach: empathy, active listening, etc.

Expected impact on the audiences

- Children, adolescents and parents, as recipients of family support interventions, will benefit from the adoption of this approach in services.
- Improved training of professionals will result in greater satisfaction with their job performance.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

- In the field of social services, there is an increasing willingness of professionals to take into account the capacities and competences of families in order to strengthen them; in fact, many of the services are based on this approach and give great importance to the empowerment of families. However, this approach is not as present in the other sectors and in many cases needs to be incorporated and/or strengthened.
- In the health system, it is necessary to overcome the prescriptive welfare model still present to a large extent at different levels and services, recognising the competences of families and trying to give them a greater role in the promotion of their health.
- In the educational system, it is necessary to promote professionals' confidence in the capacities of parental figures to fulfil their educational functions, as the involvement of families is sometimes perceived as intrusive. This empowering approach is especially necessary in the care of children with special educational needs.
- In the judicial system, there are important differences between services, with some having a greater recognition of the competences of users (e.g., in mediation services) than others, and procedures being regulated by the law. A specialisation of judicial entities operating in the field of family would be desirable, in addition to the fact that the rules should regulate more flexible procedures adapted to the needs of families in their various areas of activity.

Facilitators and barriers

Barriers:

- Lack of time, human and material resources and training of professionals from different sectors in an empowering perspective.
- Persistence of welfare models based on the deficit perspective in different sectors and services.
- Situations of chronicity and dependence of the most vulnerable families on services and aid.

Facilitators

- Successful experiences in some sectors, especially in social services, can serve as an example for incorporating this approach in other services.
- Scientific evidence on the importance of adopting this positive and empowering approach to favour the effectiveness of family interventions.
- Law 26/2015, of 28 July, on the modification of the child and adolescent protection system explicitly includes the need to incorporate strengths in the family assessment and in the development of the intervention plan.

Training needs

- Training of professionals from different sectors to learn how to identify and assess competences in families and not only focus on their limitations or risk factors.
- Training to work with families from a positive and empowering approach.

Expected impact on the audiences

- Adopting a positive and empowering approach in working with families increases the effectiveness of actions, giving children, adolescents and adults confidence in their abilities and providing them with a leading role in improving their own well-being.
- Promoting the competencies of families and favouring their autonomy avoids situations of chronicity and dependency on services, reducing in the long term the volume of families that will require more intensive support.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

- Although there is a longer track record of evidence-based interventions in the health system (including health promotion interventions), it is necessary to increase the use of quality standards and evidence-based programmes in all family care sectors and services.
- In the field of social services, some evaluation is carried out (user satisfaction, degree to which objectives are met), but it is still necessary to further pursue a true culture of evaluation and, above all, to provide professionals with the necessary resources to evaluate and incorporate evidence-based programmes.
- In the education system, there is a certain amount of content planning in programmed family support activities, although evidence-based programmes are not usually used. It is necessary to incorporate quality criteria in the methodology used and, above all, to evaluate these actions.
- In the justice system, there is significant diversity in the use of evidence-based programmes between some services and others, but in general, criteria for greater systematisation, evaluation and monitoring should be incorporated.
- Incorporate training in quality standards and programme evaluation into the university curricula and into the initiatives of professional associations.

Facilitators and barriers

Barriers:

- Lack of time and training in programme evaluation for professionals in all sectors.
- Absence of a public evaluation agency at the state level whose functions include promoting the adoption of evidence-based practices.

Facilitators:

- Inclusion of the need to conduct evaluations and use evidence-based programmes in the plans and regulations of the different sectors.
- Existence of teams with expertise in applied research that collaborate with administrations through stable partnerships.

Training needs

- Training of professionals in quality standards and programme evaluation.
- Sensitisation of policy makers and service providers to promote a culture of evaluation and raise awareness of the need to use evidence-based programmes through legislation and the organisation of services.

Expected impact on the audiences

- The incorporation of evidence-based practices and programmes will increase the quality of interventions and facilitate positive outcomes.
- The positive impact of this recommendation will reach all stakeholders: policy makers, managers, professionals and families.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Successful experiences

- Existing regulations, particularly in the social sector, consider it mandatory to develop a realistic and adjusted intervention plan to guide the work with families in the various services and programmes.
- Family care programmes are assigned a sufficient duration to ensure that the intervention has a beneficial impact on families.
- A large part of the family care services dependent on public administrations have stable funding that guarantees their

continuity.

- Professionals are informed of the family support resources available in their social environment so that they can communicate them to the families.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Successful experiences

- Organic Law 1/1996, of 15 January 1996, on the Legal Protection of Minors, following its reform by Law 26/2015 on the Modification of the Child and Adolescent Protection System establishes the evaluation and monitoring of the family intervention plan as mandatory when a risk situation is identified.
- In the vast majority of services, particularly in the health, justice and social services sectors, monitoring and evaluation of interventions is mandatory.
- Protocols for information, referral and coordination between services are in place, although they are not always implemented effectively.
- In the field of social services, professionals are obliged to issue periodic reports to those responsible for the services, mainly including coverage data (how many people have been attended to, the degree to which the objectives have been met, etc.)
- In the health sector, the culture of recording users' interventions and progress is well established.
- This type of technical reports is prescriptive in the justice sector, where teams that serve families must issue periodic reports on the work carried out, in accordance with the provisions of the applicable legislation in each case.
- In accordance with Law 19/2013, of 9 December, on Transparency, Access to Public Information and Good Governance, the entities responsible for each sector at the national level (Ministries or the General Council of the Judiciary) publish annual reports with all the data on the actions carried out. All this information is available to anyone interested on the institutional websites.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Successful experiences

- At the legislative and social policy level, access to the public social services system is a right in our country.
- Spain stands out for having regulations that recognise the rights of families in their different forms and with different needs.
- The Directorate General for Family Diversity and Social Services of the Ministry of Social Rights and Agenda 2030 pays particular attention to family diversity, which enables family support policies to adopt an inclusive approach that aims to respond to diverse needs and diverse family forms.
- Social services and family teams offer social care to the most vulnerable citizens and families.
- People's basic needs are addressed to foster their well-being and social integration, promoting equal opportunities.
- There is a wide range of third sector organisations that carry out social actions that emerge from citizen or social initiatives, not for profit, and that attend to families with diverse and specific needs.
- Our country has resources for mediation, child and family care, sex education, gender violence, equality and care for dependent persons, among others.
- Some specific types of services are psycho-social care, home help, care and support technologies, residential care, temporary residence for adults in situations of social exclusion, soup kitchens, technical advice on social care and access to justice to guarantee the right to effective judicial protection, among others.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

- Modify the procedures for accessing financial aid to make them more comprehensible, agile and quicker in their response.
- In the different sectors from which families are assisted, incorporate indicators that enable the supervision of the aid and support offered to them.
- Extend the coverage of minimum living income to families regardless of their condition and situation in order to reduce social inequality.
- Dedicate more economic resources to public family support services, ensuring a greater number of professionals to reduce the ratio of families they assist.
- Incorporate qualified professionals who can advise political agents in the development of policies aimed at offering accessible and adequate economic aid.

Facilitators and barriers

Facilitator:

- Information on financial aid is available.

Barriers:

- Lack of sufficient funding to offer the financial aid families need and to provide the services with the necessary material and professional resources.
- Difficulty of access to available aid for the elderly or families with a low socio-educational level, as most aid is applied for telematically, with difficulties in the use of the online platform, excessive bureaucratisation of the procedure, and long response times.

Training needs

- Training for political agents and resource managers on how to make financial aid more accessible and facilitate quicker and more agile procedures.
- Awareness-raising and informative campaigns on financial aid for families.
- Digital training for the most vulnerable families or those with elderly members, so that they can exercise their rights as citizens in a digital society.

Expected impact on the audiences

- Families will have more information, easier access to resources and more support from the administrations.
- Professionals and service managers will have better resources.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

- The right to financial compensation and reconciliation measures, with direct acknowledgment and automatic access to these measures, so that their implementation does not depend on companies, entities or bodies.
- An increase in the number of months of parental leave for both parents so that there are more opportunities to exercise positive parenting in conditions of gender equality.
- Reduced working hours, more days of leave for illness or special situations of children, priority in the choice of shifts, greater gender equality, among other measures.
- Generate greater political awareness and social responsibility in corporate entities, so as to generate equal access to these measures for all families, regardless of the work environment and the public or private nature of the entity.
- Incorporation of qualified professionals who can advise political agents in the development of policies aimed at improving

work-life balance.

Facilitators and barriers

Facilitators:

- Citizens are currently aware of these issues as they are affecting the quality of life of families.
- In areas with a low birth rate, initiatives have been developed to support families in order to promote the birth rate, which can serve as an example for the development of policies at state level and in other communities.
- If the Spanish Parliament approves the Family Law Bill, the latest version of which was published in the Official Gazette of the Spanish Parliament on 8 March 2024 (https://www.congreso.es/public_oficiales/L15/CONG/BOCG/A/BOCG-15-A-11-1.PDF), families would be able to benefit, at least for the most part, from measures to support work and family life reconciliation.

Barriers:

- Scarce resources and lack of prioritisation of the need to reconcile work and family life.
- Lack of awareness that investment in public policies for equality is a factor that promotes growth and well-being for families, which results in the well-being of citizens and society in general.

Training needs

- Training for managers, company directors and coordinators to learn about the advantages of a quality policy based on work and family life-balance.

Expected impact on the audiences

- Improvement in the well-being of families by being able to reconcile their personal, work and family life.
- Impact on the performance and motivation of professionals and service managers who will have more resources to implement actions aimed at work-life balance.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Successful experiences

- Spain has equality and inclusion policies for cultural, ethnic and religious diversity, as equality is a fundamental right enshrined in Art. 14 of the Spanish Constitution.
- In addition to Organic Law 3/2007 of 22 March on the effective equality of women and men, Law 15/2022 of 12 July on equal treatment and non-discrimination was recently enacted.
- Programmes to address cultural and ethnic diversity, promoting equality to avoid discrimination and racism, are available in different sectors.
- Efforts are being made toward the inclusion of the Roma people, immigrants and beneficiaries of international asylum, with the aim of favouring their social integration. A relevant figure in this regard is the State Council of the Roma People, a collegiate, inter-ministerial, consultative and advisory body that proposes measures for the promotion of the Roma people, advises on development plans for the Roma population, issues reports and promotes the development of projects and programmes.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Recommendations

- Reduce the existing discrepancies between policy formulation and professional practice, making the coordination of the family intervention plan effective, as set out in Organic Law 1/1996, of 15 January, on the Legal Protection of Minors, following its reform by Law 26/2015, of 28 July, on the modification of the child and adolescent protection system.
- Improve the clarification and allocation of functions and responsibilities among services and professionals, regulating the channels and those responsible for coordination, as well as stipulating timelines for effective coordination.

- Continue to move forward, from the different sectors, towards greater coordination, both within the public system (between the state, regional and local levels), and between the public system and the private/third sector, promoting greater development of comprehensive actions to support families.
- Generate more communication and collaboration between the different systems that attend to families, creating working networks between the different entities that foster a greater development of comprehensive actions to support families.

Facilitators and barriers

Facilitator:

- Existence of various resources with public care coverage and protocols to facilitate coordination.

Barriers:

- Lack of a culture of coordination between the different bodies due to the practical difficulties of implementing it.
- Difficulty in disseminating and applying existing resources.

Training needs

- Training of political actors on the structure and network of family support resources.
- Training of service managers and professionals on networking strategies.

Expected impact on the audiences

- Improvement of the functioning of public and private agencies, optimising resources more efficiently.
- Better coordination of resources will avoid the lack of progress and discouragement of families due to having to repeat the application processes, as well as possible overlaps, contradictions and delays in care, promoting more effective family support.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

- Establishment of more equal access to services at national, regional and local level.
- Greater coordination and cooperation between different agencies in all regions to exchange experiences and good practices.
- Elaboration and implementation of joint action protocols to reduce differences at local, regional and national level, taking care to comply with the principle of equality of citizens in their fundamental rights regardless of territory.
- Consider all the sectors and agents involved (including the families themselves) when making decisions on the provision of human and financial resources to guarantee comprehensive care.

Facilitators and barriers

Facilitator

- The variety of public services in different sectors that we have in our country.

Barriers

- Territorial decentralisation, with responsibilities at different levels that generate differences depending on the territory.
- Access to services and aid, which is sometimes not as agile and immediate as families need.

Training needs

- More campaigns aimed at raising awareness and providing information on the services and resources available to families.
- More training for professionals and managers on the services and resources available to make them more visible and facilitate access to them.

Expected impact on the audiences

- In a direct way, families will receive support that is more tailored to their needs regardless of the territory in which they live.
- Both professionals and service managers will enjoy a comparable level of provision and quality of services adapted to the needs of families.

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Successful experiences

- Since 2009 there has been a trilateral collaboration between the General Sub-Directorate for Family Diversity and Family Support (General Directorate for Family Diversity and Social Services of the Ministry of Social Rights, Consumption and Agenda 2030), with the Sub-Directorate for Family, Education, Culture and Sport (Social Policies Area of the Spanish Federation of Municipalities and Provinces), and with the group of experts from seven universities: Univ. La Laguna, Univ. Las Palmas de Gran Canaria, Univ. Lleida, Univ. Autónoma de Madrid, Univ. Oviedo, Univ. País Vasco, and Univ. Sevilla. Each year an action plan is drawn up, with strategic operationalisation and human and economic resources, which includes collaborative research activities with professionals for the preparation of guides and other materials for the website <https://familiasenpositivo.org>, and geographically distributed training sessions for professionals and society. In this sense, the presence of the Spanish Federation of Municipalities and Provinces has enabled a direct impact at the local and provincial level by serving as a distribution channel for these guides.
- This trilateral collaboration has made it possible to carry out a collaborative transfer plan between political leaders, experts and professionals in order to have an impact on the quality of services by means of consensual guides. A Guide of Good Practices for the care of children, adolescents and families has been drawn up, taking into account the preventive and strengthening positive parenting approach.
- Furthermore, a Guide to interprofessional competences (knowledge, attitudes/values and skills required) has also been developed in collaboration with Professional Associations and Colleges and Family Associations, following an interdisciplinary and transdisciplinary approach that transcends training based on the disciplinary field, which is still present in a large part of the training culture.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Recommendations

- There is a commitment to raise awareness of the importance of quality family support among frontline professionals, service coordinators and non-profit and for-profit associations. However, more effort needs to be made to bring these awareness raising opportunities to families and children directly, particularly those belonging to minority and more excluded groups, because representation through NGOs reaches them much less.
- There is no clear commitment from senior coordinators to sensitise and involve children, adolescents, and families in mainstream society, or from cultural or other minorities, in improving services. It is important that the deployment of all these actions in favour of the rights that are recognised by law is mandatory and not optional. These actions should also be part of the accountability process in services in terms of accessibility measures, non-discriminatory treatment, respect and sensitivity to different cultures, and gender equality, among others.
- So far, the voice of families on the quality of care received in a service comes through the perception that professionals have of the benefits or the overall satisfaction of users with the service. It is necessary to develop formal and structured protocols that gather the voices of children, adolescents and families on the care received in the service, in a planned and effective

manner adapted to these groups, and in all social, educational, health and judicial spheres.

Facilitators and barriers

Facilitator:

- Social entities are structuring participation processes in which children, adolescents and their families can find spaces in which they can reflect on the care they receive in different areas, in addition to the already articulated procedures for appeals, claims and complaints. In this way, they are becoming aware, as a collective, of the importance of participating and promoting quality assurance in services.

Barriers:

- Lack of information among children, adolescents and families on the specific measures being taken to improve the quality of services and their role in all of this.
- At the same time, there is a lack of training among professionals on how to obtain quality records of the processes of raising awareness, providing information and inclusive participation.

Training needs

- Specific training in effective systems for collecting information and the perspective of children, adolescents and families in assessing the quality of the services received, which goes beyond satisfaction with the service.
- Training in the processes of awareness-raising, providing information and inclusive participation in the service. Above all, in services for vulnerable populations and in the protection system, training is necessary to avoid attitudes that promote the dependence of children, adolescents and families on the technical team, promoting instead attitudes of autonomy and requesting respect in the exercise of their rights as citizens.

Expected impact on the audiences

- The promotion of the right to information, taking into account the perspective of children, adolescents and their families in all quality assurance processes and the promotion of inclusive participation in all processes of awareness-raising and development of actions to foster their rights by frontline professionals in social services and entities, as well as coordinators and politicians at national, regional, municipal and provincial levels, will be of great benefit to children, adolescents and their families, guaranteeing their rights, promoting their empowerment and generating more responsive services.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

- In the health sector, there are control systems, internal and external evaluation tools, as well as commitments and agreements on the quality of management. The definition of objectives to be achieved is contemplated and consensus is established on improvement plans with performance indicators. However, it is necessary to go deeper into whether these systems are the most appropriate or whether they are sufficient to guarantee quality care for children, adolescents and families.
- In the social sphere, there is a process of internal self-evaluation based on consensus and quality standards, especially in social services and entities that intervene directly with children, adolescents and families. In some social services/entities, external evaluation processes are carried out on a consensual basis, but this is not a generalised practice. When these standards are not applied, evaluations are not so systematised, and it is necessary to generalise them and improve their systematisation.
- Furthermore, internal or external consensual evaluation practice should be generalised to the educational and judicial spheres where the focus on quality assurance is not centred on attention to families. In the justice field, the quality of the public service provided is evaluated and inspections are carried out, always within the scope of the applicable regulations.

Facilitators and barriers

Facilitators:

- Existence of protocols on improvement accessible on the official website of the positive parenting approach.
- Existing experience in the health and social spheres that can have a cross-sectoral impact. These areas participate in evaluation processes through agreed indicators, in order to provide them with a greater quality assurance in the care provided to families.

Barriers:

- In the field of education (in information, guidance and support to families) and the field of justice (in the complementary psychosocial and community services that support action and decision-making in judicial bodies), although regular inspections are carried out, there is a greater degree of variability in the evaluation of the quality of the support provided to families.
- These are sectors in which some kind of internal self-evaluation is carried out, but it is not associated with agreed indicators, nor are the controls regular, nor does it translate into plans for improvement in the services.

Training needs

- The training process for the use of improvement plans, after self-assessment following agreed guidelines, is already underway in the social sphere at the request of the interested parties, and should therefore be proactively generalised.
- Although the public administration itself is making efforts to promote this training, through webinars and face-to-face courses, it should be disseminated and extended to the health, education and judicial sectors in a more systematic way, involving the coordinators of public services and social entities in the promotion of this training.

Expected impact on the audiences

- This training would be very useful to promote motivation and evaluative skills which, after reflection processes, would enable professionals to move towards innovative practices, which would undoubtedly improve the quality of care received by families.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Successful experiences

- At national level, there is an online protocol on the intranet of the website familiasenpositivo.org for the Acknowledgment of the Promotion of Positive Parenting awarded by the Directorate General for Family Diversity and Social Services and the Sub-Directorate for Family, Education, Culture and Sport of the FEMP. It is aimed at those services or social entities that have carried out an evaluation process on the quality of the service and the care provided using the Guide of Good Practices in Positive Parenting and the Guide on Interprofessional Competences and drawn up an improvement plan certified by the entity.
- The acknowledgment, which can be granted in any field, is most frequent in the social field, followed by the educational, health and judicial fields. In order to improve its application in all sectors, obtaining this acknowledgment is considered an additional merit for access to funding, aid or public resources by the service or entity that has obtained it.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

- In the higher education system there is a clear effort to incorporate in the curricula of public universities, particularly in postgraduate courses, content related to evidence-based professional practice with families, so that graduates have the appropriate training to provide quality support.
- These contents are present in a large number of degrees and postgraduate courses in the social and educational fields and in the complementary psychosocial support services in the judicial field. Their generalised use is advancing in the education systems of health professionals working with children, adolescents and families.
- It is very useful to provide spaces for the promotion of consensual interprofessional competences in postgraduate official master's degrees, in order to build shared knowledge on the basis of interdisciplinary and transdisciplinary relations. There

are now academic teams of experts trained in these subjects to provide high quality training at these levels of specialisation.

- There are also high-level professional associations offering quality training in the field of family intervention and mediation. They are a great resource for the training and continuous refresher programmes of professional teams to ensure the development of joint frameworks of understanding and action beyond models and practices of the individual disciplines.

Quality Assurance in Family Support in The Netherlands

The coordinators of the chapter on quality assurance in family support in The Netherlands are Patty Leijten (University of Amsterdam), Caroline Vink (Netherlands Youth Institute) and Cécile Winkelman (Families Foundation), representatives of The Netherlands in EurofamNet. The authors of the chapter are the members of the Dutch National Working Group that have participated in the QA[4]EuroFam project.

Characteristics of the National Working Group and Process for Discussion in The Netherlands



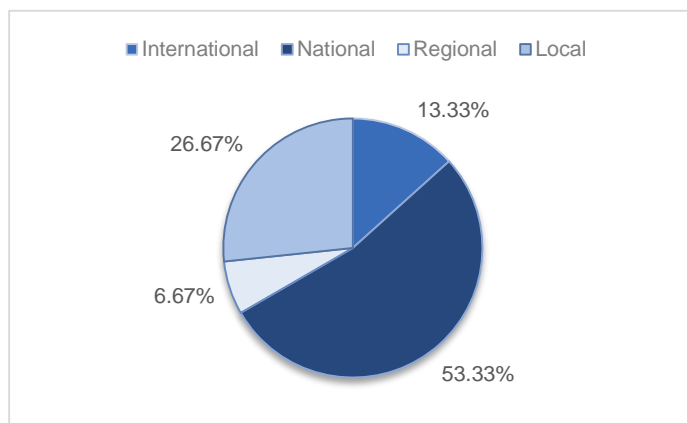
15 national experts



- 1 face-to-face meeting.
- Individual responses were gathered.



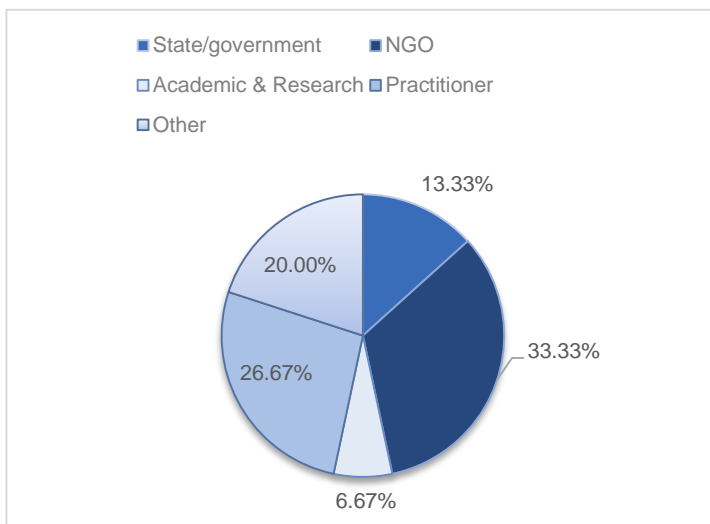
Scope of the family support actors



- Representation from all scopes: international, national, regional and local.
- National scope most represented.



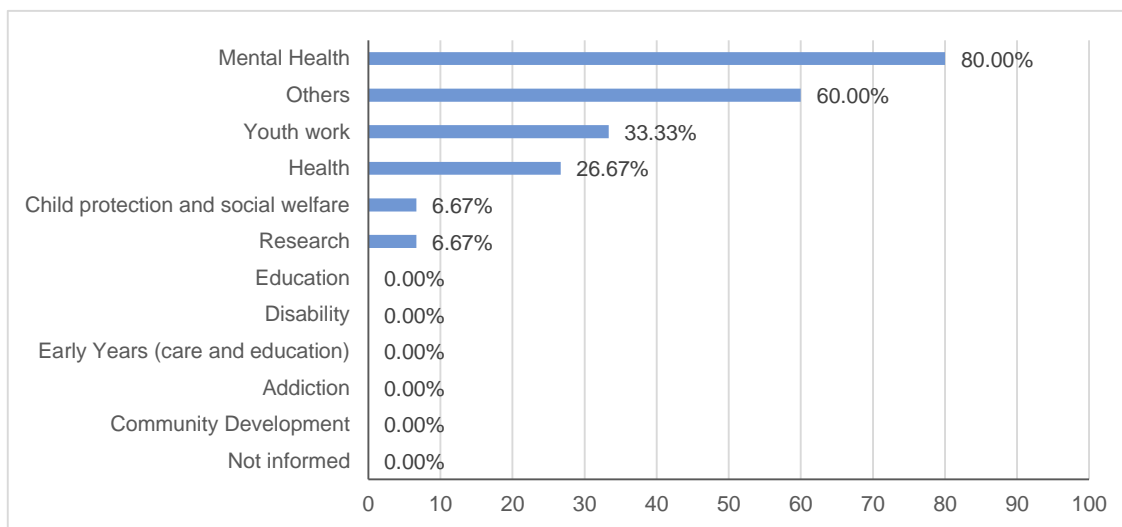
Type of family support actors



- Representation of all type of organizations: government, NGO, academic and research, practitioners, and institutes as actors.
- Balanced representation of NGO, institutes and practitioners.
- Senior partners and directors were included.



Areas of family support actors



- Large representation of the mental health area and other areas, such as parenting education, prevention and media.
- Some representation from the youth work and health.
- No representation from areas such as education and early year.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

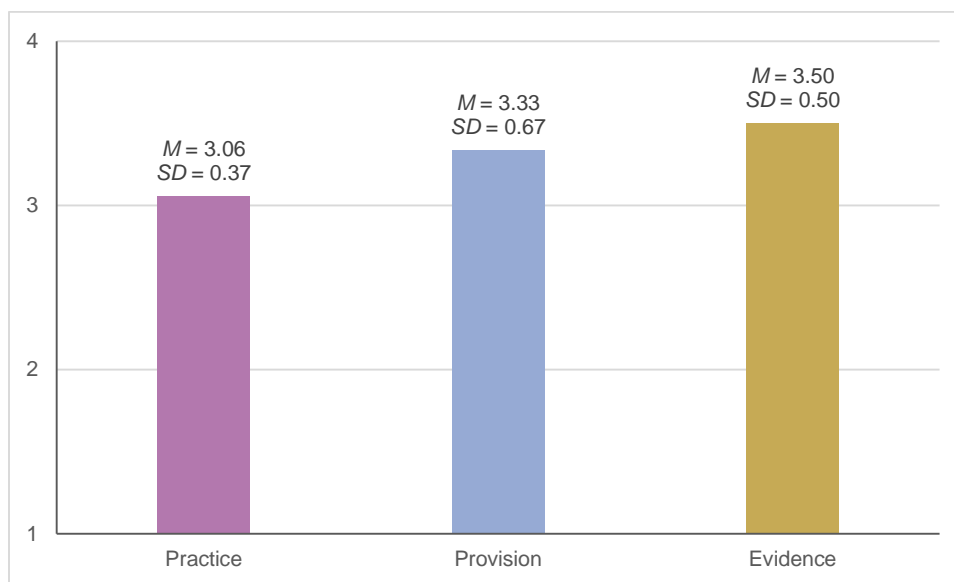
A National Working Group was formed with representatives from practice, policy, and research. First, members completed the **Quality Assurance Protocol** individually. Second, the national coordinators presented the results, with an emphasis on the items with more variability in the answers the members provided. Third, members discussed the answers to reach consensus. Consensus was reached and confirmed by the national coordinators. Lastly, the national coordinators discussed the outcomes of the Quality Assurance Protocol, made suggestions for the **National Strengths and Recommendations Report**, and sent the draft report to the National Working Group to ask for their agreement, using passive consent.

Summary of Results of the Quality Assurance Systems in The Netherlands

In this section, the global scores obtained in The Netherlands for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

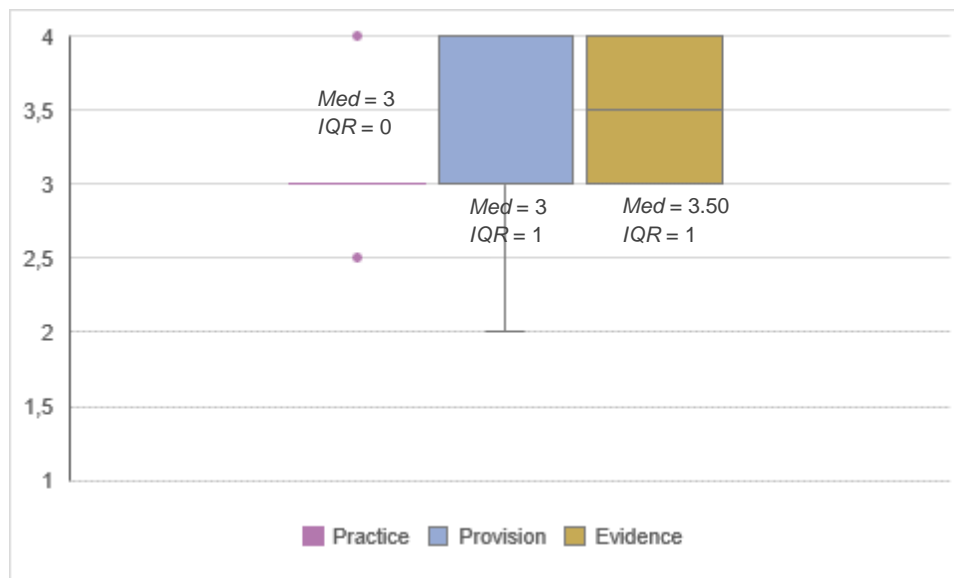
The following figure presents the **average scores** of the family support systems. Overall, the scores are high: all three systems are at the strength level (3 points or more). The highest score is obtained in the family support evidence system, followed by the provision system, and, finally, the practice system. Thus, the Dutch National Working Group considered that the quality of family support in the country was high, particularly in the case of the evidence system.

Average scores of the quality assurance systems in The Netherlands: means and standard deviations



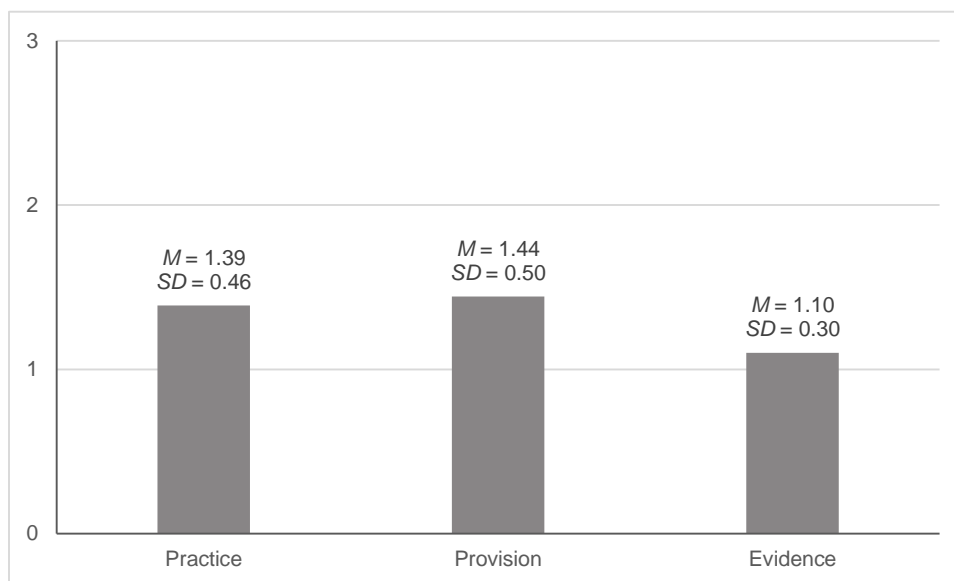
The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians are located between 3 and 3.50, with the evidence system presenting a higher median than the other two systems. Regarding the dispersion of the data, the interquartile ranges are located between 0 and 1. As presented in the figure, the interquartile ranges indicate that there are noticeable differences between the scores of the quality standards of the provision and evidence systems, whereas the practice system shows no dispersion.

Average scores of the quality assurance systems in The Netherlands: medians and interquartile ranges



As presented in the following figure, the three systems are located between the medium and the low level of **variability**, indicating that there is some variability in the situation in the country in relation to the quality of family support, although the answers provided reflect the overall reality. The highest variability is obtained in the provision system, followed by the practice and, lastly, the evidence system. The results show that the quality of the family support evidence system is considered somewhat more homogeneous in The Netherlands than the quality of the family support practice and the family support provision systems.

Variability scores of the quality assurance systems in The Netherlands: means and standard deviations



Results Report of the Quality Assurance Protocol

The following pages present The Netherlands' automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner. It should be noted that the Dutch National Working Group considered that they could not assess the education, health or justice sectors; therefore, the average scores of the quality standards that are differentiated by sectors were calculated based only on the scores obtained in the social sector.

Results Report of the Quality Assurance Protocol: The Netherlands

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





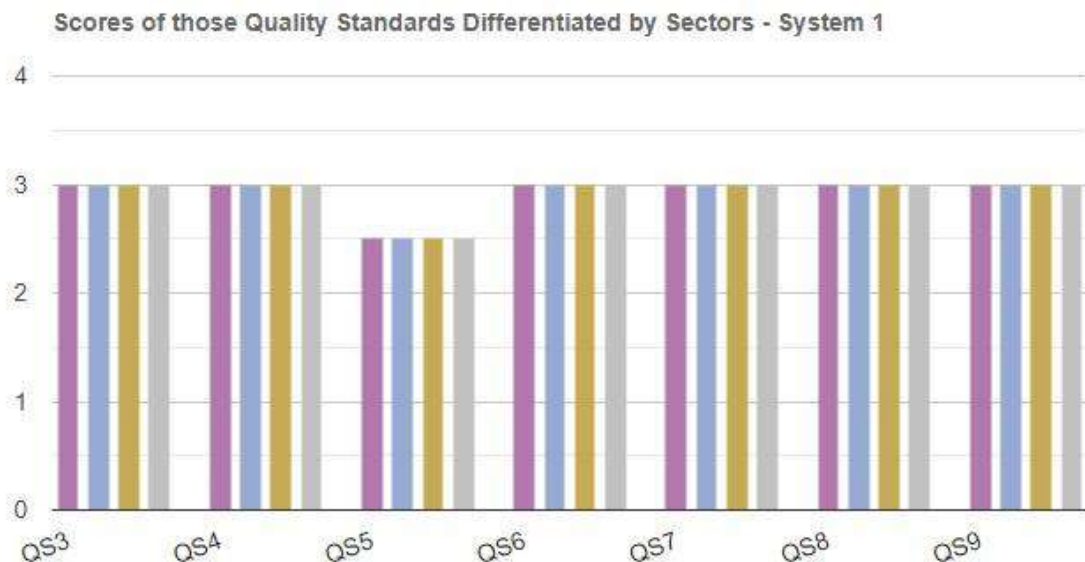
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Areas for improvement

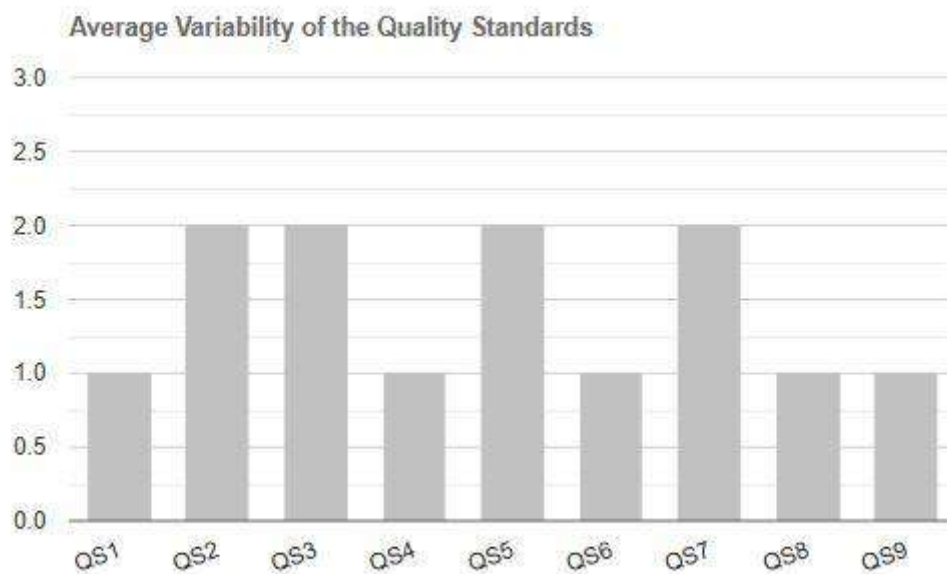
Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

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1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

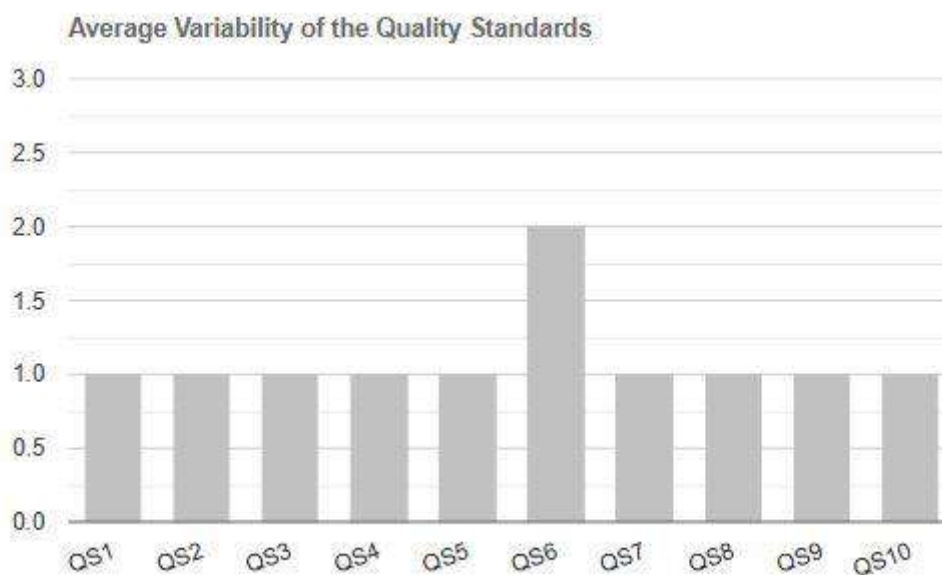
Areas for improvement

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards



Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Areas for improvement

National Strengths and Recommendations Report

Over the next pages, the Dutch Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: The Netherlands

Date: 07/03/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

pending

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

The goal of family support in the Netherlands is to serve the rights and needs of children and their families. Children's development, healthy lifestyle, and safety is stimulated through regular check-ups that almost 95% of Dutch parents attend with their children, through 'Promising Start' and interventions such as 'Voorzorg' (based on principles of the Nurse Family Partnership) and Triple P. Families are kept intact as much as possible. 'Coalition to Home' avoids out of home placement as much as possible. It is no longer allowed to physically restrain children in institutionalized care. Parental divorce is possible only after parents agree on a plan for their children's care after the divorce.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

All professionals in the social domain are trained on privacy, monitored to apply the rules and regulations and how to communicate this with clients. In addition, it has become common practice not to talk about a client without the client being present and to include parents and youth discussions regarding their case. An example of this in the Netherlands is 'Eigen Kracht Centrale'. European General Data Protection Regulation is closely adhered to and families are informed about situations that preclude confidentiality.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Successful experiences

The importance of a strong alliance and collaborative relationship are well-known and emphasized in policy and professional guidelines. For example, much attention is paid to nce of shared decision making in family support.

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Recommendations

Many services suffer from waiting lists due to shortage of staff, lack of investment in prevention, and a gap between institutions and the families most in need.

Currently, there are 100.000 families on the waiting list for mental health care.

Increases in funding and more emphasis on prevention and including online family support are needed to allow services to address families' needs in a responsive and timely manner.

Facilitators and barriers

focus

more on prevention.

In addition, most organizations are unable to connect to families most in need. These are often families with different socioeconomic and cultural backgrounds than those of the professionals working in family support organisations.

A key facilitator is increasing availability of effective online support.

A key facilitator is acknowledging the barriers between professionals/organisations and families most at need. Using evidenced based interventions and a community based/driven way of working.

Training needs

Professionals need more training in effective use of online support to effectively support more families within the available time and budget.

Specifically, training is needed for organisations to work with evidenced based interventions from a community-based way of working.

Expected impact on the audiences

Many challenges that families face are easier to overcome when they are addressed at an early stage. Universal and selective prevention, as well as reduced waiting times, therefore will likely not only reduce the suffering of individual families, but also future service use and associated costs

Family Support Provision System

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Recommendations

Families in the Netherlands experience many challenges in balancing work and family life.

Childcare is expensive and frequent changes in costs (due to changes in tax-return policies), make it difficult for families to organize this care.

In addition to costs, it is culturally less accepted for children to go to daycare 4 or 5 days per week.

Maternity and birth leave are short (4 months for mothers; 2 weeks for fathers. Although there are

options for additional parental leave, the short leave for especially fathers.

In many families grandparents take care of children on some days of the week. High quality and free of charge day care is needed to overcome this challenge.

Facilitators and barriers

Barriers include shortage of daycare staff, due to increased wages and costs.

Facilitators include families' motivation to balance work and family life, and societal needs to make it easier for women to work more hours if they want to.

Training needs

Training professionals to stimulate the development of all children in day care. Training and opportunity for family support within the setting of childcare, to increase the value of childcare for family support

Expected impact on the audiences

A positive impact of the promotion of a healthy lifestyle and positive development, well-being and stress reduction is expected for:

Practitioners

Parents (both mothers and fathers)

Children

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Successful experiences

Families in the Netherlands can receive support at all levels of prevention (universal, selective, indicated) and treatment. Preventive approaches include both informal support (e.g., organized peer support, neighborhood coaches) and formal support (e.g., walk-in services)

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Successful experiences

Services are coordinated at the city / municipal level and therefore in the families' immediate environment. Each municipality has a neighbourhood team that either provides family support services themselves or refers families to other available services.

Specialized services increasingly become part of this municipal structure and are thus offered in settings in families' immediate environment.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Successful experiences

Municipalities receive structural budget for prevention and youth care. Organisations can formally apply for this budget through tendering. Smaller local organisations can apply for subsidies.

Family Support Evidence System

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Successful experiences

The Netherlands has a national, widely acknowledged database (i.e., clearinghouse) of 'effective interventions for youth'. This database includes a wide range of family support interventions, including the evidence base for their effectiveness. Quality assessment is thus coordinated at the national level

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Successful experiences

Exchange between researchers, policy makers, practitioners, and parent and youth representatives happens increasingly frequently. National conferences explicitly and successfully target all relevant stakeholders. Other examples include the representation of policy makers and representatives of professionals and youth in the main funding body of research on family support (ZonMw).

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Successful experiences

Best practices are recognized through the national database of effective interventions. In addition, professionals receive recognitions for relevant training activities (e.g., certification in specific evidence-based interventions)

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

The Netherlands has a wealth of graduate and post-graduate programs on family support that explicitly focus on evidence-based practices guidelines. National licenses (e.g., SKJ and GGz) come with the requirement of continued education and professional training.

Quality Assurance in Family Support in The UK

The coordinators of the chapter on quality assurance in family support in The UK are Harriet Churchill (University of Sheffield) and Andy Lloyd (Leeds City Council), representatives of The UK in EurofamNet. The authors of the chapter are the members of the British National Working Group that have participated in the QA[4]EuroFam project.

Characteristics of the National Working Group and Process for Discussion in The UK



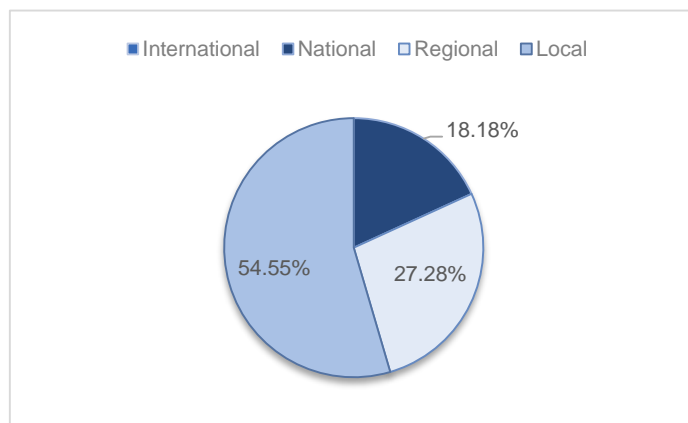
11 national experts



- 2 online meetings.
- Information sent in advance.



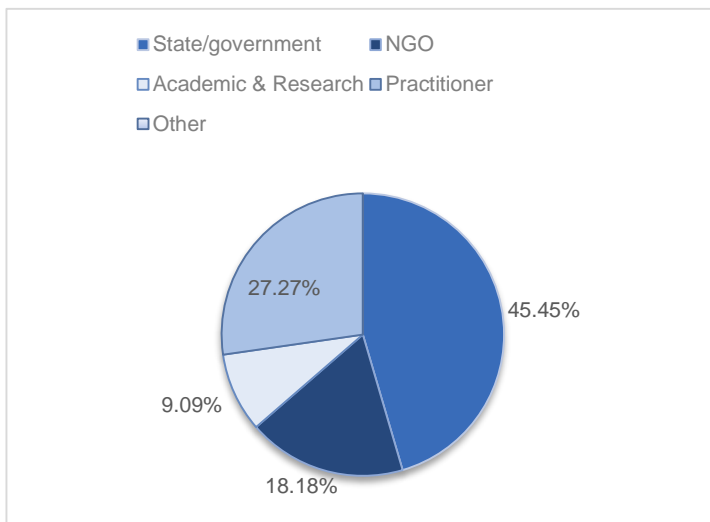
Scope of the family support actors



- Most representation from local and regional scope.
- No representation from international actors.



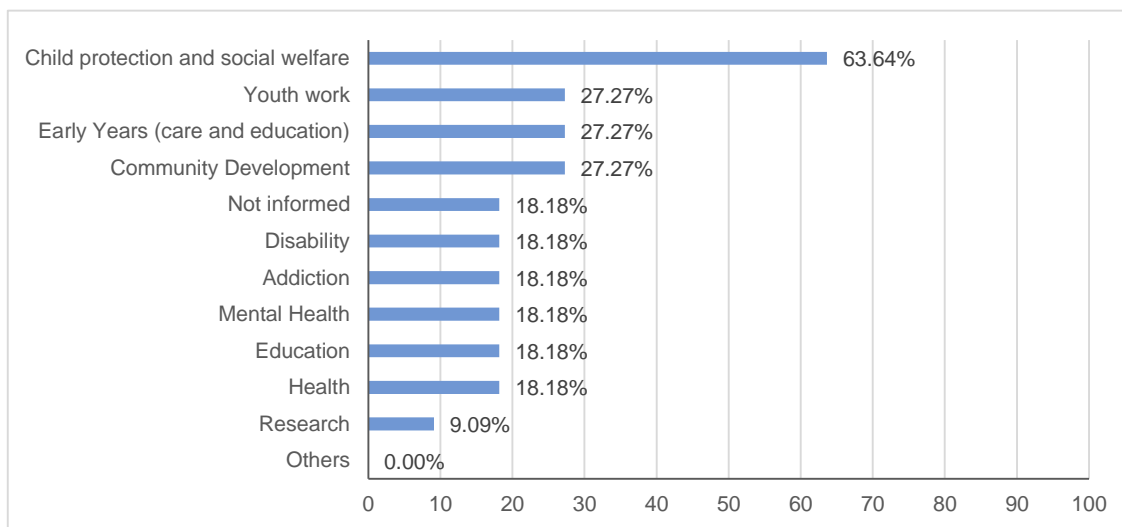
Type of family support actors



- Representation government, NGO, academic and research, and practitioners.
- Government actors, particularly local, represented.
- Chief executives, service leads and managers included.
- Representation of advocates for families and children's rights.



Areas of family support actors



- A wide variety of family support areas represented.
- Large representation from the child protection and social welfare area.
- Balanced representation from youth work, early years and community development.
- Some representation from the other areas.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

Prior to the meeting, the members of the National Working Group were sent the informed consent, the information sheet about the project, background information about EurofamNet and the **Quality Assurance Protocol**, which was then considered by the attendees. Several service leads attended two online meetings. All attendees introduced their roles and relevant expertise and interests related to the development and delivery of family and parenting support. In the two meetings each question in the protocol was discussed and the situation in the UK rated based on the group members' experiences. Variability and complexities related to the UK context were also addressed as each question was discussed.

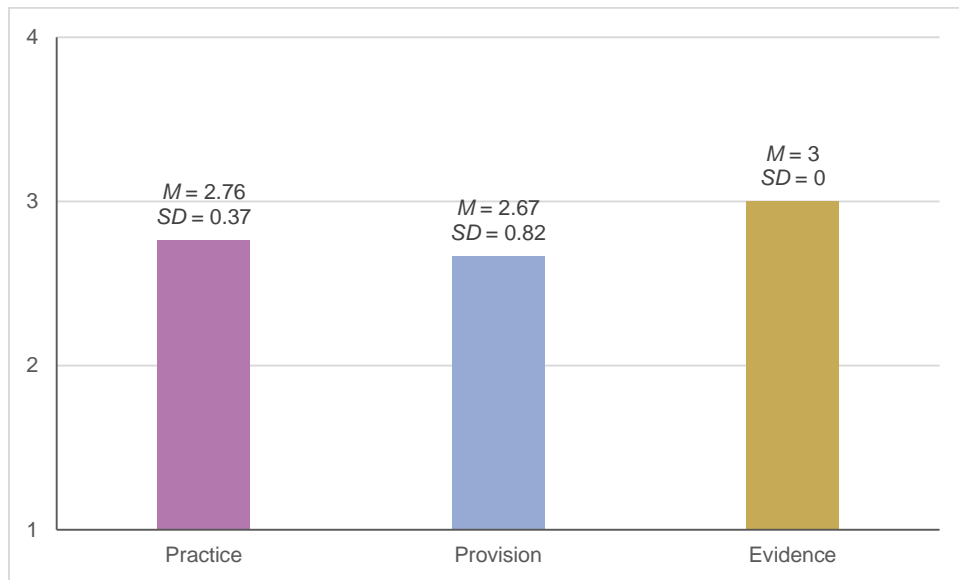
Strengths, limitations and recommendations were discussed and agreed upon as each question in the protocol was addressed. Based on these discussions and detailed notes, the national coordinators drafted the **National Strengths and Recommendations Report**, which was subsequently reviewed and agreed on by the members of the group.

Summary of Results of the Quality Assurance Systems in The UK

In this section, the global scores obtained in The UK for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

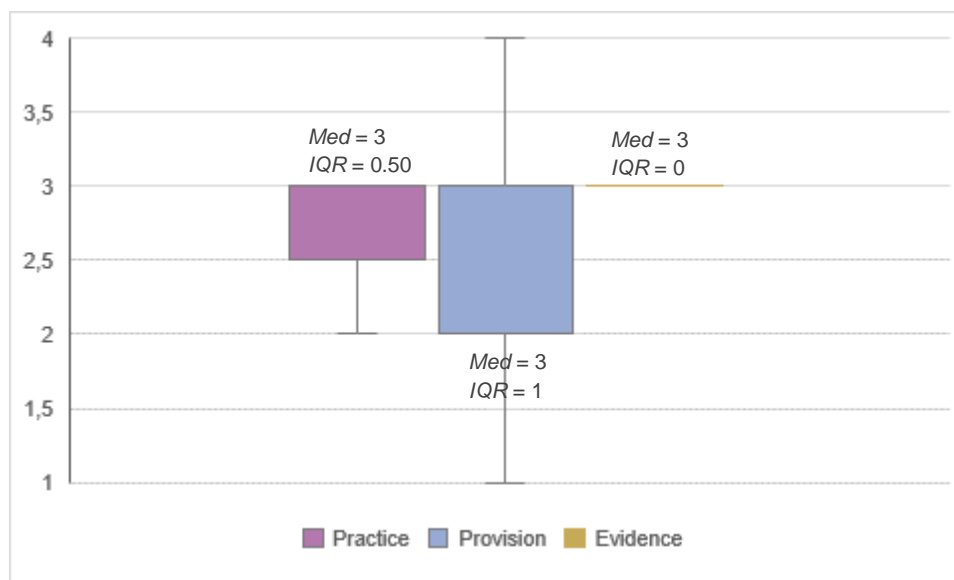
In The UK, the **average scores** of the three systems are either 3 points, considered a strength, or close to 3 (see the following figure). The highest score is obtained in the evidence system, followed by the practice system. The score obtained in the provision system is the lowest. Thus, overall, the British National Working Group considered that the quality of family support in the country was fairly high, especially with regard to the evidence system.

Average scores of the quality assurance systems in The UK: means and standard deviations



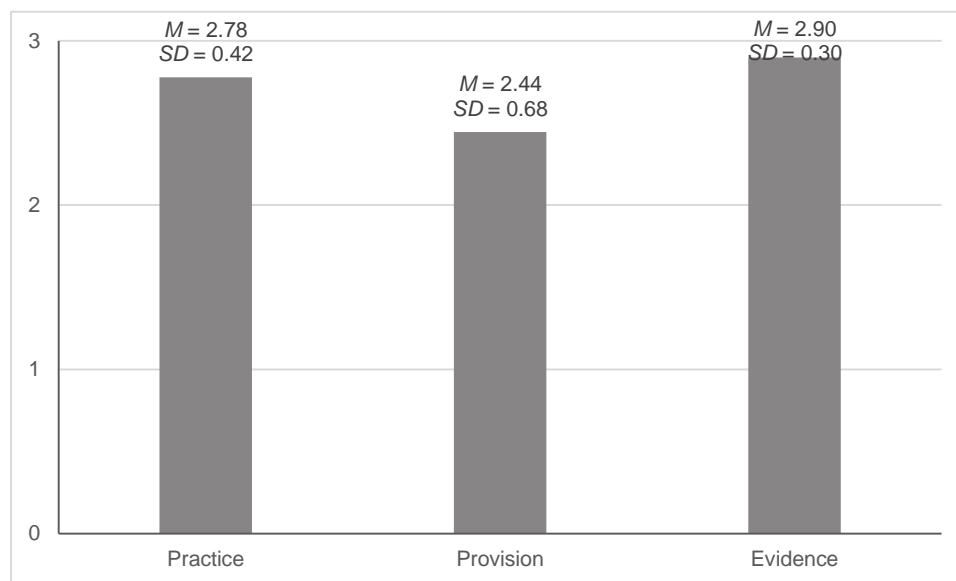
The next figure shows the **medians** and **interquartile ranges** of the three systems. The medians all equal 3. With regard to the dispersion of the data, the interquartile ranges are located between 0 and 1. As shown in the figure, the interquartile ranges indicate that the differences between the quality standards in the family support evidence system are negligible. In comparison, the differences in the family support provision system are more pronounced. Finally, the differences between the standards in the practice system are midway between those of the provision and evidence systems.

Average scores of the quality assurance systems in The UK: medians and interquartile ranges



As shown in the following figure, all three systems are located at the medium-high level of **variability**, with the practice and evidence systems close to the high level of variability, indicating that there is a lot of variability in the situation in the country in relation to the quality of family support, thus the answers provided may not represent the overall reality, especially in the case of the practice and evidence systems. The quality of the provision system, despite having a fairly high variability, is a bit more homogeneous than the other two systems.

Variability scores of the quality assurance systems in The UK: means and standard deviations



Results Report of the Quality Assurance Protocol

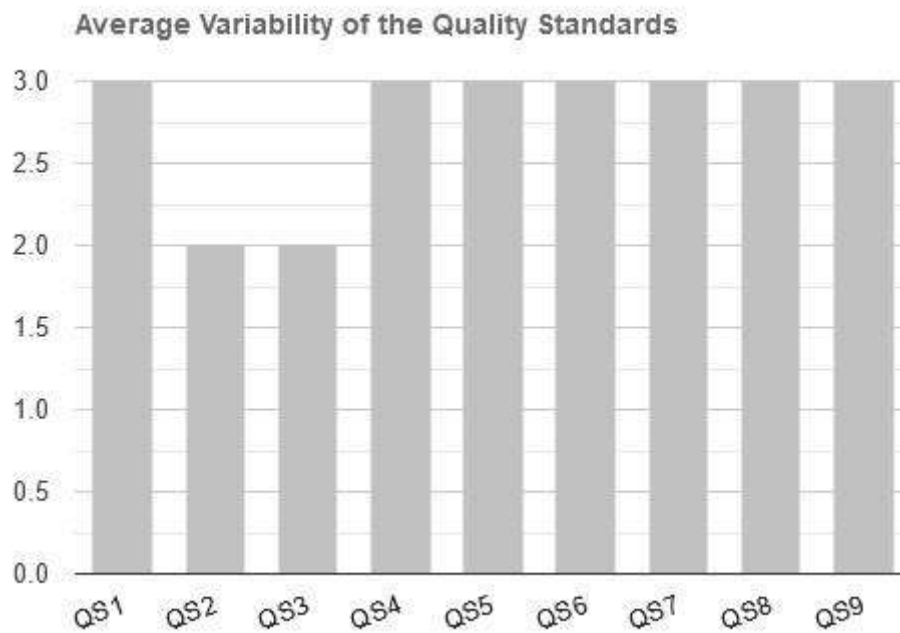
The following pages present The UK's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

Results Report of the Quality Assurance Protocol: The UK

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards





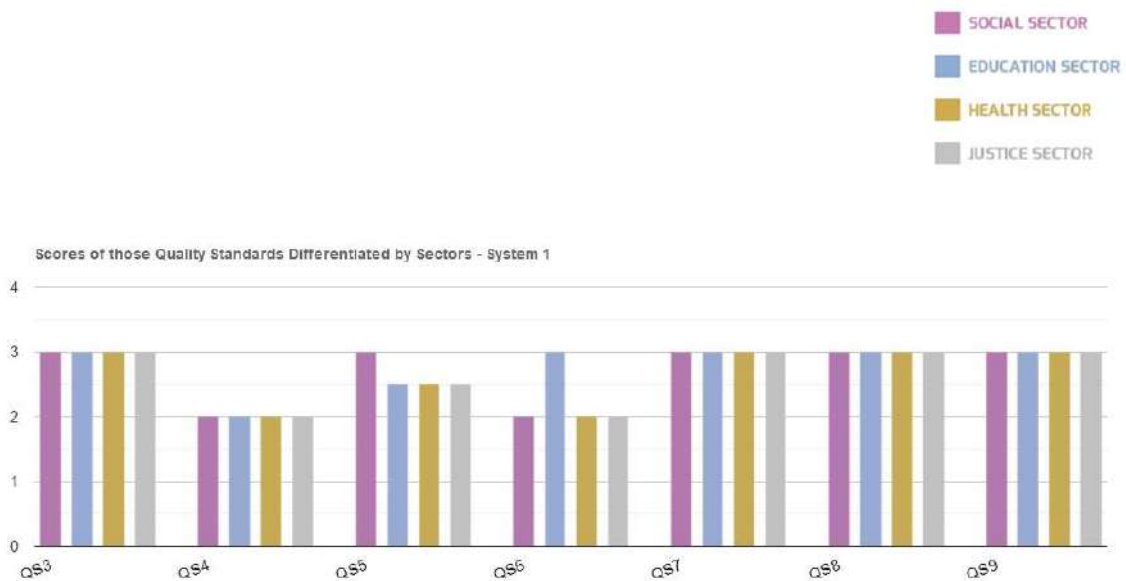
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the health sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the justice sector.

Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

Areas for improvement

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

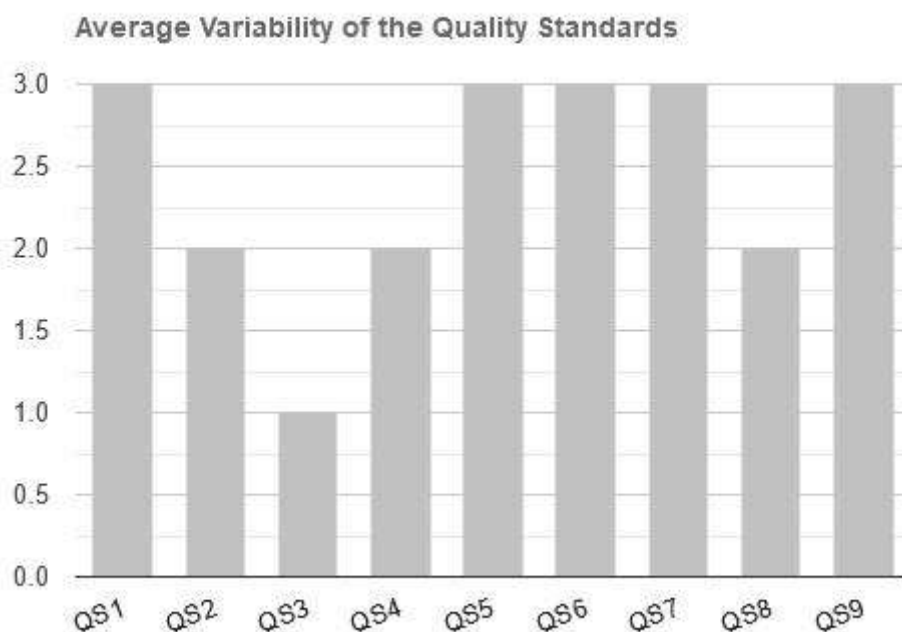
Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

2 = **Medium variability**: There is quite a bit of variability in the country in this regard, but the answer given reflects the situation generally

3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country

Strengths

Excellent areas; no improvement required

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Strong areas with room for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Areas for improvement

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

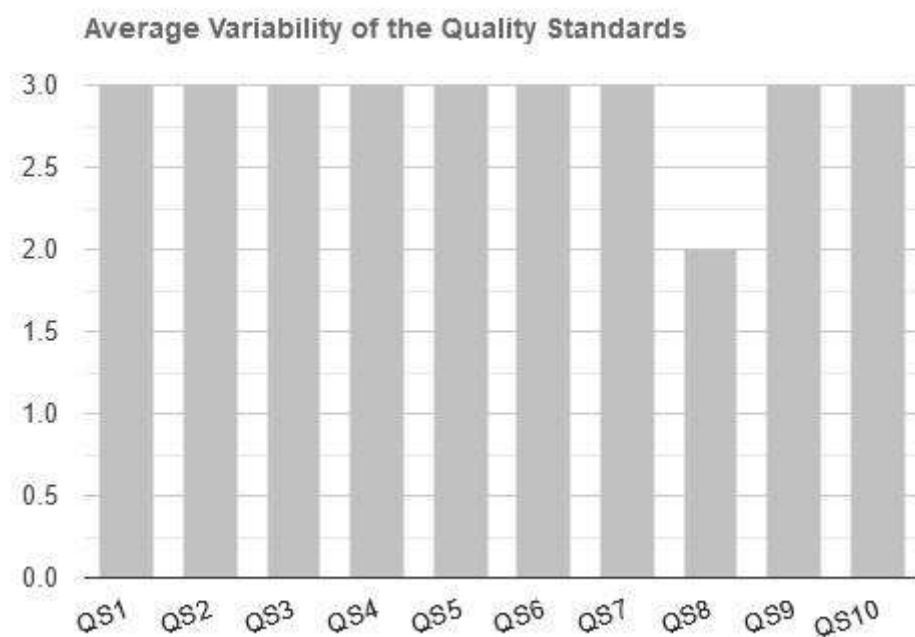
Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





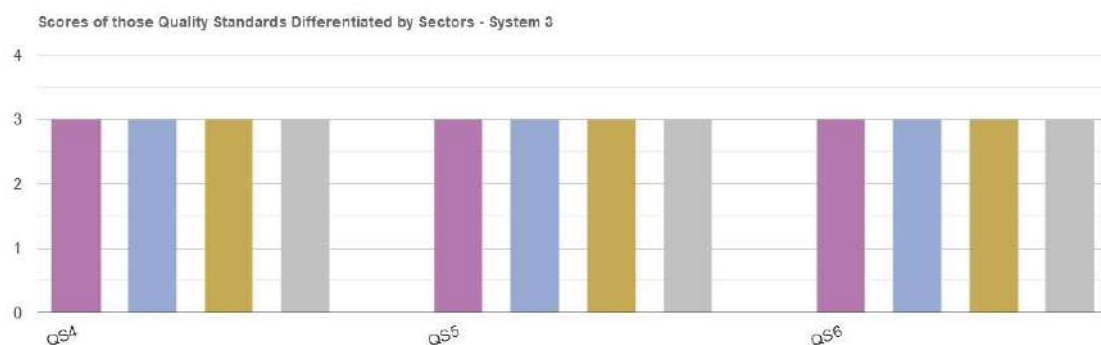
Legend of the Variability Scores

0 = **No variability**: The situation is homogeneous in the country in this regard

1 = **Low variability**: The situation is mostly homogeneous in the country in this regard, but there is some occasional variability

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3 = **High variability**: There is a lot of variability in the country in this regard, thus the answer given may not be representative of the general situation in the country



Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

Areas for improvement

National Strengths and Recommendations Report

Over the next pages, the British Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: The UK

Date: 07/01/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

A group of UK researchers, Local Government Early Help and Family Support service leads, Family Support service managers and Family Support sector leaders/ voluntary sector umbrella organisations met in late May and over June to discuss the EurofamNet quality in family support protocol and key questions. We rated UK developments according to the protocol questions and ratings, and discussed to reach a consensus.

Family Support Practice System:

I.1.1. The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action

Successful experiences

Child welfare legislation mandates children are protected from significant risks and the bests of the child is the primary emphasis for child welfare and family support measures.

However, across the UK there are so many family and parenting support service providers and organisations working to varied orientations when it comes to supporting and working with families. This leads to high variability in how child-centred they are and the degree to which they take account of the best interests and rights of the child and young people.

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Successful experiences

There is a strong emphasis among family support services and their practitioners and managers to respect data protection laws and response confidentiality when working with families. This is a well embedded principle among family support services but there is still some variability.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Successful experiences

This is an important goal of service delivery within many early help, collaborative practice and family support services working with children, parents and families on a partnership basis. However, in some sectors such as in some child protection orientated services, working in collaboration with families can be improved and is not firmly embedded. Current pressures with reduced funding and levels of high need including post-pandemic have led to some regression in this area.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

There is high variability across sectors with the degree to which a family /parental strengths-based approach to practice is adopted. There is variation across voluntary and statutory sectors, and across service sectors. There could be substantial improvements in this area.

Facilitators and barriers

Stronger emphasis on promoting and developing strengths based practice across services. Investment in workforce development. Setting national reform priorities in this area. Developing a strong strategic framework promoting strengths-based practice. Improved supervision for practice.

Training needs

Investment in training and support, and especially providing practitioners with the time and resources to engage in training.

Expected impact on the audiences

More effective and empowering partnership working with parents and families.

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Recommendation

In some areas this is a strength. There are different statutory frameworks and guidance in place for England, Scotland, Wales and Northern Ireland. While there is a clear emphasis across this guidance on comprehensive needs assessments, the quality of needs assessments and its scope, in practice varies highly.

The policy and practice frameworks need to emphasise the importance of comprehensive needs assessments with decision making undertaken in partnership with children as well as parents and families.

Facilitators and barriers

Stronger emphasis on promoting and developing best practice across services in comprehensive and collaborative needs assessment. Investment in workforce development. Setting national reform priorities in this area. Improved supervision for practice.

Training needs

Investment in training and support, and especially providing practitioners with the time and resources to engage in training.

Expected impact on the audiences

Improved identification and response to addressing family and child support needs

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Successful experiences

This is a strength in several areas such as family support services and voluntary sector services. However in children's social care, children's mental health and education support services – there can be significant delays in delivering support and interventions.

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Successful experiences

A plan is generally devised but not all needs can be met often due to resources pressures and gaps in services.

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

There are considerable gaps in practical help for families and in specialist and early help services for children, parents and families. UK and Devolved governments need to invest more in education support services, specialist family support services, child and youth mental health services, paid parental leaves, quality and affordable childcare services, and the social safety net to prevent severe poverty.

Facilitators and barriers

Lack of investment in support and services for families.

Training needs

Investment in training and support for developing family support plans in partnership with families, and especially providing practitioners with the time and resources to engage in training.

Expected impact on the audiences

Addressing gaps in services will enable services to provide more support for children and families.

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Successful experiences

Mostly clear duties and guidelines are in place to promote a positive work culture but the pressures on practitioners due to workload, working conditions and services demand, can compromise how effective these are.

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Successful experiences

There is high variability across sectors and services in relation to how much family outcomes are monitored, what is monitored, how information is shared and how useful this data is. There is much missing data in some areas, e.g monitoring of family progress across ethnicity groups.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

The delivery of a broad range of family support relative to needs and circumstances varies widely across urban vs rural areas. There are major gaps in services. There are considerable gaps in practical help for families and in specialist and early help services for children, parents and families. UK and Devolved governments need to invest more in education support services, specialist family support services, child and youth mental health services, paid parental leaves, quality and affordable childcare services, and the social safety net to prevent severe poverty and better promote child and family wellbeing.

Facilitators and barriers

Lack of investment and funding are big barriers

Training needs

Investment in training and support so that practitioners are aware of the range of support available, and especially providing practitioners with the time and resources to engage in training.

Expected impact on the audiences

Improved investment in services will help to promote better outcomes for families and children.

II.2.1. Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living

Recommendations

There is information available about cash transfers and taxation measures. Social protection and benefits for families however have been reduced in recent years. Benefits no longer are adjusted to family size (beyond having two children) and have not been increased in line with inflation in recent years (there has been several years of exceptionally high inflation). The social safety net to ensure minimum living standards for children and families needs restoring. Austerity cutbacks have increased poverty risks for children and families that are disadvantaged.

Facilitators and barriers

Improvements in social support for families are key facilitators. Cutbacks in provision are key barriers.

Training needs

Investment in training and support so that practitioners are aware of the range of support available, and especially providing practitioners with the time and resources to engage in training.

Expected impact on the audiences

Improved outcomes for children and families particularly with regards reduced severe poverty risks.

II.3.1. Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation

Successful experiences

Although maternity, paternity and parental leave rights for insecure working parents need improvement as do paid leave rights for many – the UK has relatively generous maternity leave entitlements and shared parental leave entitlements for those who qualify.

II.4.1. Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports

Successful experiences

In principle the policy frameworks support the development of a continuum of services at the local level. These are also developed and exist in some degree. However, austerity measures and cutbacks in provision have led to reduced universal services and increasing focus on targeted services for higher needs.

II.5.1. Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response

Successful experiences

Some services are person centred. Some services aim to be but funding, resources and levels of demand make this challenging. Some services deliver a standard offer for most families rather than tailored support based on person centred services.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Successful experiences

Experiences and outcomes from services based on ethnic background is not adequately monitored or addressed across services. There is a strong emphasis though in quality frameworks on the principle of respecting cultural and social diversity. Pockets of good practice in this area across services, especially those delivered by voluntary and community sector organisations, and services working closely with race equality and human rights bodies.

II.7.1. There is a named recognition of the need for, and mechanisms to support coordination

Successful experiences

These mechanisms for improving coordination among services were well developed across most areas during the early 2000s to 2010 where local governments operated children's services partnerships and service sector partnerships. Cutbacks in funding and an emphasis on different local approaches has led to reduced mechanisms and more variability in recent years.

II.8.1. Adequate funding for service is guaranteed and mainstreamed

Recommendations

There have been major reductions in funding for family support and early help across the UK. There has in tandem been increased levels of needs and demand. However the situation does vary across areas and characteristics of areas. There is a need to address gaps in funding and provision in education support services, specialist family support services, child and youth mental health services, paid parental leaves, quality and affordable childcare services, and the social safety net to prevent severe poverty and better promote child and family wellbeing.

Facilitators and barriers

Improvements in social support for families are key facilitators. Cutbacks in provision are key barriers.

Training needs

Investment in training and support so that practitioners are aware of the range of support available, and especially providing practitioners with the time and resources to engage in training.

Expected impact on the audiences

Improved outcomes for children and families

II.9.1. High-quality professional training to ensure a competent, skilled and knowledgeable workforce

Recommendations

The training provided to staff varies a lot across sectors and areas. Funding cuts in this area has had a negative impact. The voluntary sector particularly can suffer from low opportunities and lack of monitoring and dedicated agencies. There is a need to invest in training opportunities for family support practitioners especially across the voluntary sector and early help sector.

Facilitators and barriers

Lack of support and investment in training opportunities, and support to attend and have time for these.

Training needs

Training in best practice approaches, collaborative practice with families, evaluating services, and quality supervision.

Expected impact on the audiences

Improved outcomes for children and families

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Successful experiences

In Scotland, Northern Ireland and Wales collaboration across this groups has been sustained in recent years and has many strengths. In England, these collaborations are promoted in a more patchy way although there are some key agencies such as the 'what works centres'.

III.2.1. Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general

Successful experiences

There are several key bodies such as OFSTED which inspects schools and some early help services. But bodies can have specific remits for specific types of services; and there are limited bodies in some sectors.

III.3.1. There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received

Successful experiences

There is strong advocacy organisations which promote the need for more investment, rights and development for family support services.

III.4.1. Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support

Successful experiences

A narrow conception of 'evidence and expertise' can inform many services while others consider a plural evidence based and practice / lived experience expertise as well.

III.5.1. Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support

Successful experiences

In some sectors such as child welfare orientated family support and school support for children and families, there can be a strong focus on several professionals working together. This can also vary widely across localities and sectors.

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Successful experiences

There is a strong emphasis on gathering data about service needs and delivery. Often though this is not strongly linked to improving the availability and quality of services.

III.7.1. Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes

Successful experiences

There can be significant emphasis on seeking the views and experiences of children and families for improving service provision and quality. This has been a major area of development in local services in recent years. Practice and impact in this area though still varies, and impact is limited by resource constraints which inhibit improvements in services.

III.8.1. Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support

Successful experiences

There is some acknowledgement of the efforts made by professionals to adopt best practice via children's services and voluntary sector award and recognition schemes.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

Much voluntary sector work in this area does not have graduate or higher training opportunities but those working in statutory social work, health and education support roles will have more extensively.

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

There are many events and initiatives in place to promote and learn about best practice. The What Works centres are particularly important here as are many advocacy, research and campaigning organisations. However many frontline practitioners are not supported to attend and engage with key events and learning opportunities.

Quality Assurance in Family Support in Turkey

The coordinators of the chapter on quality assurance in family support in Turkey are Gamze Er-Vargün (Anadolu University) and Burcu Kömürcü-Akik (Ankara University), representatives of Turkey in EurofamNet. The authors of the chapter are the members of the Turkish National Working Group that have participated in the QA[4]EuroFam project (in alphabetical order, after the coordinators): Gamze Er-Vargün, Burcu Kömürcü-Akik, Melisa Duman, Büşra Gök, Rukiye Kızıltepe, Olgun Şener, Cansu Sünbül, Gülcan Tecirli, and Tuğrul Vargün.

Characteristics of the National Working Group and Process for Discussion in Turkey



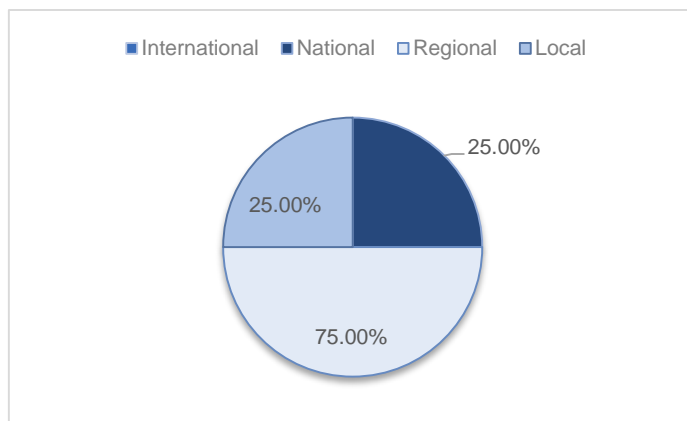
8 national experts



- 1 online meeting.



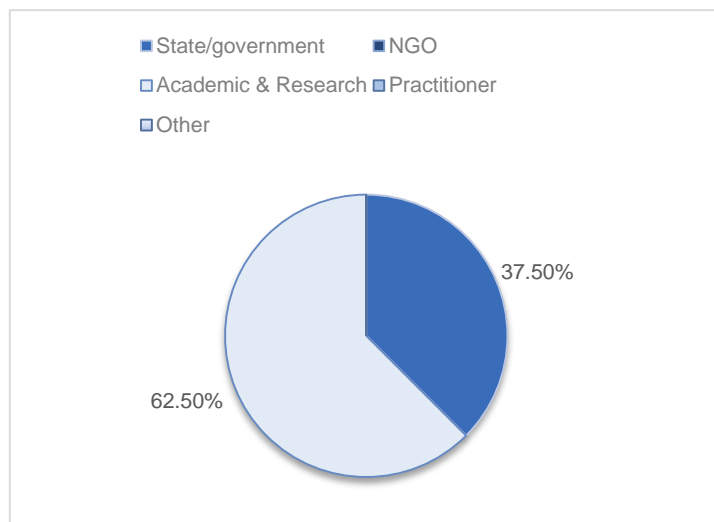
Scope of the family support actors



- Representation from national, regional and local actors.
- No representation from international actors.



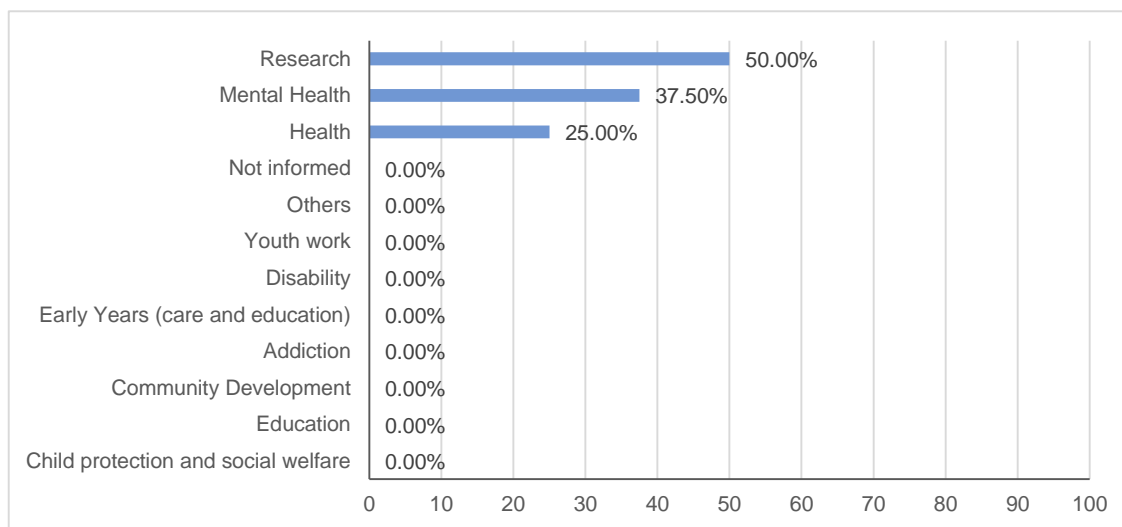
Type of family support actors



- Representation of government and academic and research.
- Academic and research most represented.



Areas of family support actors



- Research and mental health as the areas most represented.
- Some representation from the health area.
- No representation from areas such as child protection and social welfare, education and early years.

Process to fill in the Quality Assurance Protocol and the National Strengths and Recommendations Report

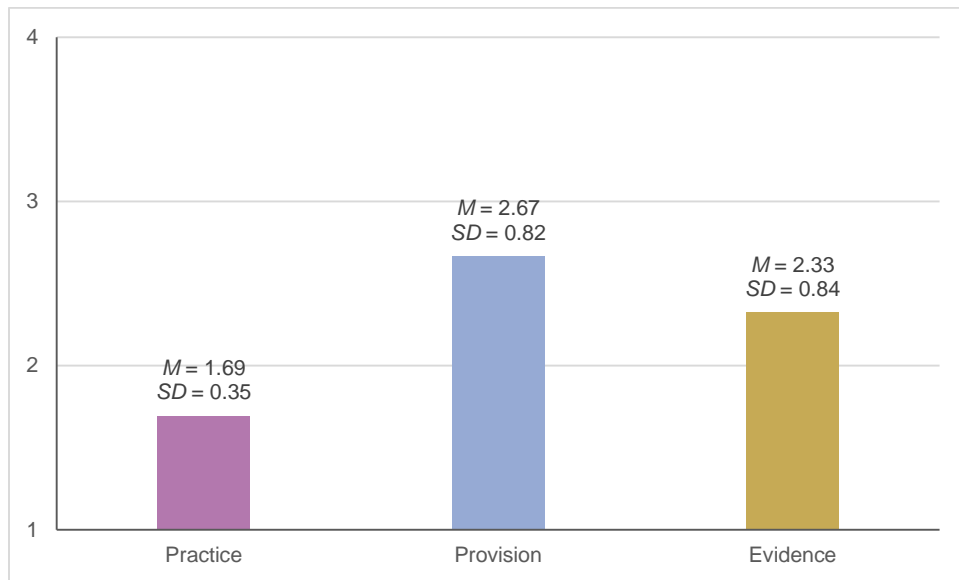
Each member of the National Working Group stated their opinion regarding all items of the **Quality Assurance Protocol** separately. Then, all members discussed several aspects of disagreements towards some items. Finally, the consensus for all items of the Quality Assurance Protocol was reached. Initially, an online meeting was held with all group members to discuss and fill in all items. Then, the national coordinators held several online meetings to produce the **National Strengths and Recommendations Report** based on the detailed notes of the discussion held with the National Working Group members.

Summary of Results of the Quality Assurance Systems in Turkey

In this section, the global scores obtained in Turkey for the three quality assurance systems (practice, provision and evidence) are introduced. First, average scores (M) and standard deviations (SD) for each system are described. Second, medians (Med) and interquartile ranges (IQR) for each system are presented. Lastly, average scores (M) and standard deviations (SD) of the variability in each system are shown.

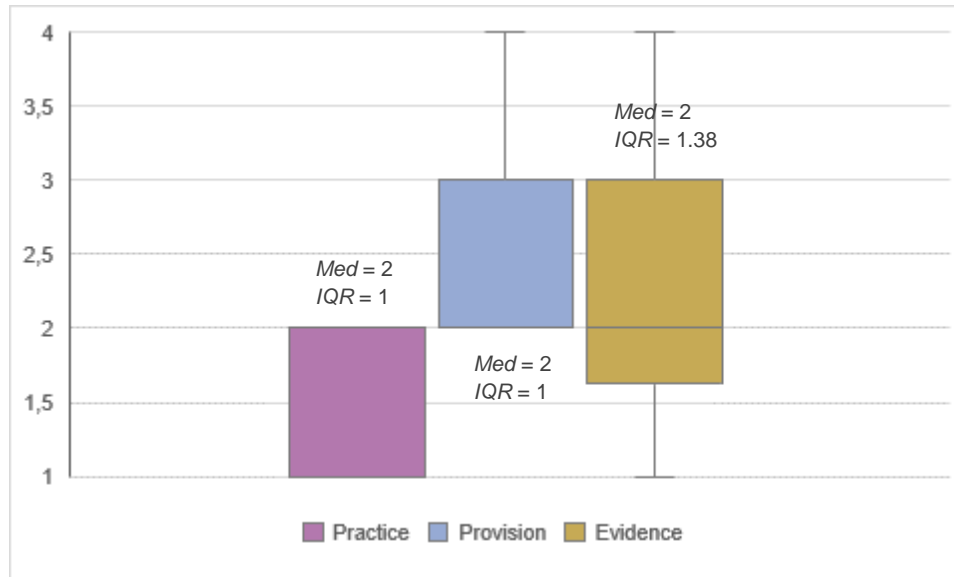
As shown in the following figure, the **average scores** of the three systems are rather low; the highest score is obtained in the provision system, which is slightly closer to 3 points (considered a strength) than to 2 points (considered an area for improvement). However, the practice and evidence systems are clearly in the area for improvement, on average. The practice system presents the lowest score. Thus, overall, the quality of family support in the country is not regarded very highly by the Turkish National Working Group, especially in the case of the practice system.

Average scores of the quality assurance systems in Turkey: means and standard deviations



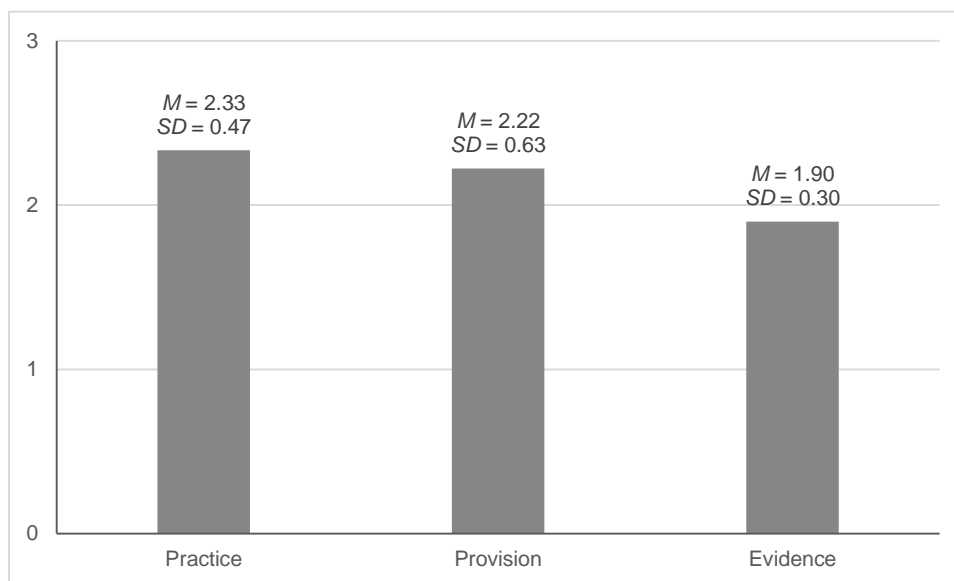
The **medians** and **interquartile ranges** of the three systems are shown in the next figure. The medians all equal 2. Concerning the dispersion of the data, the interquartile ranges are located between 1 and 1.38. As presented in the figure, the interquartile ranges indicate that all the systems present noticeable differences between the scores of their quality standards, and these differences are slightly more pronounced in the case of the family support evidence system.

Average scores of the quality assurance systems in Turkey: medians and interquartile ranges



As shown in the following figure, the practice and provision systems are located at the medium-high level of **variability**, whereas the evidence system is very close to the medium level of variability, indicating that there is quite a bit of variability in the country in relation to the quality of family support, but the answers provided generally reflect the overall situation in the country. The results show that the quality of the evidence system is considered to be somewhat more homogeneous than the other two systems.

Variability scores of the quality assurance systems in Turkey: means and standard deviations



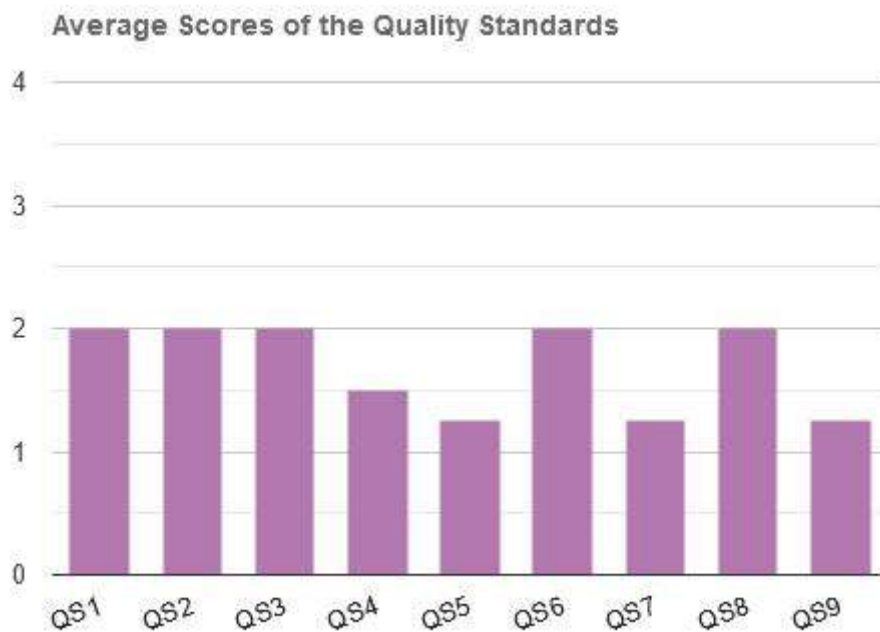
Results Report of the Quality Assurance Protocol

The following pages present Turkey's automatic results report of the Quality Assurance Protocol. This report reflects the average scores obtained on each quality standard, as well as the variability scores. In those cases where the quality standards are differentiated by sectors, the scores for each sector are also shown. Lastly, it presents the strengths and areas for improvement in the country in a quantitative manner.

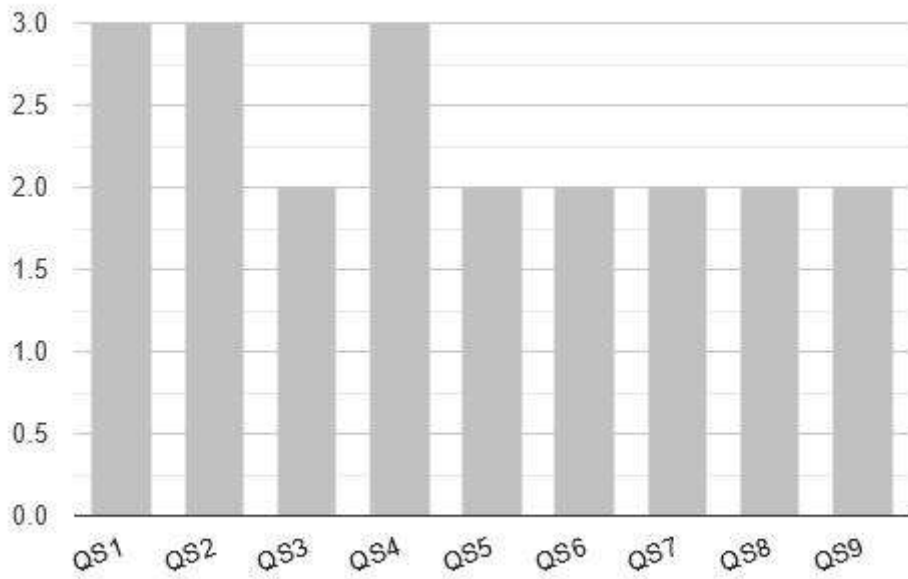
Results Report of the Quality Assurance Protocol: Turkey

System 1. Quality Standards of the Family Support Practice System

Average Scores of the Quality Standards



Average Variability of the Quality Standards



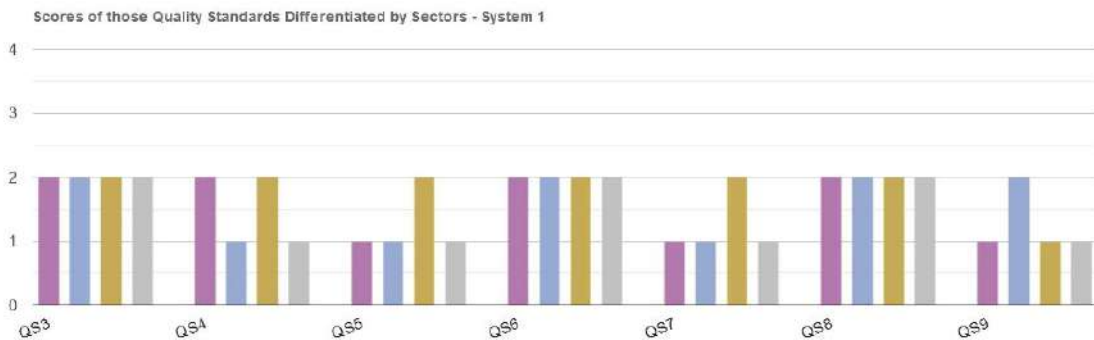
Legend of the Variability Scores

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Strengths

Excellent areas; no improvement required

Strong areas with room for improvement

Areas for improvement

Quality Standard 1: Frame the services objectives from the standpoint of rights and developmental needs of children, youth and families

- The services take into account the best interest of the child and respect the rights and developmental needs of children and youth (and their families) when taking action.

Quality Standard 2: Service provides family support practice complying with international ethical principles

- The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality.

Quality Standard 3: The planning and delivery of services is based on the objectives of partnership between families, and service providers

- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the social sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the education sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the health sector.
- Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service in the justice sector.

Quality Standard 4: Frame the services objectives from the standpoint of a strengths-based approach, and oriented to achieve family autonomy

- The services are designed to recognise and strengthen the family's capacities/competences in the social sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the education sector.

- The services are designed to recognise and strengthen the family's capacities/competences in the health sector.
- The services are designed to recognise and strengthen the family's capacities/competences in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the social sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the education sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the health sector.
- The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs in the justice sector.

Quality Standard 5: Services address family's needs in a responsive and timely manner

- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the social sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the education sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the health sector.
- The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights) in the justice sector.

Quality Standard 6: Use of evidence based programs / interventions

- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the social sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the education sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the health sector.
- The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation in the justice sector.

Quality Standard 7: Feasibility and continuity of the intervention

- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the social sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the education sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the health sector.
- The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services in the justice sector.

Quality Standard 8: Positive culture and leadership, promoting professional development and in service training

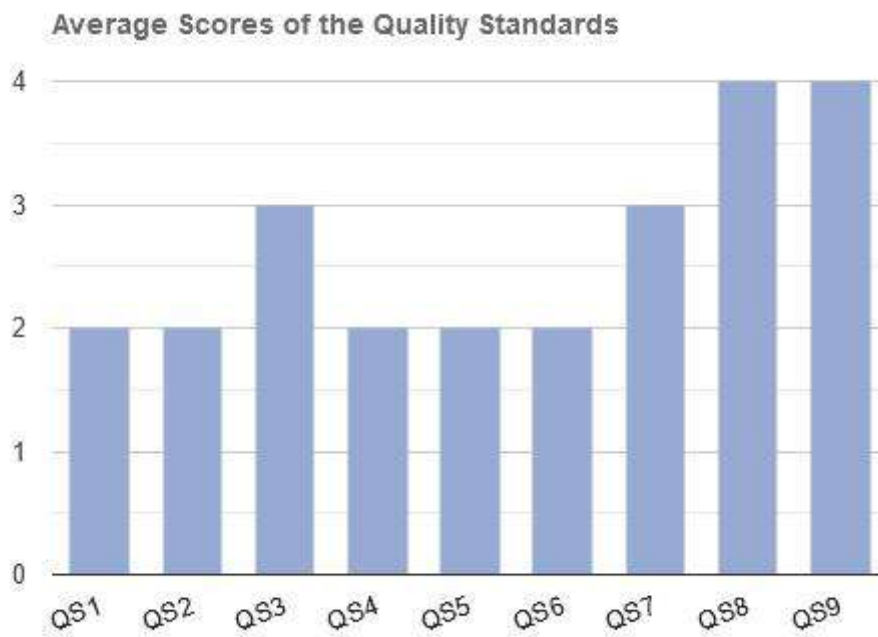
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the social sector.
- The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing in the education sector.
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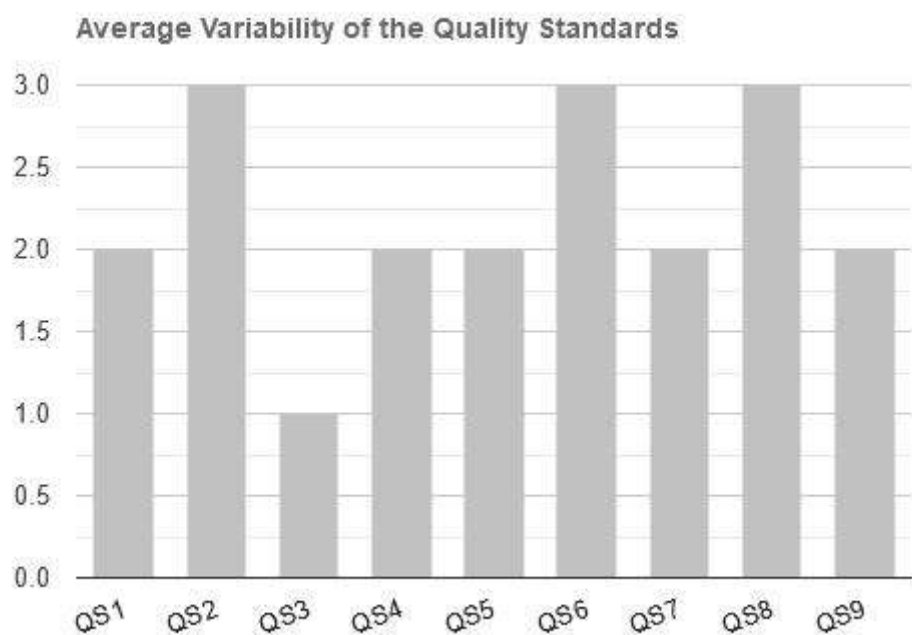
Quality Standard 9: Transparent and accountable organization

- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the social sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the education sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the health sector.
- Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court) in the justice sector.

System 2. Quality Standards of the Family Support Provision System

Average Scores of the Quality Standards





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Strengths

Excellent areas; no improvement required

Quality Standard 8: Services are available when needed

- Adequate funding for service is guaranteed and mainstreamed.

Quality Standard 9: Adequate human resources that provide a high-quality service

- High-quality professional training to ensure a competent, skilled and knowledgeable workforce.

Strong areas with room for improvement

Quality Standard 3: Families can avail of supportive work-life arrangements

- Legal and policy-based recognition of the requirement for varied, optional family-friendly working conditions with adequate compensation.

Quality Standard 7: Services operate in a coordinated and integrated manner

- There is a named recognition of the need for, and mechanisms to support coordination.

Areas for improvement

Quality Standard 1: Formal family support is available to all family members

- A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms.

Quality Standard 2: Economic support associated with the cost of living is provided

- Automatic measures are detailed which provide cash transfers and taxation measures for families most in need linked with family size, and context and cost of living.

Quality Standard 4: Families are supported through all levels and types of need, with a focus on early intervention and informal community-based resources and supports

- Continuum of services provided from support, protection and alternative care, which emphasize preventative approaches and informal supports.

Quality Standard 5: An individualized, needs led service is provided

- Recognizing the significance of the family unit, services respond to specific needs of support and provide a person-centered response.

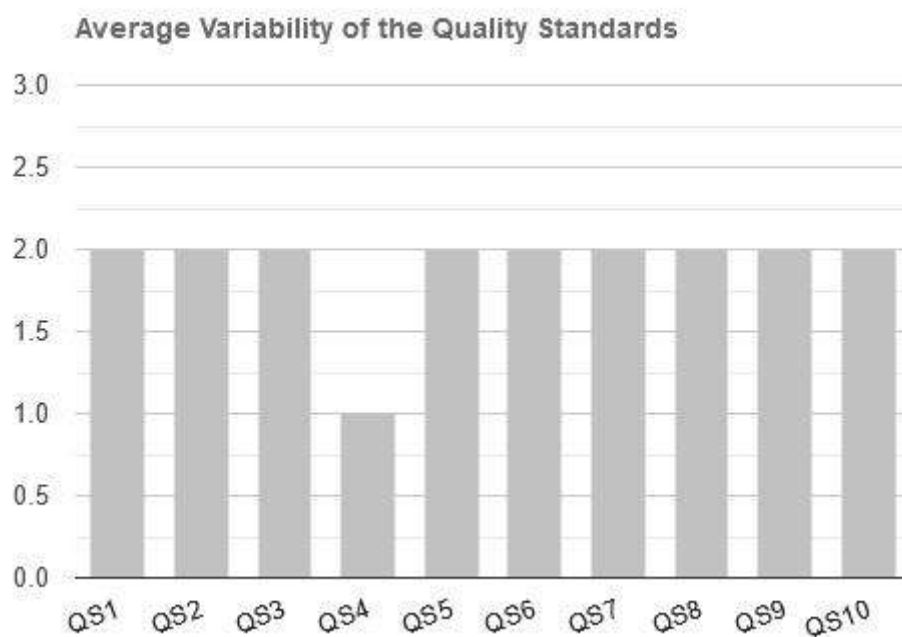
Quality Standard 6: All families are supported with an inclusive approach taken

- Family support provision is respectful and aware of diverse cultures and ethnic backgrounds.

System 3. Quality Standards of the Family Support Evidence System

Average scores of the Quality Standards





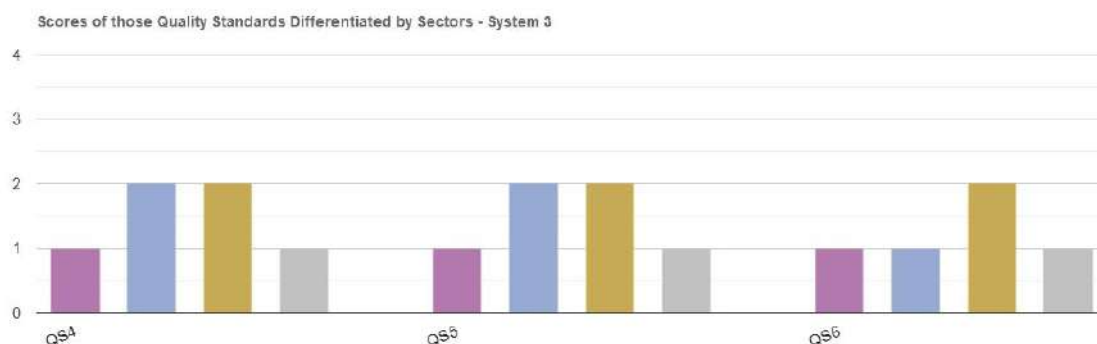
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Strengths

Excellent areas; no improvement required

Quality Standard 3: Engagement of support providers, stakeholders, children-adolescent and families to advocate for quality family support as a right of children and families

- There is awareness among social agents of the need to advocate for the children's and parents' right to participate in the evaluation of the quality of the support received.

Strong areas with room for improvement

Quality Standard 1: Existence of stable collaboration between policy makers, researchers, practitioners

- Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support.

Quality Standard 2: Existence of an entity (agencies or high coordination) that articulates policies and practices aimed to promote the quality assurance

- Existence of high-level or coordinating bodies to ensure quality assessment and communication of results to services and society in general.

Quality Standard 7: Use of the feedback provided by the recipients (children, families) of the support received to continuously improve the services

- Ensure protocols with the feedback provided by children and/or families to improve the quality of support received and inform them of outcomes.

Areas for improvement

Quality Standard 4: Adoption of consensual evidence-based best practices guidelines in child and family support

- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the social sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the education sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the health sector.
- Incorporation of best practices guidelines based on plural scientific evidence and consensual professional expertise in children and family support in the justice sector.

Quality Standard 5: Adoption of consensual and shared evidence-based interprofessional competences guidelines

- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the social sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the education sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the health sector.
- Incorporation of consensual and shared guidelines of interprofessional competency necessary for best practices in children and family support in the justice sector.

Quality Standard 6: Quality assessment and shared continuous improvement plans to the service to promote the quality assurance

- Evaluation carried out in the services to determine the quality of the support provided to children and families in the social sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the education sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the health sector.
- Evaluation carried out in the services to determine the quality of the support provided to children and families in the justice sector.

Quality Standard 8: Recognition of teams and services endorsing best practices guidelines

- Attempt to publicly acknowledge the efforts made by professional teams or services to adopt best practices guidelines to improve the quality of family support.

Quality Standard 9: Professional training efforts in evidence-based practices guidelines

- Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences.

Quality Standard 10: Exchange and dissemination among different audiences of relevant information on best practices for quality family support

- Organization of meetings with various audiences to exchange and disseminate best practices on quality family support through presential or social media communication.

National Strengths and Recommendations Report

Over the next pages, the Turkish Strengths and Recommendations Report is presented. It describes the successful experiences for each of the prioritised strengths by explaining what is being done at the national level that works well. With regard to the prioritised areas for improvement, it provides recommendations as to what could be done at the national level to improve that aspect of family support, as well as the facilitators or barriers that could affect the implementation of these recommendations, the potential training needs required to address the recommendations, and the expected impact of the recommendations on different audiences (children, young people and families, practitioners, and policy makers).

Strengths and recommendations for improvement in family support at the national level: Turkey

Date: 05/31/2024

Please, give a description of the process followed to develop the **National strengths and recommendations** and reach a consensus among the members of the National Working Group

Initially we held an online meetings with all national group members to discuss and filled in all items. Then, as the national coordinators, we held several online meetings (for now three online sessions, each one prolonged approximately one hour) to discuss and evaluate the national reports before filling in Strengths and Recommendations Report. We glad to provide further information, if needed.

Family Support Practice System:

I.2.1. The services respect families' confidentiality, making sure they are informed of the reasons that preclude confidentiality

Recommendations

We have some rules to protect families' confidentiality. However, it is recommended to increase data security in implementation.

Facilitators and barriers

F: –

B: Families' lower literacy on data security. For example, they do not aware of their rights in data confidentiality.

Training needs

It is needed that the literacy on data security of families should be improved. In addition, it is needed to provide some budget to train professionals regularly and periodically.

Expected impact on the audiences

It is expected that it will increase data security.

I.3.1. Establishment of a strong alliance is an important goal of service delivery to promote a collaborative relationship with the families, involving them as active participants in all phases of the service

Successful experiences

In our country, social workers' work in family support could be interpreted one of the successful experiences in Turkiye.

I.4.1. The services are designed to recognise and strengthen the family's capacities/competences

Recommendations

We have some rules in design. But, it is recommended to implement these rules.

Facilitators and barriers

F: –

B: The hierarchical structures of the services might be a barrier.

Training needs

–

Expected impact on the audiences

–

I.5.1. The services conduct proper evaluation of the family's needs and characteristics to determine which is the best response to their needs

Successful experiences

We have some examples on national level. (Mother Child Education Foundation)

<https://www.acev.org/en/homepage/>

I.5.2. The services deliver/implement the intervention plan as soon as possible after the assessment of need (i.e, in a timely manner considering the families' needs, wellbeing and rights)

Successful experiences

We have some examples at national level. For example, immediately after childbirth, the ministry of health work properly and timely regarding maternal-infant health issues (congenital anomalies, hypotroid, etc.)

I.6.1. The services implement programmes that comply with the criteria of evidence-based approaches, i.e., that have structured contents and/or a manual, evaluation protocols, materials for families, and/or materials to evaluate the quality of the implementation

Recommendations

It is recommended that to give attention to create evidence-based guidelines. We have lack of evidence-based guidelines like ESHRE guidelines.

Facilitators and barriers

F: –

B: Taking into action dynamically and in an acute manner is basic barriers to create evidence-based guidelines.

Training needs

–

Expected impact on the audiences

–

I.7.1. The intervention delivery is supported by an appropriate and feasible intervention plan according to the resources available in the services

Recommendations

The recommendations related to this item are similar to the item 1.1. The problem areas are on lack of sources and feasibility.

Facilitators and barriers

–

Training needs

–

Expected impact on the audiences

–

I.8.1. The leadership and management of the services promote a positive work environment characterized by effective supervision, support and in-service training, and promote staff collaborative practice to support families, while promoting professionals' health and wellbeing

Recommendations

In some foundations hierarchical structure are common and it can inhibit professionals well-being and their work.

Facilitators and barriers

F: The micro-group meeting regarding professionals' needs on a regular basis.

B: Hierarchical structure of foundations. Regional differences and survey of our country are also barriers.

Training needs

–

Expected impact on the audiences

–

I.9.1. Regular reporting takes place that track and monitor families progress to inform the service's work, the families and other entities involved in the provision of family support (e.g., CPS or family court)

Successful experiences

The implementations of ministry of health and ministry of education could be interpret one of the successful experiences.

Family Support Provision System

II.1.1. A commitment to a broad range of accessible formal supports, highlighting the requirement to respond to diverse needs and wide range of family forms

Recommendations

It is recommended the services should be more comprehensive and have equity approach towards different kind of families.

Facilitators and barriers

F: –

B: Mainstream point of view especially in ministers

Training needs

It is needed that the collaboration between academic professionals in family support and government.

Expected impact on the audiences

The inclusiveness of different types of families will be expected.

II.6.1. Family support provision is respectful and aware of diverse cultures and ethnic backgrounds

Recommendations

Recently, our country took huge migration from different countries (Syria, Russia, Ukraine, Iraq, Uzbekistan, Iran, etc...), it is difficult to provide family support service regarding take into account their cultural backgrounds.

Facilitators and barriers

–

Training needs

–

Expected impact on the audiences

–

Family Support Evidence System

III.1.1. Existence of collaboration between policy makers, researchers, and practitioners to promote and ensure the quality of family support

Recommendations

It is recommended that the current collaborations between policy makers, researchers, and practitioners should be improved.

Facilitators and barriers

F:

B: As for Türkiye, we have huge structural system. Thus, it is difficult to updating each other regularly,

Training needs

–

Expected impact on the audiences

–

III.6.1. Evaluation carried out in the services to determine the quality of the support provided to children and families

Recommendations

It is recommended that the implementation of follow up evaluation of services after their deliver to the families.

Facilitators and barriers

F: –

B: It is not easy to follow-up families since their low willingness to participate in follow-ups.

Training needs

–

Expected impact on the audiences

–

III.9.1. Existence of graduate, postgraduate or in-service professional training in evidence-based guidelines of best practices and associated competences

Successful experiences

In our country, there is an implementation public service announcement (short videos of certain health topics showed up in televisions between advertisements and billboards placed several places. For example cessation of cigarette using). This could be one of the successful experiences. Using Youtube videos and alive broadcasts, podcasts are also important sources to exchange and disseminate best practices.

6. Conclusions

The QA[4]EuroFam project was **aimed to develop a more comprehensive, integrated, and measurable approach of quality family support across European countries by designing and implementing a Quality Assurance Protocol** that would enable mapping their current situation, creating a collaborative learning scenario and synergistic effects to recognize current strengths and provide recommendations for improvement at the country levels, that could be used as a basis for European recommendations on that matter.

In this Synthesis Report, **we have introduced for the very first time a Quality Assurance Model for Family Support that included objectives, principles, standards as well as measurable indicators**. As a system of embedded systems, this model followed a systemic approach that involved the practice, the service provision and the evidence as key systems that should undergo some improvements oriented towards quality family support.

Methodological rigour was prioritised in the development of the protocol with a plural methodological approach. First, a documentary analysis of European regulations, quality frameworks from relevant European-level bodies and previous empirical efforts on the topic served as the basis for establishing guiding principles for the protocol. Second, an expert EurofamNet members panel with expertise in family support provision, quality standards, and workforce skills integrated lessons learned from EurofamNet to develop quality standards and measurable indicators. Third, a rigorous two-rounds Delphi study with 31 experts from the broader network including researchers and stakeholders from the policy and practice sphere

was used to reach consensus for a final version of the tool. The **final version of the Quality Assurance Protocol included 21 principles, 28 quality standards and 29 indicators organised in the three systems.** Several indicators were differentiated for the education, health, social and justice sectors. Variability in the country was also considered.

For the implementation of the protocol, **National Working Groups have been developed in 19 countries, and 283 participants took part in the implementation of the tool**, with noticeable variability in the size of the groups across countries ($M = 14.89$, $SD = 10.57$). To develop National Working Groups, EurofamNet national coordinators identified key actors in the family support arena, obtaining good representation from different types of actors according to their scope, type of organisation and area, with participation of key actors from policy, practice, and academia, as well as family, children, and young person advocates. More traditional areas of family support such as child protection and welfare were the most represented, although good representation from other areas such as mental health, community development, and childhood education and intervention was obtained. Participating countries found the development of the National Working Groups valuable and useful, with intention to guarantee their sustainability.

The protocol has been implemented at the national level by the 19 participating countries, through an expert survey that was filled in by one of the national coordinators after discussing the items in the different meetings held with the National Working Group. **Each country ranked measurable indicators for the three systems, prioritised quality standards as strengths and areas for improvement, described successful experiences and recommendations, as well as identified facilitators, barriers & training needs.**

For those implementing the protocol, particularly policy and practice actors, **the Quality Assurance Protocol has been described as a comprehensive tool that addresses relevant aspects of quality family support and should be sustained as part of an ongoing formative assessment process** at country level. We have learned from its development that quality standards could be prioritised according to their usefulness to real groups of reference. Moreover, its implementation has shown that language and cultural differences could be addressed by including definitions of key terms, that there is need to guarantee that key stakeholders are identified to report on the quality of family support in each country, as well as to ensure enough time to prepare the informants.

An **overall overview of quality family support in Europe** has shown that the quality of family support practice and service provision systems seems to be stronger than that of the evidence system. This suggests that there is room for improvement in how evidence is translated into

practice to inform and improve the practice and provision systems. Other key results that deserve to be highlighted are the following:

- A significant area for improvement across countries and sectors is to achieve the consistent and sustained implementation of evidence-based approaches in family support programs. This indicates a potential disconnect between research findings and their practical application in real-world settings. Research-practice connection could be improved through more robust researcher-practitioner training models for new generations, improving researcher-practitioner collaboration and promoting scientific literacy among the existing staff in the practice field.
- High-quality professional training is generally regarded as a strength. But, there is also need for continued investment in workforce development to ensure professionals are equipped with the necessary skills and knowledge to deliver effective, evidence-based family support.
- There is a strong emphasis on commitment to the best interest of the child and ensuring confidentiality. Yet, a strengths-based approach appears to be inconsistently practiced. There is greater need for implementing current novel models for practice that empower families and build on their strengths.
- Providing economic support and creating family-friendly working conditions are among the areas that require attention. This suggests that while direct family support services might be in place, broader socioeconomic factors that impact family well-being require greater policy focus and resource allocation.
- The level of coordination and integration between different sectors of provisions and administrative levels varies significantly across countries. This variation highlights the importance of introducing national frameworks and mechanisms that facilitate smooth transitions and collaboration between different service providers.

The development and implementation of the Quality Assurance Protocol in Family Support has shown the **timeliness to implement a unified quality assurance system adopted across European countries that supports evidence-based and culturally informed models for practice**. Common pathways are required to set standards for practice, provision, and evidence-base for family support services and service providers that take into account inter-country and intra-country variability. This approach has the potential to address inequalities in access, experience, and outcomes in family support at country level and across Europe. Next steps

include the analysis of successful experiences and recommendations, as well as identified facilitators, barriers and training needs.

In this way, EurofamNet's **multi-agent, cross-sectoral, and multi-disciplinary National Working Groups focused on quality family support constitute a social fabric of rigorous evaluative and innovative work with the capacity to produce consensual systemic change**. We hope this work lays the foundations for the proposal of national and European guidelines with potential impact on policy recommendations for quality family support.

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