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Mobilising evidence to enhance the effectiveness of child well-being policies: The role of knowledge brokers

Stéphane Jacobzone and Silvia Picalarga, OECD Public Governance Directorate

Despite the fundamental importance of childhood, countries tend to invest much less in this area than in old age. Effective child well-being policies can bring high long-term returns on early life investments and public interventions. However, these benefits are not fully understood and thus do not always receive the necessary political attention in public policy making. Mobilising evidence to support effective policies for child well-being is crucial, especially as responsibilities for such policies tend to be fragmented across government departments and levels of government. Therefore, organisations such as knowledge brokers, which help ensure that evidence is shared with those responsible for designing and implementing public policies, have a critical role to play in improving the effectiveness of child well-being policies and practices. They can help make evidence accessible, trustworthy, and understandable, so that it has the greatest impact on policy. This working paper sheds light on the best practices identified for mobilising evidence to enhance the effectiveness of child well-being policies, based on a stocktaking of 81 knowledge broker organisations across 24 countries, complemented by a qualitative survey carried out among senior experts operating at national and international level.

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Executive summary

Mobilising quality evidence at the right time and in the right format is critical to enhance the effectiveness of child well-being policies. This area tends to be characterised by policy fragmentation, multiple responsibilities across levels of government, and potential high long-term returns that are often not fully understood. Knowledge brokers are organisations that facilitate knowledge sharing between producers and users of evidence -- mostly policy makers and practitioners -- by providing linkages, knowledge sources, and knowledge itself. Therefore, they have a crucial role to play in improving policy design and implementation. This working paper analyses the functions and critical conditions for success and impact of knowledge brokers in the area of child well-being. It draws on a comparative international database complemented by a set of qualitative interviews with experts.

While child well-being has received increased political attention across OECD countries in the aftermath of the COVID-19 pandemic, it has received comparatively lower investment in the past: on average, OECD countries spent significantly more on elderly people than on children and families with children, aside from education expenditure. The new investments currently envisaged to support child well-being in a number of OECD countries, will need to be supported by appropriate and up-to-date evidence and evaluation. To this end, this working paper reviews the roles and functions of 81 knowledge brokers operating in 23 OECD countries in this area. It provides a mapping of their activities, functions and areas of interest, and identifies good practices, major trends, and remaining challenges to be addressed. The working paper also analyses the critical factors for success, the barriers to be overcome, and the good practices found to maximise impact.

The comparative insights from the database show that most knowledge brokers mobilise multidisciplinary evidence to address the cross-cutting challenges inherent to child well-being. Most institutions also devote specific attention to vulnerable children. Knowledge syntheses, including systematic review and meta-analysis, are used by many knowledge brokers. In addition, they adopt a variety of approaches, including collecting original, longitudinal and policy-focused data and performing randomised control trials. Other organisations, usually large ones, maintain longitudinal studies for both research and policy development. Most knowledge brokers take a user-based approach, paying particular attention to the needs of families and children and to the practitioners and organisations that oversee service provision. As a result, knowledge brokers spend a significant part of their time making evidence accessible to decision makers and practitioners.

Most knowledge brokers identify achieving impact as the primary goal of their activities. They invest in their reputation and in forging trusted relationships with decision makers to achieve long-term impact. The fragmentation in government responsibility for child well-being makes it difficult to ensure coherence among policies from a child-centric perspective. Knowledge brokers develop strategies to diversify their client base and obtain stable commitments to investing in evidence, while nurturing co-ordination across policy makers and experts.

Qualitative interviews with experts working at national and subnational levels helped to better gauge the conditions for measuring and achieving impact. Measuring impact remains a shared challenge, requiring further action and knowledge sharing.

To mobilise evidence to achieve impact, knowledge brokers must build trust among users, have a solid professional reputation and demonstrate sound judgement. Sharing approaches to mobilising evidence and building trust could help promote the issue of child well-being at the political level and consolidate long-term gains. While a range of existing international networks do offer opportunities for networking among knowledge brokers, geographical, linguistic and cultural barriers limit the possibility of cross-country exchanges. Further investment in international networking in this area could help increase the effectiveness of national efforts in the future.

The ten recommendations below can assist countries and their knowledge brokers in mobilising evidence effectively to promote child well-being:

1. Mobilise evidence to inform holistic long-term child well-being strategies that can overcome policy fragmentation and short-sightedness.
2. Engage with policy makers at the highest level to bring child well-being to the forefront of policy debate.
3. Set clear priorities for analysis after mapping the knowledge gaps and opportunities in policy making and ensure that strong standards underpin the quality of evidence.
4. Always nurture trust when building relationships with policy makers, supported by technical competence, an optimal mix of skills among staff, integrity, clarity of expression, transparency, and an understanding attitude.
5. Ensure that evidence affects budgeting and resource allocation decisions, by offering clear statements on effectiveness that can justify the investment of public resources.
6. Pay attention to evidence addressing the challenges of implementation: the availability of resources will not guarantee success and positive outcomes unless conditions for successful implementation have been identified.
7. Disseminate findings widely through active communication strategies that target various audiences and achieve impact in the community.
8. Overcome silos by providing multidisciplinary evidence that draws on and benefits from diversified expertise, including the social, health, economic and behavioural sciences and mobilises a range of tools.
9. Invest in building strong data underpinnings, with a focus on longitudinal, multi-domain, and outcome-focused datasets.
10. Actively engage and share methodological practices and findings at the international level, as many countries face common challenges in this area and can benefit from a wider sharing of expertise and findings.

1 Improving policy making for child well-being through use of evidence

1.1. Why do countries need to invest in more effective child well-being policies and strategies?

1. Childhood is a crucial period of individual development and is key to determining the formation of human and social capital (OECD, 2019[1]). Despite the human and social capital issues at stake, there is still much that can be done to ensure to all children a fair start in life. In OECD countries, children are slightly more likely to live in income poverty than the general population (OECD, 2023[2]). Living in vulnerable conditions can cause long lasting effects on children well-being and future opportunities... This situation contrasts significantly with the situation of the elderly, where on average poverty rates are often either comparable or lower than in the general population. On average, OECD countries spent significantly more on elderly people than on children and families with children, at least in terms of cash benefits, and aside from education expenditure. While the issue remains debated some experts have questioned the level of public support for the elderly ((Isaacs, 2009[3]), although from an international perspective, the question appeared slightly mixed, once health and education expenditures are taken into account (Isaacs, 2009[4]). Though the question may benefit from being framed from an intergenerational perspective, as the current size of health and retirement benefits may benefit current cohorts, and not necessarily other generations in the future. (Isaacs, 2009[5]). While it is necessary to call on the circumstances faced by children, the questions of relative spending on age related expenditures may also need to be casted within wider fiscal frameworks, without narrowing the debate to the issue of old age vs children and youth, which in fact need to be reconciled from a broader and inclusive welfare perspective (Aaron, 2009[6]). The crowding out hypothesis has also not necessarily been proved right over time as countries that spend more on seniors also tend to spend more on children. (Fremstad, 2013[7])

2. The situation of children and the importance of child well-being came to the fore during the COVID-19 pandemic, given its impact on child educational opportunities, well-being, and emotional development. The pandemic also exacerbated inequalities that existed before the crisis, particularly in the most vulnerable groups (OECD, 2020[8]). As a result, the issue of child well-being has received increased political attention across OECD countries, with countries considering it more carefully as they shaped their COVID recovery strategies, and also starting to make significant additional investments in early childhood and care in some cases . For this recovery to be effective and given the significant investments that are likely to be made in this area, it is important for such policies to be fully effective, and well informed by appropriate and up to date evidence to improve the quality of public expenditure. There is a need for holistic perspectives, supported by a whole-of-government or whole-of-society approach that supports decision-making processes through multidisciplinary, high quality and well-communicated evidence, as already suggested by the *Measuring What Matters for Child Well-being and Policies* report (OECD, 2021[9]). The need for a holistic approach has also been highlighted in existing OECD work on youth empowerment from a public governance perspective (OECD, 2020[10]). In this context, knowledge brokers are organisations that work at the evidence to policy interface, helping to ensure that evidence is shared with those

responsible for designing and implementing public policies to support effective child well-being policies and practices (Box 1.4).

Although COVID-19 in children is usually of short duration with mild symptoms on average (Molteni et al., 2021[11]), their well-being is impacted in multiple ways, many of which are likely to also show up in the future. In OECD countries, children's well-being was impacted by various socio-economic effects as well as through the mitigation measures that countries had to implement to control the spread of the virus (i.e. lockdowns, restrictions, school closures). This added to a pre-existing situation where children were already facing vulnerabilities: for example, in 2017-18, children made up 26% of those living in income poverty in the OECD, despite only representing around 21% of the population (OECD, 2021[12]). Economic shocks and insecurity can have significant impact on child well-being, with implications for physical and mental health. These effects are particularly pronounced in children in disadvantaged situations.

Children have also been impacted by the public health measures implemented to stop the spread of the virus. In particular, in the OECD countries, from January 2020 to May 2021, schools were closed for an average of 78 days at the primary level, 92 at the lower-secondary and 101 at the upper-secondary level (OECD, 2021[13]). For upper secondary students, schools were closed for more than half of their typical academic year. Overall, school closures have the potential to reinforce preexisting educational inequalities. Countries with lower PISA scores in 2018 generally experienced longer school closures in 2020. Moreover, children from more vulnerable families were more affected by school closures. For example, in England (United Kingdom), at the secondary level, learning losses in reading in the first half of the autumn 2020 term were estimated at 1.8 months in the overall student population, and at 2.2 months among disadvantaged students (OECD, 2021[13]). Additonally, isolation has cause increases in depression, anxiety and other mental health issues among children (Pfefferbaum, 2021[14]).

In this context, policies to enhance child well-being have come under the spotlight, in various OECD jurisdictions, in Europe and North America, and beyond, such as in New Zelaand.. With the European Council's adoption of the European Child Guarantee in June 2021, the European Union has committed to combat social exclusion by guaranteeing to all vulnerable children access to high-quality early childhood education and care, healthcare, nutrition, and housing. While this policy was already under discussion well before the outbreak of the pandemic, the Next Generation EU Recovery Plans will allow European countries to have additional resources to put children and youth at the centre, even though this will require further steps in terms of implementation and monitoring to ensure that this is effective. In the United States, the Build Back Better programme is expected to result in in the "most transformative investment in children and caregiving in generations" (The White House, 2021[15]). In New Zealand, there was already significant political emphasis before the pandemic with the adoption of the Child and Youth Well Being Strategy in 2019

The aggression of Russia against Ukraine has also drawn further attention on displaced children. According to the UNHCR, more than 5.3 million people had moved to different countries by 27 April 2022, a sizeable share of which were unaccompanied children (OECD, 2022[16]). In Poland, 48% of their 1 million registrations were minors. Due to this dramatic context, some knowledge brokers have created specific platforms to make evidence more visible and accessible to help address the crisis (see Box 1.1). Some knowledge brokers are even moving towards active advocacy and fund raising, such as **Children's Healthcare Canada** and the **Paediatric Chairs of Canada**, who participated in the Help, Hope, and Healing for Ukrainian Children campaign in collaboration with **UNICEF Canada** (Unicef Canada, 2022[17]).

Box 1.1. The war in Ukraine: the creation of the Solidarity with Children from Ukraine Hub

Some knowledge brokers in the area of child well-being have created knowledge hubs to support organisations that are directly involved in receiving refugees from Ukraine. An example is the Ukraine Hub created by Eurochild that collects a series of resources like:

- Help for people to flee the war
- Guidelines for governments receiving refugees
- Resources for talking to children
- Material on education
- Guidelines for professionals and volunteers
- Reports & data published on this topic

Eurochild also shares the contacts of organisations to whom it is possible to donate in order to support their activities. Other members of Eurochild have created webpages in their languages to inform on more local aspects (e.g. Spain website for the Ukraine crisis created by the Plataforma de infancia).

Source: (Eurochild, 2022[18])

Still, the attention to children's well-being is not new. Some countries have already invested in this agenda, developing comprehensive frameworks and strategies to strengthen children's well-being while acknowledging the need for a whole-of-government and whole-of-society approach to implement these effectively. Within the OECD, 23 out of 32 OECD countries have a child well-being strategy (OECD, 2023[19]). These include Ireland's *Better Outcomes, Brighter Futures* framework, New Zealand's *Child and Youth Wellbeing Strategy* and, most recently, Finland's *National Child Strategy*, all of which have been developed in an evidence-based manner (see Box 1.2). Another example is **Children's Healthcare Canada** which, together with **UNICEF Canada, the Paediatric Chairs of Canada**, and the **Institute of Human Development, Child and Youth Health (IHDCYH)**, has created *Inspiring Healthy Futures*. This approach has been shared with the Minister of Health and presented to the parliamentary standing committee on health. It is aimed at shaping the first Canadian, cross-sector strategy to measurably improve the health and well-being of children, and represents an important first step in informing the development of a future Canadian national strategy (Insipring Healthy Futures, 2021[20]).

Box 1.2. Supporting of Child well-being strategies: Ireland, New Zealand and Finland

Better Outcomes, Brighter Futures (2014-2020) (Ireland)

Better Outcomes, Brighter Futures is the first overarching national children's policy framework in Ireland with a whole of Government approach. It identifies six areas that have the potential to improve five national outcomes. It includes indicators to benchmark progress on these key areas and establishes a cross-Government structure, the Children and Young People's Policy Consortium to support implementation and monitoring. The Children's Services Committees National Steering Group provides a forum for stakeholder engagement, which includes the Centre for Effective Service (CES).

Child and Youth Wellbeing Strategy (New Zealand)

The Child and Youth Wellbeing Strategy shapes the government effort to reduce child poverty and improve child well-being of children in New Zealand. The Strategy aims to make New Zealand "the best place in the world for children and young people". It sets six interconnected well-being outcomes that were considered important from children and young people. Specific actions are foreseen for each of these outcomes with corresponding indicators to monitor effectiveness. The Ministry of Children (Oranga Tamariki in Māori) and it's Evidence Centre played a key role to support the strategy engaging in meetings and submitting the results of research and feeding policy processes with quality evidence (New Zealand. Department of the Prime Minister and Cabinet. Child Wellbeing Unit., 2019[21]).

The National Child Strategy (Finland)

The National Child Strategy is based on the UN Convention on the Rights of the Child and aims "to create a genuinely child-and family-friendly Finland". The Strategy is based on three key ideas, which are to respect the children, to take due account of their role in society and support their well-being. The strategy recognises the importance of professional knowledge and expertise and the fundamental role of the use of evidence to achieve results.

Source: (Department of Children and Youth Affairs, 2014[22]), (The Department of the Prime Minister and Cabinet, 2019[23]), (Ministry of Social Affairs and Health, 2020[24])

National strategies are important to ensure that political commitments translate into actionable plans. However, adopting a national strategy alone is not sufficient. Strategies need to be participatory, to be underpinned by real commitments and engagement to be effective. They also needs to be budgeted, monitored and evaluated, and this is not always common[1].. Several countries have also developed other interesting governance tools to ensure that the child and youth agendas are well connected with the policy cycle (see Box 1.3).

[1] For example, this occurs only in 20% of the connected issue of national youth strategies, (as there is some overlap between the notion of youth, and children, as Children are technically 0-18.. (OECD, 2020[10])

Box 1.3. Governance tools to better connect child and youth well-being with the policy cycle

Child budgeting in Finland

The Finnish Government has decided to start implementing child budgeting to systematically assess the impact of budgetary decisions on children. The 2022 budget includes a pilot review of child budgeting. This pilot uses two main sources: expenditure focused directly on children from 0-17 (benefits and services) and expenditure (e.g. grants) in which the target group of the activities to be financed is children. This means that the summary review of child budgeting directly accounts for (statutory and discretionary) expenditure on children under the age of 18, as well as expenditure that clearly targets families with children under the age of 18. For certain services, the share of children in the total group directly benefitting from the service was included. Indirect expenditure on the child age group is not included in the review, as such estimates of expenditure do not reflect decisions or changes in expenditure on children and cannot be used to draw conclusions on the level of appropriations for the child age group. A more formal system will be implemented for the 2023 budget (Rutter, 2022[25]).

Disaggregated Data Action Plan in Canada

The Canadian government has allocated CAD172 million over five years towards a new Disaggregated Data Action Plan to provide disaggregated data to better tackle child and youth well-being (Government of Canada, 2022[26]) . The aim is to support evidence-based decision making across priority areas including health, quality of life, the environment, justice, business and the economy by taking into account intergenerational justice considerations and the needs of diverse groups (OECD, 2022[27]).

Youth Checks in Austria, France, Germany and Flanders in Belgium

To implement youth-friendly policies Austria, France, Germany and Flanders in Belgium have adopted a form of *ex ante* analysis known as “Youth checks”. (OECD, 2022[27]) These are an example of *ex ante* regulatory impact assessments that countries can apply to incorporate the considerations of young people more systematically into policy making and legislation ((Bethke and Wolff, 2020[28]); (OECD, 2020[10])). Countries have used these instruments to target different age groups – for example, Germany uses “youth checks” to examine the effects of bills on young people (12-27 years old) to identify the intended and unintended effects of proposed legislation (OECD, 2022[27]). In Flanders, Belgium, a child and youth impact report must accompany all legislative proposals with a direct impact on the interests of persons under the age of 25. In Austria, the *Jugendcheck* covers people between 0-30 years.

Source: (Rutter, 2022[25]) (Bethke and Wolff, 2020[28]) (OECD, 2022[27]) (OECD, 2020[10])

1.2. The need to mobilise good evidence to improve effectiveness

Mobilising high quality evidence is fundamental in motivating decision makers to invest political, capital and financial resources into child well-being policies. Such evidence necessitates both factual and disaggregated data, as well as policy actionable evidence. This need for coherent data is also recognised as important in the related area of youth, as the OECD Recommendation on Creating Better Opportunities for Young People calls on adherent countries to improve the collection, use and sharing of data and evidence disaggregated by age, sex and all other relevant characteristics to track inequalities among young people (OECD, 2022[29]). Strong evidence is needed to understand the effects of policies on child well-being, which can be obtained through multidisciplinary analysis based on disaggregated data.

However, measuring and studying child well-being is a complex task. Well-being is a multi-faceted concept, which can be difficult to operationalise (Boarini, Johansson and Mira D’ercole, 2006[30]). The OECD has developed the OECD Well-being Framework in consultation with member countries since 2011. This framework focuses on living conditions at the individual, household and community levels and looks at 11

dimensions (OECD, 2020[31]). Adding the child dimension to the concept of well-being represents a further difficulty. The concept of child well-being can be framed from a range of different disciplines, each with different methods and approaches (OECD, 2021[9]). Understanding the impact of child related interventions requires a longitudinal perspective as the beneficial effects might take years to materialise. In such a complex policy field, policy makers need relevant evidence.

Such evidence mobilisation does not happen in a vacuum: it requires expertise, access to data and research materials, synthesis and translation of any technical materials in a clear manner, and use of communication methods that can reach policy makers. This is precisely where the role of *knowledge brokers* matters (see Box 1.4). These knowledge brokers work and engage with research, academia and experts. However, performing primary research and investing in knowledge brokerage in the evidence-to-policy interface are two different functions with "different professional culture, resources, imperatives and time frames, each based on varying beliefs, values, incentives systems and practices" (Olejniczak, Raimondo and Kupiec, 2016[32]). They differ along the following five dimensions:

- **priorities:** researchers are subject to strong incentives to publish in peer-reviewed journals and thus communicate with other scholars; while knowledge brokers have to achieve impact, in terms of getting policy makers to reach fast and effective decisions.
- **timing:** researchers can spend a long time looking at one issue, even years, while knowledge brokers need to develop reliable information as soon as possible for decision makers.
- **methods:** researchers use criteria of scientific excellence based on the most rigorous methods; knowledge brokers have to produce evidence that is "good enough" and that is sufficiently reliable.
- **skills:** researchers have to invest in methods and theories while knowledge brokers have to support policy makers in crafting policies and implementation plans.
- **language**: scientific language is distinctive from the language of policy making (Meyer, 2010[33]).

Accessing and more importantly understanding the policy implications of scientific knowledge is not necessarily straightforward for policy makers. This may prevent them from finding and implementing policies with a strong evidence base, simply because they are not able to access this evidence. Knowledge brokers' role as a bridge between these two worlds is thus essential. Their mission is to facilitate the adoption of evidence by synthesising, translating and communicating existing findings.

Box 1.4. What are knowledge brokers?

"Broadly speaking, knowledge brokers are persons or organisations that facilitate the creation, sharing, and use of knowledge (Sverrisson, 2001[34]). The job of a knowledge broker is to establish and maintain links between researchers and policy makers as well as with practitioners via the appropriate translation of research findings (Lomas, 1997[35]). Able to link know-how, know-why, and know-who, the knowledge broker thus works in the public domain as much as in the private domain (Blondel, 2006[36])" (Meyer, 2010[33]).

Defining knowledge brokerage functions and characteristics is a complex task. In general, the main functions are knowledge management, linkage and exchange, and capability building (Ward, House and Hamer, 2009[37]). The mix of course differs, depending on their mission and place in the policy cycle. The functions of knowledge brokers can be performed by evidence-based policy (EBP) networks, research institutes and centres, corporate research groups, foundations, agencies in national government and intergovernmental organisations, as well as some hybrid organisations and partnerships (Lenihan, 2013[38]). They can be also fulfilled by individuals, either as part of certain organisations or on an independent basis (Langeveld, Stronks and Harting, 2016[39]). While knowledge brokers may perform some advocacy functions and have to act with integrity, they are not lobbyists which are analysed in other OECD work focused on issues of integrity and undue influence.

Source: (Sverrisson, 2001[34]), (Lomas, 1997[35]), (Blondel, 2006[36]), (Meyer, 2010[33]), (Ward, House and Hamer, 2009[37]), (Lenihan, 2013[38]), (Langeveld, Stronks and Harting, 2016[39]), (OECD, 2021[40])

1.2.1. The critical value of knowledge brokers in the area of child well-being policies and the contribution of a global mapping

Knowledge brokerage has an important role to play in policy areas where the benefits of policy action occur much further down the road (Roman, 2015[41]). This often applies to social programmes, particularly those benefiting children, where the pay-offs are extended over a long timeframe. An example is early education programme the Perry Preschool Project, a long-running longitudinal study on the impact of high-quality education on preschool children, which shows that positive effects of early education programmes are still visible when participants are 40 years old (e.g. greater likehood of being employed, lower crime rates). This example shows that unless the right externalities such as lower crime rates or higher employment rates are well integrated in the policy-making process, there is a risk of blind or short sighted policies, which can be coumpounded by the fact that children themselves have no specific political capital or voice in the policy process, even if parents do.

The returns from investing in child well-being (in particular the economic ones) are visible in the long run and can be very diffused. The economic returns of investments to increase children's well-being are very high, and could be framed through a number of potential social outcomes: reduction in juvenile crime and increase in enrolment rates for the most disadvantaged groups, better access to job opportunities and higher economic, human and social capital in the longer term. This requires the cost effectiveness analysis to be properly framed, balancing the costs of early interventions with the longer term returns. Frequently, too little is spent too late in an effort to mitigate negative social outcomes (e.g. child maltreatment, abuse, obesity). The cost of doing too little too late has been evaluated by several studies. According to the Early Intervention Foundation, GBP 17 billion was spent in the United Kingdom in 2016 on treating children and young people affected by issues such as domestic violence and abuse, child neglect and maltreatment, mental health problems, youth crime and exclusion from education and the labour market (Chowdry H, 2016[42]). This represents around 0.78% of the UK GDP. Similar estimates were produced in Australia with 0.75% of GDP spent in late intervention (around AUD 15 billion) (CoLab – Collaborate for Kids, 2019[43]). A more recent study on 27 OECD European countries has estimated an average annual cost of 3.4% of GDP coming from childhood socio-economic disadvantage, in terms of labour market earnings and health outcomes, as well as tax revenues foregone and increased spending on support measures (Clarke et al., 2022[44]).

Another element that can bias decision-making processes is that returns are often spread across multiple policy areas. Therefore, it may be more difficult to ensure the right incentives, as the agencies that are responsible for delivering early intervention or preventative services may see few long-term benefits but face pressures to assess effectiveness in the short term that justify their expenditure (Acquah and Thévenon, 2020[45]). This is the so called 'wrong pockets' problem: the institution which pays for an intervention such as parenting does not reap the reward (Roman, 2015[41]). An example is the parenting programmes carried out by social services that show later reductions on child offending, as these generate savings for the justice system but not for the social services that delivered the programmes in the first place.

This is why an integrated perspective, consolidating findings across policy fields, and providing a whole-of-government or whole-of-society approach are critical to ensure that decision-making processes are well informed. This is the role that knowledge brokers can play, with a multidisciplinary, integrated and forward looking approach supporting future-oriented policies for children. Knowledge brokers can also help ensure that proper monitoring and evaluation systems are in place, with appropriate research and data gathering, making sure that the necessary evidence will also be available in the future when needed.

As high-quality evidence is critical in shaping well designed policies that enhance child well-being, it is important to understand how knowledge brokers in this field fulfil their functions and which are the best practices that can be shared at the international level. Sharing best practices across countries and supporting cross country learning are key factors that may help make the case for what remains an

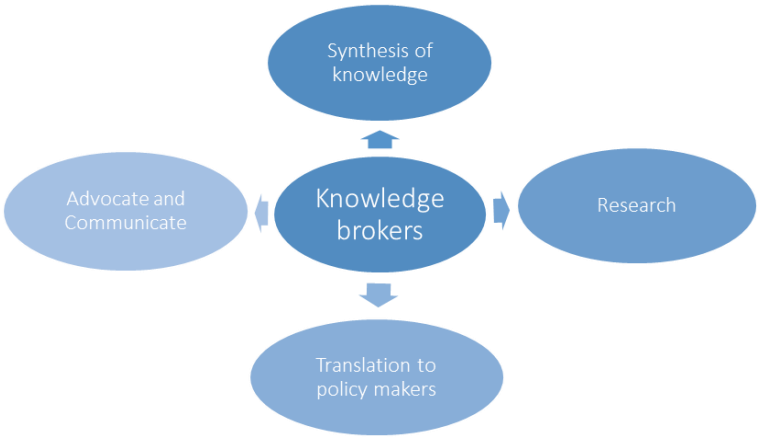
underinvested policy area in many countries. This kind of approach can help overcome silos and fragmentations, which policy makers, analysts and knowledge brokers often experience at the national level. Such sharing serves to highlight those common challenges exist and to identify successful practices adopted in leading institutions.

The current study aims to fill these gaps, drawing on a cross country mapping of knowledge brokers active in the field, with factual comparative information across a range of over 81 institutions, complemented by more than 20 qualitative interviews across a range of senior international experts. Details of the sample and methods are provided in 5.1.Annex A.

1.2.2. Functions performed by knowledge brokers

Knowledge brokers operate at the intercept between knowledge producers and knowledge users. They perform four main functions highlighted in the figure below: 1) synthesis of knowledge and findings; 2) research; 3) translation of knowledge to policy makers and/or practitioners; 4) advocacy and communication of the findings.

Figure 1.1. Functions performed by knowledge brokers



Source: Desk research

Although these activities can be considered common to all knowledge brokers, some characteristics might be particularly pronounced within certain policy areas. For example, child well-being is characterised by a larger, diverse audience for which synthesis of knowledge can be particularly important. Indeed, impact on child well-being can be achieved through different actors and all of them have specific functions in determining ultimate well-being (parents, practitioners and decision makers).

The first important activity is to ensure that there is enough relevant evidence to fill the decision makers' most crucial knowledge gaps. Evidence syntheses are often undertaken to ascertain what is already known in a certain field. These must be conducted according to professional standards. Indeed, not all evidence is equal, and standards of evidence can help communicate the strength of the evidence in certain policies (OECD, 2020[46]). In several cases, knowledge brokers use professional standards to assess the quantity and quality of existing evidence or to execute evidence synthesis in the first place. A good example is the **Education Endowment Foundation** which uses several standards to ensure the validity of its findings (OECD, 2020[46]).

Knowledge brokers often operate at the interface between research and policy making (Gluckman, Bardsley and Kaiser, 2021[47]). Since syntheses of evidence gives knowledge brokers a chance to assess what kind of knowledge is missing, they are in excellent position to fill previously defined information gaps. They might achieve this by commissioning research in the form of open calls or public tenders or by conducting original research. Often, their research efforts focus on applicable, policy-relevant studies. In some cases, they are also directly involved in the implementation and delivery of the programmes.

When the knowledge broker has gathered the necessary evidence, the challenge is to ensure that this evidence can feed into the policy process, and that it can impact actual practices. Therefore, translating knowledge in a way that it can be read and understood by decision makers and practitioners is a further important function of knowledge brokers. The most basic way of communicating knowledge is passive diffusion of research results using online reports and scientific articles. Although this is an ineffective translation method, it ensures space for detailed explanations of evidence and transparency (La Rocca et al., 2012[48]). Evidence might be also translated into interactive tools to support decision making. Examples of such tools include the **Education Endowment Foundation** Teaching and Learning Toolkit or the **What Works for Children's Social Care** Evidence Store presented below (Chapter 3). To provide direct policy recommendations or evidence-based strategies, knowledge brokers also produce policy advice, position papers and implementation support. This includes a concrete description of effective interventions along with details of their implementation requirements as well as structured guidelines and pathways.

The final steps are to communicate the findings and to perform advocacy. In addition, some knowledge brokers provide capacity building and training, including delivering online educational meetings like webinars or web conferences. Knowledge brokers also support knowledge producers and users in building networks, by providing time and space for them to meet and exchange knowledge and experience. Furthermore, they bring together policy makers, practitioners and researchers through conferences and networking meetings, facilitating the creation of communities of practice and offering them strategic support. This aspect might be particularly pronounced for knowledge brokers in the field of child well-being as it is a multi-sectoral policy area which requires the involvement of several stakeholders with different expertise, time, and knowledge.

Different institutions may approach the task of knowledge brokerage from slightly different perspective. While some may focus on the pure and neutral transfer of knowledge, (taking pride in acting as "honest brokers"), others are more engaged in the policy field, and see their task as contributing to actual policy platforms to inform a political vision. It is therefore important to discuss and consider how the tasks of performing advocacy can be related to those of knowledge brokerage and what sort of separation might be needed to ensure trust in communication. Some evidence suggests that acting as an honest knowledge broker is often considered a more effective strategy to influence decision makers (Bogenschneider, 2020[49]; Rantala et al., 2017[50]).

Although these functions are presented in a linear format, the reality of knowledge translation and use is much more complex. Organisations rarely undertake all of the listed activities but may choose instead to perform the ones that they feel are the most appropriate given their stated mission, role and resources. Sharing best practices and facilitating knowledge exchange in this area can serve to build a broader shared understanding at the international level, through some form of greater international public good.

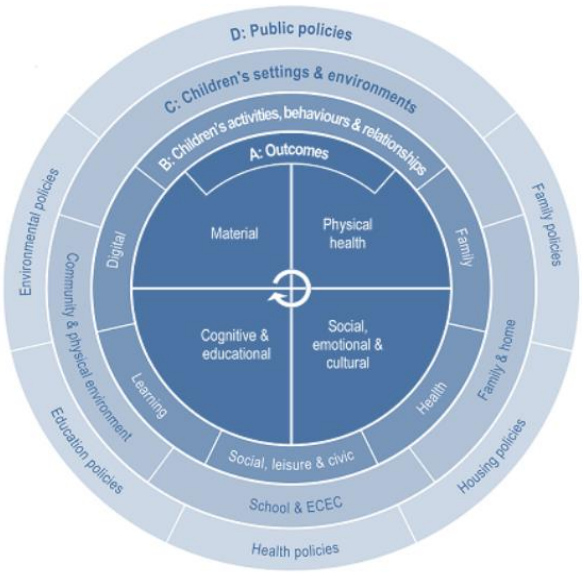
2 Mapping the role of knowledge brokers to enhance child well-being across OECD countries

2.1. The conceptual framework supporting a child well-being approach

2.1.1. How to frame child well-being?

The approach in this study uses the OECD measurement framework for child well-being *Measuring what matter for child well-being and policies* (OECD, 2021[9]). This conceptual framework, presented in Figure 2.1 below, presents child well-being starting from the core outcomes that frame an "aspirational" approach to child well-being measurement. In this framework, child well-being has four outcome domains, none more important than the other for children's well-being. These include physical health; cognitive & educational well-being, and social, emotional & cultural well-being. These domains are interconnected and can in turn be linked to actual policy interventions in education, health or social care, housing or the environment. The four domains are currently being tracked by the OECD Child Well-being Dashboard and the outcomes and child policies associated are also presented in the OECD Child Well-being Portal recently released.

Figure 2.1. Child well-being in a nutshell



Source: (OECD, 2021[9])

2.1.2. From the conceptual framework to an actual mapping across countries

This study started by identifying a range of institutions that focus on one or more of the policy fields above. The process resulted in a set of 81 institutions covering 24 countries[2] (see 5.1.Annex A for selection criteria and the full list of knowledge brokers). While the list is not exhaustive, it offers a broad sample, with a core set of relevant institutions that are illustrative of the main issues and trends needed to understand the challenges of knowledge brokerage in the area of child well-being. Once the knowledge brokers were identified, systematic desk-based research was performed in order to collect information on these organisations. While this process of data gathering provided useful factual information, some of the information lacked the depth and qualitative aspects necessary to support a policy focused discussion. The authors therefore conducted a set of qualitative interviews with over 20 senior experts across 15 countries operating at national and international level in this area. (See Table A A.1).

The knowledge brokers identified come from 23 OECD countries and one key partner country, South Africa. Moreover, an additional set of eight knowledge brokers was included in the list, which operate at the international level. The United States has the greatest number of knowledge brokers (13) followed by the United Kingdom (7). Six countries that use English (Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States) represent more than half of the sample. This may reflect both a language issue, with English easier access through desk research, and the fact that some of these countries have placed a heavy emphasis on monitoring, evaluation and evidence-base policy making in this area in recent years. The fact checking process and the engagement with a larger group of OECD countries will help to ensure that the selection bias can be reduced to the extent feasible. The United Kingdom has been a champion of evidence informed policy making with several What Works centres established over the last 10 years (see Box 2.1).

Box 2.1. The UK What Works Network

The What Works Network (WWN) was launched by the UK Government in 2013 in order to mobilise and make accessible the evidence on 'what works' both to decision makers and to practitioners. It is composed of independent centres that assess the current evidence in different policy areas and provide advice and guidance. Of the current 14 What Works Centres six have some competences related to child well-being: **Early Intervention Foundation, Education Endowment Foundation, TASO, What Works for Children's Social Care, Youth Endowment Foundation and Youth Futures Foundation**. All these institutions cover different stages and aspects of child well-being. Some of them focus specifically on education or on the transition to adulthood while others cover early phases or social services. Apart from covering different domains, the institutions are also funded in distinct ways, often through extra budgetary means to preserve independence (e.g. The Lottery, or specific endowments).

The existence of multiple knowledge brokers in the area of child well-being reflects institutional fragmentation of the policies that are managed across different departments. As such, several mechanisms are used to foster collaboration and cohesive approaches. For example, the **Evidence Quarter** is a physical space where nine organisations (some belonging to the WWN and others not) work in proximity to one another, and are encouraged to share ideas and knowledge. This helps to organise events where organisations can share best practices on methodology and on how to achieve impact. With respect to measuring impact, a series of summits were held in 2018, 2019 and 2022 and

[2]This was a relatively broad search over two years, with the help of an international team with multiple linguistic and national backgrounds. Still, it is possible that some institutions in some countries could not be identified. The goal was to obtain a sufficiently broad and relevant, even if not exhaustive, sample.

a co-ordinated approach is under development. The structure of some of these organisations is currently under review, with a view to strengthen synergies (Early Intervention Foundation, 2022[51]).

Source: (Gough, Maidment and Sharples, 2018[52]) (WWN, n.d.[53]) (Wales Centre for Public Policy, 2019[54]) (Early Intervention Foundation, 2022[51])

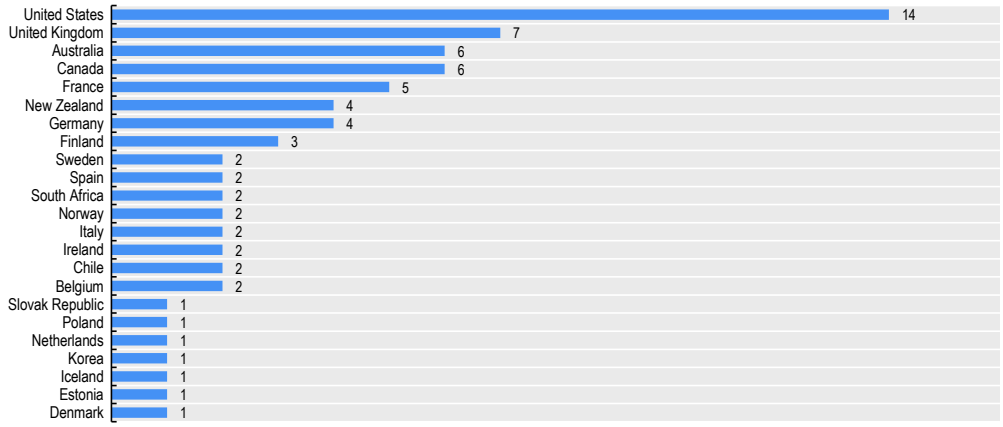
The United States, another champion of evidence-informed policies, has developed a patchier model, reflecting the type of financing, as well as the federal nature of the country, whereas a number of the programmes funded at federal level are implemented at state level (see Box 2.2).

Box 2.2. The US model

In the United States the diversity of knowledge brokerage approaches is reflected through the distribution of federal funding across a number of programmes, all administered at the state level, with some variation. At the federal level, for example, the Administration for Children & Families (ACF) is equipped with an **Office of Planning, Research & Evaluation (OPRE),** which advises the Assistant Secretary for Children and Families on how to increase the efficiency of federal programmes. **OPRE** operates primarily through competitively awarded grants and contracts. This means that they co-ordinate, monitor, and oversee the evaluations of programmes that are performed by third parties, which are often universities or other knowledge brokers. A prominent example is **Child Trends** (see Box 3.9). The production of evidence in this context reflects a sort of marketplace where demand and funding is matched by supply, which creates a certain level of fragmentation, but also great flexibility and the capacity to adapt to the need for new ideas. There is still a clear separation between policy makers and knowledge brokers, meaning the evaluation work and the evidence can be produced with full autonomy. However, ensuring that such evidence creates impact requires active engagement and communication strategies, such as those developed by **Child Trends**.

A range of European countries are also well represented in the knowledge brokerage field: Finland has three knowledge brokers, while Germany and France have four and five respectively. Moreover, among the eight international institutions, three of them focus on the European Union **(Eurochild, European Platform for Investing in Children, Council of Europe Youth Partnership)**. This might be partially explained by the growing importance of the European Union in this policy field, as evidenced by the 2013 European Commission Recommendation “Investing in Children: Breaking the cycle of disadvantage” and the introduction of the European Pillar of Social Rights (Janta et al., 2019[55]). This may be further amplified by future discussions on the European Child Guarantee as part of the implementation of the Resilience and Recovery Plans.

Figure 2.2. Number of identified knowledge brokers by country



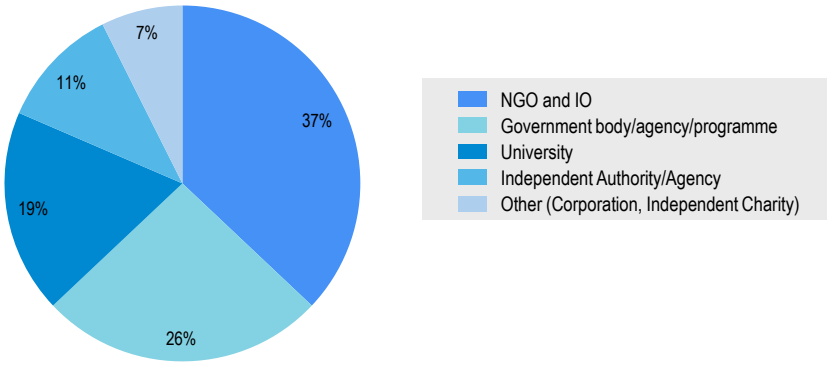
Note: N=72. This number refers to the knowledge brokers operating at the national level.
Source: OECD Knowledge Brokers - Child Well-Being Database.

2.2. Overview of main results

2.2.1. Institutional settings

A first way to understand knowledge brokers is to examine their institutional setting, whether as part of a government agency, a ministry, an NGO, or attached to an academic institution. A third of the institutions that were identified are government bodies, i.e. units in ministries and departments (Figure 2.3), while another third are NGOs (37%). Fewer of these organisations are corporations, and those that tend to have a broader scope (e.g. Rand) and not only focus on child well-being.

Figure 2.3. The institutional setting of knowledge brokers

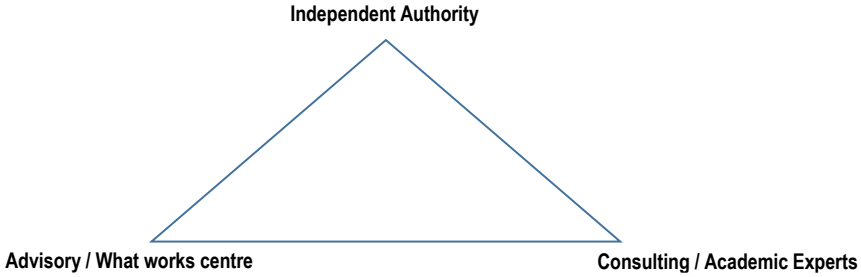


Note: N=81
Source: OECD Knowledge Brokers - Child Well-Being Database.

Understanding where knowledge brokers are located and by whom they are funded is key to understanding their main stakeholders, their underlying incentives and consequently the way that the evidence to policy interface works. In general, the stakeholders of these organisations are policy makers, practitioners, researchers and in more limited cases “citizens”, such as adults/parents. Based on the interviews conducted, the most influential stakeholders were predominantly policy makers, working mostly at senior level in central departments, as well as political appointees and parliamentarians in some countries. This is particularly true when the organisation is fully funded by government departments and its main job is to

provide evidence to such departments. This is the case in Nordic countries, for example the NIPH in Norway, the SBU in Sweden, the HAS in France, or INESSS in Quebec. It is useful to sketch the possible relationships and roles across a three-way diagram, with three "main types of figures and functions" of knowledge brokers (Figure 2.4).

Figure 2.4. Knowledge brokers institutional models



Source: Author's elaboration from interviews

The Independent Authority Model represents organisations that are generally funded by the government, with fixed and stable grants representing the bulk of their funding. They are generally more independent from policy makers and often have legal authority in their field of action. An example of such a knowledge broker is the French HAS which, being a public authority, is able to create binding guidelines for practitioners.

The second model is the Advisory/What Works centre role. These are still mainly financed by the governmental departments and work more closely with policy makers. However, they have a less "authoritative" role and focus more on promoting the take-up of evidence and conducting analysis and research following requests from their main stakeholders, while diversifying and adding to their funding to complement their financial resources and portfolio. An example is SBU Sweden, which performs systematic reviews and submits evidence to the Ministry to support decisions but does not have the authority to issue guidelines.

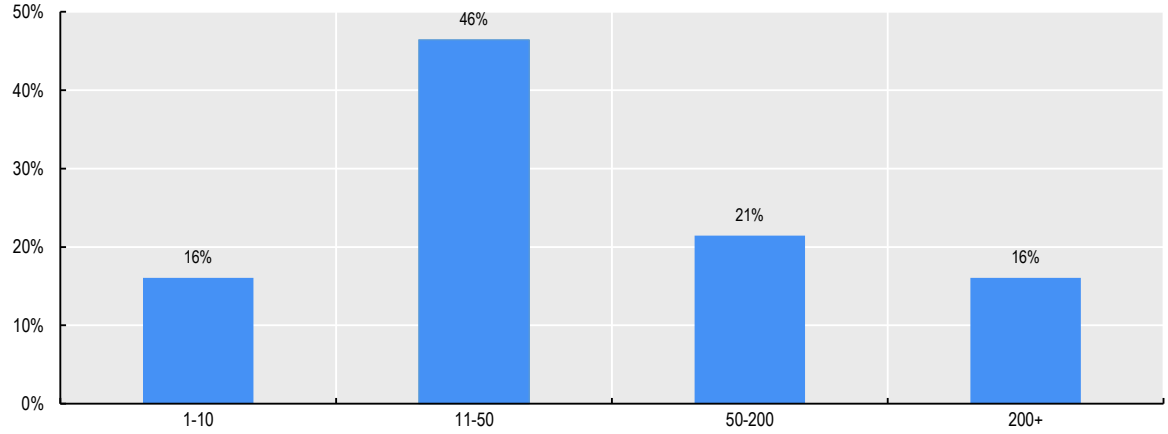
The third model is the Academic/Consulting Experts Model which has a more hybrid function, and operates under a more "entrepreneurial approach", with funding received from a variety of sources. This creates more uncertainty in their day-to-day business but in some cases can help them decide their research priorities in a more flexible way than the Advisory/ What Work centres. Examples of institutions working in this way are CES in Ireland, Child Trends in the United States or CEI, which mainly operates in Australia, Singapore and the United Kingdom. Many of these "consulting or expert organisations" have clear ethics and mandates, to strengthen their credibility and allow them to be fully effective in their area of intervention.

The way these organisations are financed varies significantly across countries. In most cases the majority of the funding comes from public institutions. Some knowledge brokers are 100% funded by a single institution like the **National Centre for Documentation and Analysis of Childhood and Adolescence in Italy (CNDA).** The functions of the National Centre are institutionally under the responsibility of the Department for Family and Children's Policies in the Presidency of the Council and are implemented by law. The CNDA is hosted by the *Istituto degli Innocenti* in Florence, which at present receives funding only from the department. It is common to receive funding from more than one department as child well-being is often a cross-departmental issue. In some cases, institutions have to participate in competitive bids to receive funding. This is more common in Australia or in the United States. Foundations represent a source of income for some institutions, especially in countries such as the United States and Belgium. Despite this, some foundations operate by financing research and projects on child well-being at the European level, for example the Oak foundation or the Jacob foundation in Switzerland.

The knowledge brokers that were identified significantly differ in size, ranging from 5 employees (**EXPOO, Belgium**) to 1850 (**RAND, International**). However, for the larger institutions, these may cover a range of topics and it is difficult to gauge how many staff are actually deployed on the issues related to Child Well-being. In the United States, Child Trends is one of the largest organisations dedicated exclusively to child issues, with over 200 employees (Figure 2.5).

The knowledge brokers in this study are also relatively recent, though there is a significant range. The longest operating organisation (**Early Childhood (Australia)**) has performed its functions since 1938 while the most recent were established in 2018 (Wales Centre for Public Policy and Children's Neighbourhoods Scotland). On average, the institutions for which information were found have been active since 1997.

Figure 2.5. Share of knowledge brokers by number of employees



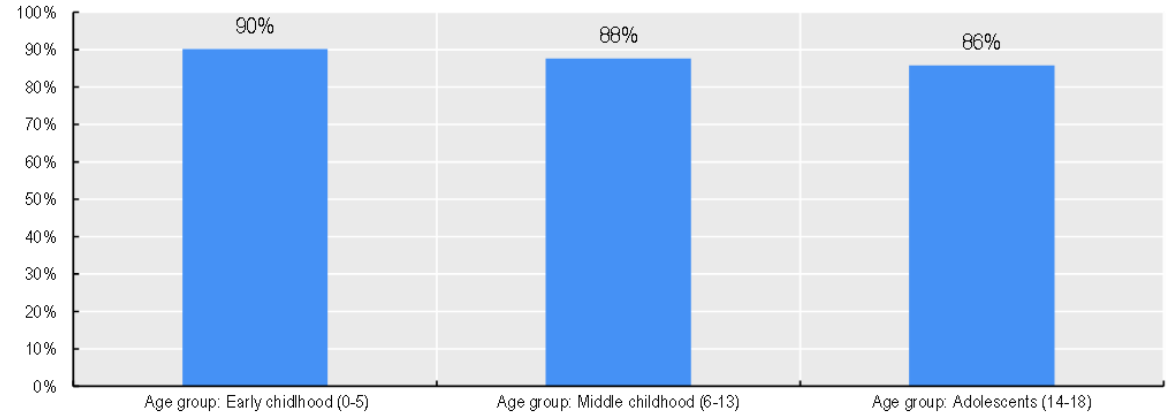
Note: N=56. This information was retrieved for 56 knowledge brokers in the sample of 81. The x axis represents the number of employees.
Source: OECD Knowledge Brokers - Child Well-Being Database.

2.2.2. Age groups covered by knowledge brokers

Children represent a very heterogeneous group in terms of age categories and needs. Early childhood (0-5) is the period of childhood receiving the most attention, with 90% of institutions covering this group. Slightly fewer institutions cover older children, although this difference is small. However, youth organisations which were not included in the sample might significantly rebalance the situation.

Figure 2.6. Age groups covered

Percentage of institutions covering specific age groups



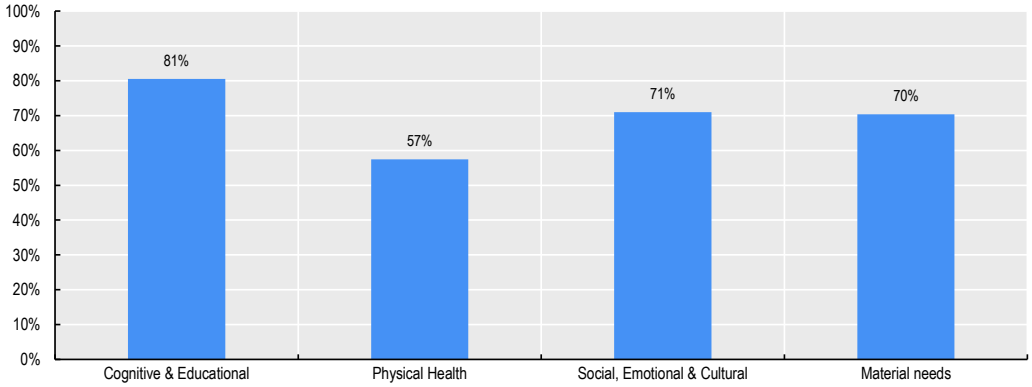
Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

2.2.3. Identifying the domains of intervention and resolving access to data

Given the complex and multifaceted aspects of child well-being, and the various interventions that can be envisaged, the knowledge brokers analysed may have different scopes of analysis and focus. As such, the mapping tries to gauge the various topics of interest covered by the various bodies.

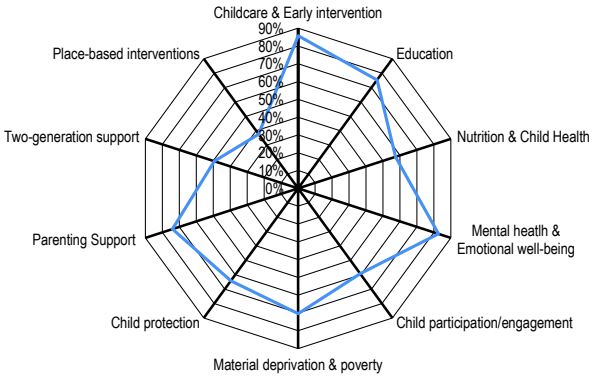
Figure 2.8 shows that not all domains are covered equally. More than two thirds of the institutions in the sample cover aspects related to the cognitive & educational sphere of child well-being while aspects like physical health and social, emotional & cultural well-being are overall less covered. The analysis can be done at a more granular level, with a focus on the topics and subdomains (Figure 2.8). Childcare & Early Intervention is the most studied aspect of child well-being with 85% of institutions covering it. Other aspects that are analysed by a majority of institutions include Education, Mental Health and Parenting support, all analysed by more than 70% of the institutions. Some topics are covered more sporadically. This is the case for place-based interventions where less than 4 institutions out of 10 covered this aspect. Two-generation support, child engagement and nutrition are covered less frequently as topics. On average, the cross-domain topics are less covered (only 40% of all knowledge brokers cover them). The limited amount of data available to knowledge brokers in these domains might explain why they are not able to cover them to the same extent. While data availability varies significantly across organisations, for some of the interviewed organisations poor data availability represented a reason for not covering certain topics, limiting their areas of work. This is in line with what was already observed by "*measuring what matters for child well-being and policies"* (OECD, 2021[9]).

Figure 2.7. Domains covered by Knowledge brokers



Note: N=81

Figure 2.8. Percentage of institutions covering specific sub-domains



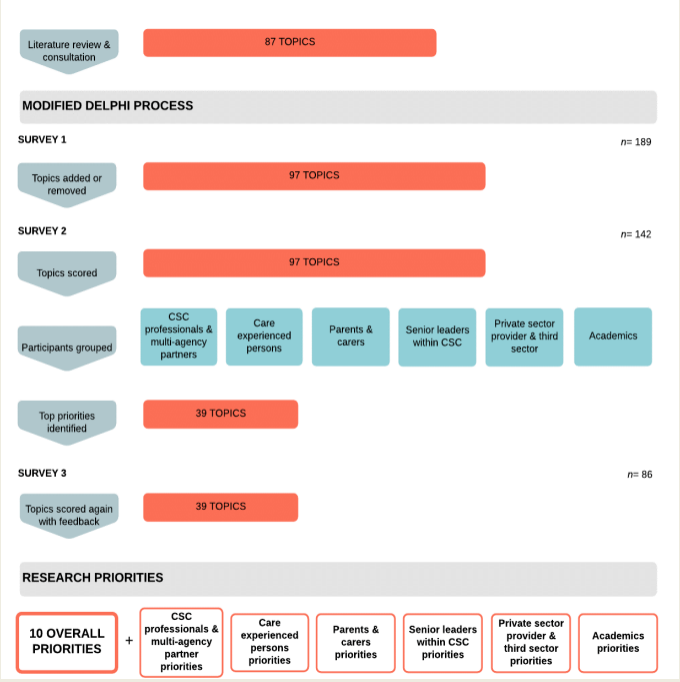
Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

In other contexts, data availability was not considered an issue and very good data infrastructures were available, with data coming from longitudinal studies and administrative registries (see Box 3.4 for more detail). The decision to cover certain topics is not only influenced by data availability but also by demand of external stakeholders. Throughout the interviews, most knowledge brokers reported that agenda setting is often performed in consultation with relevant stakeholders, and most often policy makers. Organisations that function more like authorities or consulting organisations can have more flexibility in deciding which topics to cover and perform gap analysis. Finally, several organisations use a mixed strategy combining gap analysis and stakeholder engagement. For example, this was done in 2019 by the UK's **What Works for Children in Social Care** to define their two-year agenda (see Box 2.3).

Box 2.3. Setting Research Priorities for What Works for Children's Social Care (WWCSC)

The complexity of the social care sector requires a careful understanding of research priorities. For this reason, the WWCSC launched a research prioritisation exercise between January and March 2020. This exercise built on a modified Delphi model, which represents a method usually used in forecasting. This involves several steps which combine both gap analysis and stakeholder consultation. The organisation first created an initial priority list of areas in which further contribution was needed based on two relevant mapping exercises performed by other organisations. Once this initial list of 81 research topics had been created, it was used as an initial point for consultation with stakeholders. The Delphi method was then applied to the consultation process. This method consisted of experts answering multiple rounds of surveys each round with some 'feedback' from the previous rounds, and was used to build consensus while still recognising the different priorities of different stakeholders. Over 250 individuals participated in this prioritisation exercise and a total of 39 topics of research were identified divided in different groups (see Figure 2.9).

Figure 2.9. Process undertaken by WWCSC to determine its research priorities



Source: (WWCSC, 2020[56]).

Another interesting example is offered by the **CNDA** in Italy with their three-year annual plan. The **Korean Institute for Children Care and Education (KICCE)** has a very participative and inclusive research agenda which is determined after several phases combining both a top-down (with directions from the Ministries) and a bottom-up (with practitioners and partners' consultations) approach.

A multi-dimensional approach is fundamental to capture the multi-faceted nature of children's well-being. This is reflected in the fact that most of the knowledge brokers in the sample tend to focus on a range of 3 to 6 subdomains. Very few knowledge brokers cover only one or two aspects while a minority covers more than 6 subtopics, still reflecting the need for expertise and broader field specialisation. Some institutions such as Child Trends in the United States or the Campbell Collaboration cover all the sub-domains identified. Multidisciplinarity does not seem to be related to size as even smaller institutions may cover a range of issues (see Figure A A.2 in Annex A). Size, however, might affect other aspects, such as number of studies and depth of the analysis, which are harder to quantify. Some knowledge brokers take a very integrated approach to multidisciplinary issues. In some cases, this occurs when these knowledge brokers have to contribute to integrated strategies, such as in New Zealand or Finland.

Another important issue is the focus on children with higher needs such as those in institutional or foster care, or a higher risk of deprivation. During the COVID-19 crisis, according to some NGOs active in the field, some countries saw an increase in institutionalisation (Eurochild, 2020[57]). Acknowledging these categories and addressing their special needs is fundamental to break the cycle of disadvantage. The issues related to the most vulnerable children are generally well covered. Vulnerable children are defined as any children at greater risk of experiencing physical or emotional harm and/or experiencing poor outcomes because of one or more factors in their lives (Public Health England, 2020[58]). Most institutions specifically addressed issues like disability, migrant background, economic status and institutionalisation. Almost 85% of institutions had a focus on children from disadvantaged backgrounds. Minority groups were analysed by one third of knowledge brokers in the sample. This is especially true in countries with some relevant native/ First nations groups such as Australia, New Zealand and Canada. In Canada legislation has been passed at the federal level on Indigenous child welfare for the first time. With the Bill-C-92, *An Act Respecting First Nations, Inuit and Metis Children, Youth and Families*, the federal government has recognised Indigenous People's jurisdiction over their child and family services, as part of an inherent and Aboriginal right to self-governance (Walqwan Metallic, Friedland and Morales, 2019[59]). Understanding the important implications of this reform, some Canadian knowledge brokers such as **ALIGN** in Alberta are working very closely with First Nations groups to ensure that all Indigenous children live in dignity and respect with their family and community of origin (for a recent example on this work see Box 2.4).

Box 2.4. Understanding Indigenous culture to provide better services to vulnerable children

In order to provide a support tool to agency staff and service providers working with Indigenous children, ALIGN, which is based in Alberta, has started an important journey that has led to the creation of the **Indigenous Cultural Understanding Framework** (ALIGN, 2022[60]). This document, created both in a written and in an interactive digital format, intends to increase cultural understanding among agencies in the province. The project was developed through a series of gatherings between 2019 and 2020 with ALIGN members, elders, knowledge keepers, youth and agency staff across Alberta. The framework provides an overview of the main strengths and challenges that agencies are currently facing regarding putting their understanding of Indigenous culture into practice. It helps to map Western categories, and concepts with those found in Indigenous culture. This tool can help guide discussion, learning and understanding for agencies to explore, integrating both Western and Indigenous approaches in practice.

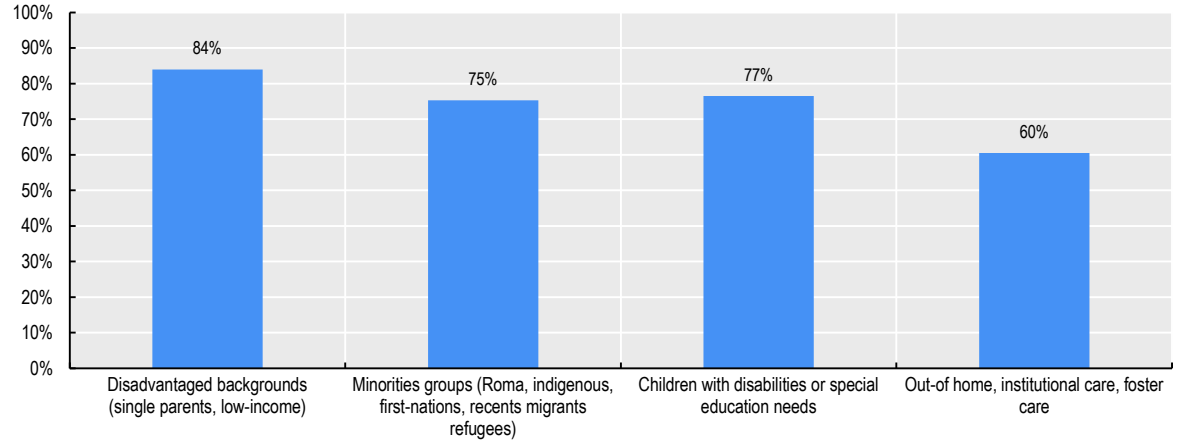
Source: (ALIGN, 2022[60])

Several institutions covered all vulnerable categories, such as **Child Trends (US), Home Visiting Evidence of Effectiveness (US),** or the **CNDA (Italy)**. The **CNDA**, for example, has evaluated experimental policies on behalf of the Ministry of Labour and Social Policies that examine those who, upon reaching the age of majority, live outside the family of origin on the basis of judicial decision (Istituto degli Innocenti, 2021[61]). Another important evaluation concerned the inclusion and integration of Roma, Sinti and Nomad children (Istituto degli Innocenti, 2020[62]). However, the extent to and the ways in which these aspects are covered might vary significantly across institutions. These categories are often more difficult to study as cross-national data might be unable to reach these families and children (OECD, 2021[9]). A very good example of knowledge production in this area comes from the **Centre of evidence and implementation (CEI**) an evidence gap map (EGM) produced for the NSW Department of Family and Community Services (NSW FACS), which, using 121 studies, produced a synthesis of evidence together with a map underlying the understudied aspects of Out of Home Care.

Overall, as shown by Figure 2.7 and Figure 2.8, not all aspects of child well-being are equally covered. In particular, topics at the intersection between different domains face greater risk of being understudied. This might be due to the fact that they are characterised by less identifiable outcomes and might be more difficult to analyse. Already, several institutions are providing information on what gaps exist for research, as a good practice.

Figure 2.10. Institutions covering vulnerable groups of children

Percentage of institutions covering vulnerable children, by types of vulnerability



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

Another important aspect is the type of data that knowledge brokers deal with. The majority of knowledge brokers collect both primary and secondary data (see Figure A A.3 in Annex A). More than 9 out of 10 institutions conduct primary data collection through qualitative interviews, observations or focus groups (95%), and quantitative surveys and panel studies (91%). Secondary data is used by most knowledge brokers, mainly national data, while international data is used by around 70% of the institutions.

Data collection is fundamental for both research and synthesis. Understanding which are the domains and the age groups that are more studied can help us in identifying potential gaps. This issue of evidence gaps is a way to highlight research opportunities and represents an important function of knowledge brokers. Some of the institutions in the sample do produce very clear mappings of evidence gaps (see Box 2.5).

Box 2.5. Good practice in addressing evidence gaps: Australian Institute of Health and Welfare (AIHW), the Norwegian Knowledge Centre for Education and Campbell Collaboration

Knowledge brokers can inform the debate about the existing knowledge gaps in their field of research. Identifying knowledge gaps helps inform which type of research is needed.

The AIHW: Australia's children and Australia's youth gap analysis

The Australian Institute of Health and Welfare is an independent statutory Australian Government agency with more than 30 years of experience working with health and welfare data. Its vision is to provide stronger evidence for better decision making and improve the health and welfare of Australians (Australian Institute of Health and Welfare, 2021[63]). The AIHW provides in its reports on *Australia's children* and *Australia's youth* a detailed description on which topics are not covered due to unavailability of data. In particular, data gaps exist both for children and young people. These are divided by geographical regions, population groups and topics. Together with underlying the gaps present in the Australian context, the reports also suggest strategies to foster data collection. In this area, the AIHW is also developing a National Disability Data Asset to improve understanding of the life experiences and outcomes of people with disabilities (DSS, 2020[64]).

The Norwegian Knowledge Centre for Education: Evidence gap map

Another way of highlighting knowledge gaps is with evidence gap maps. These are graphic tools which help visualise the areas that are well covered by existing studies and those that are less so. This method is used by the Norwegian Knowledge Centre for Education established by the Ministry of Education and Research. The evidence gap map is made of all research outcomes registered at the Research Council Norway as products of funding from the Research and Innovation in Education programme (Knowledge Centre for Education, n.d.[65]). Their findings show that in the education field when dealing with teaching, learning and assessment, early childhood education and primary education are far more studied than higher education. Vocational education has also received less attention.

The Campbell Collaboration – UNICEF Innocenti Research Centre: Mega-map on Child Well-being Interventions and violence against children evidence and gap map

A further step to ensure that the evidence gap maps impact practices is shown by the Campbell – UNICEF gap map on violence against-children in low and middle-income countries. This map uses 152 studies of which 55 are systematic reviews and 97 impact evaluations (Pundir et al., 2020[66]). To encourage use of the results of the map, UNICEF staff have complemented it with briefs on the main intervention areas (The Campbell Collaboration, 2021[67]). This map was commissioned after a first Mega-map on Child Well-being Interventions, which included 536 systematic reviews and 25 evidence and gap maps which underlined the gaps in addressing violence.

Source: (Australian Institute of Health and Welfare, 2021[63]), (DSS, 2020[64]), (Knowledge Centre for Education, n.d.[65]), (Pundir et al., 2020[66]), (The Campbell Collaboration, 2021[67]).

3 Mobilising evidence to support effective policies towards child well-being: What are the means to impact?

3.1. How can knowledge brokers achieve impact?

The main challenge for knowledge brokers is to be able to effectively impact policy makers' decisions, and achieve change in actual practices by practitioners and families. They need to be equipped with a range of professional tools, as well as communication and dissemination practices which can fill the critical knowledge gaps that decision makers may have. One of the most commonly used tool is synthesis of evidence, including systematic literature reviews, and rigorous processes of searching, assessing and synthesising evidence in order to answer pre-specified research questions. This can be complemented by some original research as well as data collection to fill knowledge gaps. Once the evidence is there, the challenge is to achieve impact, with explicit and targeted communication strategies, as well as messaging and proactive outreach to policy makers and key stakeholders. This section will review the approaches and the tools used by the knowledge brokers to achieve impact, and what good practices can be identified.

3.2. Synthesis of evidence

Synthesising evidence is one of the core functions of knowledge brokers, carried out by 90% of identified institutions performing reviews of evidences (see Figure A A.4 in Annex A). Evidence synthesis includes a range of methods: systematic reviews, rapid evidence assessments and systematic evidence mapping.

The systematic review is the most comprehensive of the listed methods. Despite the fact that it is costly and time-consuming, such a review was performed by more than half of the sample (see Annex A). This core professional tool seems to be one of the most established practices, and represents the most robust method for reviewing, synthesising and mapping existing evidence (OECD, 2020[46]). It was developed to avoid two types of bias being a challenge for traditional literature reviews: the first resulting from the differences between studies that they include and the second being caused by the way in which the review is carried out (Gough and Thomas, 2016[68]). Against the less structured simple reviews, in which studies selection is not defined, systematic reviews follow a strict and detailed protocol to pre-specify all elements of the research process. They gather all empirical evidence in a defined manner and include the reviews that fit eligibility criteria in a sample. In the next step selected evidence is assessed on its quality. The transparency of the selection and assessment process ensures robustness of the findings and representativeness of evidence (Higgins and Green, 2011[69]). One of the most comprehensive systematic reviews is offered by **Campbell Collaboration**. The organisation requires those wishing to publish a review

in one of their databases to conduct an iterative process of peer-reviews, reviewing methods and outcomes of different stages of research.(for more details see Box 3.1).

Box 3.1. Good practice in synthesising knowledge: Campbell Collaboration

Campbell Collaboration is an international social sciences research network, whose main goal is to strengthen evidence-informed decision making for social and economic change by promoting the production and use of synthesis of evidence. The organisation provides robust and rigorous systematic reviews as well as methodological standards (Davies and Boruch, 2001[70]).

Authors who want to publish reviews in the Campbell library are firstly invited to send their proposal of a title. It should indicate the scope of the planned review previously discussed with stakeholders and end-users. The organisation takes 10 working days to review proposal. The aim of this step is to ensure the relevance of published works and to avoid duplication of different teams' efforts. When the title is approved, authors prepare a protocol of the study, which includes a detailed description of methods that will be used while conducting the review. It starts with setting a rationale for review, providing background and objectives of the study. In the section dedicated to methods, there are:

- criteria for inclusion and exclusion of studies in the review
- search strategies for identification of relevant studies
- descriptions of methods used in the component studies
- criteria for determination of independent findings
- details of study coding categories
- statistical procedures and conventions
- treatments of qualitative research
- timeframes.

The protocols should be prepared according to requirements and standards published on Campbell's website. After submission they are reviewed by external content and methods experts. Authors are provided with a consolidated set of comments. Upon approval of the protocol, authors start the process of searching, coding and synthesising research. As part of the systematic review process, studies are searched in numerous databases as well as grey literature sources using pre-defined phrases. It leads to the identification of thousands of articles, among which authors include the ones that meet the eligibility criteria indicated in the protocol. Authors have to perform some first screening based on abstracts and summaries, and a second screening based off the whole work. Authors extract the parts of the included texts which are connected directly with the research question of the review. When appropriate they perform meta-analysis of the results. The finished study is put under the same process of review as the protocol. After publishing the review in the Campbell's database, authors are required to update it with any available relevant studies.

Source: https://campbellcollaboration.org/research-resources/writing-a-campbell-systematic-review.html.

Systematic reviews can be very useful for policy makers to make evidence-informed decisions. Indeed, they provide a synthesis of knowledge coming from a variety of different research pieces which can provide a richer perspective with respect to single cases. Although they are still not used in the field of social policy as much as they are used in the area of health and medical care, their popularity has increased in the Nordic countries. These countries recognise the use of systematic reviews as the main evidence-based decision-making product (White, 2022[71]). This differs significantly from the US model, which is mainly based on evaluation of single programmes, often with the use of randomised control trials which offer a wealth of original research findings. An example for the Nordic countries is offered by the **Norwegian Institute of Public Health (NIPH**) (see Box 3.2).

Box 3.2. Systematic reviews to inform policy makers: The case of NIPH

The NIPH produces systematic reviews to inform the different Norwegian Directorates on the evidence available. The NIPH collaborates mainly with the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) to which it provides several systematic reviews to inform the policy process. An example is offered by a systematic review produced in 2017 to inform on the consequences (effect) of shared custody for children. To contribute to this debate, the systematic review identified 4 475 abstracts to then include five different studies produced in the United States and Australia. These studies, which covered children aged 0-6, were published between 1999 and 2016. Because of the lack of convincing results in the original studies, it was not possible to have a final answer to the original question. Despite this, the systematic review was informative to policy makers on several other related aspects and is still a relevant source of knowledge when considering a policy reform in the field of custody.

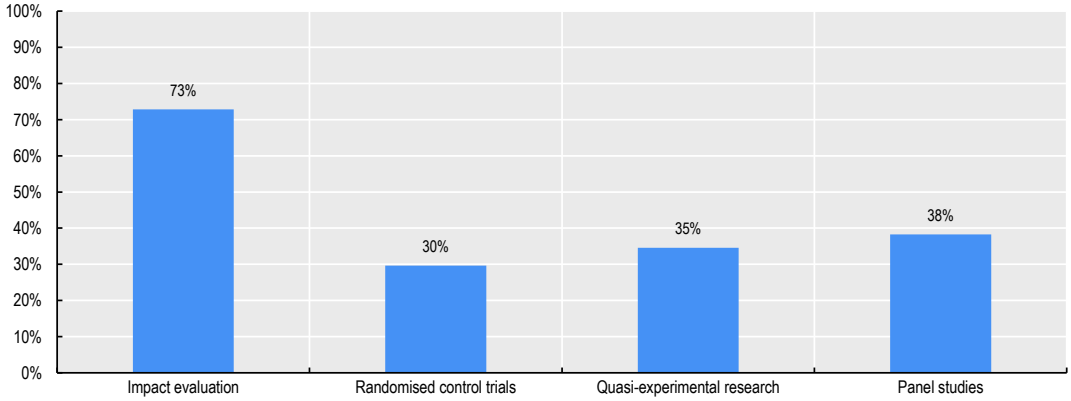
Source: (Blaasvær, Nøkleby and Berg, 2017[72]).

Nevertheless, given the costs of systematic reviews, many institutions feel the need for achieving relevant results quicker and with limited costs, whilst maintaining many of the strengths of taking a systematic approach to reviewing the literature. One option may be to simplify at the margin the process for systematic reviews, by simplifying or omitting some elements, simplifying the research protocol, limiting the sources or narrowing inclusion criteria, screening the literature search results, skipping some quality assessment, or not conducting a meta-analysis (Tricco et al., 2015[73]). This approach is covered under the generic name of rapid evidence assessment and was used by 35% of the institutions covered.

3.3. Selecting appropriate methods for achieving policy impact

Aside from knowledge synthesis, knowledge brokers can rely on a range of methods to generate new evidence in a policy-oriented way. These include impact evaluation, randomised controlled trials, panel studies and quasi experimental research. All these methods are used by the institutions covered in the sample. Impact evaluation, which is the most accessible method, is the most practiced. It is interesting to note that a significant proportion of the knowledge brokers also rely on more advanced or complex methods, including panel studies and quasi experimental research, which require longitudinal experiments and can provide relevant insights in a policy area where the longitudinal aspects are crucial to evaluate outcomes, such as chances of offending or development later in life. However, these tools are overall less used than the reviews of evidence, which are practiced by 90% of the sample.

Figure 3.1. Research Methods



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

Impact evaluation can include cost-benefit analysis. The **Washington State Institute for Public Policy offers a set of good practices in this area** (Box 3.3).

Box 3.3. Good practice in Cost-benefit analysis: the WSIPP

The **Washington State Institute for Public Policy (WSIPP)** is a non-partisan public research group created in 1983. WSIPP has become nationally and internationally recognised for the design, depth, and quality of its research reports and benefit-cost analyses. They have performed cost-benefit analysis since 1990 and offer a large database of policies that have been evaluated. Their database presents evaluations of child welfare policies, Pre-K to 12 education policies, and children's mental health programmes in the United States. Another important field of research is youth crime prevention. Their approach consists of three steps:

1. First, they systematically assess all high-quality studies from the United States and elsewhere to identify policy options that have been tested and found to achieve improvements in outcomes. During this step they often use knowledge coming from other knowledge brokers in the field.
2. Second, they determine how much it would cost Washington taxpayers to produce the results found in Step 1 and calculate how much it would be worth to people in Washington State to achieve the improved outcome. That is, in dollars and cents terms, they compare the benefits and costs of each policy option.
3. Third, they assess the risk in the estimates to determine the odds that a particular policy option will at least break even.

To ensure transparency of their findings, WSIPP publishes detailed information on how each cost-benefit analysis is performed.

Source: https://www.wsipp.wa.gov/BenefitCost

Having access to good quality data is essential for knowledge brokers to produce and mobilise evidence. Several of the knowledge brokers in the database collect and use important data in the area of child well-being. An example is the **CNDA** which manages the *Numeri dell'infanzia e dell'adolescenza*, the widest selection of statistical indicators referring exclusively to children and adolescents in Italy (Centro nazionale di documentazione e analisi per l'infanzia e l'adolescenza, 2022[74]).

Longitudinal, or so called "Panel studies" are very important in the area of child well-being, as several well-being outcomes can only be assessed over time. Although they often do not use counterfactuals, longitudinal studies follow the same person over time and can attempt to identify causal effects through econometric panel data methods with fixed effects. They are particularly useful for investigating relationships between risk factors and certain outcomes and to track effectiveness of interventions over time (Caruana et al., 2015[75]).

Longitudinal studies in the area of child well-being represent a fundamental source of information both from a scientific and from a decision-making perspective. The relevance of these studies is recognised by their presence in several advanced jurisdictions (see global mapping in Table A A.1). The mapping only includes longitudinal studies at national level. Such studies are generally managed by universities and often focus on topics of academic relevance. However, several knowledge brokers in our sample are involved in the management of such longitudinal studies in their home countries. An example is **Closer**, in the United Kingdom, which is an institution responsible for collecting and harmonising longitudinal studies from the United Kingdom in order to produce new additional evidence accessible to policy makers, or the **Australia Institute for Family Studies (AIFS)** which is responsible, together with other institutions, for three longitudinal studies: *Growing Up in Australia, Building a new life in Australia and Ten to Men*. In

Korea, the **Korea Institute for Child Care and Education (KICCE)** is responsible for the first panel study on Korean children PSKC and is now creating an additional panel study which will focus on vulnerable children.

A number of key aspects can make such longitudinal studies highly useful, both from a research and policy perspective. These include three main issues: 1/ a multidisciplinary approach, to best cover the multiple domains of well being and grasp the existence of "developmental cascades"[3],2/ the life years covered in order to analyse long-term impacts of childhood development following the cohort for long lifespans 3/ the possibility to link the information from child surveys with administrative data to further enrich the analysis. **Growing Up in New Zealand**, is an interesting a New Zealand longitudinal study on children which acts as a knowledge broker (see Box 3.4). In relation to the second aspect, the **Millenium Cohort** and the **NZD Dunedin cohort** are good example as they continued to follow children after reaching adulthood. In relation to the third aspect, aside from Growing up in New Zealand, which benefits from the Integrated Data Infrastructure in that country, the **Australian LCAS cohort**, the **UK MCS**, and the French **ELFE** are also good examples.

A very ambitious longitudinal data project is **Growing Up in Digital Europe: EuroCohort (GUIDE)**. This will be Europe's first comparative birth cohort survey supporting the development of social policies (ESFRI, 2021[76]). **GUIDE** will be an accelerated cohort survey including a sample of new born infants as well as a sample of school age children to be surveyed using a common questionnaire and data collection methodology at regular intervals until the age of 24. The creation of this survey will be supported by the **Coordinate** (COhort cOmmunity Research and Development Infrastructure Network for Access Throughout Europe) project. (Coordinate, n.d.[77]).

Box 3.4. Best practice example: Growing up in New Zealand

Growing Up in New Zealand, a longitudinal study of child development, is an interesting example of how longitudinal studies can inform and have an impact on policy makers. This study involves more than 6 000 children and their families and follows child development from 2009/2010. The study started to collect data before the children were born and is intended to last until children will have 21 years old. In addition to the already rich set of questions in the survey, the study is also linked to administrative data from the Integrated Data Infrastructure of New Zealand, which enables researchers to analyse children from a variety of angles.

On top of the high quality and richness of the data available in this longitudinal study, it has the ability to be very influential for policy makers. The main reasons explaining this are the good relationships that the researchers have developed with policymakers. Indeed, from the very beginning of the study, researchers have involved policy makers in order to be able to combine scientific rigour to questions that could also be policy relevant. This collaboration has influenced the way in which the National Child Well-being Framework was designed for New Zealand, very much as a political statement, and still linked with the areas explored by the existing longitudinal study.

To provide useful evidence to policy makers, Growing Up in New Zealand engage them *ex ante* in order to understand their needs. Moreover, the institution produces tailored evidence like policy brief and policy papers. They also created a **Fast Track Request** in order to provide evidence to Ministries or departments in 24-48 hours, which is very unusual in an academic context.

Source: Interview material and https://www.growingup.co.nz/about-growing.

[3] See OECD WISE report, on "What matters for Child Well Being".

Finally, almost one in three of the institutions in the sample use or have used Randomised Control Trials (RCTs) to generate evidence. RCTs are considered the "gold standard" in terms of ability to attribute causation to a policy or programme, as they are structured to have randomly assigned control groups which allow to control for potential biases. They present a powerful tool for assessing causal relationships between an intervention and outcome (Hariton and Locascio, 2018[78]) However, they also face some limitations. In particular, they can lack external validity and are often unable to provide information on which factors are important for scaling up programmes or translating them in different contexts (Acquah and Thévenon, 2020[45]). Together with these challenges they are also costly. They also involve ethical considerations, especially in the field of child well-being. These ethical considerations take two forms. From one side, giving only some children access to programmes or policies that could have beneficial effects and leaving other children without them may be perceived as unfair and unethical. At the same time, using RCTs might help to uncover harmful programmes earlier, reducing the risk of exposing children to policies that have not been properly evaluated. Despite the fact that it is often assumed that good intentions of social interventions are sufficient to imply no harm, this is not always the case (MACINTYRE, 2000[79]). An example comes from the evaluation of "Bike Ed", a programme on bicycle safety which rather than show a positive impact, demonstrated that those taking part in the programme saw an increase in cycling injuries (Carlin, Taylor and Nolan, 1998[80]). To exclude this possibility, RCTs are important. For this reason, offering programmes without any proof of effectiveness can generate ethical issues that need to be addressed. Good examples of using RCTs, and dealing with their ethical issues, can be found among the activities of the **Education Endowment Foundation (UK)** (for more details see Box 3.5).

Box 3.5. Good practice in randomised control trials: The Education Endowment Foundation (UK)

The **Education Endowment Foundation (UK)** is the UK What Works centre for Education. It aims to break the link between family income and educational achievement**.** Since its foundation in 2011, it has performed 121 evaluations, 100 of which were RCTs. Relying on RCTs, the institution has implemented a series of practices to make RCT as accurate as possible and to reduce the controversial aspects in terms of communicating the findings. For example, it has implemented a padlock security rating which is designed to summarise, in a single scale, the number of possible sources of bias that could threaten the security of a finding. To avoid ethical issues, an example comes from the Nuffield Early Language Intervention that consists of 20 or 30-week educational programmes addressed to children in nursery and reception classes, who have language and literacy difficulties, delivered by teaching assistants in small groups. To avoid ethical issues with identifying children with language difficulties and not offering them support, participating schools were offered the opportunity to deliver the RALI programme (already proven as effective) for pupils from control groups after the end of the trial. They could also deliver any other programme of their choice with one – off payment provided by organisers of the trial.

Source: https://educationendowmentfoundation.org.uk/about-us.

New technologies and innovative data collection methods are offering new opportunities in this area, for example through use of machine learning. For example, **Growing Up in New Zealand's** new project **Our Generation, Our Voices, All Our Futures** represents an interesting example of the use of machine learning. (see Box 3.6).

Box 3.6. Enhancing child well-being with machine learning in New Zealand: Our Generation, Our Voices, All Our Futures' case

The project *Our Generation, Our Voices, All Our Futures* seeks to address well-being knowledge gaps by providing an integrated data resource that is explicitly focused on well-being, through a child-centric approach. It adopts a te Ao Maori lens to significantly improve measurement and management of child and youth well-being. It involves a multidisciplinary team of national and international experts, and builds on the extensive information collected from the cohort of children and families participating in the **Growing Up in New Zealand** longitudinal study. The project involves creating new digital platforms that will be co-designed with study participants in collaboration with technology experts to enable unique multi-modal information to be collected in real-time from a diverse group of children. This will provide novel qualitative data in real time. Enhanced machine learning processes will be developed to process this unprecedented volume of high frequency multidimensional data, which will be augmented by triangulation with early life quantitative and administrative data.

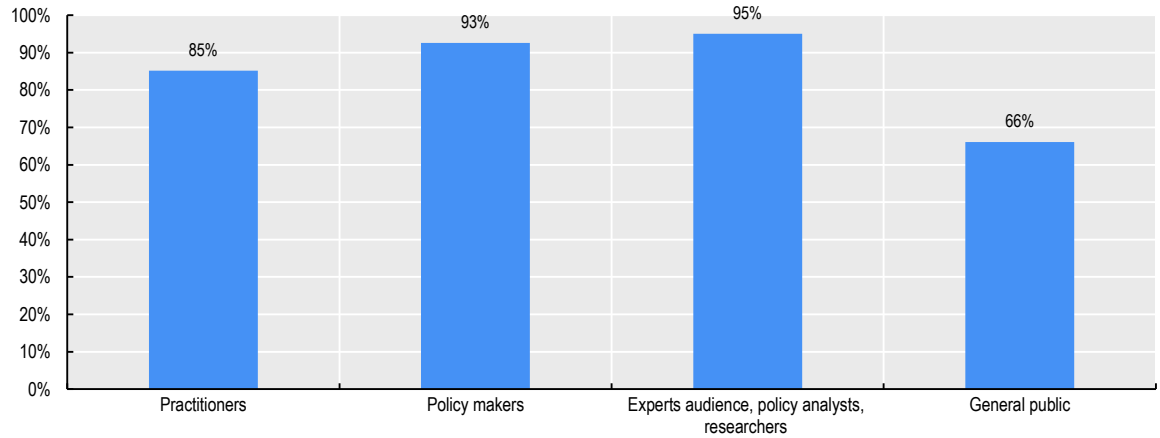
Source: Information shared by Growing Up in New Zealand.

3.4. Targeting the audience

Targeting the audience is critical to achieve impact. Given the multiple dimensions and actors involved in child well-being issues, this can prove challenging. Policy makers and policy analysts are the primary target of knowledge brokers in this area. However, institutions in the sample also identify practitioners and the general public as important interlocutors and provide tailored materials for them.

Figure 3.2. Audience of knowledge brokers

Percentage of institutions targeting specific audiences



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

Practitioners are an important category, which can include teachers, trainers, and social workers etc. These are all professions that have a fundamental role in children's lives. For this reason, several institutions directly target them as well. An example is the **Centre for the Study and Prevention of**

Violence (US). This knowledge broker plays an active role in helping practitioners to implement programmes that were proved to be effective.

Knowledge brokers can also address the general public. Even if most resources of knowledge brokers are available from their websites, these might be not customised in an appropriate way for the public, given their complexity and technical language or methods. Of the 81 institutions, around 65% of them appear to also target the general public. This is important to retain and increase trust. A good example is the Australian **Parenting Research Centre (AU)** (see Box 3.7 for more details).

Box 3.7. Good practice in audience Targeting: Australia, Netherlands and Finland

Parenting Research Centre, Australia

The Australian *Parenting Research Centre* is a knowledge centre focusing on the role of parents and on parenting programmes as a fundamental instrument to allow children to thrive. They work with decision makers and practitioners and also offer flagship programmes that directly support parents. Their website presents targeted information materials for each of the target audiences: decision makers, practitioners, researchers and parents. The website section "raisingchildren.net.au" offers parents evidence-based answers to everyday questions.

Netherlands Youth Institute

The *Netherlands Youth Institute* (NJI) is a national knowledge centre which collects, explains and shares topical knowledge on growing up and parenting to improve the lives of children. The institute covers several aspects related to child well-being and acknowledge the importance of involving several stakeholders. The approach of NJI is to use evidence coming from experience, practice and the academic world and connect these together. It offers diversified materials and articles for parents, young people, practitioners and policy makers. This allows them to impact children from different angles acknowledging the multi-dimensional nature of child well-being.

The Central Union for Child Welfare, Finland

The *Central Union for Child Welfare*, founded in 1937, is a central organisation that works to promote child welfare and ensure that children's rights are fully realised. The organisation's website offers different resources to three target groups (policy makers, practitioners and families), including articles, blogs, information for parents; policy recommendations, statements and opinions specifically aimed for decision makers and training programmes for practitioners. It has an active advocacy role and is a member of Eurochild.

Source: https://www.nji.nl/monitoring/hoe-omgaan-met-vastleggen-van-informatie; https://www.lskl.fi/ammattilaisille/#; https://www.parentingrc.org.au/about-us/who-we-are/.

3.5. Strategies for communication

The generation of evidence alone does not guarantee that organisations' research efforts will be visible to decision makers. Produced knowledge needs to be translated into understandable language (Meyer, 2010[33]), be engaging, and be tailored for the knowledge users' needs (Gagnon, 2011[81]). It also needs to be delivered at the right time of the policy cycle. Therefore, developing appropriate communication strategies is part of audience targeting. Different levels and strategies of communication can help knowledge brokers to achieve the greatest impact.

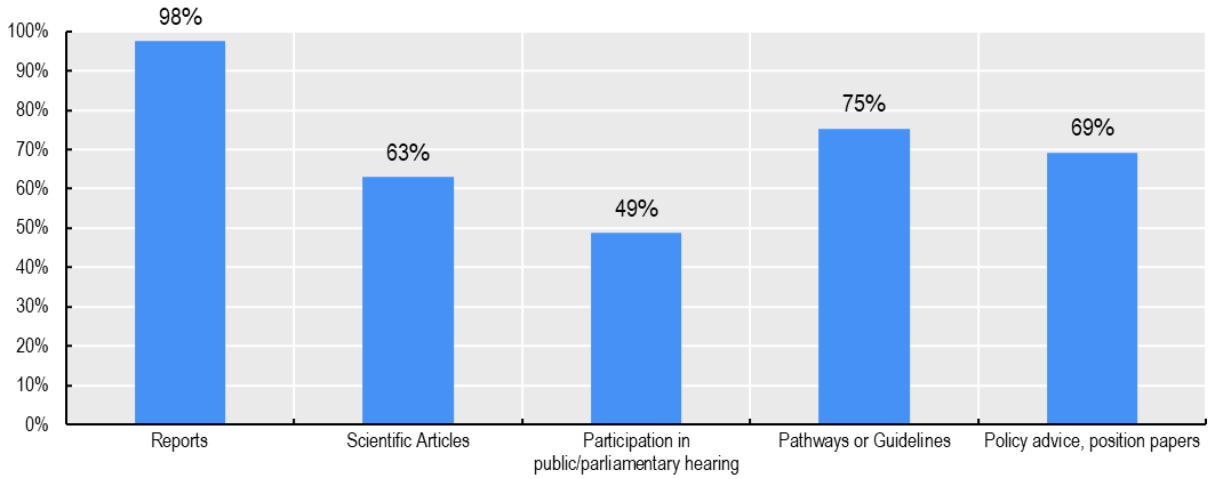
Knowledge translation and communication might happen at three levels[4]:

- **passive diffusion** of the research results ("let it happen")
- **targeted dissemination** of findings among particular groups of stakeholders ("help it happen")
- **active application** of evidence to the decision supporting tools ("make it happen").

The type of communication materials published on knowledge brokers' websites can help gauge the type of communication strategies that they adopt. At a broad level, these can be classified in about five categories, with reports and press releases, as well as guidelines, policy papers, and less frequently outcomes of the participation in public or parliamentary hearings (Figure 3.3).

Figure 3.3. Translation tools used by knowledge brokers

Percentage of knowledge brokers using each communication tool



Note: N=81.
Source: Knowledge Brokers - Child Well-Being Database.

Putting reports out is the most common approach to communicating research findings, through passive diffusion, which consists of generalised communication with broad audience (Canadian Institutes of Health Research, 2010[82]). This type of communication uses traditional channels and does not customise messages. It consists of tools like reports and research papers (Lane and Rogers, 2011[83]). As it is the most basic and common approach, it is practised by nine out of ten institutions in the sample.

Reports include detailed description of background of the study, the methodology and obtained results. They leave space to note all nuances of drawn conclusions and to ensure transparency of the research process. However, they are often quite long and demanding in terms of time from the readers. A simple good practice when creating such reports is to provide an executive summary of a defined length (e.g. 1 000 words maximum) to make sure readers can still grasp the main takeaways of the report and identify the areas where they want to direct their attention.

Another tool of knowledge diffusion, used by around 63% of the organisations studied, is to publish articles in academic journals. Peer-reviewed publications in prestigious academic journals are strongly incentivised

[4] Typology drawn from the (Canadian Institutes of Health Research, 2010[82]).

in the scientific world. They guarantee visibility of obtained results in the academic community and establish the expert position of their authors. Some of the analysed organisations not only publish work in peer-reviewed journals but in some cases are also editors of journals. For example, the **Korea Institute of Child Care and Education (KICCE)** in co-operation with **the National Institute for Early Education Research (NIEER)** issue the International Journal of Child Care and Education Policy. This open-access journal aims to disseminate findings from policy research among international readership, including policy makers, researchers, and practitioners.

However, institutions may also engage in more impactful and targeted communication activities (Figure 3.3). Producing guidelines, policy papers or briefs is more impactful vis-à-vis policy makers as they propose concrete answers to specific problems. However, a more limited number of the institutions produce policy advice or position papers which require additional skills. Pathways or guidelines, which offer practical steps for the implementation of policies or programmes, are produced by almost 75% of institutions. **The Centre for Effective Services (CES)** in Ireland offers a good example of an evidence brief, as it produces **Access Evidence** to provide accessible summaries of evidence to practitioners (see Box 3.8).ok

Box 3.8. Good practice in pathways or guidance: Access Evidence (CES)

To help practitioners working in frontline services to access most updated research and evidence, **CES** has created a dedicated evidence brief**, Access Evidence**. These consist of a series of literature reviews accompanied by short, accessible summaries and resources. The briefs are created engaging with practitioners in order to make them as tailored as possible and offer practical guidance. The first report was created in 2016 on the topic of Childhood Adversity. Since then, other 5 were produced on topics related to child well-being.

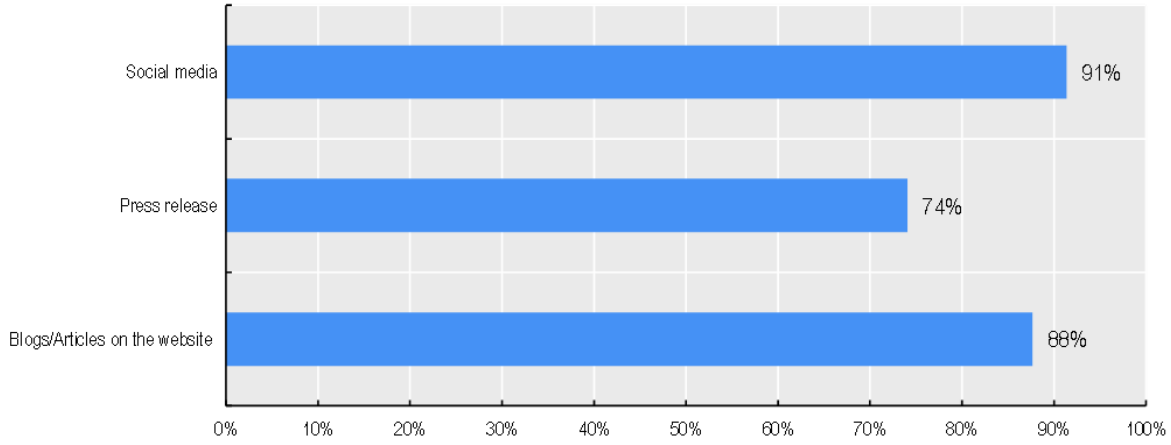
Source: https://www.effectiveservices.org/work/access-evidence.

Finally, fewer institutions participate in parliamentary hearings and communicate their knowledge directly to parliamentarians. This is the case of 37 institutions, who communicate their findings in these formal settings. For example, **Eurochild** uses its findings to inform the European Parliament. At the national level, the **CNDA (Italy)** is responsible for producing annual and biannual reports to inform the Parliament about the condition of children.

Translating evidence into different types of documents is not the only way to spread knowledge. More accessible and flexible communication tools represent an important option for knowledge brokers to ensure that their work is accessible. Several organisations present information as databases with filters, short description and (sometimes) scores to make them more interactive and immediate for readers. Databases of interventions are produced by NJI (NL), VIVE (DK), Kasvun Tuki (FI) and SBU (SWE). Despite being adopted as communication tools in the Nordic countries, these were firstly introduced in the United Kingdom and the United States, for example with the Education Endowment Foundation Teaching and Learning Toolkit or the What Works for Children's Social Care Evidence Store. Some organisations produce databases of tools for practitioners, such as CES (Ireland) which created the Child, Youth and Family Database composed of 160 outcomes measurement tools that practitioners can use to find outcomes measurement tools for evaluating different child or family programmes. Specific communication tools can be useful to target interest groups and disseminate information effectively (see Box 3.9). An example is the use of press releases, which are used by 74% of institutions. Institutions also engage with a larger public through web articles or social media. These represent channels through which knowledge brokers can advocate for their positions and reach an audience that was not interested in the topic in the first place. Almost all institutions release web articles or engage with the public through social media channels.

Figure 3.4. Communication tools

Percentage of institutions engaging in communication activities, by type of activity



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

Box 3.9. Good practice in communication: the United States, Child Trends

Child Trends is a leading research organisation in the United States that focuses exclusively on improving the lives of children and youth, especially those from communities of colour and those who live in poverty. The organisation directly collaborates with key stakeholders and government agencies, and offers cutting-edge research, independent analyses, actionable recommendations, and clear communications.

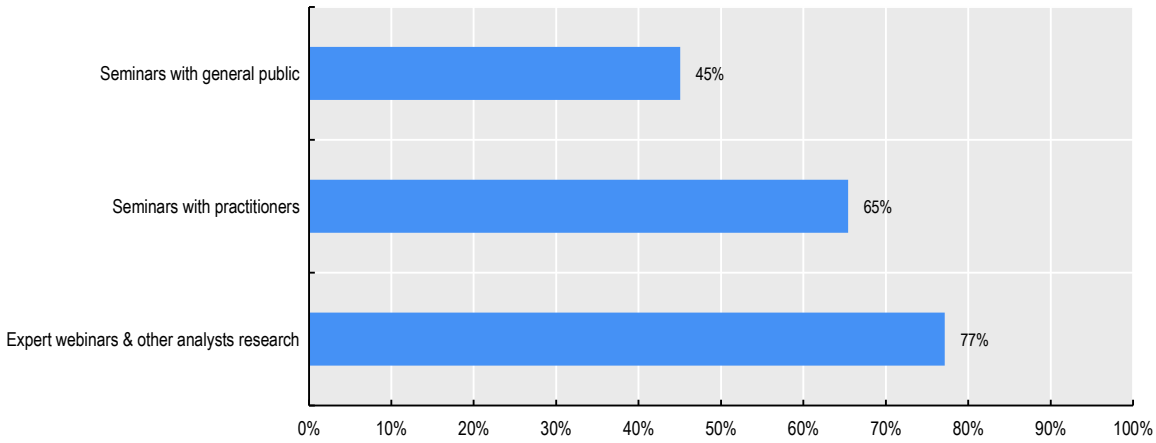
As part of its strategy to achieve impact, Child Trends invests significant time and effort into its communication strategy and offers communication expertise to other organisations, especially the federal government. Child Trends' communication strategies reflect its belief that impactful research must resonate with a large and diverse audience, from policy makers to the general public to other researchers and academic experts.

Child Trends utilises a wide range of communication strategies — social media, traditional media, (outreach to television, radio, print news, etc.), as well as digital media (website, electronic newsletters). The organisation produces research that uses clear and accessible language that is appropriate for its diverse audiences, and that employs visually attractive data visualisations to complement its findings.

Source: https://www.childtrends.org/about-us/services.

Finally, knowledge brokers can use active communication strategies to further engage with their audiences. Seminars/Webinars represent a format to passively communicate and to actively interact (Figure 3.5). Several seminars can be organised, some of which are more accessible to the public as they do not deal with the specific and technical aspects of child well-being (45%). At the same time, some institutions organise practical training programmes to equip practitioners or local administrators (see Box 3.10). Finally, the most diffused type of seminar is with experts. An interesting example in this area is the SPARK Knowledge Mobilisation Programme which represents a shared platform for advocacy, research, and knowledge and which hosts seminars, podcasts and conversations (Children's Healthcare Canada, 2022[84]).

Figure 3.5. Type of seminars conducted



Note: N= 81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

3.6. Support for implementation

There is a well-documented 'gap' between research and practice, with an estimated 17 years between what we "know" and what we "do" (Robinson et al., 2020[85]). Therefore, several knowledge brokers are also concerned with the implementation of evidence, to see how they can make a difference in practice. This is the very last step to connect evidence to the real world. Indeed, addressing the implementation gap is as key as building the core knowledge, as knowing what works might does not necessarily be directly transferable into policies or activities. For this reason, some knowledge brokers concentrate a significant part of their activities in this area. To facilitate implementation and scalability of evidence-based recommendations several activities exist like capacity building, support in system change and policy design. An example in the area capacity building is offered by the **Australian Institute of Family Studies** (**AIFS)** (Box 3.10).

Box 3.10. Good practice in capability building: AIFS Expert Panel Project

The **Australian Institute of Family Studies (AIFS)** is responsible for the delivery of high-quality, policy relevant research on families' well-being. The **AIFS Expert Panel**, which started in 2014, aims to support practitioners in delivering high-quality services for families and children. The Expert Panel consists of experts in research, practice and evaluation, who serve as advisors and facilitators to plan and implement high quality evidence-based programmes, measure outcomes and conduct evaluations. The Expert Panel: 1) provides implementation support and training for organisations in the use of evidence-based programmes and practice; 2) supports the development of outcome measures that organisations can use to evaluate the extent to which they have helped their clients; 3) provides training and support in the development and evaluation of outcome measures; and 4) supports organisations in trialling and evaluating new approaches, particularly in prevention and early intervention; and conducting other research and evaluation activities.

Source: https://aifs.gov.au/cfca/expert-panel-project/about-expert-panel-project; https://www.dss.gov.au/our-responsibilities/families-and-children/programmes-services/family-support-program/families-and-children-expert-panel.

Another important way to ensure applicability is through working together with policy makers and practitioners to understand their daily constraints. This is what is done by the **VBJK** in Belgium, which works at the cross-roads between practice, policy and research and defines their work as active research. Their way of working is always a combination of research and practice to help in the implementation and direct testing of recommendations. A similar structured approach is used by **INESSS** in Canada (see Box 3.11) which also performs what they define as interactive research.

Box 3.11. Good practice in engaging with stakeholders to implement evidence: INESSS

The **Institut national d'excellence en santé et en services sociaux (INESSS)** was created in 2011 as the evidence centre for health technologies and social services of the Quebec region. This institution produces systematic reviews and syntheses of knowledge as starting products. On top of that, they are significantly concerned with the gap between the evidence and the actual implementation. For this reason, they always complement their work with the knowledge coming from experience of practitioners and target groups in general. To do so they engage in consultations with several stakeholders and invest a significant time in their methodology to ensure that this reflects the complexity of the context.

Implementation is also at the core of another knowledge broker, the **Centre for Evidence and Implementation (CEI)** which operates globally, with offices in Australia, Singapore and the United Kingdom. This organisation uses implementation science to help its clients to scale, design and implement (see Box 3.12).

Box 3.12. Good practice in implementation support: CEI and the Child and Family Service Systems in Victoria

CEI is building the capability of the child and family service sector in Victoria, Australia to implement system reforms to reduce the number of children entering out of home care. CEI works directly with 'implementation specialists' employed within government departments, peak bodies and service delivery agencies to enhance implementation capability across the service system. They do this by:

- Developing an implementation framework to support statewide implementation of the reforms.
- Providing hands-on technical assistance to service delivery agencies in developing localised implementation plans.
- Building capacity through the provision of training and follow-on coaching to implementation specialists.
- Establishing linked implementation teams throughout the service system (local, regional and central levels).
- Coaching implementation teams in how to use strategies informed by implementation science to address barriers to the reform roll out.
- Assisting implementation teams to use data-informed decision making.

Source: Interview follow up documents and (CEI, 2021[86]).

3.7. Understanding and measuring impact

Providing evidence is not a sufficient condition to achieve impact. As discussed above, knowledge brokers engage in a variety of different activities to increase the chances of achieving impact. They provide tailored products like policy briefs, guidance, syntheses, etc. They engage with decision makers and practitioners

and often promote their research on their website and social media. Finally, some of them help with the implementation of evidence-based recommendations.

Impact can be achieved in different ways, such as through providing relevant information to parents which can positively benefit the children, through helping practitioners to adopt best practices or through influencing policy makers' use of evidence when designing child policies. Beyond some of the cross-country variation, policy makers are still considered the most important and influential interlocutors in terms of impact. In this regard, influencing policy makers through a strong relationship based on trust is considered the most important aspect. Understanding policy makers needs *ex ante* is a fundamental way to achieve impact. This is well represented by the **NIPH** which, thanks to its strong relationship with policy makers, is consistently able to fill evidence gaps when needed and help policy makers to obtain evidence they ask for. Another relevant example is represented by the **Central Union for Children Welfare** which thanks to advocacy and high levels of trust in Finland was able to take part in the National Child Strategy (see Box 3.13).

Box 3.13. The Central Union for Children Welfare and the National Child Strategy in Finland

The **Central Union for Children Welfare** is an umbrella organisation created in 1937 which brings together 99 NGOs, 39 municipalities and several joint municipal boards. The organisation performs a series of activities that are common for knowledge brokers, such as training for practitioners, creation of guidelines and collection of relevant information. It also advocates for children's rights publishing statements with the objective of influencing the political agenda. A successful example is the case of the National Child Strategy in Finland which was prepared and approved by the Finnish parliament in 2020.

The Central Union for Children Welfare had started to advocate for this strategy in 2017 with its first official statements. This claim was renewed multiple times in 2018 and in 2019. Together with these public statements the Union was also able to meet with parliamentary groups and bring relevant information and knowledge to them to feed the policy-cycle with relevant information. These positive interactions were possible thanks to the participative and consensus based Finnish approach.

Source: (The Central Union for Children Welfare, 2017[87]).

Some knowledge brokers focus directly on practitioners and define achieving impact as being able to influence and ameliorate their practices in light of new evidence. To achieve impact in this area the importance of being scientific and rigorous is often a priority for knowledge brokers. Good examples are **HAS (FRA)** or **NJI (NL)** which both, in different ways, try to impact practitioners with recommendations based on scientific and rigorous knowledge. Still, it should be noted that Child related issues represent only part of the portfolio of the HAS in France, which acts as an authority setting good practice standards whereas other institutions, such as NJI are exclusively focused on children and youth.

Measuring the impact of knowledge brokers is challenging. Moreover, this impact can change significantly based on which actor was targeted in the first place (policy makers, practitioners, parents). All the interviewed knowledge brokers were concerned with how to measure or capture their impact. Some of them have developed different ways to have sense of it. For example, **HAS** created a **Commission of impact of recommendations (CIR)** whose role is to submit proposals to the **HAS** College to improve and measure the impact of recommendations for professionals in the health, social and medico-social sectors. They organise regular meetings to present the ways in which the different recommendations have been implemented and their impact. In Denmark, **VIVE** produces Impact cases where it qualitatively analyses the impact of their work. The **SBU** has produced a report called *Does SBU Affects Clinical Practice?* in which it analyses several of the health technologies assessments it has produced over the years, looking

at their findings and comparing them to what actually happened in the field to see whether their findings were used. **KICCE** experiences two type of evaluations annually, one performed by the National Research Council which is the National research authority in Korea and one self-evaluation. The **CEI** systematically looks at how what they produced was used six months after its publication. **Growing Up in New Zealand** adopted some indicators to better capture their impact based on a series of indicators like number of policy briefs published, numbers of collaborations, publications, etc. Finally, **Children's Healthcare Canada** has a simple but very effective Impact Report in which the information on the main activities of the year for each strategic priorities set are indicated. Despite these interesting practices, most knowledge brokers are still interested in developing a more comprehensive way to monitor and quantify their impact. Several of the What Works centres in the United Kingdom have started some consultations to jointly develop an evaluation of their own impact.

3.8. Identifying the enabling factors and overcoming barriers to effectiveness

Internal and external factors play an important role in understanding successes or failures. According to the interviewed organisations, success in achieving impact is due to a combination of resources, skills and favourable political surroundings. The reputation of the organisation was considered fundamental for all organisations and is mainly built by investing in skilled staff and in rigorous research methods. Indeed, in most organisations, employees hold PhDs or have strong backgrounds in research methods. Trust is also fundamental in building constructive relationships with policy makers. This is especially true for the Advisory and Consulting organisations but less true for the more Authority ones. In countries like New Zealand and Finland impact is facilitated by the high levels of trust that characterise their countries and a size that makes policy makers more easily identifiable and accessible.

Finally, several barriers hinder knowledge brokers' success in achieving impact. Among these, one of the most common was considered the discrepancy between the political time and the research time. This can create problems when investing in longer-term programmes or evaluations as they cannot be used by politicians in the short term. Another time related problem is the continuous change of political figures that can disrupt previously established relationships. This might discourage knowledge brokers in investing in networking activities due to the precarious nature of these contacts. However, this represents a fundamental way to achieve impact.

Besides many successes, knowledge brokers in the area of child well-being are grappling with a number of barriers. These can be due to the fragmentation of policy making across both government departments and levels of government, and the fragmentation of child policies both horizontally (across ministries) and vertically (across different political levels). In several countries policies which impact child well-being are still fragmented in several departments. This is the case, for example, in the United Kingdom as was previously highlighted by the large number of specific What Works centres which interact with different departments (education, family, health and welfare etc) and is also evident by the fact that some of these organisations may consider merging. Another difficulty exists for knowledge brokers working with government at the national level to impact practices when child policies are delegated to provinces or in some cases to municipalities.

A last barrier identified by some interviewed knowledge brokers is the lack of convincing results in some areas of research. This is often due to the unavailability of good quality data that makes research in some policy fields more difficult. The lack of convincing results or proofs of impact of some programmes can discourage politicians from using evidence if results are not clear or do not show impact. For this reason, investing in better quality data is essential.

4 Building momentum at the international level for effective child well-being policies

4.1. Engaging in networks at domestic and international level to leverage impact

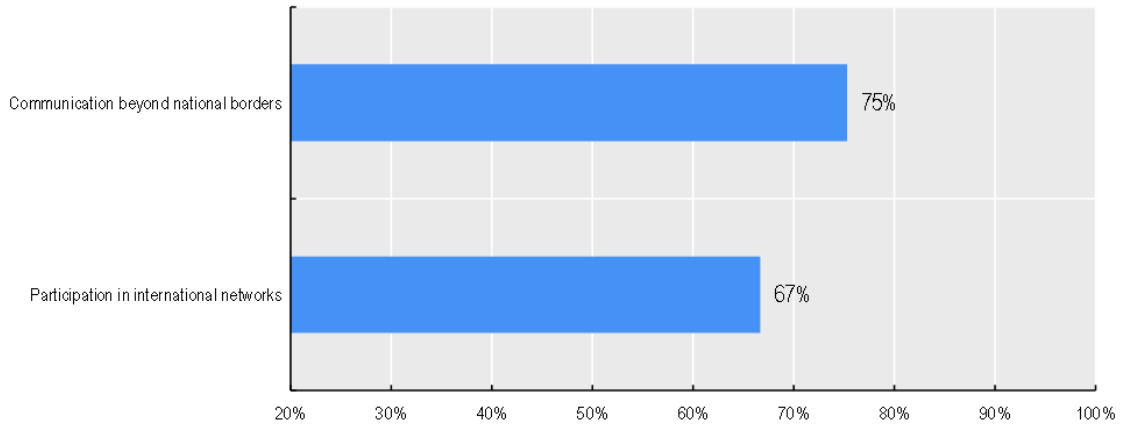
Most of the institutions in the sample operate at the national level, with a focus on country specific data and experiences to inform national policy or practice. In fact, most organisations perform some networking activities. These might be informal networking with other knowledge brokers, policy makers and practitioners and research centres or more formal and structured networking like being part of international networks.

Engaging beyond national borders can be a way to increase impact at the national level, as it represents an important opportunity to share findings and best practices. An interesting example is offered by the **Centre for Effective Services (CES),** in Ireland, which operates across jurisdictions and represents an all-island establishment, able to mobilise knowledge and share best practices in both governments. Indeed, the **CES** was responsible for the implementation of a reform programme both in Ireland and Northern Ireland called the GOAL Programme. The organisation is very active in organising networking activities that bring together networks which otherwise operate solely at the national level, like the Parenting Network for Ireland and Northern Ireland or the Children's Research Network for Ireland and Northern Ireland. Networking activities beyond borders are also important for the **Central Union for Child Welfare** as the organisation was first established in 1937 to internationally represent the Finnish NGOs active in the field.

Networking events are significantly more important if they also involve policy makers. Involving decision makers in research is one of the best predictors that they will be used (Ward, House and Hamer, 2009[37]). Knowledge brokers are in the right place in the system to initiate opportunities for meetings that in other circumstances would never happen. Establishment of strong links between researchers and decision makers makes the inflow of evidence to the policy cycle more sustained and might lead to increases in joint projects. In Sweden, the **SBU** collaborates with the Swedish research council for Health, Working Life and Welfare (FORTE) and with the National Board of Health and Welfare. The role of the SBU in this collaboration is to synthesise the research produced by FORTE to make it easily accessible to the National Board, which is then responsible for the creation of guidelines in the field. The organisation also interacts consistently with municipalities to ensure that evidence is accessible at the level of local governments which often play an important role in child policies.

Most of the organisations are involved in at least some level of informal networking, while fewer actively participate in formal networking. An institution which is particularly network-oriented is the **VBJK** which uses networks extensively as way to promote its practices and learn from other experiences.

Figure 4.1. Organisations involved in international networks



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

International networking can occur either with other governments or, more commonly, at the academic level. For example, the **Icelandic Centre for Social Research and Analysis** has collaborations with seven universities and research centres. These collaborations might be focused on exchanging best practices for knowledge creation, research and topics. **CEI** has strong collaborations with universities in Melbourne, Oxford and Singapore to ensure the academic rigour of its analysis.

4.2. International networks and knowledge brokers

A limited set of knowledge brokers operate internationally to mobilise around child well-being at a global level. This may be done from several angles. First, at an academic level, and with a development angle, the **Campbell Collaboration** connects knowledge coming from different geographical areas and organises physical and virtual places for discussion, serving as a knowledge exchange platform (see Box 4.1).

Box 4.1. The role of Campbell Collaboration at the international level

The **Campbell Collaboration** represents an internationally established academic authority in the field of systematic reviews. The organisation covers several domains, including child and young person well-being. In this area, Campbell has established a coordinating group and produced several studies on parenting support, early interventions etc. It operates across countries with national and regional centres (NRCs) and networks. Campbell is present in Asia, with the Campbell South Asia Centre active since 2019, as well as in Europe, with the UK & Ireland Centre established in 2016. The role of these centres is to disseminate information on Campbell evidence synthesis products; offer trainings; and raise funds to produce evidence, gap maps and syntheses. A more informal way to engage with Campbell is through regional networks that use and produce Campbell evidence synthesis.

Source: (The Campbell Collaboration, 2022[88]).

This is also the case of **CEI, which is a smaller organisation, but which** operates globally, as a bridge between Australasia and Europe (with offices in Australia, Singapore and the United Kingdom). Other organisations have more of a function of dissemination of information, as well as advocacy. Several

European organisations operate in this space, even if the scope and the activities of these networks vary significantly based on their mission and membership. Three main types of networks were identified based on their main goal:

- **Advocacy**. These can function as knowledge brokers and can be composed of organisations working on the ground or of more substantive knowledge brokers.
- **Capacity building and exchanges of practices.** These are mainly composed of organisations operating on the ground.
- **Methodology driven networks**. These are mainly organised by knowledge brokers or research institutes as a way to exchange on methods and analytical approaches.

These typologies can coexist and indeed this is often the case. **The EU Alliance for Investing in Children** is an example of such a network, which is itself composed of 20 different European networks including **Eurochild** or the **Alliance for Childhood, European Network Group** (see Box 4.2). Several of the national institutions identified in the sample are also national correspondents of Eurochild (e.g. **EXPOO (Belgium)** or the **Central Union for Children Welfare**).

Box 4.2.Promoting high level advocacy in Europe: Eurochild

Eurochild is a network of organisations and individuals working with and for children in Europe. It is composed of 191 members in 35 European countries, representing over 2000 children's rights organisations. Eurochild collaborates with 20 other European networks through the EU Alliance for Investing in Children. The primary role of this institution is to co-ordinate different organisations in the field of children's rights and well-being to achieve impact both at the European level and consequently at the national level. This institution produces a variety of spaces for mutual learning, exchange of practice and research. With such a large network the organisation is able to cover a great variety of topics with different angles and participate in the European policy-making process. The example of Eurochild shows how advocacy can be strengthen by the use of evidence. Indeed, as part of Eurochild's 2019-2021 Strategic Plan, the organisation has committed to investing in and promoting the use of evidence as a way to better advocate for children's rights in Europe.

Source: (Eurochild, 2018[89]).

Specific knowledge sharing activities are also organised between Canada, the United States and Australia, for example to address the new aspects of the pandemic. **Children's Health Care Canada** has implemented weekly executive roundtables (CEOs or designates of member organisations) to share current challenges and innovative solutions to creating surge capacity (and even sustained extra capacity) throughout this unprecedent viral season and related patient surge. Children's Healthcare System leaders from the United States and Australia have been invited to share their experiences and solutions implemented to address, for example surge capacity amidst an unprecedented viral season or the shortage of children's formulations of analgesics and antipyretics. The data collected is anonymised and shared with Health Canada and the office of the federal Minister of Health.

Other networks focus mainly on capacity building and sharing of best practices. They represent spaces for the organisations themselves to learn from each other. Among these the **ISSA network** is an example. It is a learning community in the area of early childhood, and it is composed of both experts and organisations in Europe and central Asia. In 2020, ISSA was composed of 92 members in 42 countries. At the European level, there are several networks that function as knowledge brokers, such as **NESET** and **ChildONEurope** (see Box 4.3). These have different missions and interact with different stakeholders but are both relevant knowledge hubs. There are networks focused on child issues in the Asia Pacific region, one of which is the **ARNEC,** where **KICCE** participates (see Box 4.4). Another example of a knowledge driven network is

the **International Networks for Social Assessment (INSIA)**, initiated by SBU in Sweden. This network is mainly interested in sharing methodologies and standardising practices for evaluations in social interventions, drawing on systematic reviews and related methods. This network is composed of 12 organisations working on evaluations of social interventions, many of which have also a focus on child issues, among others (These were integrated into the current working paper).

Box 4.3. European networks in the area of child well-being

ChildONEurope is a technical-scientific body established in 2003 created by the representatives of National Observatories and National Ministries in charge of policies for children. ChildONEurope was created with the aims of exchanging knowledge and information; supporting the development of measures and actions to promote the rights and well-being of children; undertaking surveys, studies and research; disseminating research findings; identifying, sharing and promoting good practices; developing and exchanging knowledge on indicators and methodologies; and organising conferences, seminars and mutual training. ChildONEurope is composed of 7 Members (Belgium [French community], Denmark, France, Ireland, Italy, Luxembourg and Spain) and 20 Associated Members. It connects experiences and practices from different countries and is useful in informing interested parties at the national level about experiences in other partner countries.

NESET is an international advisory network of experts working on the social dimension of education and training. It was created as an initiative of the European Commission's Directorate-General for Education and Culture and provides the Commission with independent and rigorous scientific support, country-specific expertise, and advice. The Network is composed of 67 experts from 39 countries, which comprise all 27 EU countries. In contrast to ChildONEurope, this network is not composed of organisations and is less concerned with peer-learning and sharing of practices, but rather functions as an evidence generator with a policy-focus as it collaborates closely to the European Commission.

Source: (ChildONEurope, n.d.[90]), (NESET, 2022[91]).

Box 4.4. Asia-Pacific network in the area of child well-being

The Asia-Pacific Regional Network for Early Childhood (ARNEC) aims to advance the agenda on Early Childhood. This network is one of the most extensive in the area of Early Childhood Development with organisations from 42 countries. It was established in 2008 after a UNICEF-UNESCO Early Childhood Policy Review Project which involved the participation of 9 countries and focused on the possibility of creating an early childhood professional network. The network's mission is to share knowledge and advocate for children's rights and inclusive and holistic early intervention approaches across the Asia Pacific area.

Source: (ARNEC, 2022[92]).

5 Conclusion

Child well-being policies have gained momentum in the national agendas of a number of OECD countries. To ensure that these policies deliver effective results, it is important that policy makers have access to the best possible available evidence. This working paper shows the critical role that knowledge brokers have to play in this context, through mobilising evidence to enhance the effectiveness of these policies.

Being at the interface between the academic and the political world, these organisations are in a privileged position to provide the best available evidence from a range of sources, including academia, cross sectional and longitudinal studies, and systematic reviews of a policy cycle characterised by a different language, incentives and time constraints amidst conflicting views and priorities. There is therefore a need for knowledge brokers to work effectively to achieve impact, mobilise enablers, and overcome barriers such as the lack of interest from policy makers, lack of incentives, fragmentation of the policy domain across sectors and levels of government, and lack of convincing results.

This working paper sheds light on the best practices that have been identified in this area, drawing on a stocktaking of 81 organisations across 24 countries. The working paper investigates the topics of interest, the characteristics of children covered, the sources of information used, the research activities performed, the approaches to evidence translation, the organisations' clients, the communication and advocacy strategies, and their international networking activities. The working paper's findings have been informed by a qualitative survey of 20 senior experts operating at national and international level. Such a team of international experts may open up several areas for further co-operation and international collaboration in the future. The analysis of the good practices and of how knowledge brokers interact with their political environment allows this working paper to draw a number of key recommendations for achieving impact. These can be considered first from a holistic perspective as being directed towards "evidence for policy ecosystems", that is, the set of institutions and actors that help develop evidence and shape policy in this field. This includes both the users of evidence, at the level of government agencies, and the suppliers, in terms of the knowledge brokers. These are also intended to improve the "evidence to policy" interface, with better opportunities for evidence and evaluations to inform policy design, implementation as well as practices.

5.1. Key recommendations

In addition to highlighting a set of good practices for mobilising evidence to support the implementation of Child Well-being Policies, the working paper offers a set of recommendations to increase the effectiveness of child well-being policies through an evidence-informed approach that can be implemented in a systemic manner. The following 10 key recommendations can help improve the evidence to policy interface, supporting policy practitioners and experts in this area, in order to maximise the value that countries can create for the future in terms of human capital.

1. **Mobilise evidence to inform holistic long-term child well-being strategies that can overcome policy fragmentation and short-sightedness**

Evidence is critical in shaping a holistic and long-term vision to ensure effective policies in this area. This is evident as child well-being spans over multiple domains and investments in this area are often

characterised by long term returns, which need to be quantified and justified. Evidence from knowledge brokers will need to be mobilised when developing national child well-being strategies, which represent a way for policy makers to reduce fragmentation across policy domains and levels of government, and to embed structural changes supported across a wide political spectrum.

2. **Engage with policy makers at the highest level to bring the child well-being agenda front and centre of the policy debate**

Organisations such as knowledge brokers need to engage directly with policy makers through all available channels to understand their policy priorities. This should help nurture support and bring the child well-being agenda front and centre in the policy debate. This should also help to create "coalitions of the willing", supported by a high level of mutual trust and commitment.

3. **Set clear priorities for analysis after mapping the knowledge gaps and the opportunities in the policy-making area and ensure strong standards underpin the quality of evidence**

As time is limited and resources for analysis are constrained, knowledge brokers have to prioritise the areas in which they focus their brokerage activities. They should perform a mapping of the knowledge gaps to identify the areas where further investment is needed, while considering all the potential technical instruments that can be mobilised. In addition, knowledge brokers need to abide by high professional standards, so that the evidence being produced is trustworthy. This is a fragmented area, as different knowledge brokers and experts may have developed different metrics, and greater convergence will be useful in the future, so that standards can be shared. This will also allow for reviews and materials to be shared and used more directly across jurisdictions.

4. **Always nurture trust when building relationships with policy makers, supported by technical competence, an optimal mix of skills among staff, integrity, clarity of expression, transparency, and understanding attitude**

All the interviews with a wide range of experts across 16 countries' point to the importance of building trust across a range of stakeholders and relationships, in order to achieve impact. Trust is the result of mutual understanding, with emphasis on mutual learning and listening, together with high professional standards and integrity. Evidence shows that policy makers are more likely to use evaluation results when they come from trusted sources rather than from formal sources ((Oliver et al., 2015[93]); (Haynes et al., 2012[94])). Engagement with key stakeholders can ensure that such analysis responds to the political needs and has a higher chance of being used. Knowledge brokers also need to focus on the most pressing national issues to ensure that they gain traction.

5. **Ensure that evidence impacts budgeting and resource allocation decisions, by offering clear statements on effectiveness that can justify investment of public resources**

To be fully impactful, evidence has to feed into resource allocation processes and budgeting as a way to ensure that policies and programmes are cost-effective. This is very important for engaging with policy makers and supporting implementation. Several organisations have adopted methodologies to assess the cost-effectiveness of the programmes and have developed toolkits to make this information easy to retrieve and understand.

6. **Pay strong attention to evidence addressing the challenges of implementation**

To increase the chances of adoption and success, knowledge brokers need to become fully aware of and understand the context-specific factors that can influence the outcomes of a policy or programme. Indeed, evidence of effectiveness does not guarantee success of implementation. To overcome this, a range of organisations have placed emphasis on "implementation science" and have heavily invested in identifying existing barriers and helping policy makers build capacity for effective implementation. This represents a further step in producing evidence that can generate impact.

7. **Disseminate findings widely through active communication strategies that target various audiences, and achieve impact in the community**

Achieving political impact requires active dissemination and bringing citizens, stakeholders and the wider public on board. In turn, this will help mobilise political support and nurture adhesion to well-understood and highly effective child well-being policies. To ensure this, knowledge brokers need to have a strategic understanding of their environment, and to understand the needs and priorities of policy makers. They need to mobilise the full spectrum of communication channels to reach out to multiple audiences, in line with their respective missions and priorities. The overall objective of wider communication is to increase public awareness, and to build support for policy implementation by professional organisations.

8. **Overcome silos by providing multidisciplinary evidence that draws on and benefits from diversified expertise, various sciences, and mobilises a range of tools**

The issue of child well-being cuts across domains and disciplines, as well as areas of responsibility. This calls for a multidisciplinary approach that can mobilise a range of experts and their respective methods from the social, educational, psychological and health sciences. Some knowledge brokers only focus on primary research or on secondary research as sources of evidence. Multidisciplinarity also extends to the range of tools, including primary research, cross sectional surveys and longitudinal panels, randomised controlled trials and systematic reviews of various kinds.

9. **Invest in building strong data underpinnings, with a focus on longitudinal, multi-domain, and outcome-focused datasets**

In many countries, major knowledge gaps still exist in the area of child well-being and new challenges were identified during the COVID-19 pandemic. These are often due to a lack of good quality data that limit the questions that knowledge brokers can answer. In fact, many countries are monitoring public policies in this area all the time through sophisticated performance management systems. However, there is often a lack of consideration for the fact that many of these data could be also used for evaluation purposes. Greater investments in the data underpinning with more longitudinal datasets and increased possibilities to link data across registries and surveys can help to build more powerful instruments to generate policy actionable evidence in the future.

10. **Actively engage and share methodological practices and findings at the international level as many countries face common challenges in this area and can benefit from a wider sharing of expertise and findings.**

Child well-being remains in some respects an underexplored area of public policy. This means that insufficient resources are often invested into the issue and that the scale and return to investment are not fully factored in when prioritising and designing policies at the general level. Additional momentum can be gained through collective international action, co-ordination, and knowledge sharing. Even if some of the evidence can be context specific, and related to the institutional, social and educational system, further sharing of approaches, methodologies and results at the international level is key to creating additional public value in this area.

Annex A. Methods

Methodology

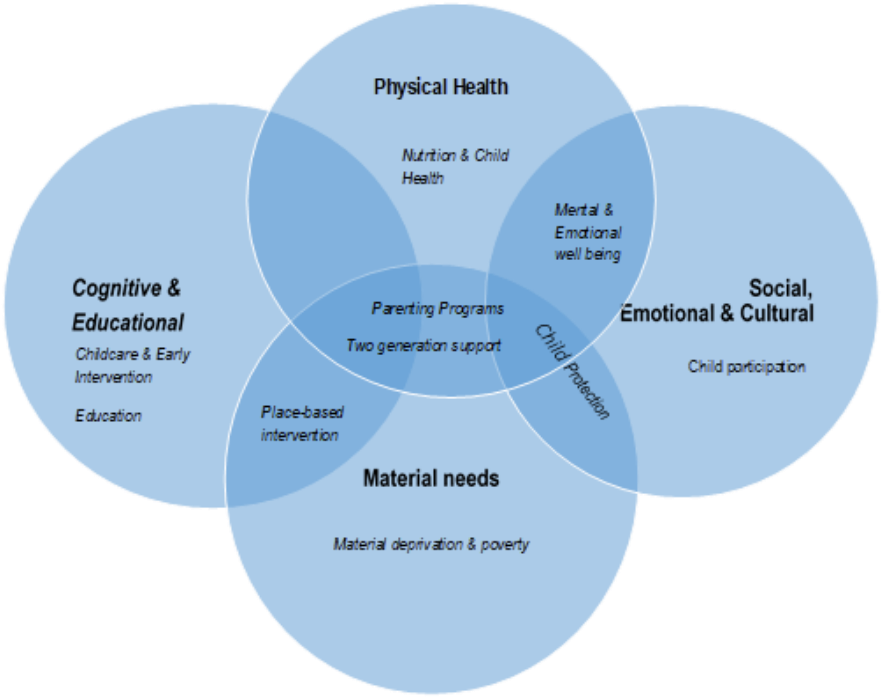
Identification of the sample of knowledge brokers: criteria for inclusion

The knowledge brokers were identified after several years of desk research, complemented by expert reviews and engagement in professional and academic networks. The list of knowledge brokers was created by looking at two main criteria:

- the domains covered
- the functions performed.

Knowledge brokers were selected if they were working in at least one of the core domains and subdomains relevant to supporting child well-being. When knowledge brokers were working in more than one of the domains, all dimensions were noted. However, these four main domains may oversimplify reality. Some aspects are also cross sectoral in terms of outcomes. The list of topics that these knowledge brokers may focus on corresponds to a range of relevant sub-domains (Figure A A.1). The issue of "cross domain" topics is discussed in Box A A.1, addressing the interception. For example, when studying the effects of parenting programmes or child protection, several well-being domains are affected and thus analysed.

Figure A A.1. Domains and sub-domains analysed



Box A A.1. Cross-domain topics: Definitions

Child protection services provide support for children to remain in parental care or, if not possible, care placements (family-based foster care and residential care), support family reunification, and create plans for youth ageing out of the care system (Riding et al., 2021[95]). Studying these services requires looking at different well-being aspects (mainly material, physical and emotional).

Parenting support services and programmes build parents' knowledge and competencies around child-rearing and develop the parent-child relationship (Riding et al., 2021[95]). Parents commit to meet and set goals or to address issues that are causing complications within the family.

Placed-based intervention is a model of care introduced to support children from disadvantaged neighbourhoods, where their access to services may be limited despite their increased support needs (Glover et al., 2021[96]) .

Two-generation support explicitly target parents and children from the same family, seeking to build human capital across generations, such as by combining education or job training for adults with early childhood education for their children (Riding et al., 2021[95]). Knowledge brokers that investigate this approach are studying outcomes from both children and parents on a range of different topics.

Source: (Riding et al., 2021[95]) (Glover et al., 2021[96]).

Some knowledge brokers have "youth" in their name. This is because childhood and youth are concepts that are not used in the same way across all countries. Indeed, in several countries these definitions overlap substantially. The selection process focused on institutions that were able to cover child well-being from the early years onwards, and not those focusing exclusively on youth issues, with the understanding that the maximum age for which a child can be defined as such is 18.

The second criterion for inclusion was to ensure that the institution performs the functions of a knowledge broker, i.e. at least one of these four basic functions:

1. synthesis of knowledge and findings
2. policy oriented research
3. translating knowledge to policy makers and/or practitioners
4. advocating for and communicating findings.

Using this definition led **to the exclusion** of:

- Very small and specific institutions that despite covering the topics of child well-being did not have enough critical relevance to function as a bridge between research and policy makers.
- Institutions that covered the topics of child well-being but only as a secondary topic, or as part of a broader portfolio of activities without a meaningful possibility of achieving impact.

At the same time, following the same logic it was decided to **include** in the list:

- Institutions that have a strong overall analytical capacity which also covers other topics while maintaining a significant interest and presence in issues related to child well-being.
- Research institutions that also provide services or advocacy with a strong emphasis on evidence and evaluations.

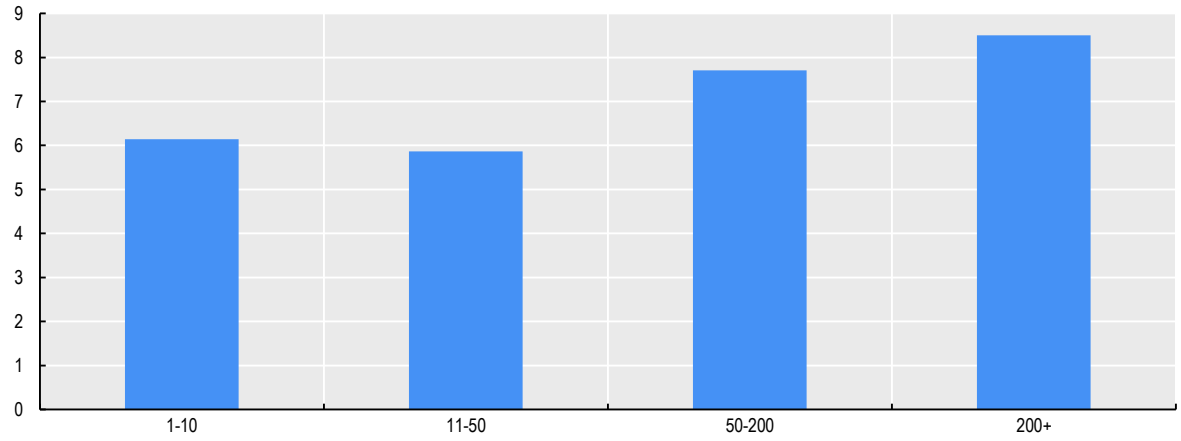
Even though all institutions selected present to some extent these four characteristics, they perform their functions to different degrees. Indeed, there are some that are more focused on advocacy than research, others that are more able to communicate with policy makers, etc.

Following the selection process, desk research was conducted in 2021 and 2022 to gain a more in depth understanding of which topics these knowledge brokers were covering, as well as which groups of children and which functions they were performing. Information was gathered according to 10 main dimensions:

1. general questions (foundation year, size, type of organisation)
2. topics of interest
3. characteristics of children covered
4. sources of information
5. generating evidence (Research activity and methodologies used)
6. translating evidence
7. type of organisation's users
8. communication
9. advocacy
10. international activities.

Such information was collected systematically. As part of the preparation of the working paper, the information was sent directly to institutions for fact-checking in 2022. Overall, the results have been fact checked for over 60 institutions by end of 2022, so approximately 75% of the sample. The fact that the results have been fact checked is indicated in Table A B.1 and Table A B.2. Some of the aggregate results are also presented in the charts below.

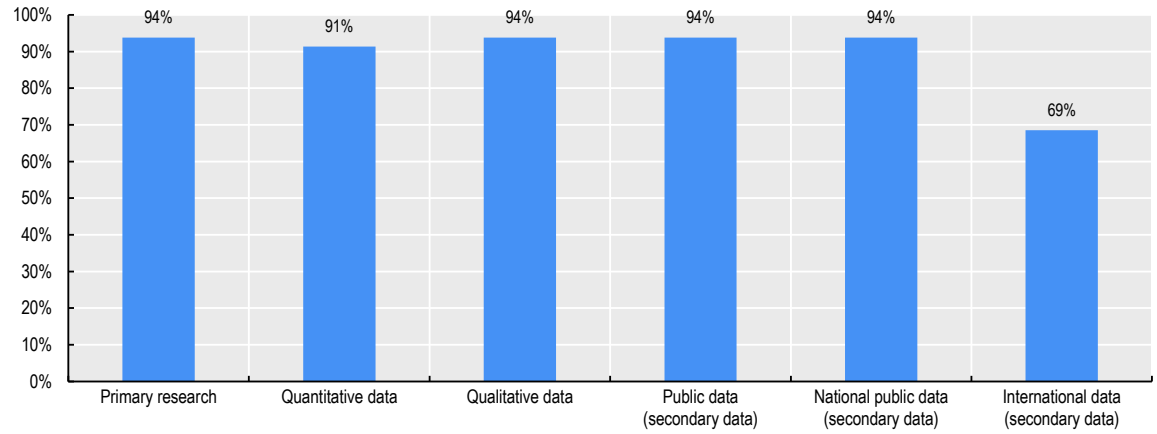
Figure A A.2. Number of sub/domains covered by size of knowledge brokers



Note: N=81. OECD Knowledge Brokers - Child Well-Being Database.

Figure A A.3. Data used by knowledge brokers

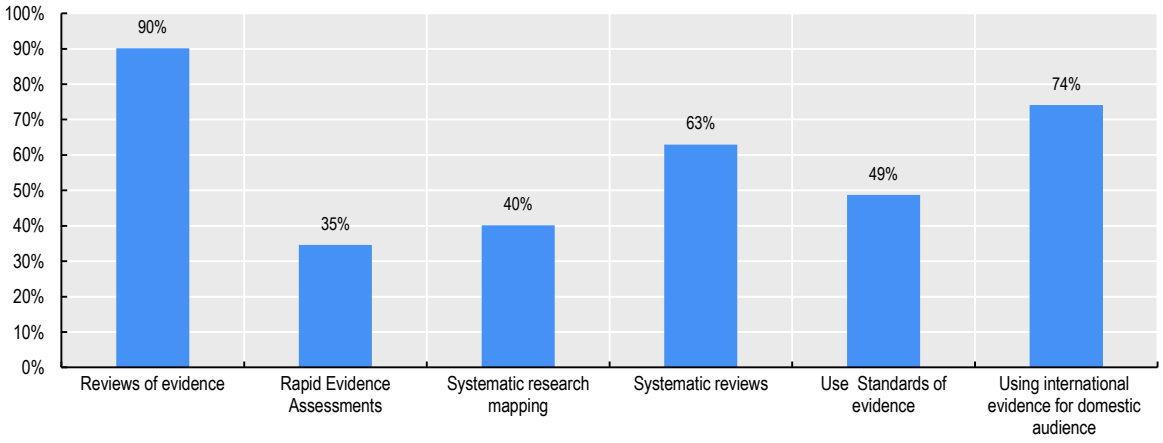
Percentage of institutions using primary and secondary data



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

Figure A A.4. Methods for knowledge synthesis

Percentage of institutions using synthesis tools



Note: N=81.
Source: OECD Knowledge Brokers - Child Well-Being Database.

High level qualitative interviews with experts

In order to identify the impact factors, the Secretariat conducted a set of qualitative interviews with over 20 experts in 15 countries over Spring and Summer 2022, following a “mini Delphi” approach, with structured interviews. These addressed the factors of success in a qualitative and systematic manner, in terms of how evidence could be enabled to influence policy and practices, as well as what barriers could prevent it from doing so. The list of experts is provided in the Table A A.1 below. The Secretariat is grateful to all the experts below for their advice and support received under Chatham house rules. However, it is important to note that the working paper’s content and findings are the authors’ responsibility and do not imply the responsibility of the experts or of their affiliated institutions.

Table A A.1. List of experts interviewed

Australia	Chris Schilling, Research Director, Demographics and Data, Australian Institute of Family Studies Robyn Mildon, Founding Executive Director, Centre for Evidence and Implementation, Melbourne
Belgium	Hester Hulpia, Senior Researcher, VBJK
Canada	Rhonda Barraclough, Executive Director, Nicole McFadyen, Senior Manager, ALIGN Paula Robeson, Senior Advisor, Mishail Bhatia, Program Coordinator, Children's Healthcare Canada Marie-Claude Sirois, Director, Isabelle Beaudoin, Scientific Coordinator, Institut national d'excellence en santé et en services sociaux
Denmark	Mette Deding, Deputy Director General, The National Centre for Welfare Research and Analysis
Finland	Petra Kouvonen and Marjo Kurki, Development Director; Chief Scientific Editor, Kasvun Tuki Ulla Siimes, Executive Director, The Central Union for Child Welfare
France	Véronique Ghadi, Head of the Directorate of quality of social and medico-social support; Cécile Lagarde, Project Manager; Aissatou Sow, Project Manager, France Haute Autorité de Santé
Ireland	Liz Chaloner, Senior Manager, Majella McCloskey, Senior Manager; Senior Manager, Centre of Effective Services
Italy	Donata Bianchi, P. O. Monitoring and Research Unit, Centro Nazionale per la documentazione e analisi dell'infanzia e adolescenza Monica Mancini, Researcher, Istituto degli Innocenti
Korea	Mugyeong Moon, Director, Office of International Research and Data Analysis, Korea Institute for Child Care and Education
Netherlands	Rutger Hageraats, Director; Caroline Vink, Senior Policy Advisor, Netherlands Youth Institute
New Zealand	Susan Morton, Foundation Director, Growing Up in New Zealand Richie Poulton, Director, Dunedin Multidisciplinary Health & Development Research Unit, Professor University of Otago
Norway	Rigmor Berg, Department Director, Norwegian Institute of Public Health
Sweden	Knut Sundell, Senior Advisor, Swedish Agency for Health Technology Assessment and Assessment of Social Services
UK	Eleanor Biggs, Director of Policy, What works for Children's social care
United States	Kristin Anderson Moore; Past President & Senior Scholar, Deborah Temkin; Deputy Chief Operating Officer and Vice President for Education and Youth Development, Kristen Harper, Vice President for Public Policy and Engagement, Child Trends Emily Schmitt, Deputy Director, Office of Planning, Research and Evaluation, Federal US Administration of Children and Families. Stephanie Lee, Director, Washington State Institute of Public Policy
International	Howard White, Director Evaluation & Evidence Synthesis, Campbell Collaboration Ally Dunhill, Head of Advocacy, Eurochild

Table A A.2. Longitudinal studies on child well-being

Study name	Country	Managed by	Year of start	Sample	Waves/ Recurrence	Type of Information retrieved
Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)	Australia	Department of Social Services Australian Bureau of Statistics **Australian Institute of Family Studies (AIFS)**	2003	10 000 young people and their families from all parts of Australia. - The first cohort of 5 000 children was aged 0–1 years in 2003–04, and the second cohort of 5 000 children was aged 4–5 years in 2003–04.	Every two years	Multi-disciplinary base: development and well-being, parenting, family, peers, education, childcare and health. Also connected to administrative data.
National Longitudinal Study of Children (NLSCY)	Canada	Statistics Canada and Human Resources; Skills Development Canada (HRSDC)	1994	Around 35 795 Canadian children aged 0 to 11 years of age at the start of the survey.	Biennial from 1994 until 2008/09. 8 total waves	Topics: Child development and behaviour Children and youth Education Education, training and learning Health and well-being (youth).
CHILD Cohort Study	Canada	Multi-centre and multi-institutional study. Several Universities, government bodies, research institutes and foundations are involved. For full list here.	2008	Over 3 400 Canadian infants and their families	Data collection at 3 and 5 years	Biological samples (cord blood, meconium, breast milk, urine, blood, nasal swab, stool), questionnaires (family history, maternal stress, nutrition, child health, medications, indoor and outdoor environment), home assessments (visual home inspections, dust sampling) and clinical assessments (lung function and skin tests).
Danish National Birth Cohort (DNBC)	Denmark	Department of Epidemiology Research,Statens Serum Institut	1996	100 000 children and mothers.	7	Medical conditions, diseases. Also linked to administrative data
Étude Longitudinale Française depuis l'Enfance(ELFE)	France	Ined, Inserm,EFS and other Public administrations like **Drees**, Insee	2011	Over 18 000 children	6	Multi-disciplinary: development and well-being.
Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland (KIGGS)	Germany	Robert Koch Institute	2003	17 641 children and young people (aged 0-17 years).	3	Health conditions
National Education Panel Study (NEPS)	Germany	Leibniz Institute for Educational Trajectories	2009	Targets newborn, children, young people; Context persons;	Depends on transitions and educational routes;	Data on the development of competencies, educational processes, educational decisions, and returns to education in formal, non-formal, and

				parents, caretakers, teachers, school's/ kindergarten management	approximately 1-2 sample points per year.	informal contexts throughout the life span.
Panel Study on Korean Children (PSKC)	Korea	**Korea Institute of Child Care and Education (KICCE**)	2008	2 150 households	Annually until 2015 then in 2017 and 2020	Growth and development processes of Korean Children
Growing Up in Ireland (GUI)	Republic of Ireland	ESRI and **Trinity College Dublin**	2006	8 000 9-year-olds (Cohort '98) and 10 000 9-month-olds (Cohort '08)	4	Multi-disciplinary
Pregnancy and Infant DEvelopment Study (PRIDE)	Netherlands	Radboud University Medical Center (Radboudumc) in Nijmegen in collaboration with others including the Royal Netherlands Organization of Obstetricians (KNOV) and various gynecologists.	2011	Large prospective cohort study that aims at including at least 100 000 pregnant women; recruitment is ongoing	Plan to follow children into puberty	Mainly health conditions and development
The Dunedin Study	New Zealand	Dunedin School of Medicine, University of Otago.	1972	1037 babies born between 1 April 1972 and 31 March 1973.	At birth, at age 3, and every two years until the age of 15, then at ages 18 (1990-91), 21 (1993-94), 26 (1998-99), 32 (2003-2005), and 38 (2010-2012). Study members assessed at age 45 (2017-2019).	-
Growing Up in New Zealand (GUNZ)	New Zealand	University of Auckland study managed by Auckland UniServices, funded through an agreement with the Ministry of Social Development.	2009	6 846 children born between 2009 and 2010.	Children visited every 3 years, until they turn at least 21 years.	Multi-disciplinary topics: Child health and well-being; Family and whanau; Education; Psychological development; Neighborhood and environment; Culture and identity.
Norwegian Mother, Father and Child Cohort Study (MoBa)	Norway	**Norwegian Institute of Public Health (NIPH)**	1999	Ongoing long term prospective cohort study of 110 000 pregnant women and their children. 70 000 fathers participated. Recruitment: 1999 to 2008.	Follow-up is ongoing; data collected at 6 months, 18 months, 3 years, and at 5, 7, 8 and 13 years old.	Child development and health
Geraçao 21	Portugal	Faculty of Medicine and the	2005	8 647 children	6 (and a prenatal	Main topic: study of fetal and childhood determinants in

		Institute of Public Health University of Porto			round)	the development of obesity and body composition.
Growing Up in Scotland (GUS)	Scotland, UK	**Closer**	2003	Around 14 000 children from 3 cohorts	Cohort 1: 8 sweeps Cohort 2: 3 sweeps Cohort 3: 4 sweeps	Multi-disciplinary topics
Millennium Cohort Study (MCS)	United Kingdom	**Closer,** Centre for Longitudinal Studies UCL	2001-02	18 818 children born in 2001-02.	7 , i 8th wave in 2022	Multi-disciplinary topics and also linkage to administrative data
Early Childhood Longitudinal Study (ECLS)	United States	U.S. Department of Education The National Center for Education Statistics (NCES), within the Department's **Institute of Education Sciences (IES)**	2001	A nationally representative sample of approximately 14 000 children born in the U.S. in 2001.	Data was collected when children were 9 months old (200102), 2 years old (2003-04), 4 years old/preschool (2005-06).	Multi-disciplinary topics like: children's physical, cognitive, language, social, and emotional development, children's growth and development, home, early care and education, school environments and experiences
Study name	**Country**	**Managed by**	**Year of start**	**Sample**	**Waves/ Recurrence**	**Type of Information retrieved**
Growing Up Today Study	United States	Harvard T.H. Chan School of Public Health and Brigham and Women's Hospital in Boston, Massachusetts.	1996	Over 26 000 participants. In 1996: 16 882 children between the ages of 9 and 14 years old. From 2004, the study expanded a second cohort of 10 920 children between the ages of 10 and 17.	Biannually and from 2013 annually.	Diet & Nutrition Physical Activity Substance Use Eating Disorders Gender Sexual Orientation Genetics Environmental factors Women's Health Disease Risk Economic/Work Status
National Longitudinal Survey of Youth (transition to adulthood)	United States	U.S. Bureau of Labor Statistics	1979	Nationally representative sample of 12 686 young men and women born during the years 1957 through 1964. The survey respondents were ages 14 to 22 when first interviewed.	Interviews were conducted annually from 1979 to 1994 and on a biennial basis thereafter.	Education, Training & Achievement Scores Employment Household, Geography & Contextual Variables Family Background Dating, Marriage & Cohabitation; Sexual Activity, Pregnancy & Fertility; Children Income, Assets & Program Participation Health Attitudes & Expectations Crime & Substance Use

Note: The institutions in bold represent knowledge brokers that are part of the database of 77 knowledge brokers analysed.
Source: COORDINATE research.

Annex B. OECD database of knowledge brokers, detailed results

Table A B.1. Topics covered by knowledge brokers

Knowledge broker	Childcare & Early intervention	Education	Nutrition & Child Health	Mental health & Emotional well-being	Child participation/engagement	Material deprivation & poverty	Child protection	Parenting Support	Two-generation support	Place-based interventions	Fact-checked
AIHW	X	X	X	X	X	X	X				
Australia Children's Education and Care Quality Authority	X	X	X	X				X			X
Australian Institute of Family Studies	X	X	X	X	X	X	X	X	X		X
Australian Research Alliance for Children and Youth	X	X	X	X	X	X	X	X	X	X	X
Centre for Evidence and Implementation	X	X	X	X		X	X	X	X	X	X
Early Childhood	X	X	X	X	X	X	X	X	X		
Parenting Research Centre	X		X	X		X	X	X	X	X	
EXPOO	X			X	X	X		X	X	X	X
VBJK	X	X			X			X	X		X
ALIGN	X		X	X	X	X	X	X	X	X	X
Children's Healthcare Canada	X		X	X	X			X	X		X
INESSS	X		X	X	X	X	X	X	X	X	X
The Health of Canada's Children and Youth	X		X	X				X			
Knowledge Institute on Child and Youth Mental Health and Addictions	X		X	X	X		X	X	X	X	
Encyclopedia on Early Childhood Development	X	X	X	X		X	X	X	X	X	X
Corporación Crecer Mejor				X		X	X	X			X

Knowledge broker	Childcare & Early intervention	Education	Nutrition & Child Health	Mental health & Emotional well-being	Child participation/engagement	Material deprivation & poverty	Child protection	Parenting Support	Two-generation support	Place-based interventions	Fact-checked
Observatorio Ninez y adolescencia	X	X	X	X	X	X	X				X
The Danish National Centre for Social Science Research	X	X	X	X	X	X	X	X	X		X
Praxis	X	X		X	X	X	X	X			X
Kasvun tuki (Early Interventions)	X	X		X			X	X	X		X
Pesapuu Ry	X	X		X	X		X	X	X		X
The Central Union for Child Welfare	X	X		X	X	X	X	X			X
Direction de la recherche, des études, de l'évaluation et des statistiques	X						X	X	X		
Enfance, Bien-etre et parentalité (EHESP)	X	X		X		X		X			X
Fonds d'Expérimentation pour la Jeunesse		X			X	X	X				
HAS	X	X	X	X	X		X	X		X	X
ONAPE Observatoire National de la petite enfance	X			X				X			X
Bertelsmann Stiftung see child project	X	X				X		X			
Deutsche Jugendinstitut	X	X	X	X	X	X	X	X	X		
Deutsche Kinder- und Jugendstiftung GmbH	X	X		X	X	X					X
Robert Bosch Stiftung	X	X								X	X
The Icelandic Centre for Social Research and Analysis		X	X	X	X	X	X				X
Planet Youth			X	X	X	X	X				X

Knowledge broker	Childcare & Early intervention	Education	Nutrition & Child Health	Mental health & Emotional well-being	Child participation/engagement	Material deprivation & poverty	Child protection	Parenting Support	Two-generation support	Place-based interventions	Fact-checked
Bernard van Leer Foundation	X				X	X		X			
Campbell Collaboration	X	X	X	X	X	X	X	X	X	X	
Council of Europe Youth Partnership		X		X	X	X					X
Eurochild	X	X	X	X	X	X	X	X	X	X	X
European Platform for Investing in Children	X			X		X		X	X	X	
HundrED		X		X	X			X	X		X
Nordic Welfare Centre	X	X	X	X		X					
Centre for Effective Services	X	X	X	X			X	X		X	X
Trinity Research in Childhood Centre (TRiCC)	X	X	X	X	X	X	X	X	X	X	X
Centro Nazionale di documentazione e analisi per l'infanzia e l'adolescenza	X	X	X	X	X	X	X	X	X	X	X
Fondazione Agnelli	X	X			X	X					X
Korea Institute of Child Care and Education	X	X	X	X	X	X	X	X	X	X	X
NJI (Netherlands Youth Institute)	X	X	X	X	X	X	X	X	X	X	X
A better start - National Sciences Challenges	X	X	X	X			X	X			
Education counts	X	X			X			X		X	X
Growing Up in New Zeleand	X	X	X	X	X	X		X			X
Oranga Tamariki Evidence Centre | Te Pokapu Taunakitanga				X	X	X	X	X	X	X	X
Norwegian Institute of Public Health	X	X	X	X	X	X	X	X	X	X	X

Knowledge broker	Childcare & Early intervention	Education	Nutrition & Child Health	Mental health & Emotional well-being	Child participation/engagement	Material deprivation & poverty	Child protection	Parenting Support	Two-generation support	Place-based interventions	Fact-checked
Norwegian Knowledge Centre for Education	X	X		X	X		X				X
Institute of Educational Research		X									
Institute for Labouré and Family Research						X	X	X	X		
Children's Institute	X		X	X	X	X	X	X	X	X	X
Human Sciences Research Council	X	X	X	X		X	X				
Familiars an positivo	X	X	X	X	X			X	X	X	X
IUNDIA (Instituto Universitario de "Necesidades y Derechos de la Infancia y la Adolescencia")	X				X	X	X	X			X
Swedish Agency for health technology assessment and assessment of social services	X		X	X			X	X	X		X
Swedish Institute for Educational Research		X									X
CLOSER, The home of longitudinal research	X	X	X	X		X					X
The Warren House Group at Dartington trading as Dartington Service Design Lab	X		X	X	X	X	X	X	X	X	X
Early Intervention Foundation	X	X	X	X		X	X	X			X
Education Endowment Foundation	X	X				X					
NESTA	X	X	X	X		X					

Knowledge broker	Childcare & Early intervention	Education	Nutrition & Child Health	Mental health & Emotional well-being	Child participation/engagement	Material deprivation & poverty	Child protection	Parenting Support	Two-generation support	Place-based interventions	Fact-checked
Wales Centre for Public Policy	X	X		X		X					X
What Works Centre for Children's Social Care				X	X	X	X	X			X
Child Welfare information Gateway	X	X	X	X		X	X	X	X		X
California Evidence-Based Clearinghouse for Child Welfare	X	X	X	X		X	X	X			
Center for Research and Reform in Education	X	X		X							
Center for the Study and Prevention of Violence		X	X	X	X		X				X
Child Trends	X	X		X	X	X	X	X	X	X	X
Frank Porter Graham Child Development Institute	X	X	X	X		X	X	X	X		
HighScope	X	X			X	X		X			X
Home Visiting Evidence of Effectiveness	X	X	X	X	X	X	X	X	X		X
Mathematica	X	X	X	X	X	X	X	X	X	X	X
National Institute for Early Education Research	X	X	X	X				X		X	
OPRE	X	X		X		X	X	X	X	X	X
RAND	X	X	X	X	X	X	X	X	X	X	X
Washington State Institute for Public Policy	X	X		X		X	X	X	X	X	X
What Works Clearinghouse for Education	X	X		X							X

Note: "X" stands for Yes and " " stands for No.
Source: OECD Knowledge Brokers - Child Well-Being Database.

Table A B.2. Activities performed by Knowledge brokers

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
AIHW			X	X				X	X	X	X	X		X	
Australia Children's Education and Care Quality Authority			X	X			X	X	X	X	X	X		X	X
Australian Institute of Family Studies		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Australian Research Alliance for Children and Youth				X	X			X	X	X	X	X		X	X
Centre for Evidence and Implementation	X	X	X	X	X	X	X	X	X	X	X	X		X	X
Early Childhood				X				X	X	X		X	X	X	
Parenting Research Centre	X	X	X	X	X	X	X	X			X		X	X	
EXPOO				X			X	X	X		X	X		X	X
VBJK				X		X	X	X	X		X	X		X	X
ALIGN				X				X	X	X	X	X		X	X
Children's Healthcare Canada				X		X		X	X	X	X	X	X	X	X
INESSS				X	X		X	X		X	X			X	X
The Health of Canada's Children and Youth				X				X	X			X		X	

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
Knowledge Institute on Child and Youth Mental Health and Addictions				X		X	X	X	X		X	X	X	X	
Encyclopedia on Early Childhood Development				X	X		X	X	X		X	X		X	X
Corporación Crecer Mejor				X	X			X			X	X		X	X
Observatorio Ninez y adolescencia				X	X		X	X	X	X			X	X	X
The Danish National Centre for Social Science Research	X	X	X	X	X	X	X	X	X	X		X	X	X	X
Praxis	X	X		X		X		X	X		X	X	X	X	X
Kasvun tuki (Early Interventions)				X			X			X	X	X	X	X	X
Pesapuu Ry				X			X	X	X	X	X	X	X	X	X
The Central Union for Child Welfare				X				X	X	X	X	X		X	X
Direction de la recherche, des études, de l'évaluation et des statistiques								X				X			
Enfance, Bien-etre et parentalité (EHESP)				X				X	X	X			X		X

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
Fonds d'Expérimentation pour la Jeunesse	X	X		X				X						X	
HAS						X		X	X	X	X	X	X	X	X
ONAPE Observatoire National de la petite enfance		X	X	X			X	X	X	X		X	X	X	X
Bertelsmann Stiftung see child project				X				X			X	X		X	
Deutsche Jugendinstitut		X	X					X	X			X	X	X	
Deutsche Kinder- und Jugendstiftung GmbH								X	X	X	X	X		X	X
Robert Bosch Stiftung							X	X	X			X		X	X
The Icelandic Centre for Social Research and Analysis			X	X		X	X	X	X	X	X	X	X	X	X
Planet Youth			X	X		X	X	X	X	X	X	X	X	X	X
Bernard van Leer Foundation				X				X			X	X		X	
Campbell Collaboration				X		X	X	X				X		X	
Council of Europe Youth Partnership				X		X	X	X			X	X	X	X	X
Eurochild				X		X		X	X	X	X	X	X	X	X
European Platform for				X			X	X	X		X	X		X	

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
Investing in Children															
HundrED				X				X	X		X	X		X	X
Nordic Welfare Centre		X	X	X			X	X	X	X	X	X	X	X	
Centre for Effective Services				X	X	X	X	X		X	X	X		X	X
Trinity Research in Childhood Centre (TRiCC)	X	X	X	X			X	X	X		X		X	X	X
Centro Nazionale di documentazione e analisi per l'infanzia e l'adolescenza			X	X	X	X	X	X	X	X	X	X	X	X	X
Fondazione Agnelli	X	X	X	X				X	X	X	X	X	X	X	X
Korea Institute of Child Care and Education	X		X	X				X	X	X	X	X	X	X	X
NJI (Netherlands Youth Institute)				X				X	X	X	X	X		X	X
A better start - National Sciences Challenges	X		X	X			X	X	X		X	X	X		
Education counts				X	X		X	X			X	X	X		X
Growing Up in New Zealand			X					X	X	X	X	X	X	X	X
Oranga Tamariki Evidence Centre | Te Pokapu Taunakitanga		X	X	X	X		X	X	X		X	X		X	X

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
Norway Institute of Public Health	X	X	X	X	X	X	X	X	X		X	X	X		X
Norwegian Knowledge Centre for Education				X	X	X	X	X				X	X	X	X
Institute of Educational Research								X				X	X	X	
Institute for Labour and Family Research				X	X	X	X	X					X		
Children's Institute		X	X	X		X	X	X	X	X	X	X	X	X	X
Human Sciences Research Council	X		X	X				X	X			X	X		
Familias en positivo		X	X	X				X	X	X	X	X	X	X	X
IUNDIA")				X			X	X			X		X	X	X
Swedish Agency for health technology assessment and assessment of social services				X		X	X	X	X			X	X	X	X
Swedish Institute for Educational Research				X			X	X	X			X		X	X
CLOSER, The home of longitudinal research			X	X	X	X	X	X	X	X	X	X	X	X	X
Warren House Group Dartington	X	X	X	X	X	X	X	X	X		X	X	X	X	X

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
Service Design Lab															
Early Intervention Foundation				X	X		X	X	X	X	X	X	X	X	X
Education Endowment Foundation	X			X	X		X	X	X		X	X		X	
NESTA	X	X						X	X		X	X		X	
Wales Centre for Public Policy				X	X	X		X	X	X		X	X	X	X
What Works Centre for Children's Social Care	X	X		X	X	X	X	X	X	X	X	X		X	X
Child Welfare information Gateway				X	X	X	X	X			X	X	X	X	X
California Evidence-Based Clearinghouse Child Welfare				X				X			X			X	
Center for Research and Reform in Education	X	X		X			X		X			X	X	X	
Center for the Study and Prevention of Violence	X	X		X			X	X	X		X	X	X	X	X
Child Trends	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Frank Porter Graham Child Development Institute	X	X	X	X			X	X	X		X		X	X	

	Randomised control trials	Quasi-experimental research	Panel studies	Reviews of evidence	Rapid Evidence Assessments	Systematic research mapping	Systematic reviews	Reports	Participation in public/ parliamentary hearing	Pathways or Guidelines	Policy advice, position papers	Blogs Articles	Scientific articles	Social media	Fact-checked
HighScope	X	X	X	X	X			X	X		X	X	X	X	X
Home Visiting Evidence of Effectiveness				X		X	X	X			X	X	X	X	X
Mathematica	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
National Institute for Early Education Research	X	X	X	X			X	X	X		X	X	X	X	
OPRE	X	X	X	X	X	X	X	X	X	X		X	X	X	X
RAND	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Washington State Institute for Public Policy		X		X			X	X		X	X	X		X	X
What Works Clearinghouse for Education				X		X	X	X	X		X	X	X	X	X

Note: "X" stands for Yes and " " stands for No.
Source: OECD Knowledge Brokers - Child Well-Being Database.

References

Aaron, H. (2009), *Children and the Elderly : Not Children or the Elderly*, https://www.brookings.edu/wp-content/uploads/2016/07/1105_spending_children_aaron.pdf. [6]

Acquah, D. and O. Thévenon (2020), "Delivering evidence based services for all vulnerable families", *OECD Social, Employment and Migration Working Papers*, No. 243, OECD Publishing, Paris, https://doi.org/10.1787/1bb808f2-en. [45]

ALIGN (2022), *A Journey to Indigenous Cultural Understanding in Alberta*, https://alignab.ca/wp-content/uploads/2022/10/Indigenous-Cultural-Understanding-in-Alberta-Revised-14-October-2022.pdf. [60]

ARNEC (2022), *Asia-Pacific Regional Network for Early Childhood (ARNEC)*, https://arnec.net/about-us/vision-mission (accessed on 22 July 2022). [92]

Australian Institute of Health and Welfare (2021), *Australia's youth*, AIHW, Australian Government, https://www.aihw.gov.au/reports/children-youth/australias-youth/contents/data-gaps (accessed on 3 May 2022). [63]

Bethke, F. and J. Wolff (2020), "COVID-19 and shrinking civic spaces: patterns and consequences", *Zeitschrift für Friedens- und Konfliktforschung*, Vol. 9/2, pp. 363-374, https://doi.org/10.1007/s42597-020-00038-w. [28]

Blaasvær, N., H. Nøkleby and R. Berg (2017), *What Are the Consequences of Shared Physical Custody for Children? A Systematic Review*, Knowledge Centre for the Health Services at The Norwegian Institute of Public Health (NIPH), Olso. [72]

Blondel, D. (2006), "L'émergence des "knowledge brokers" (courtiers de science) et des KIBS: Knowledge-intensive business service. Paper presented at Au Carrefour de la science, de la technologie, de l'économie, de la culture et de la société: Les métiers ouverts aux docteurs par le besoin d'expertise", *Institut Henri Poincaré*. [36]

Boarini, R., A. Johansson and M. Mira D'ercole (2006), *Alternative Measures of Well-Being*, http://www.oecd.org/els/workingpapers. [30]

Bogenschneider, K. (2020), "Positioning Universities as Honest Knowledge Brokers: Best Practices for Communicating Research to Policymakers", *Family Relations*, Vol. 69/3, pp. 628-643, https://doi.org/10.1111/fare.12339. [49]

Canadian Institutes of Health Research (2010), *Knowledge to Action: An End-of-Grant Knowledge Translation Casebook*, Canadian Institutes of Health Research, Ottawa, http://www.cihr-irsc.gc.ca/e/documents/cihr_kt_casebook_2010_e.pdf (accessed on 30 July 2018). [82]

Carlin, J., P. Taylor and T. Nolan (1998), "School based bicycle safety education and bicycle injuries in children: a case-control study", *Injury Prevention*, Vol. 4/1, pp. 22-27, https://doi.org/10.1136/ip.4.1.22. [80]

Caruana, E. et al. (2015), "Longitudinal studies.", *Journal of thoracic disease*, Vol. 7/11, pp. E537-40, https://doi.org/10.3978/j.issn.2072-1439.2015.10.63. [75]

CEI (2021), *Supporting 'the Response' in Victoria with Common Elements | ceiglobal.org*, https://www.ceiglobal.org/work-and-insights/supporting-response-victoria-common-elements (accessed on 21 July 2022). [86]

Centro nazionale di documentazione e analisi per l'infanzia e l'adolescenza (2022), *The numbers of childhood and adolescence*, https://nubia.istitutodegliinnocenti.it/numeri.jsf (accessed on 18 October 2022). [74]

ChildONEurope (n.d.), *ChildONEurope: European Network of National Observatories on Childhood*, http://www.childoneurope.org/index.htm# (accessed on 22 June 2022). [90]

Children's Healthcare Canada (2022), *About SPARK*, https://www.childrenshealthcarecanada.ca/en/spark/about-spark.aspx (accessed on 13 December 2022). [84]

Chowdry H (2016), *THE COST OF LATE INTERVENTION: EIF ANALYSIS 2016*. [42]

Clarke, C. et al. (2022), "The economic costs of childhood socio-economic disadvantage in European OECD countries"*, OECD Papers on Well-being and Inequalities*, No. 9, OECD Publishing, Paris, https://doi.org/10.1787/8c0c66b9-en. [44]

CoLab – Collaborate for Kids (2019), *Counting the cost of late intervention*. [43]

Coordinate (n.d.), *Objectives*, https://www.coordinate-network.eu/academics (accessed on 18 October 2022). [77]

Davies, P. and R. Boruch (2001), "The Campbell Collaboration", *BMJ*, Vol. 323/7308, pp. 294-295, https://doi.org/10.1136/bmj.323.7308.294. [70]

Department of Children and Youth Affairs (2014), *Better Outcomes Brighter Futures*, https://assets.gov.ie/23796/961bbf5d975f4c88adc01a6fc5b4a7c4.pdf (accessed on 1 June 2022). [22]

Dowdy, D. (ed.) (2012), "Identifying Trustworthy Experts: How Do Policymakers Find and Assess Public Health Researchers Worth Consulting or Collaborating With?", *PLoS ONE*, Vol. 7/3, p. e32665, https://doi.org/10.1371/journal.pone.0032665. [94]

DSS (2020), *The National Disability Data Asset*, Department of Social Services, Canberra, https://www.dss.gov.au/sites/default/files/documents/06_2020/dss-ndda-web-page-input_1.pdf (accessed on 3 June 2022). [64]

Early Intervention Foundation (2022), *Joining forces with What Works for Children's Social Care: How the decision to merge puts us all on a strong footing*, https://www.eif.org.uk/blog/joining-forces-with-what-works-for-childrens-social-care-how-the-decision-to-merge-puts-us-all-on-a-strong-footing (accessed on 28 July 2022). [51]

ESFRI (2021), *ESFRI ROADMAP 2021- Strategy Report on Research Infrastructures*, https://www.esfri.eu/sites/default/files/ESFRI_Roadmap2021_Public_Guide.pdf (accessed on 18 October 2022). [76]

Eurochild (2022), *Resources on the humanitarian crisis in Ukraine*, https://www.eurochild.org/resource/resources-on-the-humanitarian-crisis-in-ukraine/ (accessed on 30 June 2022). [18]

Eurochild (2020), *Growing up in lockdown: Europe's children in the age of COVID-19*. [57]

Eurochild (2018), "Eurochild's Strategic Plan, Executive SUmmary", https://www.eurochild.org/uploads/2021/01/Executive_Summary_Strategic_Plan__2019-2021.pdf (accessed on 30 June 2022). [89]

Fremstad, S. (2013), *Contra-the-crowd-out-thesis-countries-that-spent-more-on-seniors-also-spend-more-on-children/*, https://cepr.net/contra-the-crowd-out-thesis-countries-that-spent-more-on-seniors-also-spend-more-on-children/. [7]

Gagnon, M. (2011), "Moving knowledge to action through dissemination and exchange", *Journal of Clinical Epidemiology*, Vol. 64/1, pp. 25-31, https://doi.org/10.1016/j.jclinepi.2009.08.013. [81]

Glover, J. et al. (2021), "The effectiveness of place-based interventions in improving development, health and wellbeing outcomes in children aged 0–6 years living in disadvantaged neighbourhoods in high-income countries – A systematic review", *Wellbeing, Space and Society*, Vol. 2, p. 100064, https://doi.org/10.1016/j.wss.2021.100064. [96]

Gluckman, P., A. Bardsley and M. Kaiser (2021), "Brokerage at the science–policy interface: from conceptual framework to practical guidance", *Humanities and Social Sciences Communications*, Vol. 8/1, p. 84, https://doi.org/10.1057/s41599-021-00756-3. [47]

Gough, D., C. Maidment and J. Sharples (2018), *UK What Works Centres: Aims, methods and contexts*, EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London, https://eppi.ioe.ac.uk/cms/Portals/0/PDF%20reviews%20and%20summaries/UK%20what%20works%20centres%20study%20final%20report%20july%202018.pdf?ver=2018-07-03-155057-243 (accessed on 1 June 2022). [52]

Gough, D. and J. Thomas (2016), "Systematic reviews of research in education: aims, myths and multiple methods", *Review of Education*, Vol. 4/1, pp. 84-102, https://doi.org/10.1002/rev3.3068. [68]

Government of Canada (2022), *Disaggregated Data and Analytics Framework –*, https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/lang-mar-28-2022/disaggregated-data-analytics-framework.html (accessed on 4 November 2022). [26]

Hariton, E. and J. Locascio (2018), "Randomised controlled trials - the gold standard for effectiveness research", *BJOG: An International Journal of Obstetrics & Gynaecology*, Vol. 125/13, pp. 1716-1716, https://doi.org/10.1111/1471-0528.15199. [78]

Higgins, J. and S. Green (2011), *Cochrane Handbook for Systematic Reviews of Interventions*, Th Cochrane Collaboration. [69]

Insipring Healthy Futures (2021), *A Vision for Canada's Children , Youth and Families*, https://www.inspiringhealthyfutures.ca/_files/ugd/6142ee_4da13b594d4e405093ad0ae75ddbff69.pdf. [20]

Isaacs, J. (2009), *A comparative perspective on public spending on children*, https://www.brookings.edu/wp-content/uploads/2016/07/2_comparative_perspective_isaacs.pdf. [4]

Isaacs, J. (2009), *How much do we spend on children and the elderly?*, https://www.brookings.edu/wp-content/uploads/2016/07/1_how_much_isaacs.pdf. [3]

Isaacs, J. (2009), *Public Spending on Children and the Elderly from a Life Cycle Perspective*, https://www.brookings.edu/wp-content/uploads/2016/07/3_lifecycle_pespective_isaacs.pdf. [5]

Istituto degli Innocenti (2021), *Report Sperimentazione Care Leavers*, https://www.lavoro.gov.it/temi-e-priorita/infanzia-e-adolescenza/focus-on/Care-Leavers/Documents/Report-care-leavers-2021.pdf#search=al%20progetto%20nazionale%20Care%20Leavers%2C%20stiamo%20seguendo%20coorti%20dal%202019 (accessed on 18 October 2022). [61]

Istituto degli Innocenti (2020), *Report di vallutazione 2019/20*, https://www.minori.gov.it/sites/default/files/report_valutazione_finale_pon_rsc_2017-20.pdf (accessed on 18 October 2022). [62]

Janta, V. et al. (2019), *Recent trends in child and family policy in the EU*, European Commission, https://doi.org/10.2767/069345. [55]

Knowledge Centre for Education (n.d.), *FINNUT gap map*, https://www.uis.no/sites/default/files/inline-images/eiAnnZeSGXiJrxRCdAZjQFyyY7ZnZZnW9qLhiN7CdXk6cNzTeb.html (accessed on 3 June 2022). [65]

La Rocca, R. et al. (2012), "The effectiveness of knowledge translation strategies used in public health: a systematic review", *BMC Public Health*, Vol. 12/1, p. 751, https://doi.org/10.1186/1471-2458-12-751. [48]

Lane, J. and J. Rogers (2011), "Engaging national organizations for knowledge translation: Comparative case studies in knowledge value mapping", *Implementation Science*, Vol. 6/1, p. 106, https://doi.org/10.1186/1748-5908-6-106. [83]

Langeveld, K., K. Stronks and J. Harting (2016), "Use of a knowledge broker to establish healthy public policies in a city district: a developmental evaluation", *BMC Public Health*, Vol. 16/1, https://doi.org/10.1186/s12889-016-2832-4. [39]

Lenihan, A. (2013), "Lessons from Abroad. International approaches to promoting evidence–based social policy", *Alliance for Useful Evidence*, http://www.alliance4usefulevidence.org/assets/Alliance-paper_Lessons-from-Abroad.pdf (accessed on 26 March 2018). [38]

Lomas, J. (1997), "Research and evidence-based decision making", *Australian and New Zealand Journal of Public Health*, Vol. 21, pp. 439-441. [35]

MACINTYRE, S. (2000), "Good intentions and received wisdom are not enough", *Journal of Epidemiology & Community Health*, Vol. 54/11, pp. 802-803, https://doi.org/10.1136/jech.54.11.802. [79]

Meyer, M. (2010), "The Rise of the Knowledge Broker", *Science Communication*, Vol. 32/1, pp. 118-127, https://doi.org/10.1177/1075547009359797. [33]

Ministry of Social Affairs and Health (2020), *National Child Strategy to strengthen inclusion of children and young people*, https://valtioneuvosto.fi/en/-/1271139/national-child-strategy-to-strengthen-inclusion-of-children-and-young-people- (accessed on 1 June 2022). [24]

Molteni, E. et al. (2021), "Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2", *The Lancet Child & Adolescent Health*, Vol. 5/10, pp. 708-718, https://doi.org/10.1016/S2352-4642(21)00198-X. [11]

NESET (2022), *About us - NESET*, https://nesetweb.eu/en/about-us/ (accessed on 22 June 2022). [91]

New Zealand. Department of the Prime Minister and Cabinet. Child Wellbeing Unit. (2019), *Have your say - summary report national engagement on 'Tamariki Tu, Tamariki Ora' - New Zealand's first child and youth wellbeing strategy*, Dept. of the Prime Minister and Cabinet. [21]

OECD (2023), *Building Capacity for Child Well Being Policies*. [19]

OECD (2023), "Family Indicators", *OECD Social and Welfare Statistics* (database), https://doi.org/10.1787/efd30a09-en (accessed on 23 January 2023). [2]

OECD (2022), "Delivering for youth: How governments can put young people at the centre of the recovery", *OECD Policy Responses to Coronavirus (COVID-19)*, https://doi.org/10.1787/92c9d060-en. [27]

OECD (2022), "Recommendation of the Council on Creating Better Opportunities for Young People", *OECD Legal Instruments*, OECD/LEGAL/0474, OECD, Paris, https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0474. [29]

OECD (2022), *Rights and Support for Ukrainian Refugees in Receiving Countries*, OECD Publishing, Paris, https://doi.org/10.1787/09beb886-en. [16]

OECD (2021), *Lobbying in the 21st Century: Transparency, Integrity and Access*, OECD Publishing, Paris, https://doi.org/10.1787/c6d8eff8-en. [40]

OECD (2021), *Measuring What Matters for Child Well-being and Policies*, OECD Publishing, Paris, https://doi.org/10.1787/e82fded1-en. [9]

OECD (2021), "Securing the recovery, ambition, and resilience for the well-being of children in the post-COVID-19 decade", *OECD Policy Responses to Coronavirus (COVID-19)*, OECD Publishing, Paris, https://doi.org/10.1787/0f02237a-en. [12]

OECD (2021), *The State of Global Education: 18 Months into the Pandemic*, OECD Publishing, Paris, https://doi.org/10.1787/1a23bb23-en. [13]

OECD (2020), "Combatting COVID-19's effect on children", *OECD Policy Responses to Coronavirus (COVID-19)*, OECD Publishing, Paris, https://doi.org/10.1787/2e1f3b2f-en. [8]

OECD (2020), *Governance for Youth, Trust and Intergenerational Justice: Fit for All Generations?*, OECD Public Governance Reviews, OECD Publishing, Paris, https://doi.org/10.1787/c3e5cb8a-en. [10]

OECD (2020), *How's Life? 2020: Measuring Well-being*, OECD Publishing, Paris, https://doi.org/10.1787/9870c393-en. [31]

OECD (2020), *Mobilising Evidence for Good Governance: Taking Stock of Principles and Standards for Policy Design, Implementation and Evaluation*, OECD Public Governance Reviews, OECD Publishing, Paris, https://doi.org/10.1787/3f6f736b-en. [46]

OECD (2019), *Changing the Odds for Vulnerable Children: Building Opportunities and Resilience*, OECD Publishing, Paris, https://doi.org/10.1787/a2e8796c-en. [1]

Olejniczak, K., E. Raimondo and T. Kupiec (2016), "Evaluation units as knowledge brokers: Testing and calibrating an innovative framework", *Evaluation*, Vol. 22/2, pp. 168-189, https://doi.org/10.1177/1356389016638752. [32]

Oliver, K. et al. (2015), "Identifying public health policymakers' sources of information: comparing survey and network analyses", *The European Journal of Public Health*, p. ckv083, https://doi.org/10.1093/eurpub/ckv083. [93]

Pfefferbaum, B. (2021), "Children's Psychological Reactions to the COVID-19 Pandemic", *Current Psychiatry Reports*, Vol. 23/11, p. 75, https://doi.org/10.1007/s11920-021-01289-x. [14]

Public Health England (2020), *No child left behind: undestanding and quantifying vulnerability*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913974/Understanding_and_quantifying_vulnerability_in_childhood.pdf (accessed on 28 July 2022). [58]

Pundir, P. et al. (2020), "Interventions for reducing violence against children in low- and middle-income countries: An evidence and gap map", *Campbell Systematic Reviews*, Vol. 16/4, https://doi.org/10.1002/cl2.1120. [66]

Rantala, L. et al. (2017), "How to Earn the Status of Honest Broker? Scientists' Roles Facilitating the Political Water Supply Decision-Making Process", *Society & Natural Resources*, Vol. 30/10, pp. 1288-1298, https://doi.org/10.1080/08941920.2017.1331484. [50]

Riding, S. et al. (2021), "Looking beyond COVID-19: Strengthening family support services across the OECD", *OECD Social, Employment and Migration Working Papers*, No. 260, OECD Publishing, Paris, https://doi.org/10.1787/86738ab2-en. [95]

Robinson, T. et al. (2020), "Bridging the research–practice gap in healthcare: a rapid review of research translation centres in England and Australia", *Health Research Policy and Systems*, Vol. 18/1, https://doi.org/10.1186/s12961-020-00621-w. [85]

Roman, J. (2015), "Solving the wrong pockets problem", *Washington, DC: Urban Institute*. [41]

Rutter, C. (2022), "'Child-oriented budgeting' pilots to begin in Finnish local government", *Public Finance Focus*, https://www.publicfinancefocus.org/pfm-news/2022/08/child-oriented-budgeting-pilots-begin-finnish-local-government (accessed on 4 November 2022). [25]

Sverrisson, Á. (2001), "Translation networks, knowledge brokers and novelty construction: Pragmatic environmentalism in Sweden", *Acta sociologica*, Vol. 44/4, pp. 313-327. [34]

The Campbell Collaboration (2022), *Centres and Networks*, https://www.campbellcollaboration.org/about-campbell/partner/campbell-centres.html (accessed on 13 June 2022). [88]

The Campbell Collaboration (2021), *The strategic use of evidence and gap maps to build evidence architecture*, Centre of Excellence for Development Impact and Learning (CEDIL), https://doi.org/10.51744/cmwp5. [67]

The Central Union for Children Welfare (2017), *Statement: A child strategy to guide child policy | Central Union for Child Welfare*, https://www.lskl.fi/kannanotot/kannanotto-lapsistrategia-ohjamaan-lapsipolitiikkaa/ (accessed on 21 June 2022). [87]

The Department of the Prime Minister and Cabinet (2019), *The Strategy framework*, https://www.childyouthwellbeing.govt.nz/our-aspirations/strategy-framework (accessed on 1 June 2022). [23]

The White House (2021), *President Biden Announces the Build Back Better Framework*. [15]

Tricco, A. et al. (2015), "A scoping review of rapid review methods", *BMC Medicine*, Vol. 13/1, p. 224, https://doi.org/10.1186/s12916-015-0465-6. [73]

Unicef Canada (2022), *Fundraise for UNICEF Canada : Help, Hope and Healing for Ukrainian Children*, https://amplify.netdonor.net/2261/fundraise-for-unicef-canada-en/132644/CHCforUkraine (accessed on 12 December 2022). [17]

Wales Centre for Public Policy (2019), *What Works roundtable: Devolved nations and collaboration*, Wales Centre for Public Policy, https://www.wcpp.org.uk/wp-content/uploads/2018/08/What-Works-roundtable-devolved-nations-and-collaboration-key-messages.pdf (accessed on 1 June 2022). [54]

Walqwan Metallic, N., H. Friedland and S. Morales (2019), "The Promise and Pitfalls of C-92: An Act respecting First Nations, Inuit, and Métis Children, Youth and Families", *Yellowhead Institute*, http://www.yellowheadinstitute.org (accessed on 10 November 2022). [59]

Ward, V., A. House and S. Hamer (2009), "Knowledge brokering: Exploring the process of transferring knowledge into action", *BMC Health Services Research*, Vol. 9/1, https://doi.org/10.1186/1472-6963-9-12. [37]

White, H. (2022), "Getting evidence into use: The experience of the Campbell Collaboration", *Campbell Systematic Reviews*, Vol. 18/1, https://doi.org/10.1002/cl2.1226. [71]

WWCSC (2020), *What Matters for What Works*, https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_What_Matters_for_What_Works_priority_setting_Main_Report_April_2020_FINAL-A.pdf. [56]

WWN (n.d.), *About the What Works Network*, https://www.whatworksnetwork.org.uk/about-wwn/ (accessed on 1 June 2022). [53]