**Supplementary Materials:** The following supporting information can be downloaded at: www.mdpi.com/xxx/s1,

Table S1: Themes Extracted from Needs Assessment, Desired Outcomes, Criteria for an Assessment method and Approach for the New Method; Table S2: The GIZ Methodology Described Using the Template for Intervention Description and Replication (TIDieR) Checklist.

**Table S1.** Themes Extracted from Needs Assessment, Desired Outcomes, Criteria for an Assessment method and Approach for the New Method.

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| **Content Criteria** | | | |
| **Theme** | **Desired outcomes** | **Criteria for method** | **Approach** |
| *1. Content of Needs Assessment* | Integral assessment focussing on the child as a whole in parenting, familial and environmental circumstances. | Development of the child, parental competencies, and family and environmental circumstances are integral to the needs assessment. | Adaption of the FACNF model and Severity Assessment Model to GIZ tools (triangle and matrix);  Discussing child, parenting, and environmental needs by using GIZ tools. |
| *2. Emphasis on strengths* | Identification of strengths and empowerment as part of the assessment; Awareness of family strengths and resources. | Jointly estimating strengths and care needs using GIZ tools; Reinforcing Self-Determination Theory (SDT) principles (autonomy, competence, and relatedness). | Foundation of the GIZ methodology; Strengthening the empathetic, motivating and solution-focused attitude of professionals. |
| **Process Criteria** | | | |
| *3. Client Engagement* | Engagement of client in the assessment process and shared decision-making (SDM). | Developing instruments for dialogue from the client’s perspective. | Components of the GIZ methodology promote client’s active engagement: professional’s motivating and solution-oriented attitude and conversation skills; visual tools in the language of the client, providing a common language; and the conversation phases that contribute to the collaborative process. |
| *4. Partnership and Trustful Relationship* | Children and family work confidentially together with professionals for the wellbeing of child and family (relatedness). | Enhancing trust and partnership. | The GIZ methodology strengthens the empathetic, motivating and solution-focused attitude and conversational skills of professionals by employing motivational conversational skills. |
| *5. Transparency and Clarity* | Transparently and clarity in the assessment process. | Transparency, including use of visual tools | Visual tools to support communication and transparency about the purpose and structure of the conversation. |
| **Youth Care System Criteria** | | | |
| *6. Needs-led, Flexible Service model* | The needs of families are the starting point of the provided care. | Facilitating SDM and informed choices. | Implementation GIZ variants (identifying, extended, and multidisciplinary). |
| *7. Broad Applicability* | Broad applicability of the method  Continuity of care for families. | A common language and framework for professionals to effectively cooperate with families and other professionals. | Application across different healthcare providers and target groups. |
| *8.* *Structured, Goal-oriented* | The assessment is substantiated, verifiable and transparent, based on guidelines for the sector and a solid theoretical framework, with appropriate tools. | Structured, goal-oriented approach | The GIZ methodology is characterised by a stepwise approach: structured, planned, and targeted information collection, analysis, and monitoring. |
| *9. Strengthening professionals’ competencies* | Competent providers with extended attitude, knowledge, and skills. | Strengthening professionals’ competencies | Methodology and training focused on extending professionals’ attitude, knowledge, and skills are a mandatory part of the implementation. |

**Table S2**: The GIZ Methodology Described Using the Template for Intervention Description and Replication (TIDieR) Checklist

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|  | The GIZ Methodology Described Using the Template for Intervention Description and Replication (TIDieR) Checklist |
| 1. | **BRIEF NAME**  The GIZ methodology, which stands for “Gezamenlijk Inschatten van Zorgbehoeften” (Dutch). Translated as Joint Assessment of Care Needs. |
| 2. | **WHY**  When there is a mismatch between the healthcare needs and the actual care provided, it can lead to both under-treatment and over-treatment. This can leave young people and parents feeling unheard and misunderstood. The GIZ methodology focuses on strengthening client engagement, taking a holistic family-centered perspective, and following a structured approach. Its aim is to make a more accurate assessment of strengths and care needs earlier and more efficiently, ultimately leading to collaborative decisions regarding appropriate support. This enhances the family's own strength (autonomy, competence, connectedness) and promotes the healthy development of the child or young person (Self-Determination Theory)[24].The GIZ also aims to enhance cooperation among healthcare providers in the chain (from prevention to cure) and ensure continuity of care.  Key elements of the GIZ methodology and its theoretical foundations:  1. *Client Engagement in Shared Decision-Making.* Collaborative decision-making between healthcare providers and clients is at the core of client-centered care [38]. It enables a more comprehensive assessment and decision-making process by incorporating the client's unique knowledge about their situation, history, and preferences. Active participation of parents with additional care needs in decision-making positively influences adherence to advice, follow-up contacts, and outcomes [76]. Shared decision-making aligns with ethical principles of autonomy and self-determination [24]. The self-determination theory emphasizes the significance of intrinsic motivation, especially when concerns exist about a child's development or insufficient basic care within a family. People thrive when their basic needs for autonomy, competence, and connectedness are met. The GIZ methodology aims to enhance these feelings by actively involving young people and parents in decisions about care needs and support. GIZ practitioners are trained to adopt an empathetic, respectful attitude and employ solution-focused and motivational conversation techniques during the GIZ basic training [77,78]. These approaches aim to bolster feelings of autonomy, competence, and connectedness, ultimately improving the decision-making process and healthcare outcomes.  *2. Taking a Broad and Family-Centered Perspective, with a Focus on Strengths and Resources.* The GIZ methodology promotes a holistic and family-centered approach to youth care, emphasizing the importance of understanding a child's needs within the broader context of their family and environment. It is guided by the bioecological model of Bronfenbrenner [63], which underscores the influence of parents and the broader environment on a child's development. Drawing from Positive Psychology [37], the GIZ methodology recognizes the value of positive emotions and strengths in personal growth. It encourages interventions that empower and strengthen families by leveraging their social networks and resilience. It uses assessment tools to enhance objectivity and systematically identify care needs while also focusing on the strengths and resources of families to provide effective support. The parenting theory of Van der Pas (2006) underpins the development of the GIZ in strengthening parents [67].  *3. Structured approach: transparent and step-by-step:* Methodical work implies that professionals gather and analyse the information needed in a structured, planned and purposeful manner to decide what support is required. Structured process steps contribute to better decision-making [28]. The diagnostic cycle of de Bruyn (2003) [21] and the practical model of action-oriented diagnostics of Pameijer & Draaisma [69], used for over 15 years in education and youth care, underpin the systematic steps of the GIZ. To promote trust and a good collaborative partnership with clients, the professional is transparent about content, process and decision-making. This transparency is created by the GIZ tools that support the communication and the stepwise assessment process. |
| 3. | **WHAT (materials)**  The main instruments used in a GIZ conversation are two visual tools: the GIZ triangle and the GIZ matrix. The GIZ triangle elaborates the UK’s Framework for the Assessment of Children in Need and their Families (FACNF) (Department of Health, 2000; Horwath, 2010; Léveillé, 2010). The FACNF was developed as a ‘needs assessment’ instrument, based on the ecological model of Bronfenbrenner (1994), to understand a child’s development in the context of his upbringing and environment. It shows a triangle with child development, parenting and environment influencing a child’s health and wellbeing. In the GIZ methodology, the GIZ tools enhances engagement and bilateral communication between care professionals and families (children, adolescents, (future) parents).  The GIZ matrix is an elaborated version of the substantiated risk assessment model by CJG Rijnmond [60]. The matrix shows 10 dimensions of child development, parenting and environment on a five-point scale to assess the nature and estimate the severity and urgency of the strengths and the care needs.  Different target group and age-specific GIZ tools have been developed in layman’s terms from the perspective of (future) parents with children: -9 months -23 year, children (8–12) or adolescents (12–23). With three variations (identifying GIZ, extended GIZ, multidisciplinary GIZ), the GIZ is applicable to a wide range of clients, children, young people and (future) parents, with or without care needs.  Manuals, background information on the assessment of children’s health and wellbeing, training sessions and a support course are developed to implement the GIZ. In 2016, the developing organisations transferred the responsibility for the national dissemination and implementation to the Netherlands Centre for Youth Health (NCJ) [70]. |
| 4. | **WHAT (procedure)**  The GIZ is integrated into the existing assessment contact moments (regular/on indication) of professionals working with families (in maternity care, youth healthcare, and the social domain). Together with the client, the professional clarifies questions, analyzes strengths and concerns, and collaboratively decides on appropriate support. If relevant, they create a result-oriented support plan together. The GIZ conversation is supported by the use of visual aids (GIZ tools), the application of a motivational and solution-oriented attitude and communication techniques, and a structured approach. The GIZ methodology can be used for routine concerns as well as complex issues.  Central questions in these conversations are: What is important for my child / in my life, and how are we doing? What are the strengths and needs of my child / me and my family? What do we need? Did the actions taken help?  The GIZ has a clear structure consisting of seven stages: Introduction, clarifying questions, problem and strengths analysis, goal setting, shared decision-making, conclusion, and evaluation. During the introduction, the professional makes the clients comfortable and explains the purpose and structure of the conversation, and a joint agenda is established. Throughout the analysis, the professional and clients discuss child development, parenting and environment to identify strengths and needs using the dimensions outlined in the GIZ-triangle, thereby creating a common language and framework. When care needs arise, the professional invites the client, using the GIZ matrix, to discuss the impact and urgency of the problems and raise their awareness of what affects optimal child development. The use of a marker pen or chips contributes to the active participation of the client in assessing the care needs. The professional utilises his/her clinical expertise, the clients’ pre-answered questionnaires and the child health record. During the shared decision-making stage, the professional and the family jointly assess strengths and care needs and develop a support plan with goals and follow-up actions to be monitored and evaluated using the GIZ matrix during subsequent consultations. Registration in the client-specific file supports this monitoring. With the client’s permission, the GIZ file can be shared with other professionals. |
| 5. | **WHO PROVIDED**  The GIZ methodology is carried out by youth health professionals from preventive child healthcare and (specialised) youth care services: (youth) doctors, nurses in youth health care (0–18 years), and professionals in child welfare working in municipal teams for young people aged 0–23. These professionals assess the strengths and care needs and decide what kind of support is needed along with the final target group. In 2020, the GIZ methodology was extended to the pregnancy and maternity period and used in maternity care.  Professionals are trained in the GIZ methodology during three three-hour sessions. The training offers professionals guidance on conversations with families around: (1) discussing child, parent and environmental needs using the GIZ-tools; (2) strengths-based joint assessment; (3) empathic, motivating and solution-oriented attitude and conversational skills; and (4) transparent, goal-oriented and methodically acting. |
| 6. | **HOW**  As visual tools play an important role, the GIZ is best performed in face-to-face contact, possibly with an individual child or parent or in a group with multiple family members and other professionals. A video call with screen sharing is an alternative. |
| 7. | **WHERE**  The GIZ can be performed during a face-to-face conversation with a care provider in a professional’s consultation room or during a home visit. The methodology can also be applied in a group meeting with several family members or professionals. It can be used in a preventive setting and in specialised youth care in an intake and evaluation session. |
| 8. | **WHEN AND HOW MUCH**  The GIZ consists of three consecutive variants that enable tailor-made, stepped care: (1) initial assessment to identify strengths and care needs GIZ (+/- 10 minutes), applied during all regular preventive child healthcare consultations with all children, adolescents and parents; (2) extended assessment GIZ (+/- 20–60 minutes), applied during preventive child health care consultations for additional care, and during intakes of specialised youth care, evaluation and monitoring; and (3) multidisciplinary GIZ (+/- 60 minutes), applied before, during and at the end of a 'One Family, One Plan' multidisciplinary intervention.  In cases where additional care needs are identified prior to or during the first or second phase, or where cognitive or language barriers exist, stepping up to the next level is optional. |
| 9. | **TAILORING**  The development of the GIZ is part of an iterative process. Its implementation is constantly evaluated; if required, the methodology is adjusted, and training manuals are amended to support the implementation. The first version of the GIZ tools was formulated in layman’s terms. However, for parents and adolescents with language barriers, they proved to be too difficult. At the request of professionals, simple tools featuring pictograms were designed. |
| 10. | **MODIFICATIONS**  Pictorial versions of the GIZ methodology were developed to better support children and parents with a language barrier, but it appears to suit every client. Some terminology/phrasings in the visuals were adjusted in line with feedback from professionals. For example, the term "parenting capacities" was replaced by "childrearing" for simplicity and to avoid the unwanted effect that parents could feel judged or criticised. Based on the needs of practical professionals, new items have been added to the GIZ-tools, such as 'sexual development' and 'culture and religion'. |
| 11. | **HOW WELL (planned)**  The five key elements; 1) Basic principle: shared decision-making; 2)GIZ tools for a comprehensive view; 3) Attitude: enhancing autonomy, connectedness, and competence; 4) Conversation techniques: motivational and solution-oriented; 5)Structured approach: transparent and step-by-step are described in a handbook and e-learning. A compulsory training course (tailored to specific target groups) and highly recommended peer coaching help professionals to learn and maintain these competencies. Every organisation working with the GIZ has appointed a "GIZ coordinator" responsible for the implementation. The NCJ organises meetings for the national GIZ trainers pool, GIZ coordinators and management of GIZ organisations. The NCJ also connects performers/professionals so that they can discuss cases and learn from each other. NCJ actively sustains and promotes the GIZ methodology using various communication channels (congresses, website and newsletters; [www.ncj.nl/giz](http://www.ncj.nl/GIZ)). |
| 12. | **HOW WELL (actual)**  Intervention adherence was assessed in the pilot stage, and the GIZ methodology was well delivered as planned. The questionnaire for parents, adolescents and professionals asked for the key elements of the GIZ.  For example, "The doctor/nurse has discussed with me: what is important in the development and upbringing of my child; what is going well; what any questions and concerns are; whether my family needs advice/support; and what the next steps are." It has also been checked whether the client believes that the GIZ triangle and or GIZ matrix have been used. (Parents: GIZ triangle 85% and GIZ matrix 91%; adolescents: GIZ triangle 85%; professionals: GIZ triangle 97%, GIZ-matrix 98%). |