Early Childhood Services: how to reach children in poverty and their families in a sustainable way

More Chances from Childhood

September / 2023

Colophon

Title

Early Childhood Services: how to reach children in poverty and their families in a sustainable way

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1 Foreword p. 4

2 Introduction p. 6

3 Who are the hard to reach families? p. 8

4 Policies, governance and funding at local and national levels enabling effective (outreach) interventions p. 11

5 Cross-sector cooperation in addressing the most vulnerable p. 19

6 The capacity of services for effective results p. 25

7 Examples of evidence-based strategies/ approaches for improving engagement and retaining vulnerable families p. 36

8 Appendix: list of publications p. 41

1 Foreword

The first 1,000 days of life are a key stage in life. They are a phase during which the foundations are laid for adulthood: the acquisition of language, self-confidence, relationships with others, physical and psychological stability and well-being. A child who grows up in an underprivileged socio-economic environment does not have the same chances as others. Suffering from nutritional or emotional deficiencies in the very first months, or even the first years, of life means that a child risks suffering long-term effects to his or her physical, intellectual, emotional and social development.

Any undertakings aimed at correcting such disparities during early childhood, even before starting school, are thus of great importance. Such action can help prevent intergenerational poverty. The earlier any intervention is made, the greater the preventative effect. Enabling children from as young an age as possible and their families to have access to and regularly attend a quality care environment and a parenting support service that meets their needs is a vital lever to getting a good start to life. Unfortunately, the most vulnerable families do not make use, or make relatively little use, of such services and this for a whole series of reasons. Finding these families and creating a long-term relationship of confidence together with them poses a real challenge.

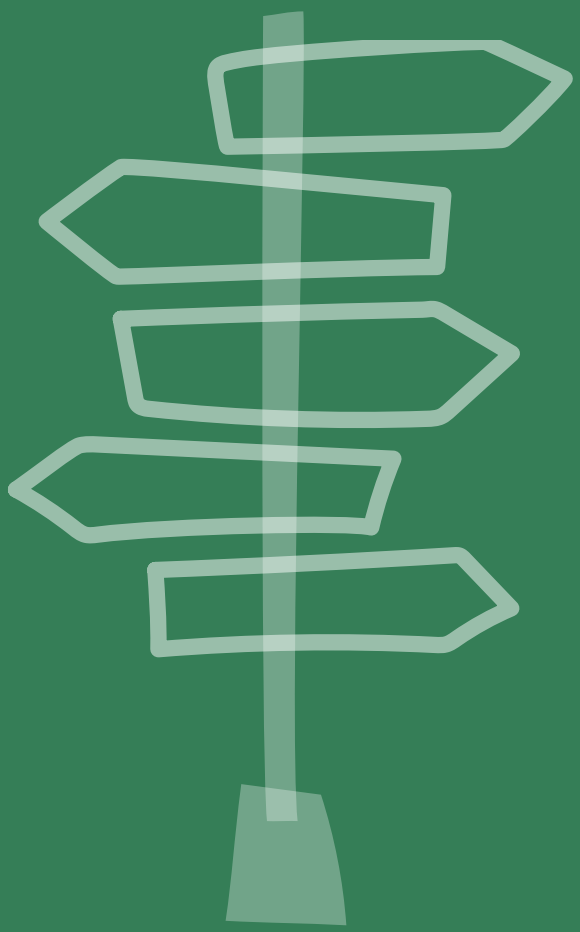
There are services that have succeeded in meeting this challenge. The King Baudouin Foundation, in partnership with the Compagnia di San Paolo and the Aga Khan Foundation, commissioned the International Step by Step Association to conduct a review and analysis of the policies and practices that enable effective intervention to reach the most marginalized families and children and to sustainably involve them in relevant care and support services.

There was a triple objective for this work:

1. to examine the effectiveness of interventions aimed at reaching marginalised families and young children and to engage their long-term participation in care and support services;
2. to identify the main factors in the implementation of effective measures and interventions;
3. to further inspire professionals working in the sector and policy makers.

This work is intended to provide a basis for more in-depth dialogues with vulnerable, invisible, unrepresented and un-listened to families regarding these fundamental issues and this in various European countries.

2 Introduction



"Although the evidence base on effectiveness of early intervention has developed rapidly over the last decade, there remain many knowledge gaps in what works at larger scales. Even the most successful preventative interventions often are found not to benefit many recipients. Moreover, most early intervention research has focused on identifying 'what works', i.e. which programmes influence family outcomes, but existing evaluations have often overlooked 'how' it works, i.e. the concrete implementation characteristics that ensure that, under some conditions and not others, a programme has the intended effects. Therefore, recent work has focused on **'what works, for whom and under what circumstances'**; there is also an increasing recognition that **'implementation matters' and that the quality and level of implementation** of an intervention is associated with outcomes for families and children".[1]

The success of family support interventions depends much on the level of parents' engagement and attendance, particularly as involvement is on a voluntary basis. This requires establishing **good working relationships between parents and practitioners and helping parents to build confidence in their parenting role.**[2]

It is crucial to develop a **shared definition of vulnerability and recognize the multiple and varied dimensions of vulnerability** and that there is usually a combination of these. The Eurostat indicator 'at risk of poverty or social exclusion', which corresponds to the sum of people who are either at risk of poverty, severely materially deprived or living in a household with very low work intensity, can be a good starting point.[3]

3

Who are the hard-to-reach families?

According to an evaluation report in Australia[4], on early intervention and prevention, the 'hard-to-reach' term captures **the following three groups**, each of which also provides a different frame of reference for thinking about hard-to-reach families[5]:

- **the under-represented:** groups that are marginalised, economically disadvantaged or socially excluded, whose disengagement from opportunity makes them under-represented in social programmes. This frame highlights how social, economic and cultural structures of disadvantage and exclusion can contribute to difficulty in ensuring that interventions reach particular groups;

- **the invisible or overlooked:** families who may slip through the net when service providers overlook or fail to cater for their needs. This second frame focuses on how models of service provision may leave some groups underserved or alienated and it draws attention to service providers' responsibility in ensuring access and appropriateness;

- **the service-resistant:** those who choose not to engage with services, including those who may feel wary about service involvement (for fear of children being removed, for instance). This frame emphasises individual characteristics and behaviour, including unwillingness to seek help due to lack of awareness of needs or services and wariness due to prior service experience. More than the previous two groups, this one emphasises individual responsibility for service receipt and engagement, a frame that risks stigmatising the hard-to-reach as personally deficient.

Each of these groups includes people not being served, but whom service providers and policy makers believe would benefit if they were more involved. These categories capture slightly different sources of marginalisation that may separately or together impact on vulnerable individuals and groups, so that some may be simultaneously hard-to-reach in the sense of being under-represented, invisible or service-resistant.[6]

In terms of understanding resistance to, and readiness for, service interventions, McCurdy and Daro (2001) identified a five-stage process[7]:

1. pre-contemplation (not thinking about using services)
2. contemplation (considering using a service)
3. preparation (readiness)
4. engagement (action)
5. maintenance (sustaining involvement and preserving change).

Refusal and resistance to engagement are most common in stages one and two of the above process, although problems of engagement can arise at any point. Barlow and colleagues (2005) also point to some factors contributing to refusal to engage, finding that many of the vulnerable families who refused were unable to understand information about service provision, while others felt too burdened by the complexity of their lives to be able to think about the possible benefits of a new service. Misperceptions and misgivings about services were also reasons to refuse, along with a lack of trust of professionals and feeling that family or other supports were sufficient.[8]

It is important to mention that **the context determines who is considered hard-to-reach.** For example:

- in non-metropolitan settings, isolated families and those with transport difficulties were identified as particularly hard-to-reach;
- those recruiting participants through other services found groups who do not traditionally use services or who do not use mainstream services, to be hard-to-reach;
- services that targeted their activities to the mainstream tended to find several groups under-represented;
- those aiming their services at particular populations tended to find subgroups of their target groups to be hard-to-reach;
- those with a liaison officer or outreach worker and adequate staffing reported less trouble engaging populations who would otherwise be considered hard-to-reach.

4 Policies, governance and funding at local and national levels enabling effective (outreach) interventions

A. Main findings regarding enabling policies p. 12

B. Main findings regarding possibly ineffective policies p. 15

C. Main findings regarding enabling funding p. 17

D. Main findings regarding enabling governance structures efficaces p. 18

A. Main findings regarding enabling policies

- **Public policies** that comprehensively address the issues of availability, entitlement and cost of childcare provision – within a general regulatory framework for quality – are proven to be the most effective in reducing inequalities in ECEC participation rates.[9]

- The **proportional universalism approach** should be used in policy development and implementation, i.e. policies that enable the development of services for the entire population while striving to tackle inequalities by **decentralizing the supply, providing services at community level and lowering the access barriers** (i.e. organizing activities in easy-to-reach places in the community such as a library, nursery or community centre or an organization for the underprivileged, etc.). The **services should not be situated in underprivileged neighbourhoods**, but in bridging areas that enable a social mix and prevent labelling, discrimination, or a reluctance to access the services.[10]

- Intersectional and multiple needs and demands of vulnerable and hard-to-reach families can be met by providing both universal and targeted provisions.[11] A European level study based on the European Quality of Life Survey (EQLS) has shown clearly that **integrated (unitary) systems are perceived to be more accessible** than split systems.[12] Also, **universal entitlements to publicly funded ECEC provision within integrated systems that combine care and education** – along with a flexible allocation of funds that target additional resources toward children and families experiencing disadvantage – may contribute to overcoming social stratification in the use of early childhood services that offer the greatest benefit for disadvantaged groups[13]. On the other hand, interventions in Roma settlements can be considered as a good example for targeting within universal systems. Examples have shown that **free ECEC and transitional spaces can increase enrolment in mainstream provision in sustainable ways.**[14]

- Acknowledging and understanding discrimination towards vulnerable communities (e.g. Roma) is necessary for effective outreach. **Policies and projects that foster integration, communication, and intercultural promotion** provide opportunities to decrease discrimination. Moreover, focusing on child participation within this goal can be effective, such as giving a voice to children to present their lives.[15]

- Elements of ECEC provision that may lead to high enrolment and low inequalities, as in the case of Sweden, include **availability, low net out-of-pocket costs or free provision** for the poorest children, **national guidelines on legal entitlements and maximum fees**.[16]

- Indirect support for low-income families with children is also highlighted by some national experts. In practice, providing **free pre-school care and education for children from poor and disadvantaged social and economic backgrounds** is an opportunity for them to develop in a safe and child-friendly environment and to receive three healthy and balanced meals each day.

- Governments have a role to stimulate and support the network of ECEC centres to engage in effective outreach through local and regional authorities. In Sweden, a government report was prepared with the aim of **keeping municipalities more responsible for organizing and initiating outreach activities**. Another example was in Flanders, where the Flemish Association for Cities and Municipalities drew up a step-by-step plan to help vulnerable families to be returned to ECEC.[17] **In Belgium, the King Baudouin Foundation has published a guide to good practices for elected representatives and managers at municipal level who wish to act in the battle against child poverty**. [18]

- Many European member countries have policies to support families and **children with disabilities.** Although there is variation between countries in terms of the amount of money and the **length of leave, non-taxable allowance benefits and additional annual leave from work** are well structured in European countries. Care duties are recognized at work with additional support such as increased days off for duties related to caregiving.[19]

- The Covid-19 pandemic created worsening effects for families who were already living in difficult conditions before the pandemic. New measures, such as **giving priority status to vulnerable families** (in Berlin and Flanders in Belgium), **large scale temporary fee reductions** (in Croatia) and **publishing guidelines on healthy transitioning (back) to ECEC** (in Italy) can provide a buffer against these further negative effects.[20]

- The ACT government (Australia) developed a strategy for a **free and universal early childhood education system** that aimed to provide a minimum of 15 hours of education per week. This strategy was designed **with awareness of the needs and demands of vulnerable and disadvantaged** children and families. The strategy encompassed a **multi-perspective approach** and aimed to:

  - support parents' participation in the labour market;
  - review housing policies in the light of accessible ECEC;
  - invest in family support and home learning environments to strengthen continuity between school and home;
  - promote children taking part in decision-making processes;
  - include parents as paraprofessionals and provide opportunities for them to take an active part in ECEC centres;
  - ensure sufficient high-quality services in the geographical area;
  - increase linguistic accessibility and diversity and establish a network of diverse services.[21]

- Cumulative findings recurringly show that the **integration of services is key for sustainable outreach to societally disadvantaged and vulnerable communities**. NGO-led Italian pilot studies have shown that the multiple and evolving needs of disadvantaged families can best be addressed by inter-organizational collaboration (family support, child welfare, educational needs, etc.).[22]

- The **expansion of social protection policies** is recommended to ensure safety nets for people at risk of poverty and social exclusion, whilst reinforcing the availability of social housing serves to reduce the living costs of low-income families.[23]

- The ISOTIS project, a large European study on tackling inequalities in education and society, showed promising country examples of high rates of early ECEC attendance. In Norway, high rates of attendance for ECEC services before the age of two were observed among families with a Turkish immigration background. Compared to other European countries in the study (namely The Netherlands, Germany and England) the high rates of attendance could be explained by the **high employment rates of women and the right to ECEC provision for all children from the age of one.** [24]

- Supporting early childhood development and families is a shared responsibility that should be embraced by the various agencies and government bodies in an integrated manner. An example from a European study is **the way in which midwives take an active role in referral to services for financial wellbeing that aim to increase the use of income from social security and benefits by vulnerable families.** The model showed a gradual increase in the number of families who engaged in this service. The programme aims to expand later to children of pre-school age.[25]

- To **guarantee affordability** of ECEC services, structural provisions addressing the overall population - either free of cost or according to income-related fees – tend to have a higher equalising potential than those in which entitlement is targeted to the poor (Children In Scotland, 2011).[26]

- The availability and affordability of provisions does not necessarily make them accessible since many thresholds may implicitly exclude children from poor and immigrant families, such as language barriers, knowledge of bureaucratic procedures, waiting lists, or priorities set by the management. For this reason, ECEC **access policies should be carefully planned – especially at local level – starting from an analysis of the barriers** that prevent children and families from disadvantaged backgrounds from making use of ECEC provisions.[27]

B. Main findings regarding possibly ineffective policies

- **The lack of available data about children**, especially in the younger age group and those with a refugee background or a disability, prevents having **enrolment rates for children disaggregated along different criteria**, including levels of poverty and ethnicity. It is advisable that **enrolment is more closely monitored and documented** to make it possible to evaluate policies and assess 'what works'.[28]

- The **lack of available places in neighbourhoods where families in poverty live** is still one of the main barriers to access. Shortage of provisions for the early years and in most split systems is recognized in many countries. The shortage is more salient for the youngest children (aged 0 to 3) compared to pre-school age children (aged 3 – 6).[29] Geographical inequities in terms of the number of spots in ECEC services acts as a barrier to accessibility for vulnerable families. Lack of policies addressing the geographical distribution of spaces hinders outreach to vulnerable families.[30] However, if at first the 'one-size-fits-all' approach seems effective to increase the access, it is not sustainable in the long run.[31]

- **Free of charge ECEC provision is shown not to be enough by itself to increase perceived accessibility.** Instead, adapting the childcare system to be more affordable for disadvantaged families and vulnerable communities has a higher priority as long as services are perceived as available (e.g. enough spaces in the childcare centre).[32]

- Existing child support policies across Europe to **regulate the financial responsibility of parents for their children are not found to be effective enough in reducing poverty among single parents**. Child benefits were previously shown to be most effective form of reducing poverty among single parents, but when parents are dependent on tax benefits, it results in more affluent families benefiting more than lower-income families. Moreover, unemployment benefits have shrunk and fallen below the poverty line on average in Europe, although there have been improvements in the socio-economic status of single parents.[33]

- **Policies based on a (children's) rights perspective tend to be more effective than policies based on needs (or risk).** However, in cases of shortages, policy makers might decide to first invest in poorer areas, as was the case with the Integrated Centres in the UK.[34]

- **Actual policies targeting single parents are not effective** because levels of provision are low across Europe (e.g. income protection does not even reach income-poverty levels)[35]. Policies are not effective as they favour a gendered approach (e.g. breadwinner model, lack of financial support and availability of childcare provision, joint taxation). On the contrary, **such policies undermine the situation of single mothers** who have to maintain a work-life balance and financial stability.[36]

- Regarding the Covid-19 pandemic, there is a lack of data and attention to the **situation of single parents** across Europe so we do not yet have a clear picture. However, it is important to note that primary findings have signalled that **school closures are more challenging** for them, they can become more negatively affected if they work in sectors directly affected by the pandemic and, in the face of continuing adversity, it can become disproportionately harder for single parents to regain a stable income.[37]

- **A gender perspective is often not integrated** into the preparation, design, implementation, monitoring and evaluation of policies, regulatory measures and spending programmes, with a view to promoting equality between women and men and combating discrimination.[38] Single parenthood is becoming more prevalent in the EU with most single parents being women. Women take care of households with dependent children more than men in Europe (approx. 4 times more on average based on labour force surveys). They face higher risks of material deprivation, poverty, unemployment, social exclusion, low working intensity. Although most single parents are not unemployed, employment itself does not explain or prevent poverty. Factors such as a **'gendered labour market'**, as well as insecure work conditions that are less flexible and pay less, lead to inadequate employment and put single parents at risk of poverty and social exclusion. In addition, educational support does not guarantee an improved financial situation for single parents, because many European countries reported that although average education levels had increased among single parents, the risk of poverty levels did not show a significant change.[39] In addition, it is reported that single mothers as well as women with children who have partners are at risk of poverty and the risk is even higher for women with different backgrounds (women with an immigration background, Roma women, women with disabilities). Most policies are based on indicators that measure poverty with the assumption of shared income and resources, although how poverty is experienced can be different for men or women. **More evidence is therefore needed to assess individual poverty rates of women and men. Applying a gender equality perspective** for policies and interventions is crucial.[40]

- **A lack of multilingual strategies**, in terms of both outreach activities (e.g. information channels in multiple languages) and application and enrolment to ECEC services (e.g. active effort to reduce language barriers), hinders minority communities' attendance levels to ECEC services. Researchers reported that mono-lingual approaches are not sufficient to consider the needs and demands of diverse family languages, especially in cosmopolitan cities with large proportions of immigrant background communities (e.g. in Germany).[41]

C. Main findings regarding enabling funding

- **Government funding (public spending) for ECEC** positively correlates with the perceived accessibility of ECEC services, (although in the European context, high spending does not necessarily mean the most accessible ECEC). Spending on ECEC in low- or middle-income countries has a higher positive effect on perceived accessibility.[42]

- Funding policies that **prioritize investing in service supply** (ECEC supplier public networks) rather than the demand side (e.g. directly funding the families for ECEC service costs) have resulted in more positive results than vice versa.[43]

- In the case of working with Roma communities, besides establishing national strategies for the integration of Roma communities, **funding local NGOs that work closely with Roma families** can help facilitate outreach in terms of setting up communication channels between families and schools.[44]

- The financial situation of municipalities fundamentally affects local efforts for equal access and affordability of ECEC provision. **Public funding is a key element in sustaining the expansion of inclusive services** that meet high-quality standards. The Münchner Förderformel model is an example of how funding the structures of municipalities can be used for 'positive discrimination' of vulnerable groups. Although more studies are needed to estimate the real impact of this approach, research suggests[45] that this type of additional funding, which applies several factors such as **location criteria for socially disadvantaged areas**, can help enhance equal opportunities for socially disadvantaged families and children.[46]

- **Direct subsidies to ECEC services are more effective** than subsidies to parents (fighting the rhetoric of 'free choice').[47]

- Adequate, stable and long-term funding promotes smooth service delivery and reduces staff turnover. Short-term funding is found to disrupt the processes of relationship building with hard-to-reach groups.[48]

D. Main findings regarding enabling governance structures

- (Municipal) Governance ensures a reasonable degree of **adapting services to local needs.**[49]
- Germany provides an example of how (federal) **governments can contribute to funding when direct financial cooperation with municipalities is not possible.** The government can contribute directly in terms of targeted funding by investment programmed for fixed periods, or indirectly in terms of tax reductions for families benefitting from ECEC provision and/or transferring tax revenues to municipalities.[50]

5 Cross-sector cooperation in addressing the most vulnerable

A. Main findings regarding effective coordination across sectors/institutions p. 20

B. Main findings regarding the advantages of cross-sector working p. 22

C. Main findings regarding the barriers to working cross-sectorally p. 24

A. Main findings regarding effective coordination across sectors/institutions

- A quasi-experimental study in England showed that the **integration of services, including day care and health services, as well as services for parents** (i.e. employment, housing) in Sure Start Children's Homes (SSCHs), has proven to have a substantial impact on both children's outcomes and poverty[51]. The model has also been implemented in Hungary for disadvantaged children (including Roma), funded by the ESF and the Norwegian Fund. Despite the important structural and governance challenges of the project, it has confirmed the positive outcomes (on enrolment, children's social skills, parental competences and parent-staff communication).[52]

- Vulnerable families may have intersectional needs and demands (e.g. based on ethnicity, gender or disability, even simultaneously). Provisions that do not foresee multiple and changing needs and the demands of vulnerable or hard-to-reach families might lack sustainability in the long term. It may be necessary to **network closely with other welfare organisations, housing organisations, employment offices and other public or NGO-run services** that address the needs of families in poverty, including material needs. It may also require **networking with specialised staff** (such as speech and other therapists, or specialists in post-traumatic stress) to provide institutional support and capacity development.[53]

- One of the **main principles of the EU Child Union** is that **ECEC must positively interact with expanded social protection and labour policies to tackle structural inequalities** as risk factors for children's development. These include a universal basic income for children or income transfer schemes that benefit children, active labour market policies to stimulate employment (particularly female employment), a statutory minimum wage, adequate parental leave (for both mothers and fathers) and housing.[54]

- In Germany, local **networks of social services** can provide support for single parents who struggle with daily challenges. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has produced an extensive handbook aimed at all professionals and volunteers who offer social services for single parents. Members of these networks can be educational institutions, local authorities, social security agencies, local alliances or self-help groups. The networks aim to integrate existing services, improve their coordination and make them known to single parents. [55]

- In Scotland, the NHS Health Scotland's tool aims to stimulate and encourage action to reduce child poverty by applying **an evidence-based approach to work collaboratively at local level in reaching out to the most vulnerable.** This tool emphasizes the importance of local needs in terms of the level of need for services, the gap between need, supply and the patterns of services and their effectiveness.

Assessments are suggested to focus on six priority groups: **single parents, households where a member has a disability, three or more children in the household, ethnic minorities, households where the youngest child is under one year of age and mothers aged younger than 25.** Based on this first step, the mapping of existing practices and how effective they are should be examined. This tool employs a holistic approach. It focuses on the cost of living, maximizing income and maximizing social security income and benefits instead of only reducing childcare fees and it aims to ensure access to childcare by overall income maximization.[56]

- In Australia, the Australian Government's Family Support Programme (FSP) requires service providers funded by the programme to establish a Vulnerable and Disadvantaged Client Access strategy. The essential criterion for this strategy is **collaboration between governments, services and community sectors (health, local networks, family law and child welfare).** It is accepted that collaboration is crucial in terms of the timely **connection of vulnerable families to the appropriate services and support programmes, providing correct information about a wide range of services to all families and providing well-coordinated support to families and children at risk as early as possible.** This collaborative approach is adopted in terms of its significant benefits regarding the best response to addressing the needs of vulnerable families in comparison to single disciplinary approaches. For successful and sustainable collaboration, organisations also need to set out in detail the levels of collaboration concerning:

  - **networking:** establishing a shared understanding;
  - **coordination:** building strong relationships, with champions leading the action;
  - **service integration:** this requires the highest level of collaboration, in which service systems are brought together and families and community leaders are involved in the design.

  As cross-cutting criteria in addition to levels of collaboration, the following aspects were also considered: a) organisations had to provide evidence that children and families were **at the centre of collaboration**, b) **authorization of collaboration at all levels** with governance support through communication and shared planning mechanisms, c) **shared practices** and actively linking families and children to the services.[57]

B. Main findings regarding the advantages of cross-sector working

It is well known that poverty is a multi-layered, 'wicked' issue, which calls for joined-up working that combines attention being given to non-material needs (parent support, education) as well as material needs (nutrition, housing).[58]

- **Working cross-sectorally strengthens sustainability**. A good example for such infrastructure is Präventionsketten in Germany (chains of prevention). In this infrastructure, public support services from various work lines cooperate to provide long-term, lifetime support (i.e. from pregnancy through to entering the labour market) to combat poverty and social exclusion. This type of local structure was scaled up with the help of public and private initiatives.

- Findings from the extensive research project conducted under the UK Sure Start programme by Barnardo's Children's Centres showed that the **most significant factor in terms of outreach for hard-to-reach families was cooperation with local agencies**. It was also emphasized that partnering with health sector professionals (trusted figures such as midwives or general practitioners) is crucial to encouraging families to benefit from the services in the centre. Moreover, home visits together with a health practitioner were helpful in reaching out to reluctant families[59]. However, although in many countries the **health services are often the first contact point, ECEC can also be the first 'touch point' for families**, especially for the social integration of mothers into society, and particularly when the mother is pregnant or when the child is born. However, Vesely (2013) suggests that ECEC can embody partnerships with community organisations such as language courses and employment services, as well as collaboration with other organisations.[60]

- A recent systematic review has summarized the **barriers and facilitators of interagency collaboration** to support children and young people's wellbeing.[61] One of the most frequently identified factors by both professionals and parents was good **communication across professionals or services**. This included the **quantity and quality of communication but also a willingness to communicate.** The other factor most frequently identified was **joint training**, notably development or training activities in which professionals from different disciplines come together. For example, in one study from Canada, joint training was found to increase positive attitudes towards teamwork and other professionals.[62] **Training ECEC practitioners, but also practitioners from other sectors** who work with families and young children, is seen as a key factor to enabling increased communication with, and transfer of correct information to, vulnerable and hard-to-reach families.[63]

- Extensive reviews of successful **multi-agency collaboration** highlighted that multi-agency collaboration enabled sharing and access to funding, generating adequate resources, support and training opportunities for staff.[64]

- Het Huis van Het Kind, in Belgium, is a good example of the proportionate universalist policy and practice and indicates the advantages of working cross-sectorally when the **local municipality plays the leading role and hosts in the same location multiple services that address a set of needs of families** with young children. The **social mix, the diverse, warm, easy-to-get-to, open and language-accessible services** that connect around the family represent key ingredients for successful cross-sectoral collaboration.[65]

- Collaboration between organisations, service providers and sectors enable the strategies designed to reach out to most vulnerable children and families to be effectively enacted. The findings of an analysis of access strategies implemented by organisations funded under the Australian Government's Family Support Programme (FSP) revealed **successful outcomes of well-organised collaboration:**

  - Collaborative initiatives enabled the provision of services that were not currently available and **tailoring activities that corresponded to the needs of vulnerable families and children.**
  - It provided **soft-entry points and warm environments** for families.
  - Effective outreach activities could be organised mainly through collaboration with local organisations/networks, **to meet families where they felt most comfortable.**
  - **Geographical accessibility and food support** could be realized (e.g. the provision of transport to access play groups).
  - Technology could be used to reach out and **engage remote and rural communities** (e.g. collaboration with Aboriginal media networks).
  - Integrated services ensured that the needs of families were 'seen' and that **their needs were the main drivers for service provision.**
  - Strong relationships and collaboration increased **flexibility, sensitivity and empowerment for users.** Adaptation of programmes to suit the needs of families who could not adhere to the general service provision conditions or timetables were made possible.
  - Collaborative access strategies enabled the **recruitment of staff from the hard-to-reach communities themselves**, as well as establishing professional pathways for them and existing staff.[66]

C. Main findings regarding the barriers to working cross-sectorally

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

- The **lack of ability to establish productive and working relationships and poor cohesiveness between services** has been mentioned by a study in Australia. For example, representatives of partner organisations might be overworked, or the responsibility of facilitation of partnerships might solely be taken on by local partners, exceeding their capacity. Ensuring cohesiveness is **time-consuming** because the relationships between new services and existing providers are fragile.[67]

- Cumulative findings also highlighted **factors that create barriers against multi-agency collaboration:** lack of leadership, top-down decision-making, lack of support from senior management, different or conflicting professional ideologies and/or agency cultures and a lack of competent staff. In the absence of local leadership, partnerships cannot maintain strong connections. Moreover, building communication and trust takes time. Given the aforementioned factors, collaboratively developing coherent action plans becomes difficult. Even in the case of established partnerships, there is a need for new governance structures to ensure sustainability.[68]

6 The capacity of services for effective results

A. Main findings regarding policies at service level p. 26

B. Main findings regarding workforce capacity p. 28

C. Main findings regarding effective practices at service level p. 29

A. Main findings regarding policies at service level[69]

Policies regarding accessibility, affordability and relevancy

- To be attractive for vulnerable parents, services have to be affordable, accessible, useful and comprehensive.[70]
- Affordability is a crucial element in increasing accessibility to ECEC services. Fee reduction is not always sufficient to foster families' level of access to ECEC unless this reduction makes a significant difference to the family's financial decisions. Norway's example has shown that creating **free time slots has provided a flexible way for families to adapt to the service and increased language integration.**[71]
- Outreach to vulnerable families can be achieved through **creating 'welcoming' services that understand and answer the needs of these families.** Families should be able to accept them and services should ensure high-quality relationships with families.[72]

Staff policies

- **Diversification of the workforce,**[73] **including assistants recruited from the target groups**, can be of significant help for the outreach needed to realise targeting within universalism.[74]
- An Australian evaluation report, which investigated the effectiveness of strategies for reaching out to the hard-to-reach, mentioned that many projects **employed staff who themselves were from hard-to-reach groups** as part of their engagement strategy. A male youth worker, for example, was seen as enhancing services by providing a strong role model for young men. Bilingual workers who were representative of culturally and linguistically diverse communities were perceived as essential for recruiting service users from these communities. Participants most strongly believed that indigenous staff were essential for reaching indigenous families. Overall, **staffing strategies** were crucial for engaging the trust of hard-to-reach families. These included:
  - employing local community members;
  - ensuring staff were appropriately skilled;
  - employing outreach or liaison officers;
  - and ensuring high staffing ratios to ensure continuing engagement.[75]

  However, this report also pointed out that the practices employed by staff may prevail because of their importance in belonging to a vulnerable/under-represented group.

Programme policies

- **In-depth outreach strategies through organizational and social channels** strengthen effectiveness and sustainability. **Home visits by practitioners from the same culture** as mothers/families, for example, have been shown to have successful results in increasing approachability as well as in vulnerable families' ability to perceive the need for childcare.[76]

- **Family-based interventions** play a crucial role in improving children's living environments and are important for parents with limited access to material and/ or cultural resources to help children learn and develop.[77]

- **Key conditions for successful** outreach to Roma communities are (a) many years of continuous, direct engagement in fieldwork with the Roma communities (i.e. working in Roma settlements) and (b) enhanced ways of working, grounded in the needs and interests of these communities.

- There is a risk that quality in terms of **appropriate curricula** is defined through a lens of middle-class and ethnocentric bias. The **content of the curriculum, pedagogical practices and language approaches in the centres should foster inclusion** and encourage the attendance of children from different cultural and social backgrounds.[78]

Service management and governance

- The management of ECEC centres should encompass democratic decision-making structures that allow the differing needs of families to be expressed and taken systematically into account in order to tailor ECEC provision to the demands of local communities. ECEC centres that – starting from these premises – **develop policy-making capacity and actively participate in local consultation processes** (policy advocacy) are found to be the most effective in engaging with disadvantaged communities.[79]

- Outreach success, as shown in the study conducted with the staff of Barnardo's Children's Centres in the UK, was related to the **capacities of the centre's managers and leaders to prioritize working with the most disadvantaged families and children** and guiding the staff in terms of engaging with these families.[80]

- In the inclusive approach of the highly regarded Tuscan approach to ECEC (in Pistoia and Emiglia Romagna), **parents are invited to participate in the 'social management'**[81] of early childhood education structures. Some projects have been developed based on this initiative. **The democratic dialogue, sought by the municipality from the very beginning**, is evident everywhere.[82]

- Changes in the institutional/ service culture should be brought about by supporting **democratic leadership**.[83]

B. Main findings regarding workforce capacity

- Research shows that staff qualifications in themselves are not sufficient to predict the quality of ECEC provision for vulnerable groups: the content of training and the methodologies adopted for its delivery also play a crucial role. In this sense the **reciprocal integration of diversified training devices** (lectures, small-group project work, practices and analysis of practices) that produce recursive interplay between rising and practicing activities is a major factor for success.[84]

- Free ECEC and transitional spaces can increase levels of enrolment in mainstream provisions in sustainable ways, provided that investment is simultaneously made in **professional development and support for staff to work with these very vulnerable families.**[85] Special attention should be given to the skills of staff working with vulnerable children and their families. This includes understanding what it means to live in poverty and the implicit barriers that poverty poses for families.[86]

- The level of staff qualification is associated with accessibility for vulnerable communities. **Higher qualified staff** can establish strong relationships with families, show sensitivity and help create reliable ECEC.[87]

- To establish high-quality relationships, it is important to **guide and train professionals in cultural sensitivity**, as well as hiring **childcare professionals from the minority groups**. This increases cultural sensitivity and helps increase the acceptability of services.[88]

- The Belgium example[89] can be given as **building the capacity of ECEC managers** in terms of fostering inclusiveness in creating enrolment waiting lists. ECEC managers who have been through **coaching on creating equitable access policies** have benefitted from it largely in terms of awareness about how access policies can indirectly affect vulnerable families negatively.

- During the Covid crisis, ECEC workforces became frontline workers. It is crucial that the **workforce is supported in terms of finance, mental health and social support**. Moreover, regarding the redesign of daily practice under Covid conditions, the role of managers, leaders, coordinators and coaches was key. **Continuous professional development opportunities** and systems are thus crucial for initiating and sustaining effective outreach.[90]

- Continuous professional staff development should be organised in a democratic way. Research has shown that by **investing in the relationships among professionals, families, communities and services/schools** and by supporting their ability to respect and learn from each other, Professional Learning Communities (PLCs) give voice to competent systems that are focused on inclusion and respect for diversity.[91]

C. Main findings regarding effective practices at service level

- Childcare service alternatives such as **drop-ins and play groups** also encourage families with diverse needs and demands to benefit from ECEC provision.[92] For example, a **drop-in service known as Room to Play**, in one of the UK's most deprived areas (a Midlands city) is located in a shop in a community shopping centre, where parents can talk with practitioners and learning and play activities are available for the children.
  Research pointed to **five core components being needed for this model to be transferable:**[93]

  - **location, space and time** (a place where families already go, that offers familiar experiences for families and with special attention being given to the location, the space provided and the opening hours);
  - **relationships and communication** (with constant adaptation and experimentation, building up trust and relationships between children/ parents and staff and allowing sufficient time for this to develop);
  - **curriculum** (flexible implementation of a curriculum that is suitable for unstructured settings);
  - and **parent information and signposting** (cooperation with external organisations, clear displays, availability in diverse languages);
  - **staffing, professional training and interpersonal skills** (competent staff, multilingual assistants and CPD).

This type of intervention showed promising results for reaching and attracting so-called 'hard-to-reach' families.[94]

- **Flexible hours** for childcare enhance accessibility for working mothers, according to mothers.[95] Flexibility in the organisation of services also facilitates the access of children from disadvantaged backgrounds as well as those with parents who are temporarily or long-term unemployed or with irregular employment status.[96]

- Most of the existing literature on intervention for single mothers is designed for parenting skills. However, Taylor and Conger (2017) discussed that interventions should also aim to **foster the well-being of single mothers** (their mental health as well as feelings of belonging, joy, courage, gratitude and the pursuit of goals). Interventions that include peer support groups and which are strengthened by cognitive-behavioural training had a significant positive effect on coping skills and overall well-being. As a result, these improvements were reflected in parenting skills. However, to achieve positive results in the long term, **follow-up sessions should be organised** to sustain improvements. Establishing **informal networks** among these mothers through group therapies is more effective than one-to-one initiatives, because they

strengthen social support. **Support networks** are shown to be effective in resilience-building among single mothers and they can be sustained through more selective intervention embedded within universal interventions (e.g. public health systems and universal interventions that target reducing adversity). Overall, however, there is a **lack of research on the specific needs of single mothers from different socio-cultural backgrounds.**[97]

- In a (2004–2008) national evaluation report of the Stronger Families and Communities Strategy (SFCS) 2004–2009 for the Department of Families, Housing, Community Services and Indigenous Affairs in Australia, the following practices at service level are mentioned as showing positive outcomes:[98]

  - the importance of **engaging individuals directly and in person**, as well as engaging all family members—especially **male authority figures**—and of providing incentives such as food and social activities;
  - building relationships prior to group interventions through **one-to-one visits to parents** helps service users to build self-esteem and to overcome anxieties about service participation;
  - the use of flexible practice and programme content **enables participants to set their own goals**;
  - understanding the **unique personal histories and needs** of service users and building relationships prior to beginning group work helps break down barriers and misperceptions and ensure engagement;
  - the use of 'buddies' or 'parent ambassadors' can improve take-up among isolated families;
  - the use of **soft entry points**. These refer to providing non-stigmatising ways to engage parents in their own communities, with outreach services such as mobile playgroups or through existing neutral, often universal services such as health clinics, childcare centres or schools, or places where people naturally gather such as parks or shopping centres. Providing information or recruiting clients through universal locations such as maternity wards and health clinics, to residential areas through mobile playgroups, and to innovative locations, such as sporting events, as a way to engage fathers. There are also activities such as 'play and stay', morning teas, music and movement activities, literacy programmes or immigration advice for culturally and linguistically diverse families. Free legal advice, for example, provided an entry point for engaging low-income men in supportive emotional interventions.

Barriers at service level

- **Procedural requirements**, such as paperwork and demanding administrative processes, can **hinder outreach** to vulnerable families. An important point is to increase family autonomy. Obtaining and organizing documents carries the risk of increasing the complexity of enrolment.[99]

- Criteria such as **first registration date or employment status do not work** in favour of vulnerable families. Instead, social indicators are better to prevent exclusion and discrimination in access to ECEC provision.[100]

- Multiple needs and the demands of vulnerable families are not always fully met in the case of **rigid regulations such as inflexible opening hours, minimum hours of attendance and other legal entitlements.** ICT use can be considered as an outreach practice, but the staff's and families' ICT skills and readiness to use them are key for their sustainability and success. It is suggested to use **ICT as additional support and to pay attention not to replace proactive, on-site outreach activities.** In fact, there is **a lack of research about digitalization of ECEC provision.**[101]

- A systematic review of home visiting programmes in the US revealed several barriers to families participating in services:[102]

Table . Barries to participation in US home visiting programmes

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

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

- Research from a sample of culturally diverse parents in Australia also found that parents identified **location and timing of services, financial cost, and competing work commitments** as the most frequently cited barriers to accessing parental intervention.[103] Swedish parents reported similar barriers, in terms of **being unable to take time off work to attend an intervention**. Parents also acknowledged and welcomed free childcare to enable them to attend an intervention.[104] Research from South Africa also found that **timing and logistics were a barrier**, with parents who were employed less likely to attend. **Parents with alcohol and substance abuse** also had lower attendance rates.[105]

- A study on the effectiveness of outreach strategies and activities conducted by the Australian Government indicated several **challenges for sustainable and effective outreach**:

  - Organisations often find it difficult to identify hard-to-reach families and children. Characteristics of hard-to-reach communities should be clearly defined for effective outreach. Three types were identified: disengaged from opportunity; invisible or overlooked and service resistant. However, **there are differences in the levels of needs and demands of these families and each should be approached within its own context.** The complexity of needs must be acknowledged, beginning with basic needs such as material and emotional needs to develop sustainable provisions. It is also important to highlight that **what is perceived as 'resistance to services' by service providers mostly stems from the level of complexity of social needs that users themselves face.** Negative perceptions and stigmatization might also hinder the sustainability of service provision.
  - **Lack of resources and transportation:** when services lack the necessary support for transportation or resources such as equipment for children with disabilities, attendance at service provision will be low and the service will not achieve its goals.
  - **Staff-related issues: recruiting locally** within the communities themselves is important for sustainability. However, organisations found it difficult to recruit and retain local staff; **bringing locals into the existing services as staff might not be attractive for them**, especially when the job requirements (e.g. a lot of travel) are demanding and the corresponding working conditions cannot be improved due to short-term contracts and low salaries.
  - **Time:** building trust and relationships with hard-to-reach groups is a slow process that is frequently overlooked. For worthwhile engagement, this **extra time should be considered to build strong relationships** and the services should have **long-term designs.** Thus, programme funds should recognize the time frame needed for sustainability.[106]

Working with families

- The effectiveness and sustainability of outreach is achieved through services that can meet the needs of families, respond to them culturally and build welcoming and trusting relationships. In this way, attitudes towards ECEC and perceptions of its effects can evolve over time and mothers can gradually observe the positive impact of ECEC.[107]

- **Hearing and understanding families' views** on various aspects, whether families regard the service provided as reliable, or whether the families share the same values or their values are felt to be welcomed and respected, are key to effectiveness.[108] A Canadian report indicated that **providing transportation, when necessary, language assistance and offering food during outreach activities** are effective.[109]

- **Informal social support among parents** is the most universal and salient form of parental support and provides a buffer against parenting stress. ECEC can function as a meeting place for parents that fosters these forms of social support. In so doing, ECEC can not only support individual parents, but also foster social cohesion. **Children can serve as brokers in relationships** that help overcome language barriers, cultural backgrounds and socio-economic differences.[110]

- **Having people from target communities who can help build a bridge to services** can be a big help. It is therefore necessary to carry out **active local activities to inform parents**, understand the thresholds and **build mutual trust, as well as providing specific support**.

- It is reported that the Covid-19 pandemic has emphasized the importance of 'proactive outreach' initiatives such as door-to door visits, phone call sessions, immediate response in assessing the initial needs of families and home visits. This was seen in Berlin, with **outreach activities that were already established as a part of the curriculum in the ECEC centres which were designed intersectorally** (health services, social services). Moreover, **self-initiatives by ECEC centres** were taken, as in the case of Belgium. Bridge figures between pre-schools and societally disadvantaged families help sustain accessibility.[111]

- Recognizing that single parenthood is a highly gendered issue is crucial. Interventions not only focus on parenting skills but also give attention to the needs of gender-based violence. They provide refuge to the most vulnerable single mothers. This is the case of the Safe House Programme in Spain, which aims to provide global support on a wide range of topics such as education, health, employment-related issues, technology, and specifically tailored programmes. The programme activities are carried out in a **multidisciplinary manner in collaboration with various professionals** such as social workers, child educators and psychologists etc..[112]

- **Online tools** such as web portals, websites and the use of social media and similar means can **support single parents** in a variety of ways. The Isadora Duncan Foundation from Spain provides courses and workshops on topics such as computing, job search, e-commerce and digital retouching. These are available for the wider society but with a priority for socially-excluded groups. Moreover, the foundation has been broadcasting its workshops and talks, in which other agencies and NGOs are also involved. Specifically for single parents, the foundation has a social network and actively engages in social media platforms.[113]

Working in communities

- Interventions that aim to increase the **social network and social integration** of these families help increase access to ECEC by creating organic channels to be informed about the services and build trust. One crucial point is that individual family needs should be considered: unemployment might hinder social integration and the information process as they might lack channels to reach out to services.[114]

- **Accurate needs assessments** of both the population and individual families are important to provide provisions that answer the multiple needs and demands of vulnerable populations.[115]

- 'Going to the families' physically is important, as has been repetitively shown by findings from different countries (North America, The UK, Australia). This can be achieved in various ways: through home visits, making use of the space that these families already use, such as grocery stores, to share information, or spaces such as health clinics.[116]

- In a US study, implementation teams included **at least one person who was well-known and respected within the community**[117]. This person was felt to be critical in overcoming interpersonal barriers to recruitment and retention. In addition to adding local credibility to the interventions and building trust with participants, this person also assisted in making contextual adaptations to intervention materials.

- Creating **online communities**, such as the Pregnant, then Screwed platform, provides a safe space for mothers to tell their stories of pregnancy or maternity discrimination and to receive the support and protection they need. The movement gives free legal advice and the chance to apply for a mentor to support the woman who is undergoing discrimination, through an employment tribunal.[118]

Barriers

- Fee reductions, free ECEC services, or alternative outreach initiatives such as summer programmes, cannot be effective **if not supported by networking initiatives or an assessment of group level/family needs.**[119]
- The Covid-19 pandemic has highlighted that there is **lack of data** about whether families were aware of certain provisions designed to prioritize them. This indicates **the need for stronger network channels in communities.**[120]
- **Uninvolved communities** are unwilling to accept ready-made solutions. Communities need to feel that they own how their resources are adapted and mobilized, so it is essential that they co-create solutions.[121]
- Unhelpful societal values and beliefs, such as gender norms, can prevent men and other non-traditional caregivers from engaging in nurturing care. Single women or those that are unaccompanied can also face stigma. Efforts need to be made to change these norms.[122]

7 Examples of evidence-based strategies/ approaches for improving engagement and retaining vulnerable families

In a review from the United States[123] that assessed RCT evaluating methods to improve family engagement and retention, **four out of seven approaches demonstrated success in improving family engagement in the interventions:**[124]

- brief early treatment engagement discussions
- a family systems approach
- enhanced family support and coping methods
- and motivational interviewing.

Other strategies that have provided evidence for their **effectiveness in reaching out and retaining families' participation**[125] **are:**

- publicity materials designed to be attractive and user-friendly;
- parents being given many opportunities to find out about the intervention and enrol in convenient locations such as schools and nurseries;
- the provision of interpretation for parents who would have language difficulties;
- the provision of free childcare and transportation;
- and neutral locations for services to avoid stigmatising families, which might reduce their willingness to participate.

Other research in the United States on **strengthening the participation of families** in a home visiting intervention indicate the following useful strategies:[126]

- offering additional monthly maternal support groups designed to complement the home visiting curriculum and improve participation;
- the provision of extra support such as clothing and childcare items (because these had been identified through community liaison as a means of incentivising participation);
- and the introduction of a community coordinator who offered support to the practitioners by contacting mothers who had missed many visits and trying to re-engage them with the intervention.

A retrospective, quasi-experimental design was used to estimate the effect of enhancement on the retention of families in the intervention. The enhanced intervention was associated with **significantly higher retention among low-income African American mothers in a community with high socio-demographic and health disparities.**

The Families and Schools Together intervention found positive evidence of a variety of engagement strategies with parents in Germany, the Netherlands, the United Kingdom and the United States[127]. For example, **incentives were used to increase attendance**, with each family being informed during recruitment that they would win a basket of gifts on one of the eight weeks of the programme.

Research is showing the value of the **place-based approach**[128] when addressing the needs of families with young children. This is an innovative way of improving early childhood development, based on the idea that **resilience is built on social and community connectedness** and that neighbourhoods and communities are important in shaping families and children. It requires a new way of thinking (see Figure below).

Old thinking		New thinking
Help the child or parent	→	Help two (or more) generations
Emphasize care *or* education	→	Emphasize care *and* education
Provide information to parents	→	Promote responsive parenting, family life and leadership skills
Require mothers' participation/ responsibility	→	Assume partnership/responsibility that includes mothers and fathers
Refer people to other services	→	Partner with other agencies to give access to: - education - economic support - social and mental health services
Use data to ensure compliance	→	Use data for continuous improvement
Focus on the parent or child	→	Ensure the well-being of the child and family
Involvement of the mothers	→	Involvement of the whole family
Information	→	Holistic social and economic support
Separate programmes	→	Connected services
Separate sectors	→	Cross-sector collaboration
Single-programme impact	→	Collective impact

Training long-term unemployed women without qualification to become qualified day care workers (mostly migrant and vulnerable mothers from the neighbourhood, whose children are in day care) is another good example of a strategy to reach out to vulnerable groups and ensure involvement and retention. Such examples exist in Belgium (in Brussels and Ghent).[129]

Another approach introduces two-generation programmes designed to deal with the multi-generational, multi-dimensional aspects of poor and migrant families and to cope with the problems of parents and children in two continuous generations by offering services such as early childhood education and parenting education to help young children get a good start in life. By simultaneously offering services such as job training, literacy training and vocational education, parents are helped to become economically independent.[130]

Projects addressing **Roma children, families and communities** implemented over several years in Ghent, Rome and Belfast provide valuable insights **and lessons learned regarding the outreach, effectiveness and sustainability of programmes that address vulnerable groups:**[131]

- the value of these interventions relates to the processes they followed, namely establishing contact, getting to know each other and building trust through sustained and regular activities and support;
- changes need time and involving the most vulnerable requires time that goes beyond the duration of a project;
- stakeholders should consider using social impact bonds as public-private partnerships driving resources toward effective social programmes that measurably improve lives;
- parents and families should be respected, building upon the skills and capacities they can offer and by taking an approach based on the strengths of each member and including them in services. There is a need to focus not only on risk factors but also on the skills that children and their families have.

The Bernard van Leer Foundation's **Whole Family Approach**[132] encompasses the **notion of serving the whole family, with the emphasis of both care and education.** Overall family well-being, access to high quality ECEC provision, as well as service provision for health, income (in terms of income support and career development) and social networks are the goals of this approach. Although only a few programmes exist that could provide all aspects, it is stated that partnerships around shared goals and being mutually accountable are crucial to providing holistic services to families.

Successful implementation of the Whole Family Approach has shown that success

lies in partnering with parents and serving holistic services. The guiding principles of this approach are as follows:

- coordinate and align child and adult systems and funding streams: systems should be aligned and linked at regional and community level;
- prioritize intentional implementation: consider programme outcomes carefully, support the workforce directly involved and use the data correctly and carefully;
- measure and account for the outcomes for children and the adults in their lives: policies and programmes should address multiple outcomes, for both children and parents;
- ensure equity: pay attention to problems that lead to gender/racial and/or ethnic disparities embedded in the structures;
- ensure interventions are culturally appropriate: families' cultural beliefs and practices should be reflected in programmes;
- foster innovation and evidence together: whilst benefitting earlier evidence-based research findings, be innovative in terms of best meeting families' needs and demands;
- build social capital: establish and stimulate peer networks with shared values and understanding.

Examples of good practices that employ the Whole Family Approach to **ECD:**

- Crece Contigo, implemented in Chile, recognizes the prenatal period and integrates health, education, welfare and protection services through a national health network system.
- The Jeremiah Programme implemented in the US recognizes the importance of women's empowerment. Through this programme, single mothers can take part in a project about the empowerment of work in order to reduce their dependency on benefits while they are provided with quality ECEC onsite.

8 Appendix: list of publications

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