

jurisdictional snapshot

Service Models to Support Families: A Jurisdictional Scan

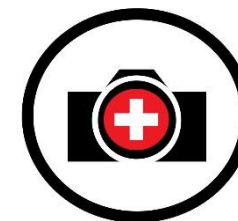
March 2022 | Pablo Navarro

*A scan of health policies and practices implemented outside
Newfoundland and Labrador*

Newfoundland & Labrador Centre for
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To support our Health System Partners, CHRSP has produced this Snapshot Report of health care practices, processes, and protocols inside and outside of Canada. This report is designed to inform decision-makers about the healthcare landscape across jurisdictions, particularly with respect to practice variation and policy initiatives. It will also help guide topic selection for other CHRSP products, such as our Evidence in Context Reports and Rapid Evidence Reports.

1. About *Snapshot Reports*

Snapshot Reports provide health system decision makers with a brief scan of health practices, models of care, programs, or policies, and a summary of established or emerging interventions from jurisdictions outside of Newfoundland and Labrador on the issue in question. NLCAHR created these reports to meet health system demand for timely information about practices/programs/policies that might potentially be adapted for use here in Newfoundland and Labrador. Each *Snapshot Report* responds to a specific request from CHRSP's health system stakeholders for information on a topic identified as being of priority interest. The results of a given *Snapshot Report* may provide these stakeholders with all the information they require; the reports may also be a catalyst for more in-depth study on the issue, possibly in the form of a CHRSP *Evidence in Context Report* or *Rapid Evidence Report*.

Snapshot Reports are not a comprehensive or exhaustive evaluation of the practice or policy under study; rather, they offer a brief overview that includes:

- an executive summary;
- an overview of the research objective with a clear description of the policy or practice under consideration;
- a statement of the focus and scope of the report;
- a summary of key descriptive findings;
- tables listing the practices/policies/models identified in other jurisdictions, with web links to each, where available; and
- appendices containing more detailed information.

Given the limitations of this approach, decision makers should not construe this *Snapshot Report* as a recommendation for or against the use of any particular healthcare intervention or policy.

2. Executive Summary

Topic: Models underpinning family support programs that focus on prevention or early intervention approaches for children, youth and families.

Study approach: Jurisdictional scan of Canadian provinces and four countries: Ireland, Scotland, Australia, and New Zealand.

Key findings:

- A children’s-rights based approach is common in policy frameworks that are intended to support families through prevention or early intervention. Such approaches are more common outside of Canada than within Canada.
- Most family support programs included in this jurisdictional scan are consistent with a social determinants of health¹ framework, and focus accordingly on environmental/familial determinants of health and child development. As such, the programs are inter-departmental or inter-sectoral in design.
- Most of the programs included in this analysis took a universal access approach to services instead of a means-tested approach, and had a strong emphasis on equity and cultural safety.

3. Background & Research Objective

The Government of Newfoundland and Labrador’s Department of Children, Seniors and Social Development (CSSD) is leading the development of an action plan on prevention and early intervention for families. This plan will coordinate government efforts, focus on community partnerships, and identify opportunities to improve outcomes for all children and youth so that they can develop to their full potential. The plan will also include supporting families to help reduce or prevent the need for involving the child protection system as an intervener.

¹ The World Health Organization defines the social determinants of health as being the non-medical factors that influence health outcomes. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 accessed March 25, 2022

4. Focus & Scope of this report

This report consists of a jurisdictional scan of strategic policy frameworks, policy frameworks, policies, and programs that intend to support families through prevention and early intervention (hereinafter referred to as “family support programs” or “programs”). The report is intended to elucidate the models that underpin such programs. For the purposes of this *Snapshot Report*, we describe the models by indicating the following elements of the included programs:

- Vision and Mission
- Goals
- Design Features
- Intended Outcomes
- Implementation Features

In this report, *prevention* refers to primary prevention in a health research context (i.e., intervening prior to a health effect occurring) while *early intervention* refers to secondary prevention in a health research context (i.e., screening to identify health effects in their earliest phase and intervening to prevent further harms).

The included programs and their models are directly intended to enable families to effectively cope with raising children, to achieve healthy developmental outcomes for their children, and to raise children with social and emotional competence. Interventions that may contribute to these outcomes but are not explicitly intended to do so (e.g., income assistance programs, mental health and addictions supports, or increasing LGBTQ+ acceptance) are not included.

Table 1 on the following page provides an overview of the search parameters for this jurisdictional scan: populations, areas of focus, program settings, jurisdictions, and timeframe. It also outlines the inclusion and exclusion criteria for each of these study parameters.

Table 1: Overview of search parameters, inclusion criteria, and exclusion criteria

Parameter	Inclusion criteria	Exclusion criteria
Population	<ul style="list-style-type: none"> Children, youth and families 	<ul style="list-style-type: none"> Individual children, youth or parents
Areas of focus	<ul style="list-style-type: none"> Conceptual models of government family support initiatives with primary and secondary prevention components Model elements (i.e., vision, mission, goals, design features, intended outcomes, and implementation) of strategic policy frameworks or other similar initiatives intended to address family supports 	<ul style="list-style-type: none"> Conceptual models of initiatives limited exclusively to child protection Specific policies, programs or practices to support families without model information Initiatives that do not involve family in the model
Program setting	<ul style="list-style-type: none"> Community 	<ul style="list-style-type: none"> Institutional
Jurisdictions	<ul style="list-style-type: none"> Canadian provinces and territories New Zealand, Australia, United Kingdom, and Ireland 	<ul style="list-style-type: none"> Jurisdictions whose operating language is not English and/or whose healthcare systems are fundamentally different from that of NL.
Timeframe	<ul style="list-style-type: none"> Programs that started operations within the past twenty years. 	<ul style="list-style-type: none"> Older programs or models that have not been implemented.

This project began with a scan of jurisdictions and sub-national regions (i.e., provinces, territories, or states), health regions and municipalities in Canada, Ireland, the United Kingdom, Australia, and New Zealand. All parameters were developed in consultation with our Health System Partner in CSSD.

Search strategy and analysis

Background work included consultations with our health system partners in CSSD and with two faculty members at Memorial University whose backgrounds in social work research focused on family support programs (see Appendix A for notes from these consultations). We also carried out a preliminary review of the research literature using PubMed, Google Scholar and CINAHL.

Our next step was to carry out a preliminary scan for examples of family support programs implemented in the eligible jurisdictions. A full list of those jurisdictions is provided in Appendix B. We collected data on the following areas of interest: Mission and Vision, Goals, Design Features, Intended Outcomes, and Implementation Features. Our preliminary analysis sought to categorize the features of the

underpinning models. The results of the preliminary scan were then used to select, in consultation with our CSSD health system partners, a subset of jurisdictions and programs for a more detailed analysis. The jurisdictions and programs included in the final analysis include:

- Australia - National Framework for Protecting Australia's Children 2009-2020
- Australia – Healthy, Safe and Thriving
- Ireland – Better Outcomes, Brighter Futures
- New Zealand – Child and Youth Well Being Strategy
- Nova Scotia – Our Kids are Worth It
- Scotland – Getting It Right For Every Child

5. Summary of Key Findings

Vision/Mission

The visions of included family support programs focus on creating optimal supportive environments for children to develop. They also focus on successfully developed children themselves. The vision of supportive environments includes supports for families (predominantly, but not exclusively, parents) as well as children. Safety is a critical and widely-shared criteria for supportive environments, while health, in a holistic context, is the key feature of successful development.

The missions of included programs tend to involve creating institutional structures that will create and implement policies to achieve the stated vision, or that will facilitate collaboration among existing services and parties that play a role in child well-being. Timely access and family engagement feature prominently in mission statements as well.

Most of the vision and mission statements refer to, or are consistent with, social determinants of health models of child and family support strategies.

Goals

The goals of the included family support programs aligned around two broad themes. Figuring prominently in the European and Oceania jurisdictions was the key goal of establishing a framework within which to coordinate, collaborate, and align related policies. This emphasis likely reflects the strategic policy framework structure for most included programs from these regions. The second broad theme among included goals for these programs was an emphasis on more specific goals that were related to meeting services outcomes and experiential or status outcomes for children and families.

Design Features

Our findings suggested several shared design features among the included family support programs. Several programs took a children's rights-based approach to family support, as well as a child-focused approach that centered children in decision making. Several also explicitly referred to a strengths-based approach as a guiding principle in the design of services. Programs appeared to stress supportive environments as a critical design feature, with emphases on physical, mental and emotional safety, adequate material living conditions, and culturally-appropriate supports. All included family support programs explicitly addressed the need for inter-sectoral and/or inter-departmental coordination and collaboration in order to achieve effective, responsive, and equitable support and services. The included family support programs appeared to take the approach of universal access rather than taking a means-tested approach in terms of access to services, as well as recognizing the critical and central role of parents in the successful development of children.

Intended Outcomes

The results of the scan suggest that intended outcomes cluster around the following:

- operational outcomes such as framework implementation or access to supports;
- client outcomes such as health status or social integration; and
- environmental outcomes such as a safe/abuse free home setting or access to education.

Many of the intended outcomes involve multiple sectoral/departmental involvement, including those with a mandate for child safety, poverty reduction, child health, child education, parental mental health and addictions, and building parental skills.

Implementation Features

By virtue of their inter-departmental/-sectoral outcomes, family support programs generally require inter-departmental/-sectoral implementation features, including economic supports, education and skills building, improving material living conditions, promoting social inclusion and reducing marginalization, harm prevention, supporting mental health, supporting maternity/maternal health, early childhood and K-12 education. In many cases, strategic policy frameworks coordinate the policies and implementations of multiple departments. Implementing programs in Canadian provinces appears to have involved a greater level of collaboration with community partners when compared to the other jurisdictions included in the jurisdictional scan.

6. Summary Tables

The following tables provide a summary of the thirty models included in this jurisdictional scan:

- Table 2: Included Jurisdictions
- Table 3: Vision/Mission
- Table 4: Goals
- Table 5: Conceptual Models
- Table 6: Intended Outcomes
- Table 7: Implementation Features

Table 2: Included Jurisdictions

Jurisdiction	Strategic Framework/Policy/Program	Available at:
New Zealand	C&Y Wellbeing Strategy	Updated website: LINK
Australia	Healthy Safe and Thriving	Archived PDF: LINK
	National Framework for Protecting Australia's Children	Archived website: LINK
Scotland	Getting It Right for Every Child	Original website: LINK
Ireland	Better Outcomes, Brighter Futures	Original PDF: LINK
Nova Scotia	Our Kids Are Worth It	Original PDF: LINK

Table 3: Vision / Mission

Jurisdiction & Program	Vision	Mission
<p>New Zealand Child and youth wellbeing strategy</p>	<p>New Zealand is the best place in the world for children and young people.</p>	<p>Set out a framework to improve child and youth wellbeing that can be used by anyone. Drive Government policy in a unified and holistic way. Outline policies the Government intends to implement. Harness public support and community action. Increase political and public sector accountability for improving wellbeing. Improve wellbeing outcomes for Māori children and young people.</p>
<p>Australia Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health</p>	<p>Children and young people are healthy, safe and thriving.</p>	<p>The intention of the Framework is to establish an overarching framework that draws together a range of disparate policy initiatives that seek to improve the health and wellbeing of children and young people.</p>
<p>Australia National Framework for Protecting Australia’s Children 2009–2020</p>	<p>Australia’s children and young people are safe and well.</p>	<p>N/A</p>
<p>Scotland Getting It Right for Every Child</p>	<p>Getting It Right for Every Child is a way for families to work in partnership with people who can support them, such as teachers, doctors and nurses.</p>	<p>Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential</p>
<p>Ireland Better Outcomes, Brighter Futures</p>	<p>Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.</p>	<p>To coordinate policy across Government with the five national outcomes and to identify areas that, with focused attention, have the potential to improve outcomes for children and young people (0-24 years) and to transform the effectiveness of existing policies, services and resources.</p>
<p>Nova Scotia Our Kids Are Worth It Strategy for Children and Youth</p>	<p>Children and youth are healthy, safe, nurtured, and responsible—and given the right opportunities to be the best that they can be.</p>	<p>Key directions: 1. Build a strong foundation 2. Identify problems, help early 3. Co-ordinate programs, services 4. Improve access, close gaps 5. Engage youth, promote shared accountability</p>

Table 4: Goals

Jurisdiction & Program	Goals
<p>New Zealand Child and youth wellbeing strategy</p>	<ol style="list-style-type: none"> 1. Set out a framework to improve child and youth wellbeing that can be used by anyone. 2. Drive Government policy in a unified and holistic way. 3. Outline policies the Government intends to implement. 4. Harness public support and community action. 5. Increase political and public sector accountability for improving wellbeing. 6. Improve wellbeing outcomes for Māori children and young people.
<p>Australia Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health</p>	<p>The intention of the Framework is to establish an overarching framework that draws together a range of disparate policy initiatives that seek to improve the health and wellbeing of children and young people.</p>
<p>Australia National Framework for Protecting Australia’s Children 2009–2020</p>	<p>A substantial and sustained reduction in child abuse and neglect in Australia over time, as measured by:</p> <ul style="list-style-type: none"> • Trends in key national indicators of children’s health, development and wellbeing. • Trends in hospital admissions and emergency department visits for neglect and injuries to children under three years. • Trends in substantiated child protection cases. • Trends in the number of children in out-of-home care.
<p>Scotland Getting It Right for Every Child</p>	<p>N/A.</p>
<p>Ireland Better Outcomes, Brighter Futures</p>	<p>To coordinate policy across Government with the five national outcomes and to identify areas that, with focused attention, have the potential to improve outcomes for children and young people (0-24 years) and to transform the effectiveness of existing policies, services and resources.</p>
<p>Nova Scotia Our Kids Are Worth It Strategy for Children and Youth</p>	<p>Goals:</p> <ol style="list-style-type: none"> 1. Children and youth are well cared for, safe, healthy, and active. 2. Children and youth are supported in making successful transitions in their lives from birth to adulthood. 3. Children and youth are engaged in ways that support their successful development and their understanding and acceptance of responsibilities for their actions. 4. Families are supported in ways that help them meet their needs and their responsibilities for their children...

Table 5: Design Features

Jurisdiction & Program	Conceptual Features
<p>New Zealand Child and youth wellbeing strategy</p>	<p>The model draw from children's rights in New Zealand constitution, including the rights derived from the United Nations Convention on the Rights of the Child (UNCROC) and the Convention on the Rights of Persons with Disabilities (UNCRPD):</p> <ul style="list-style-type: none"> • Children and young people are taonga (<i>treasure, anything prized - applied to anything considered to be of value including socially or culturally</i>). • Māori are tangata whenua (<i>local people, hosts, indigenous people - people born of the whenua, i.e. of the placenta and of the land where the people's ancestors have lived and where their placenta are buried</i>) and the Māori-Crown relationship is foundational. • Children and young people's rights need to be respected and upheld. • All children and young people deserve to live a good life. • Wellbeing needs holistic and comprehensive approaches. • Children and young people's wellbeing is interwoven with family and whānau wellbeing. • Change requires action by all of us. • Actions must deliver better life outcomes. • Early support is needed.
<p>Australia Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health</p>	<ul style="list-style-type: none"> • Prevention and early intervention: universal and targeted prevention services and early intervention for those identified as in need is best practice and essential for achieving optimal health outcomes. • Strengths based approach: health services for children, young people and families are delivered from a social health perspective, building on strengths, enabling children and young people to grow up thriving and resilient. • Environment: children and young people should grow up in healthy and safe families, environments and communities. • Equity: all children and young people in Australia should have appropriate access to health services to ensure equitable outcomes. • Proportionate universalism: the provision of health services must be universal, but with services provided at a level proportionate to need.
<p>Australia National Framework for Protecting Australia's Children 2009–2020</p>	<p>In line with Australia's obligations as a signatory to the UN Convention, the National Framework is underpinned by the following principles:</p> <ul style="list-style-type: none"> • All children have a right to grow up in an environment free from neglect and abuse. Their best interests are paramount in all decisions affecting them. • Children and their families have a right to participate in decisions affecting them. • Improving the safety and wellbeing of children is a national priority. • The safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments. • Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children. • Children's rights are upheld by systems and institutions. • Policies and interventions are evidence based.

Table 5: Design Features ... continued

Jurisdiction & Program	Design Features
<p>Scotland Getting It Right for Every Child</p>	<p>Getting it right for every child (GIRFEC) is based on children’s rights and its principles reflect the United Nations Convention on the Rights of the Child (UNCRC).</p> <ul style="list-style-type: none"> • Child-focused – ensuring that child or young person and their family is at the centre of decision-making and the support available to them. • Based on an understanding of the wellbeing of a child in their current situation - takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing, so that the right support can be offered. • Based on tackling needs early - aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing. • Requires joined-up working - it is about children, young people, parents, and the services they need working together in a coordinated way to meet the specific needs and improve their wellbeing.
<p>Ireland Better Outcomes, Brighter Futures</p>	<ul style="list-style-type: none"> • Children’s rights: The rights of children as outlined by the UN Convention on the Rights of the Child (UNCRC) are recognized and child-centred-approaches are adopted. • Family-orientated: The family is recognized as the fundamental group of society and the natural environment for the growth and wellbeing of children. • Equality: The diversity of children’s experiences, abilities, identities and cultures is acknowledged, and reducing inequalities is promoted throughout the Framework as a means of improving outcomes and achieving greater social inclusion. • Evidence-informed and outcomes-focused: To be effective, policies and services must be supported by evidence and focused on the achievement of agreed outcomes. • Accountability and resource efficiency: Clear implementation, monitoring and accountability mechanisms and lines of responsibility for delivery are in place to drive timely and effective policy implementation.
<p>Nova Scotia Our Kids Are Worth It Strategy for Children and Youth</p>	<p>Pyramid of Needs and Supports (Adapted from the “Continuum of School-Wide Instructional and Positive Behavior Support,” National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). http://www.pbis.org)</p> <p>Approach:</p> <ul style="list-style-type: none"> • Inter-departmental and inter-sectoral collaboration AND coordination • Helping young people become part of the solution • Multi-year, with short- and long-term priorities <p>Principles</p> <ul style="list-style-type: none"> • Child- and youth-centred • responsive, flexible, inclusive, and accessible • Young people must have a voice • Partnerships are critical • Accountability for results must be clear

Table 6: Intended Outcomes

Jurisdiction & Program	Intended Outcomes
<p>New Zealand Child and youth wellbeing strategy</p>	<ul style="list-style-type: none"> • Children and young people are loved, safe and nurtured • Children and young people have what they need • Children and young people are happy and healthy • Children and young people are learning and developing • Children and young people are accepted, respected and connected • Children and young people are involved and empowered
<p>Australia Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health</p>	<p>The Australian, state and territory governments will work together towards achieving the priorities and strategic objectives of the Framework, to provide Australian children and youth the best life chance, opportunities and health outcomes.</p>
<p>Australia National Framework for Protecting Australia’s Children 2009–2020</p>	<ul style="list-style-type: none"> • Children live in safe and supportive families and communities • Children and families access adequate support to promote safety and intervene early • Risk factors for child abuse and neglect are addressed • Children who have been abused or neglected receive the support and care they need for their safety and wellbeing • Indigenous children are supported and safe in their families and communities • Child sexual abuse and exploitation is prevented and survivors receive adequate support.
<p>Scotland Getting It Right for Every Child</p>	<p>Every child and young person should be:</p> <ul style="list-style-type: none"> • Safe • Healthy • Achieving • Nurtured • Active • Respected • Responsible • Included
<p>Ireland Better Outcomes, Brighter Futures</p>	<p>Children and young people are or have:</p> <ul style="list-style-type: none"> • Active & healthy, physical and mental wellbeing • Achieving full potential in all areas of learning and development • Safe and protected from harm • Economic security and opportunity • Connected, respected and contributing to their world

Table 6: Intended Outcomes... continued

Jurisdiction & Program	Intended Outcomes
<p>Nova Scotia Our Kids Are Worth It Strategy for Children and Youth</p>	<ul style="list-style-type: none"> • Fewer children living in low-income families • Higher percentage of youth getting appropriate level of physical activity • Improved rates of school readiness • Lower dropout rates • More youth volunteering • Fewer youth involved in crime • Reduced wait times for appropriate mental health services • Reduced rates of youth homelessness

Table 7: Implementation Features

<p>New Zealand Child and youth wellbeing strategy</p>	
<p>Support parents, caregivers, families and whānau</p> <ul style="list-style-type: none"> • Extend paid parental leave to 26 weeks • Expansion of Whānau Ora • Prototype nurse-led family partnership model • New model of intensive intervention <p>Prevent harm and abuse</p> <ul style="list-style-type: none"> • National strategy and action plan to address family and sexual violence • Early years violence prevention sites • Investment in family violence prevention activities, including in diverse communities • Work programme to prevent online child sexual exploitation and abuse <p>Support victims and their families and whānau</p> <ul style="list-style-type: none"> • Ensure safe, consistent and effective responses to family violence • Improve regional capability to respond to family violence • Improve access to sexual violence services, eg kaupapa Māori and crisis support, and improve justice process for victims 	<p>Improve maternity and early years support</p> <ul style="list-style-type: none"> • Redesign maternity services through the five-year Maternity Whole of System Action Plan • Review of the Well Child Tamariki Ora programme • Intensive parenting support: expanding the Pregnancy and Parenting Service <p>Inspire active, healthy and creative children and young people</p> <ul style="list-style-type: none"> • Healthy Active Learning programme • Extend and enhance nurses in secondary schools (School-Based Health Services) • Delivery of Strategy for Women and Girls in Sport and Active Recreation • Creatives in Schools programme <p>Increase support for mental wellbeing</p> <ul style="list-style-type: none"> • Expand access and choice of primary mental health and addiction support • Improve forensic mental health services for young people • Develop a suicide prevention strategy • Promote wellbeing in primary and intermediate schools. •

Table 7: Implementation Features ...continued

<p>New Zealand Child and youth wellbeing strategy continued</p>	
<p>Improve the quality of State care</p> <ul style="list-style-type: none"> • Oranga Tamariki Action Plan • National Care Standards • Improve outcomes for Māori within the Oranga Tamariki system <p>Improve earnings and employment</p> <ul style="list-style-type: none"> • Increase the minimum wage to \$20 per hour by 2021 • Increase employment support through the Ministry of Social Development • Support for people with disabilities and health conditions <p>Create a fairer and more equitable welfare system</p> <ul style="list-style-type: none"> • Continue to implement the Families Package • Indexation of main benefits to wages • Repeal section s.192 of the Social Security Act 2018 • Overhaul the welfare system <p>Improve housing affordability, quality and security</p> <ul style="list-style-type: none"> • Establish 6,400 new public housing places • Implement Healthy Homes Standards • Warmer Kiwi Homes programme • Strengthen Housing First • Funding for continued provision of transitional housing • Help families with the cost of essentials • Free school lunch programme • Initiatives to reduce costs of schooling • Implement lower-cost primary healthcare 	<p>Improve quality in education</p> <ul style="list-style-type: none"> • Develop a Statement of National Education and Learning Priorities • Address learners' needs by improving data quality, availability, timeliness and capability • Reform home-based early childhood education and vocational education <p>Increase equity of educational outcomes</p> <ul style="list-style-type: none"> • Equity Index to provide more equitable resourcing to schools and kura • Improve learning support: Learning Support Action Plan • Improve and accelerate education outcomes for Pacific learners • Fees-Free Tertiary Education and Training <p>Support life transitions</p> <ul style="list-style-type: none"> • New service to support transition out of care or youth justice settings • Programmes for young people not in education, employment or training <p>Address racism and discrimination</p> <ul style="list-style-type: none"> • Government work programme to address racism and discrimination • Improve the quality of State care • Oranga Tamariki Action Plan • National Care Standards • Improve outcomes for Māori within the Oranga Tamariki system • Restart Te Kotahitanga: supporting equitable outcomes for Māori learners <p>Encourage positive and respectful peer relationships</p> <ul style="list-style-type: none"> • Initiatives to prevent and respond to bullying in schools • Expand healthy relationship programmes in secondary schools

Table 7: Implementation Features ...continued

<p>Australia Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health</p>	
<p>Equip children and young people with the foundations for a healthy life:</p> <ul style="list-style-type: none"> • Expectant mothers and children have optimal health • Children and young people are active, healthy and thriving • Children and young people are immunized against preventable illnesses • Children and young people have lower rates of preventable injury and mortality • Children and young people experience lower rates and impact of chronic disease • Families with children and young people with disabilities are supported <p>Support children and young people to become strong and resilient adults:</p> <ul style="list-style-type: none"> • Reduce the prevalence and impact of adverse childhood experiences • Children and young people are thriving and are supported in their social and emotional wellbeing • Children and young people are supported in their mental health needs • Young people reduce risk behaviours such as smoking, drug and alcohol use • Young people make sound choices about their sexual and reproductive health <p>Support children and young people to live in healthy and safe homes, communities and environments:</p> <ul style="list-style-type: none"> • Families and caregivers have the parenting skills appropriate to the needs of their child from infancy to adulthood • Children and young people are free from violence, abuse and neglect • Children and young people are supported to reach their optimal development • Children and young people use media and technology safely and appropriately • Children and young people have appropriate housing and sanitation • Children and young people live in an environment free of pollutants and toxins detrimental to their health 	<p>Children and young people have equitable access to health care services and equitable health outcomes:</p> <ul style="list-style-type: none"> • Vulnerable children and young people have access to services and support for the best possible health outcomes • Adapt services to the diversity of health care needs of children and young people • Children and young people with complex health care needs are supported • Children and young people are supported through periods of transition in life and care <p>Improve systems to optimize the health outcomes of children and young people:</p> <ul style="list-style-type: none"> • Work with other agencies to streamline and align systems to put children and young people at the centre of their own care and the health care system • Implement evidence based policies, programs and practice • Invest in research and monitoring of children and young people’s health • Embed health literacy principles into healthcare policy and services • Work collaboratively with other agencies and community health bodies to reduce disadvantage as a result of social determinants of health <p>Encourage interagency and intergovernmental collaboration and coordination for improved health outcomes for children and young people</p>

Table 7: Implementation Features ...continued

<p>Australia National Framework for Protecting Australia’s Children 2009–2020</p>	
<p>Communities are child-friendly. Families care for children, value their wellbeing and participation and are supported in their caring role:</p> <ul style="list-style-type: none"> • Strengthen the capacity of families to support children • Educate and engage the community about child abuse and neglect and strategies for protecting children • Develop and implement effective mechanisms for involving children and young people in decisions affecting their lives <p>All children and families receive appropriate support and services to create the conditions for safety and care. When required, early intervention and specialist services are available to meet additional needs of vulnerable families, to ensure children’s safety and wellbeing:</p> <ul style="list-style-type: none"> • Implement an integrated approach to service design, planning and delivery for children and families across the lifecycle and spectrum of need • Develop new information sharing provisions between Commonwealth agencies, State and Territory agencies and NGOs dealing with vulnerable families • Ensure consistency of support and services for all children and families • Enhance services and supports for children and families to target the most vulnerable and protect children ‘at-risk’ • Provide priority access to services for children who are at serious risk of abuse and neglect <p>Major parental risk factors that are associated with child abuse and neglect are addressed in individuals and reduced in communities. A particular focus is sustained on key risk factors of mental health, domestic violence and drug and alcohol abuse:</p> <ul style="list-style-type: none"> • Enhance alcohol and substance abuse initiatives to provide additional support to families • Enhance programs which reduce family violence • Increase services and support for people with mental illness • Expand housing and homelessness services for families and children at-risk • Increase capacity and capability of: - adult focused services to identify and respond to the needs of children at-risk - child-focused services to identify and respond to the needs of vulnerable families - the broader system to identify children at-risk 	<p>Children and young people who have been abused (or are at-risk of abuse) receive timely, appropriate, high-quality child protection and other support services to secure their safety and promote their long-term wellbeing:</p> <ul style="list-style-type: none"> • Enhance access to appropriate support services for recovery where abuse or neglect has occurred • Support grandparent, foster and kinship carers to provide safe and stable care • Improve support for young people leaving care • Support enhanced national consistency and continuous improvement in child protection services <p>Indigenous children are supported and safe in strong, thriving families and communities to reduce the over-representation of Indigenous children in child protection systems. For those Indigenous children in child protection systems, culturally appropriate care and support is provided to enhance their wellbeing:</p> <ul style="list-style-type: none"> • Expand access to Indigenous and mainstream services for families and children • Promote the development of safe and strong Indigenous communities • Ensure that Indigenous children receive culturally appropriate protection services and care <p>Children are protected from all forms of sexual exploitation and abuse through targeted prevention strategies, and survivors are supported by the community, and through specific therapeutic and legal responses:</p> <ul style="list-style-type: none"> • Raise awareness of child sexual exploitation and abuse, including online exploitation • Enhance prevention strategies for child sexual abuse • Strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation <p>Ensure survivors of sexual abuse have access to effective treatment and appropriate support</p>

Table 7: Implementation Features... continued

<p>Scotland Getting It Right for Every Child</p>	
<p>Delivery Model</p> <ol style="list-style-type: none"> 1. A focus on improving outcomes for children, young people, and their families, based on a shared understanding of well-being 2. A common approach to gaining consent and to sharing information where appropriate 3. An integral role for children, young people, and families in assessment, planning, and intervention 4. A coordinated and unified approach to identifying concerns, assessing needs, and agreeing on actions and outcomes, based on the Well-being Indicators 5. Streamlined planning, assessment, and decision-making processes that lead to the right help at the right time 6. Consistent high standards of cooperation, joint working, and communication where more than one agency needs to be involved, locally and across Scotland 7. A Named Person for every child and young person and a Lead Professional (where necessary) to coordinate and monitor multiagency activity 8. Maximizing the skilled workforce within universal services to address needs and risks as early as possible 9. A confident and competent workforce across all services for children, young people, and their families 10. The capacity to share demographic, assessment, and planning information electronically within and across agency boundaries 	<p>Additional Implementation Features</p> <ol style="list-style-type: none"> 1. Named Person - Children and young people from birth to 18, or beyond if still in school, and their parents will have access to a named person to help them get the support they need. This contact will be someone whose existing role already involves providing advice and support to families. As each child grows up, their contact will change, with support usually provided by a: <ol style="list-style-type: none"> a. health visitor from birth to school age b. head teacher or deputy during primary school years c. head teacher, deputy or guidance teacher during secondary school years 2. Child’s plan – Personalized child’s plan developed for when a child needs a range of extra support planned, delivered and coordinated. The plan is managed by a lead professional’.

Table 7: Implementation Features ...continued

<p>Ireland Better Outcomes, Brighter Futures</p>	
<ul style="list-style-type: none"> • Support parents: Parents will experience improved support in the important task of parenting and feel more confident, informed and able • Earlier intervention and prevention: Tackle child poverty. Emphasis and resources will have been rebalanced from crisis intervention towards prevention and earlier intervention, while ensuring an effective crisis intervention response at all times • Listen to and involve children and young people: The views of children and young people will be sought and will influence decisions about their own lives and wellbeing, service delivery and policy priorities. • Ensure quality services: Resource allocation within services will be based on evidence of both need and effectiveness, and services that are not working will be decommissioned • Strengthen transitions: Young people’s prospects will have improved and the trend of significant outward emigration stemmed through a coordinated program supporting youth employment opportunities 	<ul style="list-style-type: none"> • Cross-government and interagency collaboration and coordination: The State and its partners will work better together and plan service provision in a way that is child-centred and benefits from interagency and multidisciplinary working. <p>Additional Implementation Features:</p> <ul style="list-style-type: none"> • Cabinet committee on social policy • Children and young people’s policy consortium • Advisory council • Implementation team • National strategies by age & priority areas

Table 7: Implementation Features... continued

<p>Nova Scotia Our Kids Are Worth It Strategy for Children and Youth</p>	
<p>Build A Strong Foundation:</p> <ul style="list-style-type: none"> • Pre-Natal Programs • Immunization Program • Home Visiting Program • Poverty Reduction Strategy • Early Learning and Child Care Plan • Family Resource Centres • Programs, Policies Supporting Active, Healthy Kids • Well Child System • Social Policy Research <p>Identify Problems, Help Early:</p> <ul style="list-style-type: none"> • Parenting Journey Program • Programs for Preschoolers with Special Needs • Parent Coaching, Family Outreach • Assessment Tool for All Primary Students • More Guidance Counsellors, Resource Teachers, Psychologists in Schools • More Professional Development for Teachers <p>Co-ordinate Programs, Services:</p> <ul style="list-style-type: none"> • Executive Director, Regional Specialists, Child and Youth Strategy • Schools Plus • Tailored, “Wrap-Around” Services for Youth • Improved Services for Children in Care • Youth Health Centres • Government-Community Partnerships <p>Improve Access, Close Gaps</p> <ul style="list-style-type: none"> • Kids’ Help Phone • Help Zone Website (Brochure on All Services) • Better Wait List Measurement • Shorter Wait for Mental Health Services • Family and Youth Services Section • Youth Navigators and Case Planners • Policy, Legislation Review 	<p>Additional Implementation Features</p> <ul style="list-style-type: none"> • While this strategy does not include every existing child, youth, and family-related program, it links those that are most significant and the most directly related to our vision and goals. • The strategy also introduces new programs and activities targeted at our highest priorities. • The development of the strategy—by an interdepartmental Child and Youth Social Policy Committee, with representatives from across government ...—helps to “break down the silos” that once were more evident in government. • The strategy emphasizes the importance of evaluation before moving forward too quickly. • The executive director worked with the interdepartmental social policy committee to ensure that the needs of children, youth, and families served by each individual department are collectively represented. • The executive director also works with them in building relationships with their partner agencies and organizations to support the next phase of our work. • Four regional specialists work across the province. Their primary responsibility is to work with communities in putting Our Kids Are Worth It into action. This includes identifying needs, gaps in service, and new opportunities to more effectively and collaboratively serve children and families.

Appendix A

Preliminary Interview Notes

Interviews with Dr. Kathy de Jong and Ms. Maxine Paul, School of Social Work, November, 2019.

Triple P Model:

- Evidence based, effectiveness and efficacy. Hamilton had a big uptake, children's mental health is under public health, which is different from most municipalities where it is community-based. Delivered by PHNs (public health nurses).
 - Triple P would be delivered by PHNs in community centres, same as in Halton area.
 - Now "lead agencies" are taking over – where agencies apply competitively and they submit bids to provide services.
 - MCYS now under Health, but no structural change.
 - Lead Agency designs a basket of services, 0-18, both prevention and early intervention. Other services that were not eligible for provincial funding come to the table but do not receive resources from MCYS or Health.
- Funding envelopes: one pot, specific services (0-6, 7-18), 17-24

Early On Centres

- Designated to service 0-6, run by Lead Agency, staffed by early childhood educators who bring in local experts / service providers for parents. Some have mobile units that could travel to places without convenient services, or new Canadians, etc.

Screening / surveillance

- Settings
 - Hospital based from birth
 - Schools
 - Public Health

- Depends on what the risk is: CSSD or Children's Aide tend to get involved with that family for capacity to parent. This is all about risk intervention.

Nurse Family Practitioner Program

- Popular in Vancouver and used in Hamilton
- Pre-natal identification of at-risk mothers, attached to PHN, followed for two years. Wrap-around model like, PHN assesses and supports instrumental needs (car seats, diapers, etc.). PHN monitors attachment, suggests service, may teach or refer parenting skills.
 - Halton: some did not like Triple P, for families where children had been taken into care, and focused on fostering attachment. PHNs were working with social workers for these parents.

Hub Models

- Provincial government introduces Youth Wellness Hubs (current)
- Historically hub model was used (2013) in schools in communities that were identified as at-risk (e.g., lower income), all services brought into one space for integrated and comprehensive service delivery in that one hub.
 - For example, Burlington has small enclaves / pockets of lower income more at risk populations, they had a hub in a catholic school with a food bank, clothing exchange, groups offering services to parents and/or kids/youth, walk-in clinics too
 - Single session clinics (like Doorways; LOCAL EXPERIENCE: Heather Hare did the training and works at MUN)
- In Ontario, any referral to Children's Aide may trigger a requirement for parents to access a service (mandating a service)
 - Reportable to Children's Aide Society. This means it works both ways. Some may refer to the Walk In Clinic, or the WIC may refer to Children's Aide Society
 - Family Health Teams (ON) may also be involved
- Check the "warm line" for women who are discharged from hospital and have questions, plus tele-health Ontario
- The model in Ontario is the classic liberal model.
- Centralized intake varies depending on where you live, which may or may not be a third party. Very inefficient.
- Movement toward youth and family engagement to mitigate the lack of integration.

Additional Notes

- Modern
 - Systems therapies
 - Bowenian
 - Structural family therapy
- Post-modern
 - Strengths based
 - Solutions focused
 - Resiliency describes all these: build up strengths to off-set weaknesses
 - Therapeutically things narrative therapy, solutions focused therapy, strengths based therapy,
 - Newer: Acceptance Commitment Therapy, Emotionally focused family therapy (more prescriptive) – this is basically coaching and teaching families on how to support the children and youth in a constructive and positive way
 - Kinship models of care, kids in families at risk are placed within the kinship field

Look to these terms for models

- Resiliency based – family unit as whole, e.g., strengths-based training

Social Determinants of Health (SDOH) models

- Hamilton: EID something... a strategy to look at various areas in the city to see if they are at risk; see “Code Red” in Hamilton
 - Those areas are targeted and resources put into place to try to change level of risk
 - Backlash: being seen through the lens of deficit instead of training
 - Patient-centred is big in public health and it translates to services for VF
 - Client centred is strengths based work: this is what walk in clinics are about
- Halton: report card based on SDOH and identify areas at risk

Appendix B

Jurisdictions Included in the Initial Scan

Jurisdiction	Strategic Framework/Policy/Program	Available at:
New Zealand	Oranga Tamariki	Updated website: LINK
	C&Y Wellbeing Strategy	Updated website: LINK
	Healthy Families NZ	Updated website: LINK
Australia	National Framework for Universal C&F HS	Updated PDF: LINK
	Healthy Safe and Thriving	Archived PDF: LINK
	National Framework for Protecting Australia's Children	Archived website: LINK
	NSW Healthy Safe and Well	Original PDF: LINK
	Queensland Supporting Families Changing Futures	Original PDF: LINK
Scotland	WA Aboriginal Health & Wellbeing Framework	Original website: LINK
	Getting It Right for Every Child	Original website: LINK
Ireland	Better Outcomes, Brighter Futures	Original PDF: LINK
	Strategic Framework for Family Support	Original PDF: LINK
Nova Scotia	Our Kids Are Worth It	Original PDF: LINK
	Early Years Framework	Original PDF: LINK
Prince Edward Island	SPF HealthyChild Development Strategy	Original PDF: LINK
New Brunswick	Be Ready for Success	Original PDF: LINK
Quebec	2030 QC Policy	Original PDF: LINK
Ontario	Early Years Child & Family Centres (Waterloo)	Original PDF: LINK
	Child Friendly Policy Framework	Original PDF: LINK
	Renewed Early Years and Child Care PF	Original PDF: LINK
	Gearing Up	Original PDF: LINK
	Starting Early, Starting Strong	Original PDF: LINK
Manitoba	Healthy Child	Archived website: LINK . Updated website: LINK
	Together We Raise Tomorrow	Original PDF: LINK
Alberta	Healthy Children and Families SAP	Updated website: LINK
	AB's Strategic Approach to Wellness	Original PDF: LINK
	Calgary Healthy Families Collaborative	Archived website: LINK
	Healthy Families BC PF	Original PDF: LINK
British Columbia	C&Y w/ Special Needs: Framework for Action	Original PDF: LINK
	Early Childhood Development in NWT	Archived PDF: LINK

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