Mapping key actors in family support. A European perspective

Lucía Jiménez [a], John Canavan [b], Sofía Baena [c,*], David Herrera [d], Andy Lloyd [e], Johanna Schima [f], Anna Jean Grasmeijer [a]

[a] *University of Seville, Faculty of Psychology. C/ Camilo José Cela, s/n. 41018, Seville, Spain*
[b] *University of Galway. UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Dangan, Upper Newcastle Road, Galway, Ireland*
[c] *Universidad Loyola Andalucía, Faculty of Psychology and Education. Avda. de las Universidades, s/n. 41704 Dos Hermanas, Seville, Spain*
[d] *University of Málaga, Faculty of Education. Avda. Cervantes 2, 29071 Málaga, Spain*
[e] *Leeds City Council. Merrion House, 110 Merrion Centre, LS28BB Leeds, United Kingdom*
[f] *Make Mothers Matter, Rue de la Gare 36, 1040 Brussels, Belgium*

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ABSTRACT

Research has proven that family is the context for the development and well-being of the new generation, and parents need support in order to fulfill children and young people's physical, cognitive, emotional, and social needs. Most EU policy relating to children and young people is mediated through family even if this is not explicitly named. At a national level, European countries have been encouraged to offer family support initiatives through local authorities that promote positive parenting and guarantee children's rights. The current challenge in the family support landscape consists of engaging the European level with the local and national structures, in order to support the delivery of quality family support systems and services across Europe. This article reports on the progress in this area by the European Family Support Network (EurofamNet). EurofamNet was created with the purpose of establishing a pan-European family support network to inform family support policies and practices in order to contribute with global actions to face current challenges in family support agenda at European level. This paper introduces the mapping exercise performed by the network to identify key family support actors for research, policy, and practice at the European, local and national level. For this purpose, an expert-targeted approach was followed. Two experts identified 83 key family support actors at the European level, and a panel of 22 experts jointly identified 326 key actors and organizations in 17 European countries. The analysis of this mapping exercise offers an interesting mosaic of family support provision in different European countries that reflect both intra- and inter-network diversity in nature, scope, and sectors of family support actors and organizations. At the same time, this mapping exercise contributes to creating social fabric with the potential to facilitate knowledge mobilization of quality standards to be implemented for the guarantee of quality provision in family support in Europe. Practical implications for the development of the family support and wider services fields of this novel initiative of connecting the efforts of key actors in family support throughout Europe are discussed.

1. Introduction

In our current society there is a large variety of family structures and forms. The family is the primary social structure for the development and well-being of the new generation, as largely established in research and recently reinforced by the Covid-19 crisis (Asmussen et al., 2016; Riding et al., 2021). Increasing social attention has been paid to parental roles and responsibilities, as parenthood is currently recognized as a

challenging task that requires support (Rodrigo et al., 2016). Since the United Nations Convention on the Rights of the Child (UNCRC) established the right of children and young people to a family life, several family policy recommendations in Europe have emphasized the responsibilities of member states to support caregivers in the complex exercise of their parenting functions, particularly those who are living under psychosocial risk conditions (Churchill et al., 2021; Dolan et al., 2020). The recent approval of the EU Council Recommendation

establishing a European Child Guarantee evidences this policy trend (2021/1004).

Family support refers to those policies, services and activities which, separately and collectively, support and enhance family roles, relationships and welfare. In recognition of the range of their support needs and the diversity of children's and family lives, family support incorporates multiple types, approaches and levels of support and services which contribute to enhanced resources, capabilities and welfare (Devaney et al., 2022). Building the field of family support is a response to these policy trends. This article focuses on the infrastructure of family support provision and in particular, the two connected areas of mapping provision and building networks at a national and European levels. The rationale for this focus is that knowledge mobilization networks are key in developing common standards for quality family support across the diversity of provision in Europe. Networks offer the opportunity to develop knowledge about the provision infrastructure and create opportunities for knowledge exchange and mobilization. The article reports on mapping of the operation family support across Europe to deepen our understanding of its nature and significance for knowledge mobilization. In parallel, it provides an overview of the creation of national-level family support networks that can support the medium to long-term delivery of quality family support systems and services through evidence-based decision making. The article aims to identify significant learning from the experience of EurofamNet and represents a foundational effort in the task of building evidence for quality family support provision in Europe and globally.

The article is presented in three main sections. It continues with a conceptual overview of key issues and drivers in debates on the achievement of quality family support provision, addressing themes of family support diversity, quality standards conceptualization and implementation, and critically the value of networking as an element for knowledge mobilization and, thus, in evidence-based policy decision making. This is followed by findings from EurofamNet systematic efforts towards mapping the operation of family support in European countries and building national networks. We then go on to discuss the implications of our findings for field building in family support, before reaching some final conclusions.

1.1. Conceptual overview

What family support looks like in any individual country reflects not only its cultural heritage and living conditions, but also the overall orientation towards welfare state provision (Manow, 2021), family policy (Churchill et al., 2021; Daly, 2020), and the specific sectoral policy choices that governments make, for example in relation to child protection and welfare (Merkel-Holguin et al., 2018). There is little research on state support for families from a comparative perspective (Luhamaa et al., 2021). What available evidence suggests is that there are some similarities, but the main conclusion is a great diversity in family support provision across European countries, with the scope, organization, delivery, and funding of the support provided varying considerably both across and within member states (Abela et al., 2021; Daly et al., 2015; Jiménez et al., 2019; Molinuevo, 2013; Riding & Thévenon, 2020).

In addition to the inter-country diversity in family support provision, the plurality of the field itself both at conceptual and practice levels is apparent in a variety of different services, coming from different intervention paradigms and operating in different sectors, increasing diversity not only across countries but also at an intra-country level (Jiménez et al., 2019). Family support is a developing, frontier-knowledge field that encompasses the conceptual and epistemological frameworks of several disciplines (such as social work, psychology, social education, and nursing) (Herrera et al., 2020). Similarly, it is driven by a multi-professional workforce that intervenes in a variety of sectors directed at universal, selective, and indicated populations (Frost et al., 2015; Molinuevo, 2013). Yet despite this diversity, the significance of

family support focused intervention is strongly evident across many policy fields. Family support approaches are apparent in child protection and welfare (Bezeczky et al., 2020), mental health (Foster et al., 2016; Goger & Weersing, 2022), early years care and education (Luo et al., 2022), substance misuse (Hogue et al., 2021), disability (Mas et al., 2019), and juvenile justice (Elliot et al., 2020) among others.

Regardless of the diversity and breadth in the provision of family support across Europe, minimum quality standards are imperative to ensure the effectiveness of services and their impact on children and families' lives (European Social Network, 2020). In this regard, the European Commission has recently encouraged states to increase quality assurance processes in social and care services (Directorate-General for Employment, Social Affairs and Inclusion European, 2022). Providing quality services to citizens is a rights matter that is gaining relevance in child and family policies, as expressed in the European Child Guarantee and child-related European recommendations (Commission Recommendation, 2013/112/EU; European Commission, 2017, 2021).

Based on an extensive review of quality standards published by international and national organizations, the European Family Support Network (EurofamNet) has followed a systematic process leading to the identification of those quality standards required for effective family support planning, implementation, and evaluation processes (Almeida et al., 2022; Özdemir et al., 2023). Central components have to do with responsiveness to family needs and strengths; feasibility with regard to the contextual fit, financial, and human resources; ethic following the current principles and standards of ethical practice; inclusiveness as being respectful of the participants and stakeholders' rights, views, and uniqueness; and sustainability, being embedded in service delivery systems of established publicly funded agencies (Özdemir et al., 2023). Despite the progress in identification, as has been claimed not only in family support but in prevention sciences in general (Spoth et al., 2013), the implementation of those standards in the mainstream of professional practice in child and family services remains a challenge for most European countries (Jiménez et al., 2019; Rodrigo, 2022).

Advancing the adoption of evidence-based practices in family support delivery is a complex challenge. As Gonzales (2017) identifies, solutions must be culturally informed yet embrace established evidence-based practices, reflecting processes that allow exchange between research evidence and the perspectives and needs of stakeholders – those using and providing services. Additionally, it requires both local and national policy level engagement, so that interventions can be delivered to scale and be sustainable. Trying to adopt general guidelines for intervention without considering the socio-cultural context for implementation has proven ineffective (Kumpfer et al., 2012). The Global Commission on Evidence to Address Societal Challenges (2022) emphasises the key role of local and global evidence, suggesting that both are required as the basis for robust evidence-informed decision-making.

Moreover, it is now well established that the complexity of the intervention contexts where psychosocial interventions are developed (May et al., 2016) and the multi-dimensional and idiosyncratic nature of the mechanisms responsible for the change in support initiatives (Astbury & Leeuw, 2010) requires shifts in thinking. Thus, there is a need to move away from discrete-targeted parenting program effectiveness testing (Boddy et al., 2011) into a deeper consideration of the social ecology of evidence-based practices, incorporating all the relevant facets of family support provision (planning, implementation, and evaluation) (Chacón et al., 2013).

From a good-practices perspective, families' views regarding the functioning of services and programs from their first-hand experience are now recognized as a critical element in the assessment of services' effectiveness and their improvement (Baker, 2007). From an ethical point of view, giving a voice to children and parents involved in family support services means acknowledging them as citizens with rights to equity, participation, and quality services provision; in line with the growing interest of public services in performing quality assurance, accountability, and transparency (Acquah & Thévenon, 2020). This is

particularly important in non-voluntary services, where there is a pronounced power asymmetry between practitioners and child welfare users, with families playing the most vulnerable position (Ayala-Nunes et al., 2014). Hearing the voice of children, young people and parents is consistent with the principle of turning families into active agents of the intervention, promoting their autonomy and rights, and preventing alienation that could emerge from top-down initiatives not connected with families' experiences (Mullins et al., 2012).

In sum, the implementation of evidence-based practices requires a comprehensive and sophisticated understanding of the evidence-based approach in parenting and family support (Canavan, 2019). This means combining the best evidence from applied science and agreed professional experience, and establishing an iterative dialogue between science and practice. Moreover, this approach is grounded on children's and families' rights; thus, relationships between results and rights are required, a culturally sensitive approach is assumed, and the voices of children, young people, and parents are heard (European Family Support Network, 2020)

In the family support field, there is still a need for a more systematic approach to the task of knowledge transfer, particularly in light of the critical importance of evidence-based decision making to inform and improve contemporary child and family policy (Shonkoff & Nall-Bales, 2011). Yet the complexity of the field and the sophistication of the evidence-based understanding in family support as described imply barriers to the adoption of quality standards in real practice (Hunter et al., 2015). Spoth et al. (2013) have pointed out the limited funding, the need for further scientific advances, and policy-related barriers. Among the latter, they identify an overemphasis on the development of new interventions instead of broadening implementation and going to scale with interventions shown to be effective; as well as an absence of policies to develop infrastructures and systems that support the implementation of effective prevention interventions. As these authors state, in the prevention arena, the basic research and practice infrastructure necessary to sustain the implementation of evidence-based practices are not well developed. In a systematic review of barriers to and facilitators of the use of evidence by policymakers, Oliver et al. (2014) reported access to quality relevant research and lack of timely research output as the main barriers. The most frequently reported facilitators were collaboration between researchers and policymakers, and improved relationships and skills. Among those authors that have given an in-depth look in family arena, the lack of a culture for evaluation and evidence-based practices, as well as the diversity of paradigms for intervention of a multi-disciplinary profession have been highlighted (Jiménez et al., 2019; Rodrigo et al., 2016). Responding to some of the challenges, the World Health Organization (2021) has recently compiled the systematic efforts developed in public health to integrate evidence in real practice in order to take policy making evidence-informed decisions. That organization emphasizes the value of knowledge that is co-produced by citizens, researchers, and policy makers, and in parallel, the necessity of collaboration between professionals in different healthcare sectors to improve the quality and relevance of evidence and achieve better outcomes. In social services, much innovation in practice emerges from inter-sectoral collaborative contexts and processes. In service landscapes where different providers provide similar services to different groups or serve the same groups with different services, networking is a necessity for innovation to occur (Crepaldi et al., 2012). Framed within the wider concern with knowledge mobilization, building networks continues to be identified as a central element of good practice (Aiello et al., 2021; Nutley et al., 2019; van der Graaf et al., 2020).

The European Family Support Network (EurofamNet) was created with the purpose of establishing a pan-European family support network to inform family support policies and practices in order to contribute with global actions to face current challenges in family support agenda at European level (European Family Support Network, 2020). It commenced with an explicit dual focus on the national and EU levels

seeking to create the conditions for mutual policy influence between each. In this framework, two mapping exercises were undertaken to identify key family support actors for research, policy, and practice both at the European and the national level. This paper seeks to answer the following research questions: 1) who are the key actors involved in family support at a European and national level? and 2) What are the characteristics and representativeness of the key actors in family support at a national level? These research questions led to the formulation of the following objectives: 1) To identify and quantify the key actors involved in family support at a European and national level and 2) To establish the characteristics of said key actors in terms of scope (from international to local), sector and type of organisations that they represent. Together the national and European mapping exercise building on insights into the challenges and possibilities for creating quality family support systems and services offer significant learning about family support provision which will help build the field in Europe and globally.

2. Method

2.1. Study design

In this study we introduce two mapping exercises developed to identify key family support actors for research, policy, and practice both at the European and the national level. For this purpose, we followed a quantitative targeted-expert approach, which allows researchers to explore and analyze topics otherwise impossible to study in a systematic way as well as to access data that is normally difficult to measure, by surveying individuals with specialized knowledge on the topic able to provide information on the targeted units of interest (Maestas, 2018).

The first mapping exercise focused on the EU level, and it involved two members from EurofamNet with expertise in Europe-level family support who listed and searched for key actors in family support at a European level on an iterative, desk-based project, using a multi-rater design and reaching for a consensus The output from the exercise was a booklet that was sent to the full network for consensus, with a specific request to EurofamNet policy and practice members in family support at European level to identify omissions. Two members of the network suggested the inclusion of further key actors. After two review rounds, a final consensus on the listing of key European actors in family support was agreed upon, with a total of 83 European key actors in family support being identified (https://eurofamnet.eu/toolbox/european-stakeholders-booklet). This multi-rater system with multiple experts rating the target units in separate rounds with an overlapping helps to reduce the possible bias that inherently can occur with expert surveys (Maestas, 2018).

The second exercise, which is the main focus of this article and discussed below in greater detail, involved mapping actors and organizations at a national level. This involved country-level experts completing a proforma template and resulted in the creation of an analyzable database on family support actors and organizations. In parallel, the completion of the template resulted in the creation of networks at national level. We followed a quality assurance process to minimize survey response errors (Maestas, 2018). The survey was not pretested per se but was developed in collaboration with experts who had previously participated in an expert survey and we used as a reference their template, which had already been tested and refined. Also, as to avoid confusion in the questions, the experts received a set of guidelines to help them fill the survey. In addition, continuous support was available for the experts in case there were any questions concerning the survey. Online meetings and email support was provided.

2.2. Participants

Participants were drawn from a purposive sample of EurofamNet members with expertise in family support. The inclusion criteria were to

be part of EurofamNet and to be a coordinator at the national level. Being a coordinator at the national level involved leading country-level activities for the network and acting as a contact person for other members from their country.

All coordinators at the national level from the 35 countries included in EurofamNet were contacted, and a total of 22 individuals replied to the request. There were 20 females and 2 males. The participants were representatives from 17 countries, including several Mediterranean, Eastern European and Balkan countries, as well as a few Central European and Baltic countries: Albania, Bosnia, Bulgaria, Croatia, Estonia, Hungary, Italy, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Serbia, Slovenia, Spain, and the United Kingdom (see Fig. 1), with all countries having one representative except Hungary, Slovenia, Macedonia, Portugal, and Spain, with two representatives each. Actions to promote participation were carried out, such as email and three face-to-face reminders, two email reminders and an internal dissemination of exploratory results. The main barriers for participation in this mapping were the involvement in other tasks within the network or the lack of support within their country.

Participants were considered experts as they were selected as co-ordinators at the national level in the network due to their proven expertise in family support research. The expertise was defined broadly as recommended by Maestas (2018), to guarantee the presence of experts in a wide range of countries. This expertise was nevertheless guaranteed due to the embedded process of becoming national co-ordinators in EurofamNet, where the credentials of each national coordinator were confirmed for experience in family support research. The eligibility criteria referred to the leadership of relevant national-level project(s) and the publication of substantive literature in the preceding years, alignment with EurofamNet objectives, and explicit commitment with the network-related tasks. All participants reported having doctoral degrees. Participants' areas of research included social policy ($n = 5$), family policy ($n = 4$), family support ($n = 3$), social work ($n = 3$),

developmental psychology ($n = 3$), and other social science related areas ($n = 4$).

2.3. Data collection

Data collection was carried out between April 2020 and December 2021. All national-level coordinators from EurofamNet participating countries were contacted via email and asked to participate in this study. They were responsible for leading the data collection at national level using own networks and a snowball strategy. They identified and approached key actors in family support in their country and established national networks that served as national working groups. Key actors were defined as relevant stakeholders and researchers in the family support arena at the country level (e.g., departments in family affairs, NGO's working with families and children, family workers' associations, family-policy related observatories). The concept of key actors was defined broadly as to take into account differences between countries and be inclusive toward the practical field, the representation of other types of associations and the wide variety of sectors involved. In this definition we have included both individual people who were key in the family support arena at a national level, and representatives from organizations considered as relevant in the provision of family support. Informed consent was obtained from all partners of the national working groups. National coordinators were also responsible for the storage of data files on the intranet. Two formative meetings were developed with national coordinators and an informative document about the study was available on the EurofamNet intranet. Two researchers were available during the process to give support through online meetings and correspondence.

2.4. Instrument

The data collection sheet was created ad hoc in English for this study

Fig. 1. Countries participating in the national mapping.

with the objective to gather information about key actors in family support at the national level. This sheet was an adapted version of the template for service provider profiles developed in an expert-panel European study (Jiménez et al., 2019). For this study we developed the data collection sheet in collaboration with the authors, and family support experts and taking into account the need to gather information about the general characteristics and representativeness in the family support arena of the mapped key actors. It comprised 11 items, 6 of which gathered information about contact information and the role in the organization of the identified key actors comprising the national working groups. Additionally, the participants completed 5 items about the organizations the partners belonged to, such as the type, scope or sector of the organization. Some fields had preset categories to choose from, whereas others were open. While the type and scope of the organization had mutually exclusive categories, in the sector field, the representatives could select all the sectors they considered relevant. Table 1 gives an overview of the preset categories.

2.5. Data analysis

All the data from the collection sheets were compiled in a separate spreadsheet. The sizes of the networks were divided into three different categories as follows: small-sized (networks with less than 10 members), medium-sized (networks between 10 and 30 members), and large-sized (networks with more than 30 members). Then, two different types of analyzes were performed. Firstly, total percentages were computed for the organization's type, scope, and sector; mean scores and standard deviations were also computed if needed. The objective of this analysis was to analyze to what extent each category was represented in the national working groups. Secondly, for the same three categories (type of organization, scope, and sector), the percentages were also computed taking into account the size of the network, as to account for the possible overrepresentation of identified actors from large-sized networks.

2.6. Ethical considerations

Explicit informed consent was obtained from all partners who were approached to participate in the national working groups in accordance with the Declaration of Helsinki. This study was carried out in accordance with the European Cooperation in Science and Technology Association policy on inclusiveness and excellence, as written in the CA18123 project Memorandum of Understanding (European Cooperation in Science &, 2018).

3. Results

A total of 326 key family support actors were identified jointly by the

Table 1
Categories in the data collection sheet.

Type of organization	Scope of the organization	Sector the organization operates in (non-mutually exclusive)
State/government	International	Education
NGO	National	Research
Academic and research	Regional	Child protection and welfare
Frontline practitioners	Local	Health
Others (e.g., institute, observatory, ombudspersons)		Mental health
		Early years (care and education)
		Community development
		Youth work
		Disability
		Addiction
		Others

22 experts. From these, 9 countries provided small-sized networks (less than 10 members), 4 countries reported medium-sized networks (between 10–30 members) and 4 countries formed large-sized networks (more than 30 members). Table 2 presents a descriptive summary of the type of family support actors and scope according to the country.

Most of the networks (70.59 %) included both NGOs and state/government organizations. In addition, although there was a wide variety, all the experts included partners in their national working groups who represented organizations at a national level and at least one additional scope level.

Regarding the scope of the identified family support actors, the majority represented organizations with a national scope (72.15 %), followed by regional (11.01 %), local (9.42 %), and international (6.82 %) organizations. In a small percentage of representatives (0.60 %) the scope was not reported.

Table 3 presents the percentages of actors in each scope level taking into consideration the size of the networks. As can be observed, small-sized networks had a larger representation of international organizations than the other networks, while large-sized networks had a comparatively larger representation of local and regional organizations.

Fig. 2 introduces the types of actors found. There was a similar representation of state/government, academic and research, and NGO organizations (mainly child focused entities), while frontline practitioners and other organizations (e.g., observatories or institutes) being the least represented.

A more specific analysis revealed that there were important differences in the representation of academic/research organizations, as some national working groups had a large representation of this type of organizations, while others had none.

When considering the size of the networks, relevant differences also emerged in terms of type of organization, particularly in the representation of academic and research organizations, having a larger representation in large-sized networks. Small-sized networks mostly had NGOs and state/government organizations, while medium-sized and large-sized networks had a more balanced representation of the different types of organizations (see Table 4).

Finally, Fig. 3 shows the sectors represented by the mapped actors. These were not exclusive categories, and as such, one organization could represent more than one sector. Diversity in terms of sector representation ranked from 1 to 10 depending on the country, with an average of 5.88 (*SD* = 2.74) different sectors per national network. Most national working groups (82.35 %) included inter-sectoral organizations. In general, the most represented sectors were education, child protection and welfare, and research, while the least represented were addiction, youth work, and disability. However, there were important differences when considering the size of the network. In small and medium-sized networks half of the organizations (46.03 % and 51.47 % respectively) represented the child protection and welfare sector, while in large-sized networks this sector was represented only in 28.72 % of the organizations. Large-sized organizations had a larger representation of education and research organizations (40.00 % and 30.77 %) in comparison with small (19.04 % and 20.63 %) and medium-sized (25.00 % and 20.59 %) networks.

4. Discussion

This paper was intended to describe key family support actors in 17 European countries from a targeted-expert approach. From our knowledge, this is the very first mapping exercise using this systematic approach in that large sample of countries. The joint picture shown in this paper offers an interesting mosaic of family support provision in different European countries in terms of organizations and sectors involved which is discussed below. At the same time, this mapping exercise contributes to the development of the field by creating social fabric that might support the sustainable implementation of a set of agreed quality standards to guarantee quality provision in family

Table 2
Descriptive data of the family support actors per country.

	Type							Scope				
	S	N	Ac	P	O	NR		I	Nt	Rg	Lc	NR
Albania (*n* = 9)	22.22 % (2)	44.44 % (4)	11.11 % (1)	–	22.22 % (2)	–		11.11 % (1)	77.78 % (7)	–	11.11 % (1)	–
Bosnia (*n* = 8)	50.00 % (4)	25.00 % (2)	25.00 % (2)	–	–	–		–	–	–	–	100 % (8)
Bulgaria (*n* = 7)	–	42.86 % (3)	–	–	57.14 % (4)	–		28.57 % (2)	57.14 % (4)	–	14.29 % (1)	–
Croatia (*n* = 21)	23.81 % (5)	14.29 % (3)	42.86 % (9)	9.52 % (2)	4.76 % (1)	4.76 % (1)		9.52 % (2)	61.90 % (13)	14.28 % (3)	9.52 % (2)	4.76 % (1)
Estonia (*n* = 13)	76.92 % (10)	23.08 % (3)	–	–	–	–		7.69 % (1)	92.31 % (12)	–	–	–
Hungary (*n* = 45)	–	–	57.78 % (26)	42.22 % (19)	–	–		2.22 % (1)	97.78 % (44)	–	–	–
Italy (*n* = 38)	15.79 % (6)	28.95 % (11)	26.31 % (10)	–	26.31 % (10)	2.63 % (1)		–	97.37 % (37)	–	–	2.63 % (1)
Latvia (*n* = 6)	50.00 % (3)	50.00 % (3)	–	–	–	–		–	100 % (6)	–	–	–
Lithuania (*n* = 6)	50.00 % (3)	50.00 % (3)	–	–	–	–		33.33 % (2)	66.67 % (4)	–	–	–
North Macedonia (*n* = 74)	48.65 % (36)	17.57 % (13)	14.86 % (11)	9.46 % (7)	8.11 % (6)	1.35 % (1)		14.86 % (11)	39.19 % (29)	–	45.95 % (34)	–
Moldova (*n* = 7)	42.86 % (3)	–	57.14 % (4)	–	–	–		–	100 % (7)	–	–	–
Poland (*n* = 14)		64.29 % (9)	–	14.29 % (2)	21.43 % (3)	–		–	78.57 % (11)	7.14 % (1)	14.29 % (2)	–
Serbia (*n* = 6)	33.33 % (2)	66.67 % (4)	–	–	–	–		–	66.67 % (4)	33.33 % (2)	–	–
Slovenia (*n* = 20)	20.00 % (4)	20.00 % (4)	20.00 % (4)	25.00 % (5)	15.00 % (3)	–		–	90.00 % (18)	10.00 % (2)	–	–
Spain (*n* = 39)	23.08 % (9)	15.38 % (6)	46.15 % (18)	10.26 % (4)	5.13 % (2)	–		2.56 % (1)	30.77 % (12)	66.67 % (26)	–	–
Portugal (*n* = 7)	71.43 % (5)	–	14.29 % (1)	–	14.29 % (1)	–		–	57.14 % (4)	42.86 % (3)	–	–
UK (*n* = 7)	42.86 % (3)	57.14 % (4)	–	–	–	–		–	57.14 % (4)	–	42.86 % (3)	–

Note. S = State/government; N = NGO; Ac = Academic & research; P = Front-line practitioners; O = Others; NR = Not reported; I = International; Nt = National; Rg = Regional; Lc = Local.

Table 3
Scope of the organizations according to the size of the networks.

	Small-sized (*n* = 63)	Medium-sized (*n* = 68)	Large-sized (*n* = 196)
International	7.94% (5)	4.41 % (3)	6.63 % (13)
National	63.49 % (40)	79.41 % (54)	62.24 % (122)
Regional	7.94 % (5)	5.88 % (4)	13.26 % (26)
Local	7.94 % (5)	8.82 % (6)	17.35 % (34)
Not reported	12.69 % (8)	1.47 % (1)	0.51 % (1)

support in Europe, as it will be further argued.

The results offered in this paper have shown high diversity in terms of the type of organizations involved in family support provision. This diversity reflects well the complexity of the field, specifically with both state and NGOs organizations playing an important role in family support delivery. In our opinion, this evidence strengthens the need for coordination in addressing a societal challenge that is as complex as family support ((Global Commission on Evidence to Address Societal Challenges, 2022). In this complex public–private ecosystem, public authorities could play a role as facilitators to implement evidence-based practices and further social innovations. Third sector organizations have a relevant role in promoting cultural and organizational innovations that favor the adoption of those evidence-based practices (Crepaldi et al., 2012). It should be emphasized that third sector organizations identified in this mapping exercise referred mainly to organizations that have the mission to uphold children and families' rights. These organizations often respond to more specific needs of children within families,
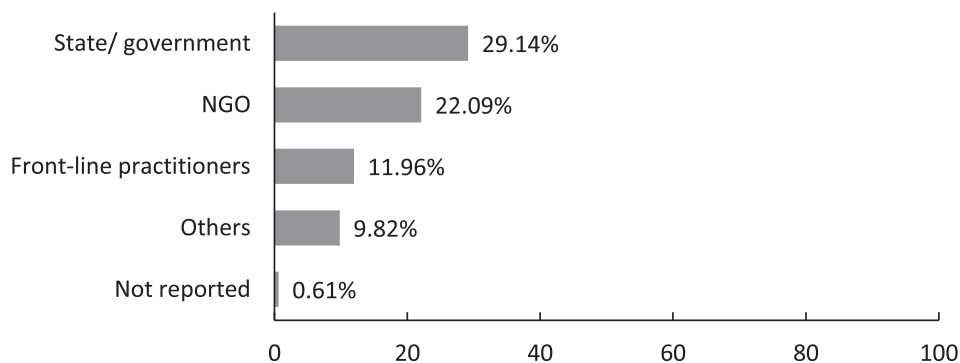
State/ government — 29.14%
NGO — 22.09%
Front-line practitioners — 11.96%
Others — 9.82%
Not reported — 0.61%

0   20   40   60   80   100

Fig. 2. Types of mapped actors.

Table 4
Types of mapped actors according to the size of the networks.

	Small-sized (*n* = 63)	Medium-sized (*n* = 68)	Large-sized (*n* = 196)
State/government	39.68 % (25)	27.94 % (19)	26.15 % (51)
Academic & Research	12.70 % (8)	19.12 % (13)	33.33 % (65)
NGO	36.51 % (23)	27.94 % (19)	15.39 % (30)
Frontline practitioners	0.00 % (0)	13.24 % (9)	15.38 % (30)
Others	11.11 % (7)	10.29 % (7)	9.23 % (18)
Not reported	0.00 % (0)	1.47 % (1)	0.51 % (2)

for example, having children with disabilities or children from migrant families as their target groups. In the adoption of evidence-based practices, including organizations that give a voice to children's and families' perspectives is critical for public services in terms of quality assurance, accountability, and transparence (Acquah & Thévenon, 2020). Moreover, facilitating end-users to play the role of co-designers is the most effective way to promote their autonomy and rights, developing family support initiatives aligned with their needs and concerns (Crepaldi et al., 2012; Mullins et al., 2012).

In this map, the presence of academic and research organizations is remarkable, with on average more than 25 % of the actors identifying as such in the sample of countries under study, accepting high inter-country variability (some national working groups having a large representation of this type of organization, while others having none). Establishing personal interactions between researchers and those who take decisions at practice and policy level has been argued to stimulate "talkback chains" that feed an evidence-based culture that is not yet shared between all stakeholders – researchers, policy makers and practitioners (Shonkoff & Nall-Bales, 2011). In this respect, the EurofamNet national networks are well positioned to support the integration of evidence-based practices in real world settings. However, to make this happen, dialogue needs to be ongoing and based on a common language between researchers, policy makers and practitioners. Among the effective strategies to meet this goal, Shonkoff and Nall-Bales (2011) have identified the need to focus largely on well-established science-based principles (not isolated studies) and the description of causal mechanisms (not simply report statistical associations) in concrete terms, adapted for a diverse policymaking and practice audience.

Another interesting result is the low representation of front-line practitioners in the national networks described here, particularly in those countries with smaller networks where practitioners were not represented at all. In our opinion, this result makes visible the challenge of inter-agency cooperation that has been posed in previous studies (Katz & Hetherington, 2006) and also reflects the complex nature of the family support frontline practice (Frost et al., 2015; Rodrigo et al., 2016). From our results, it is apparent that a joint reflection with frontline practitioners is needed to identify the cultural, organizational, and other-nature barriers that might prevent their involvement in family-centered national working groups. As stated in the introduction section, an underdeveloped culture of evaluation and evidence-based practices could explain these results and would claim for specific strategies with the workforce (Jiménez et al., 2019; Rodrigo et al., 2016). In the context of inter-country debate, lessons learned from countries with holistic family support systems might also be valuable to identify effective participatory practices (Katz & Hetherington, 2006).

The sectors represented in the mapped countries reflect the inter-sectoral and inter-disciplinary nature of family support (Acquah & Thévenon, 2020; Herrera et al., 2020), as the vast majority of national networks included inter-sectoral organizations and as an average there was almost six different sectors involved per country. The most represented sectors were education, child protection and welfare, and research; while the least represented were addiction, youth work, and disability. While it is important not overstate the significance of the specific network make-up, the findings give some clues to the operation of a named family support orientation within some sectors and not within others. Thus, the emphasis on family support reflects specific policy commitments in some fields in some countries. Where sectors are not represented in the networks, it is unclear where the non-inclusion reflects issues of language, wherein family and parents are a focused of intervention and support but not named explicitly within policy goals, or different terminology is used, for example, the use family-centred practice in mental health (Falkov, 2012). In the case of the networks identified, the low representation of disability is at odds with the fact that some of the original conceptual foundations of family support come from disability studies in the United States(Dunst et al., 1993). Synthesizing and integrating learning across sectors and disciplines that are advancing in family support thinking and practice is a critical next step. Neither is this a simple matter of policy. We can be sure that different professional groups are socialized into a stronger or weaker orientation towards parents and families. How practice proceeds will reflect these professional cultures.

The mapping exercise analyzed in this paper contributes to the development of the field by nurturing family support infrastructures both locally and globally. The national networks established by Euro-famNet that interplay among them and jointly interact with identified
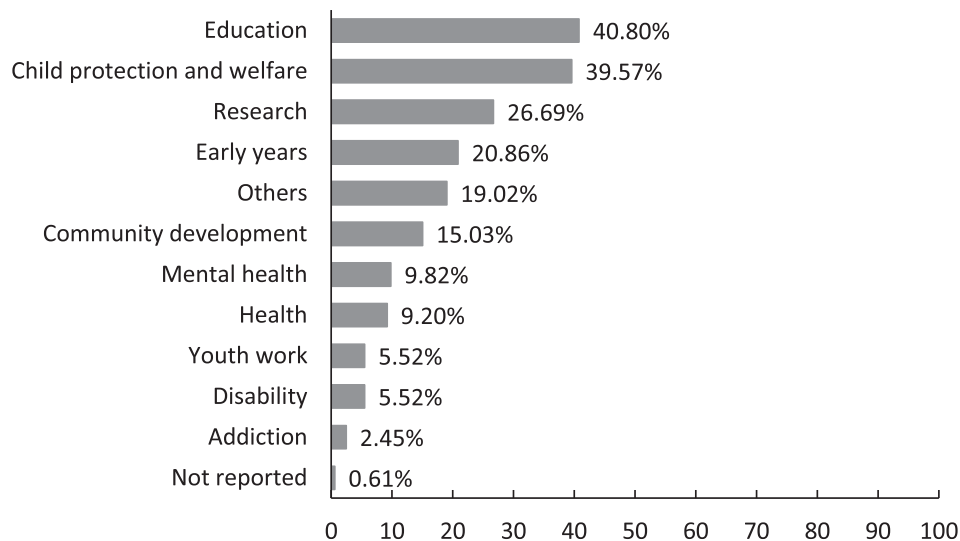

Fig. 3. Sectors represented in the mapped family support actors.

key actors at European level constitute social fabric that organically feeds the evidence ecosystem necessary to sustain the implementation of evidence-based practices (Spoth et al., 2013). Its double-layered structure makes possible a collaborative-learning scenario between the European level and the local/regional/national levels, with an ongoing iterative dialogue that allows learning from each other's promising practices. As described by the Global Commission on Evidence to Address Societal Challenges (2022), these networks could act as *hybrid evidence intermediaries* in the evidence ecosystem to support decision-makers with the best evidence and to support evidence producers with insights and opportunities for making an impact with evidence. These networks have the capacity to complement the existing structures, meet gaps in state provision and connect 'up' into international networks. As stated in the conceptual overview, collaboration and relationships are a major facilitator of evidence use that these networks can facilitate (Oliver et al., 2014; Prihodova et al., 2019). Nevertheless, sustainability of these translational networks is a challenge that must be considered, as structural funding is not guaranteed and governance can be challenging (Fitzgerald & Harvey, 2015).

This study has evidenced diversity in terms of the sizes of the national working groups. The largest networks showed the highest variability, and in those networks, research organizations and the education sector were more apparent. The smallest network focused on NGOs organizations, and the child protection and welfare sector outstand. This picture might respond to country-level differences not only in family support provision, but also in the development of the field. From an evidence-based perspective, this result reinforces the need to adopt culturally sensitive approaches that allow each country to progress from its own reality, through a self-directed assessment process to identify its strengths and challenges that allow them to take culturally informed decisions (Gonzales, 2017).

Despite the relevance of the results presented and discussed in this paper, the study is not absent of limitations. In terms of the methodology approach, employing an expert-targeted framework implies filtering the reality through the lens of the experts involved in the task, and we did not perform an overlapping rating of the key actors selected by each expert neither checked against public information on the organizations (Maestas, 2018). Moreover, the response rate was not high (17/35 countries, 48.57 %), although is comparable to other similar studies (e. g., Byrne et al., 2021). Despite this limitation, noticeably there was representativeness from Mediterranean countries, East Europe, the Balkans, which have been traditionally underrepresented, and some central European countries. In future studies, more support from representatives from other countries in terms of strategies followed and lessons learned could be useful to increase the participation rate, as well as a more targeted approach for central and north European countries as to increase representativeness. Moreover, the data collection sheet included some pre-fixed categories, black-boxing some information. In terms of the scope, we realize that the analysis of knowledge mobilization is much larger than the empirical case showed in this study. However, from our knowledge this is the first attempt to map family support actors and organizations from a systematic approach in a large sample of European countries. We think this progress is valuable to build up the provision infrastructure needed to promote knowledge mobilization and the discussion of their results help to progress on this matter. Moreover, this study has remarkable strengths, namely the scope of the study, as it covered a large proportion of the so-called low intensive research countries that had received less attention in the literature (Boddy et al., 2009). The bottom-up approach followed in the study is also remarkable, as favored an organic networking building that reflects well the front-line reality and may benefit its sustainability (Crepaldi et al., 2012).

In sum, this paper contributes to the development of the family support field by providing a picture of family support key actors and organizations across Europe. Apart from the value of the mapping exercise, we are developing social fabric that reinforces family support

structures. This double-layered network that includes key family support agents at the European and the national level is expected to support the implementation of evidence-based practices across Europe. Thus, as long as its sustainability is attained, it might contribute to advance in the challenge of achieving quality provision in family support (Directorate-General for Employment, Social Affairs, & Inclusion European, 2022). This paper has also helped us to identify some challenges to be addressed in this networking building process in which researchers, practitioners, policy makers, and civil society representatives are partners in the single goal of improving the lives of children and families. Among those challenges are increasing the capacity for dialogue with front-line practitioners and including more front-line local and regional entities. Additionally, it will be necessary to address issues of language and related policy 'silos', which restrict collaborative, inter-sectoral practice and the sharing of learning on how best to work with parents and families. To be truly successful, policy, practice and research needs to elaborate mechanisms that achieve meaningful, non-tokenistic engagement of the most excluded children and parents to fully meet their needs and uphold their rights.

CRediT authorship contribution statement

Lucía Jiménez: Conceptualization, Methodology, Writing – original draft, Supervision. **John Canavan:** Conceptualization, Methodology, Writing – review & editing. **Sofía Baena:** Methodology, Formal analysis, Investigation, Visualization, Writing – original draft. **David Herrera:** Conceptualization, Writing – review & editing. **Andy Lloyd:** Writing – review & editing. **Johanna Schima:** Writing – review & editing. **Anna Jean Grasmeijer:** Methodology, Formal analysis, Investigation, Visualization, Writing – original draft.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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