



Funded by the
Erasmus+ Programme
of the European Union



INTESYS

TOGETHER / Supporting
vulnerable children
through integrated early
childhood services

Towards Integrated Early Childhood Systems – Building the Foundations

Toolkit





Funded by the
Erasmus+ Programme
of the European Union



INTESYS

TOGETHER / Supporting
vulnerable children
through integrated early
childhood services

Main authors:

Mihaela Ionescu – ISSA-International Step by Step Association, The Netherlands

Zorica Trikić – ISSA-International Step by Step Association, The Netherlands

Luis Manuel Pinto – Learning for Well-being Foundation, The Netherlands

Contributors:

Hester Hulpia (VBJK, Belgium), Perrine Humblet (VBJK, Belgium), Marzia Sica (Compagnia San Paolo), Cinzia Canali (Fondazione Emanuela Zancan, Italy), Maria Assunção Folque (Gulbenkian Foundation, Portugal), Mónica Mascarenhas (Aga Khan Foundation, Portugal), Mateja Rezek and Petra Božovičar (Educational Research Institute, Step by Step Centre for Quality in Education, Slovenia)

This publication has been developed with financial support from the European Commission, under the Erasmus+ Programme, Key Action 3, the Forward Looking Cooperation projects.

The European Commission's support of the production of this publication does not constitute an endorsement of the contents, which reflects the views only of the authors. The Commission cannot be held responsible for any use which may be made of the information contained herein.

Table of Contents

1. What is the INTESYS Toolkit?.....	6
2. Introduction: Making the case for integrated services.....	10
2.1. What does ‘integration of early childhood services’ mean?.....	11
Addressing fragmentation.....	11
Forms of integration.....	12
Levels of integration.....	15
2.2. Rationale for promoting integrated services in early childhood systems.....	17
2.3. Evidence regarding vulnerable groups.....	20
2.4. Main goals for children by working in an integrated manner.....	21
2.5. Potential challenges on the journey of integration.....	22
2.6. Shared value- and vision-based early childhood systems through integration.....	25
3. A Reference Framework for Integration in early childhood systems: Values and Principles, Key Factors and Quality Practices.....	27
3.1. Underpinning values and principles.....	28
3.2. Key factors and areas of practices to support integration.....	30
3.4. Overview of quality practices supporting integration.....	36
4. Starting the journey towards integration.....	39
4.1. How to approach the journey towards integration.....	39
4.2. Overview of the process.....	40
PHASE 1: WHY DO WE NEED CHANGE?.....	44
What is the focus in this phase?.....	45
What are the critical processes in this phase?.....	46
Lessons learned from the pilots.....	46
Overview of possible tools in this phase.....	48
PHASE 2: WHAT CHANGE IS NEEDED?.....	49
What is the focus of this phase?.....	50
What are the critical processes?.....	51
Overview of possible tools in this phase.....	52

PHASE 3: HOW WILL CHANGE HAPPEN?.....	54
What is the focus of this phase?.....	55
What are the critical processes?.....	56
Overview of possible tools in this phase.....	56
PHASE 4: WHAT WAS ACHIEVED?.....	57
What is the focus of this phase?.....	58
What are the critical processes?.....	59
Overview of possible tools in this phase.....	59
4.3. Useful to know before starting.....	60
5. The Toolbox.....	63
PHASE 1.....	63
Question 1: How can we create quality spaces for engagement and reflection?.....	63
Tool 1.1.: Preparation of the meetings for community engagement and participation.....	63
Tool 1.2.: Dealing with different ways of functioning in teams and groups.....	71
Question 2: What are our hopes, vision and commitments for children and families?.....	73
Tool 1.3. My professional hopes, vision and commitments.....	73
Question 3: What is the current situation with integration? What are the needs of children and families? What can we do differently?.....	75
Tool 1.4. Eco-mapping 1: Personal eco-map – Inside your service.....	75
Tool 1.5. Eco-mapping 2: Personal eco-map – relationship among services/sectors.....	77
Tool 1.6. Eco-mapping: My service and other services in my environment.....	78
Tool 1.7. Systems Classification of Interventions (SysClass).....	80
Tool 1.7. a. Systems Classification of Interventions (SysClass) – mapping the values, principles and key factors driving service operations.....	83
Tool 1.8. Map of Responsibilities and Resources.....	86

Question 4: What do we want to achieve for children, families and communities? What are the benefits of integration for children and families?.....	87
Tool 1.9. Stories of Integration.....	87
Question 5: Unpacking the concept of integration – What is integration, and why does it matter?.....	98
Tool 1.10. Making the case for integration of services and understanding different forms of Integration.....	98
Tool 1.11. Exploring the underpinning values and principles.....	100
Tool 1.12. Exploring key enabling factors for integration.....	104
Tool 1.13: Exploring the concept of integration.....	106
Tool 1.14. Unpacking the Reference Framework for Integration.....	108
Tool 1.15. SCOB Grid.....	111
PHASE 2.....	113
Question 1: How can we manage complex change?.....	113
Tool 2.1. Understanding complex change – Critical elements of a plan.....	113
Tool 2.2. Planning action for strengthening integration.....	117
Question 2: What is our vision?.....	122
Tool 2.3. Exploring the image of the child, families, professionals and services.....	122
Tool 2.4. Understanding the Whole Child.....	123
Tool 2.5. Adopting a systemic view on child development.....	126
Tool 2.5.a Organize transitions considering the child’s need for continuity.....	128
Tool 2.6. Creating a shared vision about children and families.....	130
Question 3: What do we want to achieve for children and families?.....	131
Tool 2.7. Establishing desired outcomes for children and families.....	131
Tool 2.8. Involving young children in defining outcomes.....	133
Question 4: What competences need to be in place?.....	137
Tool 2.9. Identifying essential competences for high-quality integrated service delivery.....	137

Tool 2.10. Identify essential competences of the facilitator(s) of an integration journey.....	138
Question 5: What will integration of services look like?.....	139
Tool 2.11. Define the ‘shape’ of integration.....	139
Tool 2.12. Explore different models of integrated service delivery.....	139
Question 6: How will the communication and information sharing be organized and managed?.....	141
Tool 2.13. Defining the Information-sharing flowchart.....	141
Tool 2.14. Defining different levels of communication and information sharing.....	143
Question 7: Who will be responsible for what?.....	145
Tool 2.15. Assigning responsibilities (Matrix).....	145
Question 8: How do we make decisions?.....	146
Tool 2.16. Establish a governance structure for integration.....	146
Question 9: How can existing resources be better used and what additional resources are needed?.....	150
Tool 2.17. Mapping the resources for integration.....	150
Tool 2.18. Planning the funding of integrated ECEC service delivery..	152
PHASE 3.....	155
Tool – Continuous monitoring of the quality implementation of the Action Plan.....	155
PHASE 4.....	157
Question 1: In what areas of practices have changes been successful?...157	
Tool 4.1 – Identifying the degree of implementing quality practices..	157
Question 2: What are the reasons for which changes did or did not happen?.....	165
Tool 4.2. Assessing the Process.....	165
Question 3: What outcomes for children and families were achieved ?....	167
Revisit Phase 2 - Tool 4.3. Outcomes for children and families.....	167
References.....	168

1. What is the INTESYS Toolkit?

“States parties are urged to develop rights-based, coordinated, multi-sectoral strategies in order to ensure that children’s best interests are always the starting point for service planning and provision.” (Committee on the Rights of the Child, General Comment no. 7: ‘implementing child rights in early childhood, para. 22. CRC/C/GC/7Rev.1)

The project *INTESYS – Together: Supporting vulnerable children through integrated early childhood services*¹ is aimed at advancing the policies and practices in early childhood services towards (more and better) integration in early childhood systems across Europe. The intention is to provide opportunities, especially for children and families from vulnerable groups, to benefit from high-quality early childhood services.

Building on existing experiences and good practices in Europe, the partners in the INTESYS consortium² have developed this Toolkit in order to:

- unpack the complexity of the concept (and of the reality) of integration;
- propose a Reference Framework which shows that integration is aligned-values driven and depends on key factors for promoting integration practices;
- indicate key factors influencing integration;
- and to propose quality practices, pathways and tools for action at different levels (team-working, service delivery, inter-agency working, etc.).

The Toolkit is a result of a collaborative effort between all project partners.³ They piloted the Toolkit in their countries and communities and shared lessons learned, insights and tips, which are included in the Toolkit. In this

¹ INTESYS is a project funded by the European Commission under the Erasmus+ Programme, Key Action 3 – Forward Looking Cooperation Projects. The project began in November 2015 and ended in April 2019. For more information about the project, visit: www.europe-kbf.eu/en/projects/early-childhood/intesys

² King Baudouin Foundation (Belgium), Universal Education Foundation (Netherlands), ISSA International Step-by-Step Association (Netherlands), Aga Khan Foundation (Portugal), Compagnia San Paolo (Italy), Fondazione Emanuela Zancan onlus Centro Studi e Ricerca Sociale (Italy), Calouste Gulbenkian Foundation (Portugal), Educational Research Institute, Step by Step Centre for Quality in Education (Slovenia), and VBJK – Vernieuwing in de Basisvoorzieningen voor Jonge Kinderen/Innovations in the Early Years (Belgium).

³ Aga Khan Foundation (Portugal), Compagnia San Paolo (Italy), Calouste Gulbenkian Foundation (Portugal), Educational Research Institute, Step by Step Centre for Quality in Education (Slovenia) and VBJK – Vernieuwing in de Basisvoorzieningen voor Jonge Kinderen/Innovations in the Early Years (Belgium). Belgium had two parallel pilots due to the specific situation in Brussels – one was done in the Flemish-speaking part and the other in the French-speaking part.

way, we have found the Toolkit to be a valuable blend between theory and practice, giving it the flexibility and capacity for it to be adapted to local contexts and specific needs.

The main purpose of the Toolkit is to promote integration among different sectors (education, health, social protection) by connecting professionals and services which serve the same children and families in the communities. The approach takes into account the participation of communities, parents, children and civil society actors in shaping the integration of services.

The Toolkit promotes the importance of quality in integrated services and creates a space for dialogue among different stakeholders in the early childhood system.

There is no single road, but a multidimensional road map towards integration.

The Toolkit is meant to guide and support the path of various actors towards a higher level of integration, while keeping in mind that the entire system (from macro policy and financing, to frontline quality delivery with qualified practitioners) has to work primarily for the benefit of every young child and their family in a specific context.

The Toolkit is aimed at facilitating the process of integration without imposing one single ready-made solution. Users of the toolkit are encouraged to develop their own approach, guidelines, tools and methods to better cater for the specific needs of their context.

It provides a good balance between a theoretical background for integration, to the benefit of children and families, and practical support for enhancing open dialogue and joint actions among relevant actors. The integration of services can be initiated and built through both bottom-up (frontline delivery, community, parents) and top-down (inter-agency governance, policies and strategies) interventions, and it is better when both are aligned. Depending on where it started and who initiated it, the journey of integration may vary and take different pathways.

The Toolkit may be used by and with various stakeholders to build or to strengthen integration. Stakeholders may include the following:

- leaders and managers of services from the same or different sectors;
- trainers or continuous professional development providers;
- community leaders, local/regional/national authority representatives/ managers and policy makers;

- practitioners (professionals and paraprofessionals);
- parents and community members;
- civil society representatives;
- representatives of various agencies active in the early childhood system (governmental, private, non-governmental, etc.).

The Toolkit can be used separately with a homogenous group of actors (i.e. practitioners, managers, policy makers), or preferably in mixed groups where different actors participate to allow more dialogue, communication and collaboration to occur. However, steering the process as proposed by the toolkit may require specific competences. More details can be found in Section 4.3.

In Chapter 2 (*Introduction*), explanations of what integration means and arguments for integrating services are presented for making the case for integration. Specific attention is paid to the benefits of integrated services for the most vulnerable children and families. In addition, the benefits for services and communities are stressed.

Chapter 3 of the Toolkit introduces the **Reference Framework for Integration** in early childhood systems, with three building blocks that impact upon integration:

- a. Underpinning principles and values
- b. Key Factors
- c. Quality Practices

The **underpinning principles and values** are the foundation for a shared vision and a shared understanding among the stakeholders involved in the process of integration. The **key factors** represent the conditions that can block or enable the process and the outcome of integration. The **quality practices** illustrate how the shared values and principles look in practice when the key factors are favourably enabled.

In Chapter 4, the complex journey towards integration is presented as a reflective cycle with many questions to be answered on the way about planning, implementing and evaluating the changes. The journey is also based on a continuous process of *planning – acting – reflecting*, which ensures that the needs of children and families are taken into account, as well as the capacities and possibilities of all actors involved.

The journey is organized around four main questions.

1. *Why do we need Change?*
2. *What Change is needed?*
3. *How will Change happen?*
4. *What has been achieved?*

Each phase of the journey is supported by proposing various tools. These were developed to serve as *an inspiration* for those who are facilitating the process of change towards integration.

Facilitators of the process may decide to use all the tools for each phase of the journey, but they can also decide to pick those tools that best suit the needs of a specific group they are working with, or a level of integration that already exists in a specific community.

The provided tools can also serve as an inspiration for developing new tools, more adapted to specific needs and contexts. Most of the tools are very reflective and they aim to support open, respectful and inclusive dialogue between different stakeholders.

Tools are developed to trigger and support exchange between stakeholders in a more structured way and support the facilitation process. However, participants in the process can also choose other ways to address some issues, and not to implement the tool.

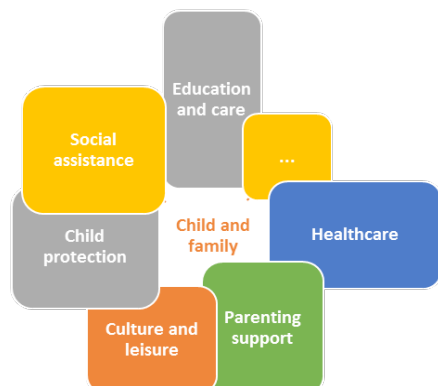
2. Introduction: Making the case for integrated services

“For many children, their introduction with early childhood education and care represents their first step into society. It presents them with a mirror on how society looks at them and thus how they may be looking at themselves, since it is only in a context of sameness and difference that identity can be constructed. It is in this public mirror that they are confronted with these essential and existential questions: who am I? And is it OK to be who I am?”
(Michel Vandenbroeck, 2010)

There is growing evidence about the importance of early years in an individual's life and of the benefits that quality and equitable early childhood services bring to children and families, especially to those in the most vulnerable situations. The complexity of the challenges that societies are facing today have a dramatic impact on families and consequently on young children: increasing poverty; weakening welfare systems; increasing inequalities; job insecurity; increased mobility and migration; and rapid change in economic and political landscapes. In addition, early childhood systems are subject to policy and structural changes which move between universal and targeted interventions, public and private provision, generalized and compulsory services, sectoral and integrated approaches. Seen from the child's and family's perspective, the encounter between these challenges and changes are often translated into missed or missing opportunities to benefit from quality services, in particular if children live in poverty, have a migrant background, belong to minority groups, or require special needs.

Multifaceted problems require both multiple as well as aligned and well-coordinated interventions. Poverty, discrimination and increasing inequalities need to be addressed in an integrated manner in order to bring about qualitative and quantitative change.

Early childhood is a period of enormous opportunities for the child to develop and learn, to express and fulfil their potential, to build solid foundations for their well-being and life achievements. Therefore, the way early childhood *systems* are designed, governed and financed, and the way early childhood *services* are delivered can make a dramatic difference in children's as well as in their families' life.



Research and inspiring practices from Europe and beyond are advocating for changes that recognize and celebrate the *centrality of the child and their family* in designing, regulating, financing and delivering early childhood services, thus leading to reducing inequalities and disparities in societies. The European *Proposal for key principles of a Quality Framework for Early Childhood Education and Care*⁴ presents a sound and solid framework for promoting competent early childhood systems that have the child and the family in focus. One important feature of a competent system underlined in the document is collaboration among services.

2.1. What does ‘integration of early childhood services’ mean?

Throughout the child’s early-years period, a variety of services are provided to children and their families, catering for various aspects of children’s development and well-being strongly related to their age: nutrition, health, social protection, family support, child protection, and education. Many of these services are formal, but non-formal or informal services also play an important role, being provided by various public or private actors in communities: cultural organizations, sports organizations, church, etc. (all of them contributing to meeting the complex and diverse needs of young children and families).

Addressing fragmentation

When analysing integration, multiple dimensions of the early childhood system (sectors, age group, type of beneficiary, level of governance, type of providers) have been identified as markers for working towards integration.

While the needs and demands of children and families are intertwined, early childhood systems witness a lot of fragmentation, often leading to overlaps, inefficiency, ineffectiveness, depersonalization, gaps, even clashes, or missed opportunities with a high level of inequality. These occur in the way that services are set-up, planned and delivered, and the way children and families benefit from them. Here are examples of the multidimensional fragmentation that exist within early childhood systems.

⁴ *Proposal for key principles of a Quality Framework for Early Childhood Education and Care – Report of the Working Group on Early Childhood Education and Care under the auspices of the European Commission, 2014.*

http://ec.europa.eu/dgs/education_culture/repository/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf

Sectorial fragmentation: services often specialise in one single area (education, parent support, child care, financial problems, housing, etc.). Yet, families do not necessarily perceive these areas as separate ‘needs’. Especially in the case of families living in poverty, needs related to health, housing, employment etc., are interlinked and hard to separate from educational challenges.

Age fragmentation: in some cases, services for children aged 0–3 are distinct from services for the preschool age and compulsory school age; and services for children may be separate from services for parents.

Subgroup or target group fragmentation: some services address specific subgroups, such as single mothers, migrants, families in poverty, families with a child with special needs, etc.

Policy fragmentation: services can be governed at local, regional and state levels, making cooperation between services that are governed on different levels a real challenge.

Organizational fragmentation: in some countries, services are separated into government-led provision, NGOs or faith-based organisations and voluntary or community-led services, and integration may mean collaboration between private and public partners. Non-state, informal and non-formal services are to be considered as a part of the broader early childhood system; their services should be recognized and appreciated, especially when children from vulnerable groups are the focus.

In order to maximize the impact of services, and improve the well-being of those they serve, the alignment and integration of vision, goals, plans, actions and results among services can be achieved by tackling the different facets of fragmentation.

Forms of integration

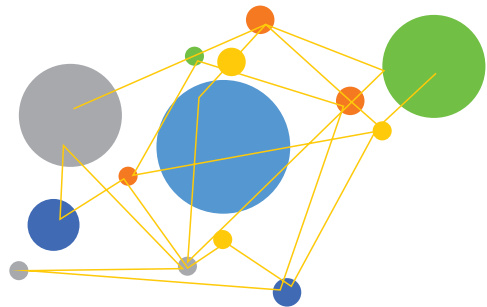
The shape that integration may take is conceptualized by different terms that are used interchangeably, but can refer to different kinds of organizational and governance configurations and ways of working more closely together with different professionals across different sectors and services. Some research suggests that the form integration takes depends upon the type of actions that are at the core of the cooperation among various services, which can vary from the least joined-up actions to joint strategic planning, decision making and service delivery.

In many cases, the cooperation between services is isolated based on a one-time case management that requires the involvement of other services. In other cases, more organizations experience closer cooperation, creating an informal network, thus developing a more coordinated manner of working together, strengthening the integration of their services. Sometimes, more formal networks of services are created, leading to more structured governance and highly coordinated actions, starting from aligning their vision and goals to planning together, contributing to decision-making and delivery services in a complementary way.

Fragmentation of services



Network of services



Let's take a closer look at how various **levels of co-action** among services may indicate a form of integration.

- In the case of **fragmented programs/services**, each program/service has its own goals, vision and values. Funding is provided from separate funds and the communication between them and other services/programs does not exist. The consequence is that many children and families fall out of the system and do not reach the services they need. In this case, cooperation among services is anecdotal and isolated.
- In the case of **cooperation**, some joint planning takes place, and some goals for service/program delivery are shared. This can happen within an informal network of services or an established formal network. However, they do not plan together. Funding is separated, and services do not jointly address the needs of community, children and families. Although access to services is slightly increased, a lot of families with young children do not reach the services they need, and fall out of the system.

- In the case of **collaboration**, different services and programs do share values and vision; they do joint planning, but the joint service delivery is missing. This often happens in both informal and formal networks. Their focus is more on how they work together than on how that kind of work benefits children, families and communities. Although access to services is improved and the needs of children, families and communities are taken into account, some children and families are still unable to reach the services they need and reaching them requires a good understanding of the system and navigation skills which most disadvantage families do not have.
- In the case of **coordination**, a shared vision is to connect different services and programs, as well as joint planning and a common culture. There is an open dialogue between themselves, and also with families and communities. The services are delivered jointly and supported by shared funding. Children and families benefit from coordination of services, and higher numbers of them reach the services they need. This often happens in formal networks which have agreed on some kind of governance and decision-making processes, which helps steer the coordination of decisions and actions.
- In the case of **integration**, shared vision, values and culture are agreed upon in a formal way. The shared outcomes for children and families are jointly defined and the focus is on achieving them. There is one agency coordinating and leading the programs/services and there is pooled funding. Children and families benefit from integrated services because they are easy to access; professionals form teams around the child, and less time and fewer funds are needed to address the needs of children and families. This is a higher level of coordination within a network of services, with a governance structure that is led by one organization. This form of integration also can be witnessed in single centers delivering multiple services: the so-called integrated services under one roof.

	Institutional independence	Consistent/ Shared goals	Joint planning	Joint service delivery	Lead partner	One leading Agency
Cooperation (in a network of services)	•	•				
Collaboration in the network	•	•	•			
Coordination within the network	•	•	•	•	•	
Integration of services (including under one roof)		•	•	•	•	•

Integration under one roof may not be the best option in every country and is the ultimate goal in all contexts. There is no evidence in the literature review that merging services under one entity will always provide the best results. In some cases, merging services is not even doable. Warin (2007) warned against adopting an 'ideal' for an integration service by pointing out that families were not necessarily homogeneous units. Services do not necessarily serve the interests of children and families simultaneously nor necessarily in a seamless way. However, this should not be a reason to give up other forms of integration, because when barriers between sectors and services are broken down, everybody benefits.

Increased integration can be achieved by creating or reinforcing formal networks of services and by nurturing their capacity to work together effectively and efficiently.

Integration of services pertains also to the vertical and horizontal axis of the system. Vertical integration is about the structural and conceptual alignment of services and governance and the way in which the changing needs of children and families are addressed at each stage, and the age of the child's development. On the other hand, horizontal integration is about different services and sectors working together to meet the needs of children and families at a certain age of the child.⁵

Levels of integration⁶

Integration pertains to many areas of planning, decision making, delivering and supporting the early childhood services, ensuring the participation of a wide range of actors. It represents a seamless continuity among services which share responsibilities and promote solidarity and social cohesion within local communities.

Professional integration

Professional integration means sharing responsibilities and capabilities among professionals belonging to different systems, soundly committed in direct practice with users. This has allowed

⁵ Milotay, N. (2016) EPRS | European Parliamentary Research Service. Author: Nora Milotay Members' Research Service, PE 583.809.

⁶ Canali, C., Geron, D., Vecchiato T. (2015). Integrated systems: new perspectives for children and families – Quaderno TFIEY n.5., Compagnia di San Paolo and Fondazione Emanuela Zancan Onlus. The types of levels of integration were inspired by the framework introduced by the Italian National Health Plan, 1998–2000.

a deeper understanding of how to act, in order to manage (in an integrated way) the analysis of demand, the multi-factorial definition of problems, the management of knowledge and documentation, the quantification of necessary resources, their allocation, the required actions, and the evaluation of results and outcomes. The importance of a common professional area has clearly emerged for those who are required to act in direct practice with people, within multi-professional workgroups, in situations where institutional and community level contributions are integrated. The need for differentiation has been linked to the need to recognize factors that guarantee unity and appropriateness of interventions. In the common professional area, relational and managerial functions converge and are compared.

The common professional functions can be described with reference to knowledge and abilities regarding: the main models of labor organization; teamwork techniques; decision-making techniques; group dynamics which can favor them; communication models and processes; and components of one's own profession with respect to other professional roles. In general, professionals are less prejudiced, as mutual knowledge and acknowledgment of the common professional area become a field of comparison, with joint training and assessment of outcomes.

Managerial integration

Integrating institutional responsibilities is, however, not enough without investing in managerial integration. It concerns the functioning of services, of interventions, the integrated management of resources, the overcoming of barriers to access that particularly penalize the weakest. Coordination mechanisms have thus been identified for different problems, without confusing the simple answers with the complex ones (i.e. those at a high level of integration of knowledge and resources). For instance, one solution has been the methodology of projects with multi-professional units. The challenge is to manage unitarily the needs assessment and the global implementation of service processes. Integrated information systems are necessary.

Institutional integration

This aims at managing (in a unitary way) different resources (social, educational, healthcare, etc.). Institutions have been required to act together through agreements facilitating the matching of responsibilities and the optimization of available resources. Significant efforts have been made in the social and health fields (for areas requiring high integration) and in the education field (e.g.

collaboratively addressing the integration of children with special needs).

Community-level integration

The development of volunteering and family associations have made many networking experiences possible, through integrated planning, public and private resources, and by valuing resources available in the local communities. Thus, those needs that were not properly tackled by traditional forms of services for children and family have been addressed. New methods of providing services (i.e. flexible and adaptable to the lives and working time of families) have been experienced. Within community-level integration, the sources of resources are manifold, both professional and non-professional. The main problem is that the implementation of experiences are often discouraged by norms which standardize processes and favor safety over humanization. These dimensions are not necessarily at odds with each other, but they could be so within systems based on requirements rather than on the professional capability of achieving results of inclusion, of answering effectively to needs, and of achieving economic sustainability.

2.2. Rationale for promoting integrated services in early childhood systems

The review of studies of integrated services, carried out by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) in the UK,⁷ found that early-years centers that integrate childcare, nursery education and healthcare, and which provide advice and support for parents, can improve many aspects of children's lives. According to them, integrated care and education centers have been shown to **improve children's behavior, social skills and learning**. Children who gain most from an integrated service include those at risk of neglect and abuse and those who attend such centers at an early age.

The family integrated centers provide **parents with more time to look for jobs and increase their employment choices**. A study on a "wraparound" care pilot in five areas of the UK found that 56 per cent of parents taking up childcare provision said it had given them more choices with regard to work or study; and 32 per cent were able to look for jobs. The knock-on effect in terms of finding a job or training can **help families move away from claiming benefits and improve their finances**.

⁷ www.communitycare.co.uk/2009/03/27/the-benefits-of-integrating-early-years-services-for-children

Additionally, in integrated centers, the opportunities to work with other professionals can improve the **quality of staff practice**. Expertise and best practice can be shared (for example, between health workers and teachers), leading to improved standards in both sectors. In a U.S. study that investigated joint-working practices between mental-health professionals and day-care and pre-school staff, it was found that the collaboration had made teachers more empathetic and interested in the deeper meaning of behavioral problems, and they had a greater level of control over, and responsibility for, behavior in their classrooms. An integrated approach also has benefits in terms of efficient and cost-effective service delivery.

In centers that have integrated service delivery, staff training and professional development events are meeting places for staff from different services and this is proven to be beneficial for their development and ultimately for the children in their care. Training on integrated practice, or by bringing together professionals, can help staff develop common understandings and ways of working. Children and their families benefit from a “one-stop shop” approach. The involvement of the widest possible range of agencies and services means their needs are more likely to be met directly or through referral. Parents should be involved in the center because they often have a clear idea about what they and their children need.

The *Proposal for key principles of a Quality Framework for Early Childhood Education and Care*⁸ developed by the Working Group in Early Childhood Education and Care under the auspices of the European Commission, also provides evidence on the importance and benefits for children and families of providing high-quality, inclusive, equitable and integrated early childhood services.

The ten statements formulated in the Framework articulate a comprehensive view on early childhood education and care (ECEC) systems and represent a valid reference point for identifying changes needed in systems towards promoting a child- and family-centered approach, based on a shared understanding of the image of the child, of the crucial role that family participation plays in the early years, and of quality in the early years services. The European Quality Framework makes the case for increased collaboration among services and sectors based on a shared understanding of their role and responsibilities.

⁸ Proposal for key principles of a Quality Framework for Early Childhood Education and Care – Report of the Working Group on Early Childhood Education and Care under the auspices of the European Commission (2014) pp.7–8:
http://ec.europa.eu/dgs/education_culture/repository/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf

Statement 9: Stakeholders in the ECEC system have a clear and shared understanding of their role and responsibilities, and know that they are expected to collaborate with partner organizations.

The Framework presents substantial evidence for integrated services in early childhood systems.

- When ECEC governance is not integrated (meaning that responsibility for ECEC regulation and funding rests with different departments both at the central and regional government level) or only partially (as in the majority of EU Member States) children aged under three experience a lower standard of care, there are higher costs to parents, less equal access to all families, and a more poorly educated and paid workforce.⁹
- Integrated systems seem to offer more coherence across ECEC policy (e.g. regulation and funding, curriculum, workforce education/training and working conditions, monitoring and evaluation systems) as well as more resources allocated to younger children and their families.¹⁰ These unitary systems lead to better-quality and more equitable provision and result in greater financial efficiency. Sharing responsibilities between central government and local authorities improves how local needs are taken into account. However, the decentralization of governance might increase the risk of accentuating differences in ECEC access and quality between regions.¹¹

In addition, the very recent ECD Lancet series, *Advancing Early Childhood Development: from Science to Scale*, also refers to the need for building capacity and strengthening coordination to promote early childhood development through existing health, nutrition, education, social, and child protection services: “Our review concludes that to make interventions successful, smart, and sustainable, they need to be implemented as multi-sectoral intervention packages anchored in nurturing care.”¹²

⁹ Idem, p. 62

¹⁰ Kaga, Y., Bennett, J., and Moss, P. (2010). *Caring and learning together: A cross-national study on the integration of early childhood care and education within education*. UNESCO.

¹¹ Proposal for key principles of a Quality Framework for Early Childhood Education and Care – Report of the Working Group on Early Childhood Education and Care under the auspices of the European Commission, (2014) p. 62.

¹² www.thelancet.com/series/ECD2016

2.3. Evidence regarding vulnerable groups

A 2015 OECD report¹³ focusing on the integration of social services for vulnerable groups mentions that “although integrated service delivery can be applied in any welfare settings with multiple or complementary needs, the people who are most likely to benefit from integrated service delivery are vulnerable populations with multiple disadvantages and complex needs.” One of the recommendations in the report is that “integrating services presents a unique opportunity to tackle the complex social problems experienced by vulnerable populations. Any shifts to integrated services should allow new integrated social services the time to establish their own working cultures, institutional knowledge and practices, and shared goals. Governments need to commit resources to longer-term investments in service development, outreach, and targeting, as well as conduct appropriate evaluations to understand fully the value of integrated social services.”¹⁴

When investigating the benefits, this report states the following.

- Integrated services have the potential to reduce the cost burden of delivering support and care, as multiple visits, duplication of services, and costly interventions are reduced.
- Integrating services can lead to earlier identification of vulnerable populations’ multiple needs and hence enable targeted, earlier interventions.
- Integration improves access to services, which is particularly important to vulnerable people in need of priority services.
- Integrated services facilitate information and knowledge sharing between professionals.
- More integrated models of service delivery increase co-operation and collaboration between providers and agencies, leads to improvements in service quality, and produces better outcomes and satisfaction with service delivery amongst service users and providers.

In brief, the literature review carried out in the INTESYS project indicated the following **added-value of integration** within early childhood systems.

¹³ OECD (2015), Integrating Social Services for Vulnerable Groups. Bridging Sectors for Better Service Delivery, OECD Publishing, Paris: www.oecd-ilibrary.org/social-issues-migration-health/integrating-the-delivery-of-social-services-for-vulnerable-groups_9789264233775-en, p. 19.

¹⁴ Idem, p.14.

Added value

For families and children	Higher accessibility, easier to find what you need Services better linked to needs and diversity of issues More community cohesion Smoother transitions from one service to another Shared ownership and strengthened partnerships
For professionals and organizations	Combining strength and capacities in dealing with challenges Co-learning and professional development Higher efficiency
For the policy level	Less overlap, gaps and fragmentation Better use of scarce resources

2.4. Main goals for children by working in an integrated manner

The main goals for young children by working in an integrated manner are to:¹⁵

- 1) emphasize every young **child's rights** in regards to survival, development and education, while keeping in mind the interdependencies between nutrition, health, learning, and psychosocial development;
- 2) create conditions to **support parents and other caregivers** in fulfilling their responsibilities and realizing their aspirations for their children, including through social protection programs, employment and housing policies;
- 3) improve the **accessibility and relevance of services** for children and parents;
- 4) improve **long-term outcomes** in health, learning and well-being through adolescence and into adulthood, including intergenerational benefits;
- 5) bridge the gap and to **improve equity** for all girls and boys, irrespective of their economic and social circumstances, abilities or disabilities, through services that are comprehensive, inclusive and high quality;

¹⁵ Adapted from Woodhead, Feathersone, Bolton and Robertson (2014), *Early Childhood Development: Delivering Intersectoral Policies, Programmes and Services in Low resource Settings. Topic guide*, November (2014), Oxford: Health & Education Advice & Resource Team (HEART), p.12.

- 6) improve the **efficiency and cost effectiveness** of services, sectors and systems in delivering ECD goals in partnership with parents and communities;
- 7) foster **evidence-based innovation** in the delivery of sustainable programs and services, especially in low-resource contexts where professional capacity and governance systems may be at the early stages of construction.

2.5. Potential challenges on the journey towards integration

Moving forward in the journey towards integration is a long-term process, so it is important to approach the process gradually, grounding it in a strong and shared rationale. Transitions from one level to another, or moving from fragmentation to coordination while skipping other levels of cooperation can be challenging.

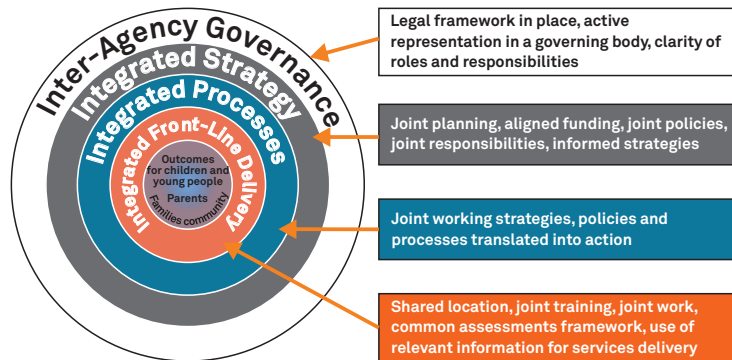
If the process is started without shared understanding and vision it can result in confusion. If resources are missing (human and financial) even the best plans will not be implemented and this could result in frustration and resistance. A lack of well-defined outcomes for children, families and services will result in inefficiency. This is why this process has to be well thought out and there must be clarity about what is there and what we can build on, and what we are lacking and have to search for.

According to the literature review,¹⁶ there are several problems that could hinder the successful integration of early childhood services, including ineffective or damaging management and supervision. At all system levels, trust and communication are key to effective working and without provision for face-to-face contact through meetings, training and shared offices, as well as collaboration in service planning, development and delivery, integration can fail. The integration of services at a managerial level does not always ensure the effectiveness of professionals working together on the frontline. Therefore, protocols and agreements that all staff can agree to are essential for integrating work.

It is clear from the literature that successful integration requires thoughtful and targeted action in multiple areas, from legislation, through governance,

¹⁶ www.communitycare.co.uk/2009/03/27/the-benefits-of-integrating-early-years-services-for-children

to frontline service delivery.¹⁷ Understanding integration requires a systemic approach and has to consider different levels/layers, as in the ‘onion’ model below, from the frontline delivery of services, to the degree in which the processes, strategies, and inter-agency governance are steered to reflect integration.



Source: Graham et al.(2009)

The most common challenges/barriers on the journey to integration identified in the INTESYS pilots

- Keeping a focus on the demands and needs of children and families – **moving from a service-centered approach to a child- and family-centered approach.**
- Establishing and maintaining a **strength-based approach** – focusing on what is already there and the potentials and opportunities that can be utilized.
- **Changing the mindset** of all relevant stakeholders to change everyday work practices – deepening understanding of what integration means, and who should be in the center.

¹⁷ Wong, Dr. S. and Press, Dr. Frances (2012), The Art of Integration Delivering Integrated Education, Care and Support Services for Young Children and their Families, www.theinfantshome.org.au/site/assets/files/1237/the_art_of_integration_-_final.pdf

- Reaching the **'helicopter view'**, which integrates the different (three-folded) perspectives of parents, children, municipality, managers of services, practitioners – leading to a clarity of roles, mandates, structures.
- **Supporting conditions** (time, funding, facilitators, having not only managers/practitioners but also managers/practitioners, having all stakeholders on board/contributing).
- **Governance issues:** ensuring strong, shared and inspiring **leadership** – continuity, connectivity, direction; clarifying roles, mandates and structures (who takes the initiative, who will do what); keeping them involved, ensuring **ownership of the process of all stakeholders** and sustainability; different governance agenda.
- **Ensuring families/parents' participation** in the process of building integration (When do they come in? What roles should they play?).
- **Lack of conditions** (space, time, attitude) for the engagement of children, parents.
- Ensure shared leadership – culture of respect for mutual strengths.
- **Recognizing the work in an integrated manner is part of the regular daily operations of services** – leading to continuity of tasks/responsibilities, capacity to measure efficiency/effectiveness.
- **Lack of knowledge regarding the needs and the advantages of integration** – the topic of integration of services is not considered enough in the pre- and in-service training curriculum.
- **Legal/ethical limitations** in data sharing among professionals/services about families and children.
- **Time** – long 'birth', depending on the starting point in the process.

2.6. Shared value- and vision-based early childhood systems through integration

A *sine qua non* condition for 'healthy', meaningful and functional integration is that the early childhood system is built on **values and principles which promote the child's rights to development, learning and well-being**, such as those prompted in the *Proposal for key principles of a Quality Framework for Early Childhood Education and Care*.

- **Each child is a unique, competent and active learner** whose potential needs to be encouraged and supported. Each child is a curious, capable and intelligent individual. The child is a co-creator of knowledge who needs and wants interaction with other children and adults. Childhood is a time to be, seek and to make meaning of the world. The early childhood years are not solely a preparation for the future, but also for the present. They are also the time of the greatest opportunities and risks for child development and learning.
- **ECEC services need to be child-centred**, acknowledging children's views and actively involving children in everyday decisions in the ECEC setting. Services should offer a nurturing and caring environment and provide a social, cultural and physical space with a range of possibilities for children to develop their present and future potential.
- ECEC is designed to offer a **holistic approach** based on the fundamental assumption **that education and care are inseparable**. A holistic approach to child development simultaneously addresses the physical, socio-emotional, intellectual, and spiritual aspects of the child's life.
- **Parents are the most important partners** and their participation is essential.
- **The family is the first and most important place** for children to grow and develop, and parents (and guardians) are responsible for each child's well-being, health and development. Parents have the right to be supported on their parenting journey. Thus, services should be family-centred.
- **Families should be fully involved in all aspects of education and care for their children**. To make this involvement a reality, ECEC services should be designed in partnership with families and be based on trust and mutual respect. These partnerships can support families by developing services that respond to the needs of parents and allow for a balance between family time and work time.¹⁸

¹⁸ *Proposal for key principles of a Quality Framework for Early Childhood Education and Care – Report of the Working Group on Early Childhood Education and Care under the auspices of the European Commission*, (2014) pp.7–8. http://ec.europa.eu/dgs/education_culture/repository/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf

The document also recognizes the importance of embracing a strengths-based approach when working with children, families and the professionals in the system, meaning a collaborative process between the person(s) supported by services and those who are providing services which allow them to work together and define outcomes that draws on a person's strengths and assets.¹⁹ This is a starting point for building a culture of participation.

The strengths and assets that are valued are:

- the individual's inner diversity (individual identities, values, knowledge, skills, potentials);
- the social networks to which people belong (collective skills and knowledge);
- the resources of the community where persons are living.

In other words, the strength-based approach means **respect for and utilization of the inner and social diversity of all actors in the community**, viewing these traits as assets which can be of service to the process of integration. The integration of services and policies requires working towards the use of a 'common language' in terms of the values and goals embraced by the actors who work for and with young children and families. It ensures that they use similar 'lenses' in understanding the context, needs, priorities, factors of success, and in employing the strategies and actions that are in the best interests of the child and family.

A shared vision is a key factor for integration because it means that actors at different levels in the early childhood system across sectors have a shared understanding of the child, the role that the family plays, the mission and role of the early childhood services and of the role that they, as actors in the system, play.

¹⁹ Duncan, B. L. and Miller S. D. (2000) *The heroic client: doing client-directed outcome-informed therapy*, San Francisco: Jossey-Bass.

3. A Reference Framework for Integration in early childhood systems: Values and Principles, Key Factors and Quality Practices

Based on the literature review and the mapping of various experiences in Europe and beyond (e.g. Australia, North America), the following framework was developed based on three sets of key elements that impact integration.

1. Underpinning values and principles for high quality integration

The underpinning principles and values represent the foundation for a shared vision and a shared understanding among the stakeholders driving the process of integration.

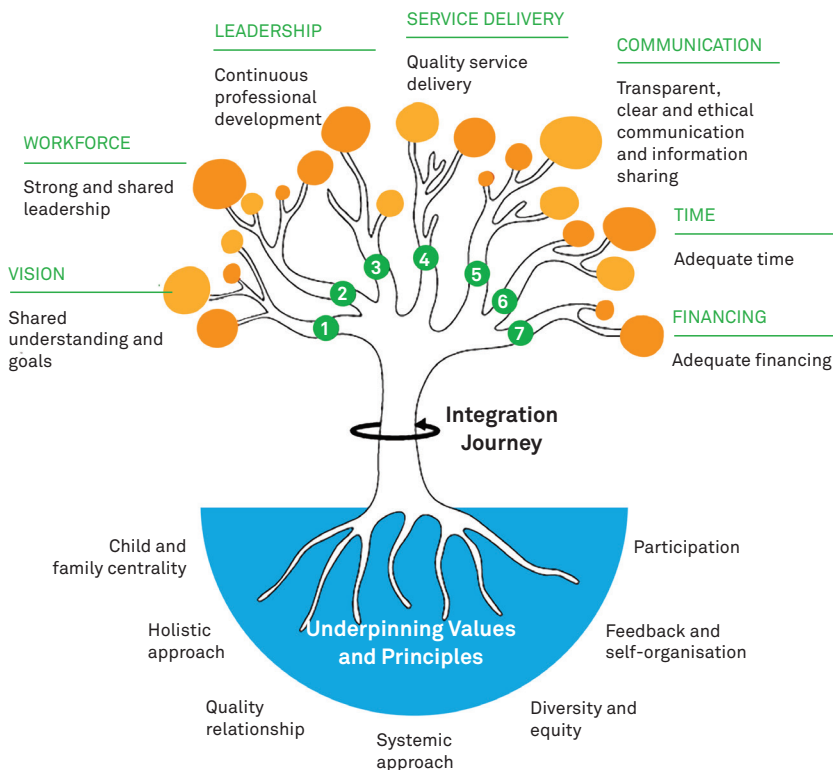
2. Key factors supporting implementation

The key factors represent the conditions that have a strong influence on integration. They may enable or block the integration depending on how they are planned and managed

3. Quality practices

The quality practices serve as a guide for translating the values and principles into practices, while considering the key factors of integration.

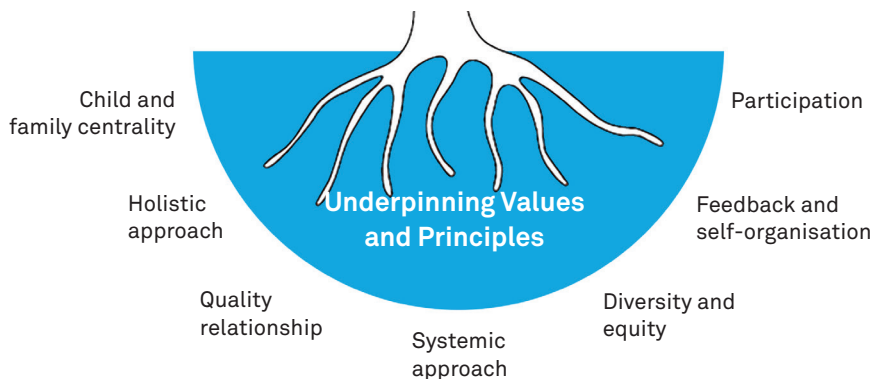
Key factors and Quality Practices



3.1. Underpinning values and principles

Early childhood systems are dynamic systems that are created and are continuously changing based on interplay between old-new values, past-present knowledge, understandings of contexts and their diversity, actions and evidence. As in any living system, all individuals (the interactions between them, groups and interactions between groups, processes and actions) matter as they create multiple dynamics in the systems. Seeing each actor and each group of actors for their unique potential, emphasizes the importance of nurturing human relationships as a foundation and a driver for creating functional and just systems.

The main role of early childhood services is to ensure that each individual child's rights are fulfilled and that they are provided with the best conditions and support to reach their unique potential, regardless of their background, social economic status, religion, gender, race or world view, and also regardless of the type of service.



Child and family centrality – integration recognizes the central purpose of bringing better outcomes for children and their families when designing, planning, delivering and assessing the early childhood services. Therefore, all decisions have to start and be taken by collectively acknowledging and ensuring that their demands are met, seeing them as actors and partners in the process.

Holistic approach – Approaching the child, the family, the practitioner, the service, and community in a holistic manner ensures that the diversity of their needs and strengths are taken into account and that actions that impact them are aligned and synergetic. It also implies that both processes and outcomes consider the intellectual,

socio-emotional, physical and spiritual dimension of those involved. All dimensions of their being have to be taken into account when engaging with all actors.

Quality relationships – Quality, generative relationships among individuals and teams, among agencies, among the professionals and beneficiaries, and various levels of governance are crucial. They need to be based on trust, mutual respect, shared responsibilities, mutual agreements and joint commitment.

Systemic approach – All elements in the system impact each other vertically/ horizontally, affecting the transitions across age, sector, services, but also from service delivery to policy. Therefore, changes need to be seen through the complexity of their impact inside a system. A change initiated in one part of the system will influence the other parts of it. Therefore, the changes need to be seen in a systemic way.

Feedback and self-organization – Each actor in the process, individual or organization, has assets that can be mobilized and constantly seeks a sense of coherence. There is no recipe; each process is unique and contextualized. Therefore, each process needs continuous adjustments through participatory mechanisms, taking into account the specific conditions, preserving the autonomy of beneficiaries and promoting strength-based approaches.

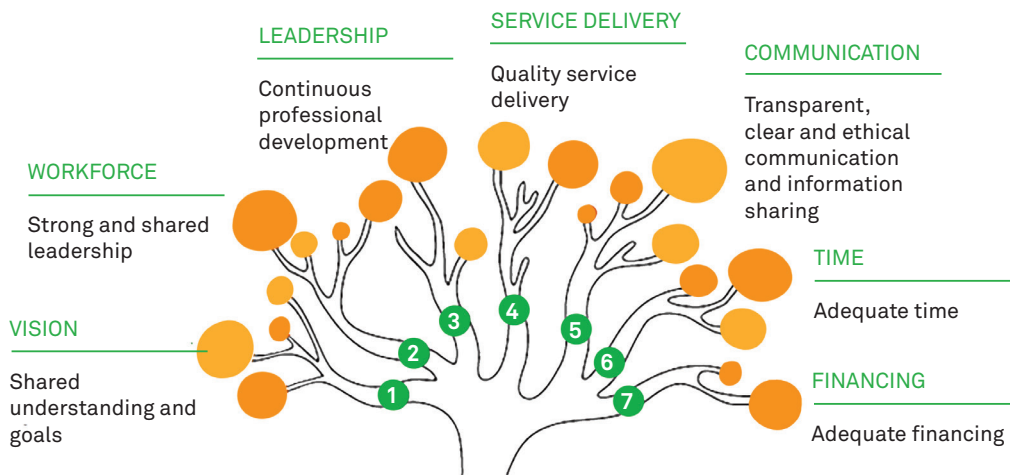
Diversity and equity – The inner diversity and the social and cultural diversity represent foundational ingredients in working jointly for designing, planning and delivering services for children and families. Each actor is valued; each action is sensitive to ensuring equal opportunities to those who have the most need. Representatives of vulnerable groups are included; they have a voice, they are seen, their opinion is respected and they have an influence on the decision-making process.

Participation – Listening to the voices of multiple actors (including children and their families) in creating responsive, flexible, useful and efficient services is pivotal, from the planning phase to service delivery and evaluation for improvement. Collaboration is grounded in shared values, common goals and articulated actions, but also in a common sense of ownership. Moreover, services are created to best serve children and families. Therefore, children and families participate in decision making, and in co-creating the services that are relevant to them.

3.2. Key factors and areas of practices to support integration

Based on the literature review and a survey which analyzed integration experiences in selected countries in Europe, the factors indicated in the figure below have been identified as being the most critical for creating an enabling environment for integration. While there is no single approach in working towards integrated services, the literature provides valuable insights into successful pathways which demonstrate consistent values and practices at various levels. In connection to the key factors, several areas of practice have been identified as crucial to creating the foundations for integration within early childhood systems.

Key factors and Quality Practices



The key factors may support or hinder integration, depending on the values and principles that guide them and the type of practices that are nurtured among individuals: at the service level, among services/institutions and among different levels of governance.

Below, you will find a brief description of each of the seven key factors. In close relation with each of them, quality value-based practices which will make the factor an enabler of integration are highlighted. More detailed examples of quality practices are introduced in Section 3.4.

KEY FACTOR 1: Vision – Vision is a fundamental driver in providing quality and equitable services in early years and to communities. The way we see and value children, families and communities, determine to a great

extent the desires we have for them. Persistent, purposeful and highly engaging actions that bring about changes are always animated by a clear vision.

QUALITY PRACTICES – VISION

Countries with already-developed integrated services have experienced that when **developing a shared vision among various stakeholders**, they had to overcome the challenge of having sector-based service and professional cultures, differences in professional requirements and discourses, different views on parents and children, as well as a sector-based funding scheme and scattered political responsibilities. Investing in **continuous dialogue at many different levels** is an essential initial step. For **bridging various discourses** towards shared understandings and goals, **dialogical places and spaces** for policy makers, decision makers, professionals, parents and communities need to be created.

KEY FACTOR 2: Workforce – To a certain extent, services are the workforce. The quality of services is very much also about the quality of the workforce. The better prepared and supported the workforce, the better the services. They represent one of the most important ingredients in quality provision, from the managing role to direct interactions with professional peers, with families, with communities and, last but not least, with children.

QUALITY PRACTICES – THE WORKFORCE

Integrated work requires both professional competences relating to the specific task, but also a certain attitude pertaining to willingness to cooperate, to trusting partner organizations, open-mindedness towards shared learning, awareness of the risk of stigmatization, and knowing how to avoid it. Working in an integrated low-threshold way, especially for and with hard-to-reach families requires **specific attitudes and values of professionals and a holistic approach**. Parents and children should receive the services they actually need, not what the professionals think they need. That would make services more accessible and would motivate people to work together. For this, it is necessary to **continuously offer guidance and training** to all staff members and in **joint events bringing various sectors together**. Reflective practice, peer mentoring, learning communities and group activities **can keep all workers connected, motivated and committed to their cooperation**.

Combining the work from different disciplines requires to build on the initial training, as pre-service training will never be sufficient for

people to learn how to work in a seamless and integrated manner. Different professional roles should be combined in **multidisciplinary team**, and repartition of roles and responsibilities should be clearly defined.

KEY FACTOR 3: Leadership – No plan or project can be accomplished without leadership in place. The more complex and challenging the ‘project’, the stronger the need for leadership. Leadership means strategic thinking, managing resources, taking responsibility, making decisions, driving the processes, assuming risks, searching for answers and solutions, being accountable, but also building and nurturing a collective culture, catalyzing energies, engaging and working with people, enabling and managing changes. Leadership enacts the vision and steers a strategic approach to joint working.

QUALITY PRACTICES – LEADERSHIP

Strong leadership in integrated services is **less about strict hierarchies**, but rather about being able to connect, to motivate and empower staff, to develop and implement in a participatory way (including families and communities) a **clear vision, to stay on track, to communicate well and to support staff** in their development towards more collaboration. Leadership in this context is about **creating the culture of collaboration**, facilitating and shaping **values of cooperative work, mutual respect and solidarity, democratic decision making**, organizing **common practice and professional development** and mediating between the different actors. This type of leadership requires ‘leaders’ not only to be competent and committed, but also to be familiar with the different services and professionals, and **be highly credible**. In order to take charge of all this, there also needs to be a **clear mandate**, both from the authorities and within the collaboration or the network of services.

KEY FACTOR 4: Service delivery – The way services are delivered reflect the way in which their role is perceived by those in charge to manage and provide them. Their accessibility, availability, affordability, usability, and comprehensiveness indicate the extent to which they represent an answer to a real demand coming from families and the communities where they operate. The services may be delivered in ‘silos’ or by creating a ‘net’ of collaboration.

QUALITY PRACTICES – SERVICE DELIVERY

Overall, integrated services should be accessible for all, affordable, useful, available and comprehensive. Provisions should be free of

charge, welcoming to all, not only to specific ‘target’ groups and relevant to them. Outreach work has to be considered in order to reach all families, especially those who are seen or labelled as ‘hard to reach’. **Services should be co-constructed with the families**, which in turn requires a flexible, multi-model and ongoing strategy, near to where families live, work or meet.

Many examples indicate the **minimum of services within an integrated provision**: early education and care, parental support, (preventive) health and social work. But integration can also be developed between childcare and preschool (in split systems) or between schools and the library, etc. What is important is that the **network of services should contain sufficient mainstream, low threshold, and universal services**, that they should be welcoming, and to offer meeting places where families can connect with each other. **Quality integrated service delivery is deeply rooted in the community**, responsive to those communities as well as very flexible, as the community is constantly changing.

Whatever ‘shape’ the integration may take, the **quality of service delivery is determined by the extent to which it reaches out to or brings families and children to the service** and they respond to their needs. Either under ‘the same roof’, or under the coordination of a leading service, or having shared responsibility working in an autonomous way, an integrated system services become part of a **network**, and **each partner becomes an ‘entrance point’** of the network of services.

KEY FACTOR 5: Communication and information sharing – Joint planning and working depends on smooth and efficient communication, and on access to and sharing of information. Efficient and secure information systems and clear protocols for communications create a solid platform for strong collaboration. Trust is a key component in the communication and information-sharing processes and in the parent-service relationship.

QUALITY PRACTICES – COMMUNICATION AND INFORMATION SHARING

For vulnerable families, barriers to access are often linked to a lack of information. They are often not familiar with the exact services they are being offered. They may worry about the possible effects of stigmatization, or they don’t always know how services can benefit themselves and their children. Having a more integrated offer can even add to the confusion if the communication and information is not strong and clear enough about available services, how to use them and what connections exist (or not) between them. Families need to know clearly what is being offered, and what the conditions and possible consequences are.

Clear strategies on communication, information and **deontological codes** need to be in place on how family information is being used and shared: **what information** is gathered, **by whom and why**; what are the **communication channels** between professionals and services; **who has access to what information**; what are the **rules on disclosure of sensitive information**; how are people informed about these rules and how can they object. These are some of the critical aspects to be considered when setting up a communication- and information-sharing system. An **electronic system for communication and information sharing** is a useful tool, as long as it ensures **data protection, access protocols, data-uploading protocols**, and accurate and complete information.

For functional integration, equally important are **communication and information sharing at the professional level** (among professionals in the same service or in different services), at the **institutional level** (among professionals and managers), at the **managerial level** (among managers of different services and other decision makers) and at the **community level** (among various community representatives and services). Agreed and efficient channels responding to specific contexts should be in place. Communication strategies and **protocols** are needed for clarifying roles, responsibilities and procedures.

KEY FACTOR 6: Time – Creating the conditions for integration to happen requires time: time for building partnerships and community engagement; time for creating a culture of collaboration (norms and practices) among professionals; time for joint planning across sectors; time for meaningful participation in decisions making and reflective adjustments along the process. Factoring time in processes of change is crucial. The greater the change, the longer time is needed.

QUALITY PRACTICES – TIME

Making a shift towards more collaboration takes time. Depending on the context, existing traditions and culture in services and sectors may support or be resistant to changes. The required trust among each other, the commitment to the concept of integrated working needs to get sufficient time to grow, develop and deepen. It is important to **allow for these processes to develop at the speed of the concerned partners**.

Also on the parent's side, it will take a while for them to get to understand how some known services are changing, connecting to other services. They too will need to get to know and get used to the changing service delivery.

Equally important in working in an integrated way is to **provide time for**

dialogue among stakeholders (partners, community representatives, families, professionals, etc.), **for attuning approaches and actions, for planning together, for calibrating the joint work, for benefiting the joint continuous professional development** activities, as well as **reflecting on subsequent adjustments** needed for a better-functioning integration.

KEY FACTOR 7: Financing – Integrating services requires a change not only in terms of policies and practices, but also in terms of how finances are allocated, planned and used. Cost-efficiency is mentioned as an attribute of the integrated provision of services.

QUALITY PRACTICES – FINANCING

The integration of services requires a solid understanding of how budgets are designed and allocated. The main rationale for promoting integration is to better follow each child and family to meet their specific needs, reducing any gaps in access and outcomes. This also means identifying the areas where overlapping costs exist among different sectors and finding ways to reduce them, but also the areas where additional funds are needed and finding various sources of funding. There are a variety of sources, from local to national, from public to private.

The literature review has shown that significant funding investments are required to support the process of service integration. Investments should be made for the following: training; data collection and management; technical support; policy development; joint planning; infrastructure, etc. In many cases, the costs of full integration could exceed the costs of fragmented services, but only at the beginning. From a long-term perspective, an integrated system should offer a good return on investment by reducing redundancies, improving the delivery of services, and providing more efficient interventions.

In funding options, it is important to step beyond the traditional approach of problem/issue-based funding streams (i.e. focusing on early education), and move towards supporting and creating multidimensional solutions (i.e. focusing on preventing early school dropout, which would take into account a family's situation, health, nutrition, etc.).

In many countries, the responsibility for early childhood services lies in the hands of local communities, which can create additional challenges and inequality problems. Poor local communities are not always able to provide funding for integration of services if they are not supported by national or regional governments. This can be approached in different ways (which usually are country-specific):

- 'service co-location', which represents a one-time capital investment to premises or a group of service-providers in a 'one-stop shop' model, where services are delivered in a single location;
- revisiting and redefining the ways for combining local – regional – central funding;
- introducing the 'per capita' funding approach, when funds are not allocated to specific institutions/services, but follow children, and are given to the services where children are.

3.4. Overview of quality practices supporting integration

The chart below indicates the close relationship between the values and principles, the key factors and the areas of quality practice. While the values and principles are THE COMPASS in making decisions about directions, strategies and actions, the key factors help define **which practices will coherently ensure the factors' positive influence on the processes and outcomes**. Each factor is enabled by practices. **If of quality, practices can maximize the chances that the factors will forge integration.**

AREAS	QUALITY PRACTICES
VISION	In all services, the values, practices and relationships are guided by the principle of child and family centrality in daily decisions and work.
	The inner diversity of each professional and the diversity within and among children and families are seen as intrinsic values to quality provision.
	Positive and trustful relationships among professionals, managers, parents and community members are established.
	The leadership culture recognizes the child and family centrality in the service design and delivery and in joint planning and delivery.
	The policy and regulations of various institutions working with young children and their families are aligned around the principle of child and family centrality in service delivery.
	The protocols for collaboration among services are grounded in collectively meeting the specific needs of each child and family.
LEADERSHIP	The leadership culture is built on values of cooperation, participation, mutual respect, respect for diversity and solidarity in service design and delivery.
	The leadership has initiatives that contribute to building a culture of collaboration among staff, services, families, communities, decision makers and policy makers.



LEADERSHIP	The governance structures encourage shared leadership among professionals, managers of services, families and communities.
	The governance structures encourage the co-creation of tailored community/family-rooted solutions.
	The governing practices motivate all staff, create conditions for cooperation among the staff, and empower staff's, families' and communities' participation in decision-making and monitoring processes aimed at quality improvement and higher efficiency.
	Staff, parents and community members feel empowered to contribute to positive change in their communities.
	The leadership practices encourage and support team/joint planning, team/joint service delivery and team/joint monitoring.
	The management regulations create the conditions for clear and transparent communication among the leadership and the staff team.
WORKFORCE	There are professional development activities organized at the level of the service aimed at expanding the portfolio of competences of the staff to better address the needs of children, families and the community.
	Peer-assessment, peer-learning, mutual support and cooperation are supported and practiced by staff and leadership.
	Common professional development activities among staff from various institutions/services are provided on a regular basis for enhancing the competencies of partnering organizations and encouraging group-reflection and learning.
SERVICE DELIVERY	All staff in the service/s (regardless of the professional profile and role) shares the belief that each individual child and each individual family stays at the center of all decisions, and based on this belief, the entire staff operates on a daily basis.
	Regardless of the sector, service or age group of the children they target, professionals experience relationships that are trustful, empowering and respectful and demonstrate the same in their work with children and families.
	The service delivery provides diverse tailored community/family-rooted solutions co-created with families and communities.
	The governance structures encourage shared leadership among professionals and services, families and communities.
	Interactions among professionals from different services are non-hierarchical and encourage a reflexive and research-focused attitude towards addressing each child and family situation.
	Through inter-institutional work, tailored joint services are created for outreaching the most vulnerable groups and ensuring universal provision.



COMMUNICATION AND INFORMATION SHARING	Communication and information sharing among professionals within a service and among services respects deontological codes and enacts the best interest for children and families.
	There are clear, transparent, accessible and agreed channels of communication among services for properly addressing the specific situation and needs of each child and family.
	A safely protected electronic system of information accessible to all services, which provides accurate and complete information about each child and family is in place, after gaining family-consented data access and use.
	Communication and information sharing among services is based on clear and transparent protocols for data protection, data uploads, and data access, ensuring children and families' rights to privacy and safety.
	Communication and information-sharing procedures support collaboration within and among services.
TIME	There is no-contact paid time allocated for team meetings among (para) professionals among the staff for analyzing and planning individualized pathways for addressing each child and family based on on-going documentation, self and group reflection.
	There is no-contact paid time allocated for cross-sectorial professional development activities at the level of the service.
	Within teams and among services, there is specifically allocated time for joint planning and assessment.
FINANCING	Funds are specifically allocated for cross-sectoral activities.
	The coordination among services ensures that funding is aligned and areas of overlapping of gaps are identified and minimized.

4. Starting the journey towards integration

4.1. How to approach the journey towards integration

The journey towards Integration is not linear but rather developmental, requiring a constant response to internal (organizational) and external (societal and political) demands. It involves individuals as well as teams, different services and different levels (local, regional and national level) and it is based on a continuous and progressive process of reflection-action-reflection within a participatory approach, which ensures that the steps or changes made are attuned with the needs of the children and families, and lead to better outcomes.

When embarking on the journey towards integration, the following questions might be helpful in mapping the process of change.

Why do we need change? (Shared rationale and engagement)

- What are our hopes and commitment for children and families in our community?
- What are the needs of children and families in the communities we serve? Should we do things differently? What and why?
- What does the integration of services and service delivery include, and why does it matter? What is the current situation regarding integration?
- What are the benefits for children and families from integration?

What change is needed? (Plan for integration)

- What is our vision?
- What do we want to achieve for children and families?
- What competences are needed to be in place to achieve our goals?
- How far do we want to go in the process of integration?
- How will integration of services look like?
- How can communication and information sharing be organized and managed?
- Who will be responsible for what? How do we make decisions?
- How can existing resources be better used and what additional resources are needed?

How will change happen? (Implementation of the plan)

- How will we create opportunities for dialogue and engagement for all stakeholders?
- How will we support improvements in policies and regulations?
- How will we support new practices within and among services through professional development?
- Do we have agreed leadership and shared responsibilities in place?
- How do we facilitate the functioning of a new level of integration?
- How will we support efficient and ethical communication and information sharing within and among services?
- How can we create time for joint planning and reflection within and among services?
- How can we allocate enough human and financial resources?

What has been achieved? (Evaluation and reflection on outcomes)

- In what areas of practices have changes been successful?
- What were the most important strengths and assets we were using and building on?
- What were the main challenges or the reasons why changes were slow or did not happen?
- What outcomes for children and families were achieved?

Given its complexity, the journey has to begin from understanding where the starting point is for moving towards a higher level of integration. As described in Section 2.1 of the toolkit, there are various forms of integration in an early childhood system, but also multiple forms of fragmentation that have to be overcome: the age group; sectors involved; target groups; governance policies; diverse providers and funding.

4.2. Overview of the process

Integration refers to the way a variety of actors in the early childhood system think, plan, make decisions, work and evaluate their work, while having in mind what outcomes they bring to each child and each family.

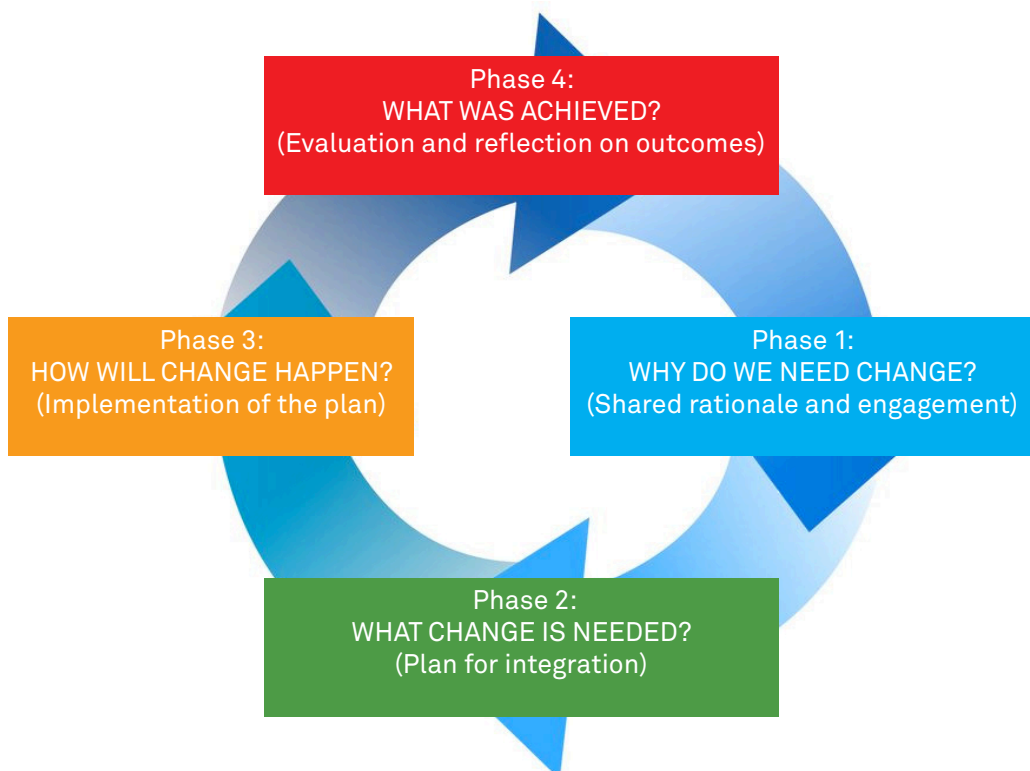
In order to assess the state of art of integration, decide on the next steps, jointly act and monitor the processes, **time** needs to be allocated for stakeholders to meet, discuss, and learn from each other. One important insight from the mapping activity in the project is that the most feasible

way to move ahead is to bring services together to think about new ways of using and connecting already available services and resources, instead of ‘inventing’ new structures.

According to the framework presented in Section 3, three sets of elements are important:

- ensuring that there are **underpinning values and principles shared** by actors at different levels – service level (among staff), inter-institutional level (across sectors, across governance) and by families and communities;
- ensuring that the **key factors** are positively influencing the work on the service level, across sectors, and at the inter-institutional leadership and governance levels;
- ensuring that **quality practices are in place** to reinforce the key factors’ influence.

The process of moving forward towards integration may follow this cycle.



The four phases in the cycle require committed ‘champions for integration’, drivers of change, which will ensure that a broad representations of various stakeholders in the early childhood system are part of the process: professionals and managers from various service providers (public or private) from different sectors (health, education, social protection, child protection); families; local, regional and national authorities; and community representatives.

Phase 1 of the cycle focuses on stimulating key stakeholders to engage in the process, the buy-in the rationale for changing towards a more integrated system. The driver of the process may be a Main Coordinator, Local Advisory Group and/or a Local Steering Committee,²⁰ which would need to be established at the very beginning of the process, with a good representation of stakeholders for creating an inclusive platform for collaboration. These bodies, with the support from the Main Coordinator, will be the engine for cascading activities aimed at enabling changes on various levels of the system: management, professionals, community, and services. Phase 1 is the stage when a **sense of community** and **continuous dialogue** among stakeholders are forged. **Alignment in understandings** through a **common language, together with shared commitment to change and improvement of the current situation** should be the main focus, thus laying the foundation for common actions. In the next phases, these efforts will continue to consolidate the alignment and coherence. In this phase, the current situation is assessed and the Reference Framework for Integration is introduced to guide the stakeholders in reaching a shared understanding of what integration is and why it is needed in the respective context. Convening several **meetings/roundtables/visits** for making the case for integration is pivotal for: **understanding the local context; building up a strong and shared rationale** for change; assessing the **current state of art** in the provision of early childhood services; and defining **better outcomes** for children and families.

Phase 2 of the cycle focuses on bringing together all stakeholders in developing a **clear action plan** based on:

- a shared vision;
- a shared understanding of the child, families, professionals and services;

²⁰ A description and definition of the Main Coordinator, Local Advisory Group and/or a Local Steering Committee can be found in the Tool 1.1.: Preparation of the meetings for community engagement and participation.

- an assessment of the existing and needed competences and of the changes needed in the service design and delivery;
- agreed outcomes for children and families to be achieved;
- an agreement on the leadership and governance structure and processes;
- an agreed system of communication and information sharing;
- and an assessment of the existing and needed resources to enable changes towards better integration.

Phase 2 will require several **planning meetings** converging towards an agreed action plan. The Local Advisory Board or the Local Steering Committee will provide input in the process based on consultations with their constituencies. A high level of commitment towards a complex change requires **participatory processes** to be in place.

In this phase, a **baseline evaluation** regarding targeted outcomes will need to be conducted, serving as a basis for planning purposeful and meaningful actions, but also for periodically assessing the progress towards expected outcomes. Specific expertise in developing and using the evaluation tools might be considered.

Phase 3 of the cycle focuses on the **implementation of the action plan**. Depending on the agreed expected outcomes and goals, the actions can take various shapes. **Joint planning meetings, joint monitoring activities** (tools and processes), **cross-sectoral professional development activities** and **joint cross-sectoral initiatives** (initiating the new form of integration) may be led by various stakeholders for building a culture of cooperation, then of collaboration and then of better coordination among services, thus illustrating how gaps or overlaps can be avoided. In this phase, coordination and monitoring are key, as well as keeping the processes as participatory as possible.

Phase 4 of the cycle focuses on **evaluating the outcomes achieved**. In this phase, the Local Advisory Group/Local Steering Committee will have to coordinate the collection of data provided through the monitoring process and ensure that a final evaluation has been carried out. The evaluation should look at both the **outcomes achieved and the process of change**. In this phase, a solid connection between the initial state, the action plan and the achieved outcomes has to be



established. Several evaluation meetings will have to be convened for discussing and reflecting on the results, prior to starting a new cycle of change.



PHASE 1: WHY DO WE NEED CHANGE? Guiding questions

1. What are our hopes, vision and commitment for children and families in our community?
2. What is the current situation with integration? What are the needs of children and families? What can we do differently?
3. What do we want to achieve for children, families and the community? What are the benefits for children and families from integration?
4. What is integration of services and service delivery, and why does it matter?

Expected outcomes

- Connections between different stakeholders established and the process of building alliances initiated
- Shared language and understanding accomplished
- Shared understanding of the current situation achieved
- Achieved agreement between different stakeholders that the change is needed and possible
- Opportunities for integration identified

General recommendations

- ✓ The preparatory phase is crucial. The assessment of the current situation, of the needs of all relevant stakeholders and the selection of dedicated and resourceful stakeholders are setting the ground for meaningful, efficient and effective intervention.
- ✓ This is a phase when enthusiasm for change and mutual trust and respectful relationships have to be built.
- ✓ This is a phase when the focus on children and families has to be defined and well understood by all participants.
- ✓ It is necessary to carefully plan the time and the format of the meetings. Some might last more than few hours, and in many cases, some of the stakeholders cannot dedicate a significant time for meetings.
- ✓ Meetings can be organized and conducted in different ways; they can have different formats (e.g. workshops, presentations done by experts combined with discussions, discussion groups, etc.). However, avoid giving lectures and sharing knowledge and information with participants in a top-down manner; the knowledge and theory in the toolkit should inspire them, not restrict them.

What is the focus of this phase?

- ✓ Establishing a network/group of dedicated stakeholders interested in creating a change for young children and their families.
- ✓ Defining shared values and vision. Getting all the partners on the same page and headed in the same direction and therefore having a correct view on the needs and questions of families, representatives of services, and sectors.
- ✓ Understanding the current situation and what can inspire people to dedicate time and energy to change.
- ✓ Understand the complexity of different forms of integration and see the connection between the values/key factors/ and quality practices.

What are the critical processes in this phase?

Defining the current situation and starting from it

- ✓ Exploring the main challenges in the local community – what are the main challenges that children, families and services face in providing services to young children and families
- ✓ Exploring the needs of the local community – of children, families, services and local policies
- ✓ Assess the form of integration that exists at the local level and the changes that local stakeholders want to make. This should be the task of the Main Coordinator and the Steering Committee.

Choosing the partners and the entry point for integration

- ✓ Exploring the potential entry point of the process. In some cases, the entry point could be ECEC services (e.g. childcare, nurseries, crèches, kindergartens), in some other health or other sectors. The service or sector of entry point should have a motivated leadership and workforce and should be perceived by stakeholders as a good 'meeting place'. Previous experience in coordination and integration of service delivery is an asset.
- ✓ It is important to ensure the participation of organizations/services that are motivated to contribute and create a change. A high level of engagement is essential. In some cases, the choice of key partners depends on the goals set by stakeholders (answering the question: What do we want to achieve for children and families?). For example, in the INTESYS project in Belgium, a part of a pilot in the French-speaking community of Brussels, the focus was on smooth transitions between different levels of the education system; therefore, the key partner organizations were from different levels within the same sector. In Slovenia's pilot, the focus was on integrating Romani children into preschool education (Grosuplje) and on ensuring a smooth transition for Romani children between preschool and elementary school (Trebncje). Besides representatives from kindergarten, Roma NGOs, Roma representatives were included.

Lessons learned from the pilots

- Before the preparatory meeting, it is useful to conduct interviews with relevant stakeholders (e.g. representatives from the local government, parents, etc.) and to carry out desk research in order to map the most

important problems. It is sometimes good to start from concrete problems and move to a more general level. For example, the French-speaking pilot in Belgium began by looking at the problems that children, families and services face when children are vertically transitioning from child-care services to schools (starting at four years old) or from families to child-care services. The Slovenian pilot began by looking at the poor enrolment of Roma children in kindergartens.

- Ensuring the participation and support from the policy level is very important (e.g. the involvement of the Municipality and Local Government).
- It is important to translate long-term goals into a set of short-term goals. Achieving short-term goals will motivate the process. For example, in some of the pilots, the Main Coordinator and the Local Action teams were focusing on a specific child and family trying to solve their problems in a holistic and integrated way. This helped them learn about different forms of integration and also to advocate for integration.
- Ensuring the involvement of the management staff of different services is an asset.
- Representatives of vulnerable group(s) need to be involved from the very beginning and their suggestions and ideas need to be taken into account.
- Meetings and the process need to be well-planned so that participants can plan sufficient time for joint meetings and activities. Sufficient time and safe spaces for discussion and exchange are crucial.
- To focus attention on the importance of integration of services and to mobilize people to get involved in the process, sometimes it is important to organize inspirational sessions (e.g. in the Flemish pilot, they organized these kind of sessions by involving Ghent University and other partners and addressing issues relevant for the local context).
- If you are starting this kind of work with already-existing networks of services, it is recommended to use the preparatory phase to learn where the network is in the process of integration, what kind of support they need, etc. In this case, you have to be flexible and adapt your approach and suggested tools to the expressed needs.

Overview of possible tools in this phase

Tool for the preparation of this phase

Question 1. How can we create quality spaces for engagement and reflection?

Tool 1.1. Preparation of the meeting for community engagement and participation

Tool 1.2. Dealing with different ways of functioning in teams and groups

Question 2: What are our hopes, vision and commitment for children and families in our community?

Tool 1.3. My professional hopes, vision and commitments

Question 3. What is the current situation with integration? What are the needs of children and families?

Tool 1.4. Eco-mapping 1: Personal eco-map – inside your service

Tool 1.5. Eco-mapping 2: Personal eco-map – relationship among services/sectors

Tool 1.6. Eco mapping: My service and other services in my environment

Tool 1.7. Systems Classification of Interventions (SisClass)

Tool 1.7.a. Systems Classification of Interventions (SisClass) with values

Tool 1.8. Map of Responsibilities and Resources

Question 4. What do we want to achieve for children, families and the community? What are the benefits of integration for children and families?

Tool 1.9. Stories of Integration

Question 5. Unpacking the concept of integration – What is ‘integration of services and service delivery’ and why does it matter?

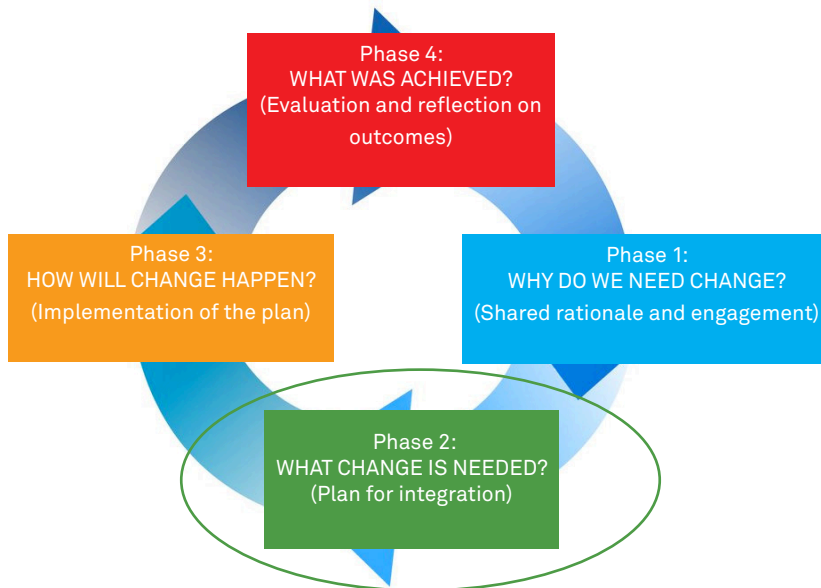
Tool 1.10. Making the case for integration and understanding different forms of integration

Tool 1.11. Exploring the underpinning values and principles

Tool 1.12. Exploring key enabling factors for integration

Tool 1.13. Unpacking the Reference Framework for Integration

Tool 1.14. SCOB Grid



PHASE 2: WHAT CHANGE IS NEEDED?

Guiding questions:

1. How to manage complex change?
2. What is our vision?
3. What do we want to achieve for children and families?
4. What competences are needed to be in place?
5. What will integration of services look like?
6. How will the communication and information sharing be organized and managed?
7. Who will be responsible for what? How do we make decisions?
8. How can existing resources be better used and what additional resources are needed?

Expected outcomes:

- Agreement on a shared vision, aligned commitments among key stakeholders based on an aligned image of the child, families, professionals and services
- Shared understanding about the importance of approaching holistically the child's development in an integrated early childhood system
- Joint commitment for agreed outcomes for children and families
- Agreement about what 'shape' the integration of services will take
- Agreed governance and leadership in coordinating the integration of services
- Plan for reallocating and enhancing existing resources and usage of additional resources

General recommendations:

- The key words in this phase are ‘common agreement’ and ‘commitment’ from all partners involved in the process. Use as much time as needed to reach both.
- Develop a clear Action Plan by involving and including all relevant partners and stakeholders. In this way there are higher chances that the plan will be implemented.
- Build on the information collected in Phase 1 to set a realistic plan.
- Expand the existing experiences of collaboration and/or cooperation when deciding what shape the integration will take.
- Get clarity on the governance structures of the planned joint work. The development of the Action Plan needs to be accompanied by jointly agreed and clear mandates, roles and responsibilities for all partners, and constant communication.
- Leave space for experimentation in the ‘low risk’ areas of the process (e.g. joint professional development meetings/workshops), it will inform pathways for changes.
- Preserve the feeling of trust and engagement from Phase 1. This phase is key in making the ‘right’ decisions as a group.
- The Action Plan has to take into account parents’ and children’s views about the services that serve them.

What is the focus of this phase?

The main focus of this phase is to elaborate a collective plan and defining together what change is needed in order to generate better integration.

The process of planning should be embedded with the values proposed in the Reference Framework, so that a culture of integration can be stimulated from early stages of the journey. Here are some examples.

- The vision and goals should be stated not only terms of accomplished actions, but also outcomes for children and families (child and family centrality).

- The plan and the distribution of responsibilities must involve as many perspectives as possible (diversity, equity and participation).
- Time should be allocated to collectively look at the progress and process of working together and making decisions, so that each of the partners involved in the integration measures can adjust and mobilize their own resources to respond to what is needed in real time (feedback and self-organization).

What are the critical processes?

- While concrete action plans are powerful and mobilizing, it is important that they do not lose sight of the main rationale for which the plan is developed: meeting children's individual needs through coordinated and quality services. Therefore, while outcomes might be reachable in many ways, the plan should include ways/activities in which quality practices leading to increased cooperation and coordination are enabled.
- Maintain the engagement of all partners and stakeholders and ensure their active participation in the development of the Action Plan.
- Establish a functional and agreed governance structure of the network of partners: clear mandates, roles and responsibilities are essential.

Overview of possible tools for this phase

Question 1: How can we manage complex change?

Tool 2.1. Understanding complex change – Critical elements of a plan

Tool 2.2. Planning action for strengthening integration

Question 2: What is our vision?

Tool 2.3. Exploring the image of the child, families, professionals and services

Tool 2.4. Understanding the Whole Child

Tool 2.5. Adopting a systemic view of child development

Tool 2.6. Creating a shared vision about children and families

Question 3: What do we want to achieve for children and families?

Tool 2.7. Establishing desired outcomes for children and families

Tool 2.8 Involving young children in defining outcomes

Question 4: What competences are needed in place?

Tool 2.9. Identifying essential competences for high-quality integrated service delivery

Tool 2.10. Identifying essential competences of the facilitator(s) of the integration journey

Question 5: What will integration of services look like?

Tool 2.11. Defining the ‘shape’ of the integration model

Tool 2.12. Exploring integrated service-delivery models

Question 6: How will the communication and information sharing be organized and managed?

Tool 2.13. Defining the information-sharing flowchart

Tool 2.14. Defining different levels of communication and information sharing

Question 7: Who will be responsible for what?

Tool 2.15. Assigning responsibilities (Matrix)

Question 8: How do we make decisions?

Tool 2.16. Establishing a governance structure for integration



Question 9: How can existing resources be better used and what additional resources are needed?

Tool 2.17. Mapping the resources for integration

Tool 2.18. Planning the funding of integrated ECEC service
delivery



PHASE 3: HOW WILL CHANGE HAPPEN?

Guiding questions:

1. How can we create opportunities for dialogue and engagement for all stakeholders?
2. How can we support improvements in policies and regulations?
3. How can we support new practices within and among services through professional development?
4. How have we put leadership and shared responsibilities in place?
5. How do we facilitate the functioning of the new form of integration?
6. How can we support efficient and ethical communication and information sharing within and among services?
7. How can we create time for joint planning and reflection within and among services?
8. How can we allocate enough financial resources?

Expected outcomes:

- Vision statement endorsed and supported by key stakeholders in their actions
- Functional changes for stimulating and supporting integration are being implemented: joint planning among various services, joint professional development activities, new channels for communication and information sharing, joint leadership among services, new forms of service delivery, joint meetings for reflecting on efficiency and needs for adjustments

General recommendations

- Enacting the change planned in the previous phase needs more than stakeholders' agreement and commitment. There also needs to be time to learn new ways of working. In this phase, it is more important to create the intended changes in smaller steps, than to reach a specific deadline according to plan.
- Use the Quality Practices grid proposed in the Reference Framework to learn about the processes that are enabled during the implementation of the Action Plan. As the Quality Practices follow the key factors in strengthening integration, by documenting them you can learn about additional support that might be needed.
- Organize regular meetings to analyze the progress made in implementing the Action Plan and reflect on the practices nurtured during the implementation of the plan on many levels: the service level, among services, among services and families/children, on the governance of the network of services level. Consider readjusting the plan and organize additional workshops/meetings to address critical aspects (E.g. communication and information sharing, map of responsibilities, etc.).

What is the focus in this phase?

- This is the 'action' phase, when all members/partners in the network start to implement the activities as jointly planned in order to achieve the jointly defined goals and outcomes. The alignment reached around the values and principles, and the quality practices aimed at enabling the key factors favoring integration underlies all the actions.
- Return during this phase all the time to the rationale for which integration is needed.
- Documenting the process is essential. Small learning sessions can help adjust the process on the way. Mechanisms for documenting the process need to be put in place. This is a primarily a phase of learning.
- Strengthening the smooth governance of the network is key to this phase, as well as addressing glitches in communication or any eventual lack of clarity on roles and responsibilities.

What are the critical processes?

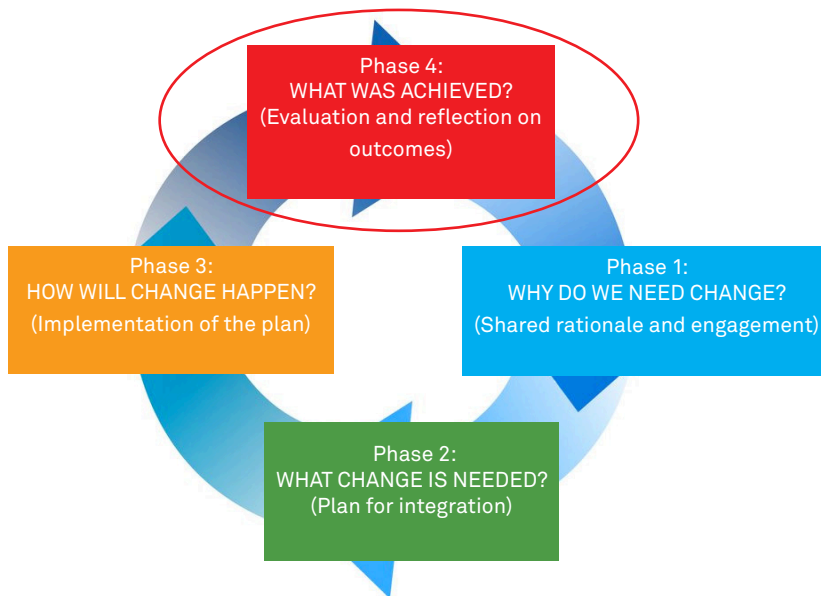
- Organizing well-prepared, efficient, participatory and reflective meetings to ensure learning about the process.
- Maintaining the level of engagement and commitment through the meetings for accurately documenting the process of implementation by making sure diverse perspectives are accounted for.
- Finding joint solutions for the inevitable challenges encountered on the way through consultation and joint decision making, using the agreed governing structures.

Overview of possible tools in this phase

Tool – Continuous monitoring of the quality implementation of the Action Plan

Note: The results achieved after tools below for the other phases may also be used here in order to monitor and reflect on the progress of the joint agreements:

- Phase 2 – Tool 2.2., 2.11., 2.14., 2.15., 2.17., 2.18.
- Phase 4 – Tool 4.1., 4.2.



PHASE 4: WHAT WAS ACHIEVED?

Guiding questions:

1. In what areas of practices have changes been successful?
2. What are the reasons why changes did or did not happen?
3. What outcomes for children and families were achieved ?

Expected outcomes:

- Shared learning amongst stakeholders on the progress in integration
- Adjusted view of the strengths and challenges associated with the integration journey
- Appraisal of outcomes for children and families

General recommendations:

- Although the ongoing reflection on the process of integration is a condition for ensuring that the adjustments are made in time and good practices are put in place, it is important that a participatory and reflective assessment process is conducted after the implementation to identify which key factors have not been sufficiently addressed, and which practices are not yet successfully implemented.
- Involve all partners in the process and collect information about the strength of the process, as well as about the outcomes achieved by including all perspectives from different stakeholders and beneficiaries.
- Use this phase as a generative assessment of the journey, so that the new cycle of planning starts with a shared understanding of the achievement and gaps.
- Focus on the achievements and the factors and practices which contributed to them.
- Tools and documents that have been used and developed in Phase 1 may be used again in this phase (e.g. Eco-map, SCOB grid, Action Plan, etc.) to reflect on the strengths and challenges.
- Translate into protocols or written agreements those processes/ procedures/good practices that have been acknowledged by partners as leading to positive outcomes.

What is the focus of this phase?

- In this phase, the assessment is two-fold: learning about the extent to which the outcomes for children and families (the outcomes from the action plan) have been achieved and learning about the extent to which the process led to strengthening the integration of services (quality practices are in place).
- Through a reflective and participatory approach, the information collected and the dialogue about the results should be assessed against the values and principles agreed in Phase 1, and to the quality practices pertinent to the seven key factors supporting the values and principles within an integrated system.

- This phase should celebrate all the changes that have been successfully achieved to further build on and learn from them.

What are the critical processes?

- Ensuring the broad participation of stakeholders and beneficiaries in assessing both the outcomes and the process. The ownership of the changes leading to integration belongs to all those involved in the process from the very beginning.
- The evaluation of both the process and outcomes is valuable as long as it is accompanied by reflection: why it worked, why it didn't, what should have been done differently? Ensure enough time for reflective discussions to better inform the new cycle of planning.
- Maintaining the climate of engagement and trust among all partners established during the previous phases.

Overview of possible tools in this phase

Question 1: In what areas of practices have changes been successful?

Tool 4.1. Identifying the degree of implementation of quality practices

Question 2: What are the reasons why changes did or did not happen?

Tool 4.2. Assessing the process

Question 3: What outcomes for children and families were achieved ?

Revisit Phase 2 – Tool 4.3. Outcomes for children and families

Note: Some of the tools which have been used in the previous planning phases could be used again to assess the progress and reflect on the achievements, barriers and challenges. Some suggested tools in addition to the above are:

- Phase 1 – Tool 1.7, 1.7.a., 1.8., 1.15.
- Phase 2 – 2.7., 2.15., 2.16., 2.18.

4.3. Useful to know before starting

How to use the toolkit?

- ✓ Always start from the local context.
 - Listen to actors, get inspired and adapt the process.
 - Create a safe environment based on respect and trust.
 - Use different instruments (e.g. interviews, focus groups, etc.) to collect relevant information about the context.
- ✓ Take a strength-based approach – always start from what is already in place and build on it – including: human and material resources; windows of opportunity such as e.g. new policy; motivation in people, etc.
- ✓ Let people decide what is doable in their context. Support them in the process of defining the priorities. Sometimes less is more!
- ✓ The toolkit is not a compilation of recipes; exercises included should serve as an inspiration or guidelines, and they can be adapted, changed, not used or replaced. Also the order of the exercises can be changed and they can be placed in the process when they best suit the purpose.
- ✓ The toolkit proposes the journey towards integration in a rather linear way, so different actors can use it in their different contexts. However, this journey is not linear, it can go in many different directions, moving forward and backwards. Therefore, some of the tools can be used and reused in different phases of the process. However, there must be a logical order to the process and this will depend on which phase of cooperation the local team or the network of services are. It is important to define from the very beginning the vision and shared values and then discuss different pathways to turn them into reality.
- ✓ The tools are not meant to educate participants in the process, but to inspire them to reflect, exchange and make decisions on the next steps.

Guidelines for facilitators of the process²¹

- ✓ **KNOWLEDGE AND FACILITATION SKILLS:** The facilitators need to be experienced and have solid knowledge and facilitation skills. The core of the process lies in exchanging, reflecting and taking actions together. In the toolkit, you will find some questions for reflection which you can use, but you can also replace them with questions that are more appropriate for certain circumstances.
- ✓ **TRUST BUILDING:** The key to the process is to create a safe space in which participants in the process feel free to share their feelings and say what they think about the current situation and the proposed changes. So, the role of the facilitator is to mediate the communication between representatives of different sectors, institutions and levels of governance, helping them to understand each other and find common ground, in order to be able to define a joint action plan for change.
- ✓ **FIRST LISTEN:** When needed, as an experienced facilitator, you can provide mini-lectures to clarify some concepts in the toolkit. However, never start from mini lectures: first listen, then 'lecture'.
- ✓ **TEAM BUILDING:** To be able to build a team and a sense of belonging among participants, it is recommended that you combine the activities in the tools with ice-breakers, energizers, and relaxation exercises. These are not included in the toolkit, but it is expected that an experienced facilitator is able to introduce and use them at the right moment.
- ✓ **NO POWER GAMES:** Participants in the meeting will represent different stakeholders. Usually, such heterogeneous groups are often negatively influenced by the power imbalance (e.g. representatives of institutions or local government act like they have more power than parents in general, especially vulnerable parents). The role of facilitator is to model respectful relationships and to secure that everybody is seen during the meeting and that all voices are heard.
- ✓ **CONTINUITY:** One of the challenges in this process is the discontinued presence of the team members. Due to various reasons, they might not

²¹ By 'facilitator of the process' we mean the person who will be facilitating the meetings and the communication among the different organizations/services mobilized in strengthening their cooperation. The facilitator can belong to one of the organizations which takes the leadership in the process, or can be an external expert knowledgeable of the working environment of the organizations involved in the process.

be able to participate on a regular basis; thus, it is necessary to prepare and share a short resumé of the previous work at the beginning of each meeting, to ensure that the structure of the network, the agreed roles and mandates are kept. It will serve to inform new members, to refresh the memories of the established ones, and set a ‘common ground’ atmosphere within the meeting.

- ✓ **FEET ON THE GROUND:** The role of the facilitator is also to conduct a ‘reality check’. The journey of integration should not be based on wishful thinking because it will create a lot of disappointment among participants. It also should not focus on complaining and creating a sense of learned helplessness; it has to be oriented towards finding realistic solutions, while valuing the diversity of partners and the ‘human’ side of collaboration.

5. The Toolbox

PHASE 1

Question 1: How can we create
quality spaces for engagement and
reflection?

Key Factors: Vision
Quality Practice: Shared
understandings and goals

Tool 1.1: Preparation of the meetings for community engagement and participation

Outcome: Partnership building and buying-in ensured; ‘integration champions’ for the stakeholder meetings

Process: For ensuring empowered participation and broad ownership in the journey towards integration, all relevant stakeholders should be represented in the initial stage when the dialogue is opened. Their representation should be provided in different ways and through different bodies in order to have a balance between broad participation and efficiency.

It is of great importance to decide who is going to be the **Main Coordinator** of the process. It can be an individual or organization (including the NGOs or CSO). In some cases, that person (or selected persons) can be facilitator(s) of the process and the discussions during the meetings on the journey to better coordination and/or integration.

Setting-up a **Local Action Team** is a second step. This body should include representatives of all staff working in early childhood services, from all sectors, from all types of providers (public/private, formal/non-formal), from all levels of the local governance, from all beneficiaries (various categories of families) and from local communities. They may become ‘integration champions’, but also represent the voice of their ‘constituency’ when going through all the phases of the journey.

Out of the Local Action Team, a Local Steering Committee should be selected and they should make strategic decisions and keep the ball rolling. They should, under the leadership of the Main Coordinator, take the lead in mapping the road(s) towards integration, and may provide a good start in establishing a solid foundation for community engagement.



If you are the Main Coordinator, you need to know the local landscape and be able to inspire and engage local stakeholders in this process, which can be challenging and time consuming.

When you establish the Local Action Team, it is important to discuss the following topics and come to shared understanding and conclusions. The following list of topics and questions should serve as an inspiration for the topics that should be discussed and reflected upon. The list and individual questions should be adapted to the needs of the local community.

Later in the process, you can use this list whenever you want, or when you have the impression that the focus is not clear any more.

Given that we want all meetings to be accessible to and inclusive of a broad representation of community members, it is important to think about the conditions which will make it possible. What do we need to keep in mind if **we want people/participants to feel relaxed, motivated and welcomed?**

1. Organizing the meeting

- a. How will people get to the meeting? Do they need transport?
- b. Is there a parking space? Do we need to provide child-care, or provide children with interesting activities while parents are at the meeting?
- c. How are we going to motivate people to come? What kind of messages are we going to send to them?
- d. Did we organize the meeting room so that everybody can see each other?

2. Relationship development

- a. How are we going to welcome people to the meeting? How are we going to let them know each other and how are we going to introduce new people to the meeting?
- b. Is there time for people to get to know each other?
- c. Should we welcome people before the meeting and should we stay after meetings to chat with people and come to understand their stories and what they have to offer?
- d. Is language inclusive of all members?
- e. What can we do to create a community among the participants in the meeting?

3. Local ownership and direction

- a. How are we supporting leadership development amongst local community representatives?
- b. What can we do to create a shared leadership with community members?
- c. Can some topics and meetings be facilitated by experts from the community?

4. Partnership

- a. How do we demonstrate partnership in this process?
- b. Do we have partners representing different services and sectors? Do we treat all the partners with respect and do we take all their perspectives into account?

5. Children at the center

- a. Do we clearly and consistently communicate the purpose of the network/group meeting?

- b. How do we demonstrate that the children and their families (especially those most marginalized) are firmly at the center of the process and that our actions are carried out while keeping the child and the child's well-being in mind?

Inspired by: Prichard, P., Purdon, S., & Chaplyn, J. (2010). *Moving forward together: a guide to support the integration of service delivery for children and families*. Accessed March 5, 2012.

Another possible exercise

It is very important that the roles are well defined from the very beginning and perhaps re-assessed while planning and implementing the Action Plan in the following phases. You may consider using this exercise in this phase, or at a later stage when it is important to get clarity on who is involved, in what capacity during the process.

Metaphor for the role of the coordinator

The Main Coordinator needs be a 'connecting leader', who sets out the vision, is action-oriented, and can pay attention to the process. Find a metaphor that describes the role of the coordinator. Each member could give a description: chameleon, a spider in a web, a locomotive train.

In the *Pronet* project, different roles were defined (<http://projecten.arteveldehogeschool.be/pronet/>)

- Leader
- Coordinator
- Initiator
- Innovator
- Diplomat
- Atmosphere maker
- Spokesperson
- Executor
- Counsellor
- Fundraiser
- Result guard
- Negotiator
- Support creator
- Critical friend
- Supporter
- Other ...

Division/ allocation of roles for the members/partners of the network

To discuss the different roles and tasks in the network, a possible exercise is to use cards for the different roles. Explain the different roles (tasks and expectations). Then, each member could take one or more 'cards' that suits themselves best. In the second round, the group is asked to give a role to another person. Provide a few blank cards. This is to begin the discussion.

Member of the Local Action Team or Local Steering Committee or member/partner in the network (See Tool 1.1)

Not every person representing different organizations has to be involved in the same way and to the same extent. Therefore, it could be interesting to work with three groups: a large network group, a Local Action Team and a Local Steering Committee. The differences mainly lie in the workload and the specific tasks.

Trying to position your organization in a scheme could be the start for a discussion about roles and responsibilities.

Tasks

1. Think about the role/engagement that your organization could take. Write the name of your organization in the correct box: Network group, Local Action Team, Local Steering Committee.
2. Ask the group if they have additions/changes to the description of the tasks and the engagement.
3. Discuss and agree on the distribution of roles and responsibilities.



Useful tips

- To start the process, you do not have to have all the bodies mentioned above in place; not having them or having more non-formal bodies in place should not discourage the beginning of the journey. What is important is to have a leading organization and a group of dedicated professionals from different sectors and levels of the same sector ready to start the journey.
- The names/titles (e.g. Main Coordinator, Local Action Team, Local Action Team and Steering Committee) are suggested in the toolkit for the sake of clarity and to stress that leadership needs to be secured. Different names can be used, and different configurations of the bodies can be introduced as long as they are serving their purpose: starting and sustaining the journey of integration.
- The Local Action Team should not have more than 15 people. If the numbers are higher, this can create a lot of challenges in terms of setting the meetings, making decisions, etc.
- The composition and involvement of Steering Committee can vary depending on the phase of the journey towards integration and specific needs/issues that may occur (e.g. a need for more professional input on some issues such as holistic child development).
- It is important to preserve the consistency of the members of the Local Action Team, but it does not mean that new stakeholders cannot join.
- The Main Coordinator, Local Steering Committee and Local Action Team should work as partners, and avoid a hierarchical approach. They should learn from each other, exchange ideas and inspire each other.

Tips from the pilot in (Flemish-speaking) Belgium

To learn about the situation in the local community and to motivate participation of different stakeholders you may use different strategies and tools such as the following.

- Visits to the neighbourhood, to see the places where families go and to see the existing services



- Conduct interviews with parents on their lives in a community: what do they like about living in their community? What are the difficulties? If you have questions, who do you go to? Do you know organisation X? What's your impression of organisation X? What do you wish for your child?
- Asking children about their opinion and letting them draw (what do you like/dislike about living in street X), letting them take pictures of the neighborhood.
- Asking professionals: What are the three main questions that parents ask them?
- The game *Parents in the house* consists of two exercises to talk with parents about their needs.
 - The first exercise focuses on different themes: upbringing of children; encounters; health; leisure time; child care, etc. For every theme, there are discussion cards with questions. Every theme has also its own colour. The dice contains the different colours and thus decides which question to start with.
 - The second exercise focuses on the accessibility of the services. The exercise contains a profound discussion about five elements of accessibility: availability; affordability; accessibility; usefulness; comprehensibility for the different services that the house of the child provides. Parents are asked to give their opinion about the services, by using a red, green or orange smiley.

The SWOT analysis on the needs of the families can be done by mapping the perspectives of families and services and comparing them.

- Strengths: What's going well in the support of families? What are the strengths of the current family support?	- Weaknesses: Which problems do families face? Which problems do organizations face in supporting children/fathers/mothers?
- Opportunities: What are the opportunities in supporting families? Which opportunities do you see in general/in working as a network?	- Threats: What can go wrong? Which pitfalls do you expect?

You can also reflect on one specific theme, such as support for transitions from home/childcare to school, support of fathers, focus on social cohesion, focus on prenatal support, etc. Possible reflection questions can be:

- What are you proud of?
- What opportunities do you see?
- Where do you want to be in five years?

Lessons learned from the INTESYS pilots

In the INTESYS pilots, the Main Coordinator roles were formed from organizations: the INTESYS project partners. Some of them were NGOs, some philanthropic foundations, but in every case a group of professionals was delegated to lead the process, organize meetings, and form a Local Action Team, Steering Committee, etc. They used different names for the respective bodies such as a working group, integration team, network, Local Partners Group, etc. Giving a name to a body working on the journey of integration is important because it creates a sense of belonging and strengthens in-group connections.

Tool 1.2: Dealing with different ways of functioning in teams and groups

Outcomes: Respect for differences, reduced conflict and misunderstanding, and engaged participation

Target audience: Any group or team meeting in the context of planning the integration process

Any group meeting around a common purpose might struggle with differences in the way each individual – adult or child – engages with information and the tasks at hand. Each person will be taking input and expressing themselves in the way that is most meaningful for them.

Below are a few practices that can help groups and teams working together to address such differences so they can be transformed to complementarities, rather than obstacles, and guarantee greater clarity and engagement for everyone involved.

Such practices are based on the principle that the process and outcome of each meeting is owned by everyone present. The practices are designed to offer a greater balance between the individual and the collective.

1. How do you start?

At the beginning, ask participants what they need in order to feel that they are ready to start. In other words, what would allow them to be fully engaged? A round of answers might bring needs to the surface such as understanding more about the context, and where what you are proposing originates, or wanting to know the clear purpose of the meeting, or even whether there is going to be a break and at what time the meeting ends. Making these needs explicit will help the facilitator adjust the process to meet some of these needs to ensure greater engagement. Even in cases when not all of these needs can be met, it allows participants to relax instead of focusing on their unmet needs, being distracted from the main focus of the meeting. A tip for facilitators: capture the needs first without immediately trying to resolve them or to reassure participants that their needs will be met.

2. What do you want to get out of the meeting?

One way to ask this question at the beginning is ‘what needs to happen so that in the end I can say this was a successful meeting?’ Asking this question, and even noting down the answers in front of the group will encourage everyone to take responsibility for what they need to get out of the meeting. It will also help the group focus and can be used at the end

as a form of self-evaluation by quickly checking whether expectations were met.

3. Stop in the middle (process check)

There are many ways of checking the process of meetings. A simple way is to stop in the middle of the schedule and ask everyone to give feedback in a way that can elevate the quality of the meeting. You might simply ask ‘what is needed to improve our meeting?’ or focus the question around critical aspects of any meeting such as engagement, participation of all or achieving aims. You might also introduce a question about how each participant can contribute more fully.

4. Check on the shared meaning of critical words

Words mean different things to different people. When certain words are widely used in a meeting, they are often ones that are critically important to the purpose of the meeting and to the decisions that need to be reached. Regardless of the quality of the discussion, if you hear one or two words used frequently by many of the participants, ask individuals to reflect on what the word signifies to them. Often this will require everyone to define the word, through offering a concrete example in a shared context. Listen for the subtle nuances of potential differences in how words or phrases are being used, for instance: what does ‘planning’ or ‘clear communication’ or ‘involving children’ mean for different people?

5. Introduce moments of stillness

Moments of silence and stillness can be used throughout the meeting with different purposes. One can start or end the meeting with a moment of silence. Silence can be used as a way to transition between different discussion topics, helping participants integrate information and change the frame of mind. Silence can also be used for a spontaneous process check, whenever ground rules are not respected, or the meeting is going off course. Anyone in the meeting could have access to a bell or cymbals and ring it to initiate a moment of silence. During this time, participants can reflect on whether they are acting in service of the purpose of the meeting, before they resume discussion.

(Developed by Linda O’Toole for the Learning for Well-being Foundation, 2018)

Question 2: What are our hopes,
vision and commitments for children
and families?

Key Factors: Vision
Quality Practice: Shared
understandings and goals

Tool 1.3. My professional hopes, vision and commitments

Outcomes: Aligned hope, vision and commitments among key stakeholders

Target audience: Main coordinator,²² Local Action Team or Local Steering Committee, diverse staff from various services, belonging to different sectors: professionals, paraprofessionals, managers.

Process: Take stock of hopes, visions and commitments from professional staff in different services; explore a common ground for establishing goals across sectors.

Start by asking stakeholders about their motivation to participate in this process and why they joined this group. To save time, they can do this in pairs and then exchange ideas as a group, or they can discuss ideas in small groups and share joint conclusions. Or, if you have time, let everybody in the group exchange ideas. This is very important for the Main Coordinator, as well for the whole group, to understand what they have in common and what brings them together.

After that, ask stakeholders to complete the following statements and share it with the others. Facilitate a conversation based on the questions for reflection.

²² If the facilitator comes from outside, then the Main Coordinator is also a part of target audience. In many cases the Main Coordinator also facilitates the process.

My hopes as a professional working with young children and their families are:

The hopes for children and families that my service/institution has are:

My vision for young children and their families in our community:

Vision of my institution/service for young children and their families:

To be able to provide young children and their families with high-quality services which will support their rights and meet their needs, I am committed to:

OR

To be able to provide all children with opportunities to develop and thrive, I am committed to:

In the best interests of young children, my institution/service is committed to:

Questions for reflection

1. What do we want to achieve for children and families?
2. To what extent are the hopes, vision and commitments of others different, or aligned or overlap with yours?
3. What makes them different? What can you do with the differences?
4. What do you share in common?
5. What are the aligned commitments that would nurture future collaboration and coordination in this group?

Useful tips

- This is an important moment in building a community among different stakeholders: they can learn about their own values, but also about the values of different stakeholders that participants represent.
- This is usually a moment when they realize that they share values, commitments and hopes for young children and families and that a fertile ground for collaboration is already there.
- This is also a great opportunity to discuss differences and gain a better mutual understanding.
- You should keep a record of the vision, values and commitments defined by participants and come back to them during the process in order to check if you are discussing possible solutions and ideas in tune with the initial vision and commitment. In some cases, stakeholders might decide to change/enrich their vision and commitments, or to add more values to the guiding values.

Question 3: What is the current situation with integration? What are the needs of children and families? What can we do differently?

Key Factor: All
Quality Practice: All

Tool 1.4. Eco-mapping 1: Personal eco-map – Inside your service²³

Outcome:

- Current situation of the state of integration defined
- Potentials and gaps identified

Target audience: All relevant stakeholders/ Local Action Team or the Local Steering Committee

Process: Ask participants to use the instructions below to complete an eco-map for yourself. It will offer them a snapshot of their own relationships with different people in their service who are working at different levels of the system and in different departments.

²³ Adapted from the UNICEF–ISSA resource , ‘The New Role of Home Visitor’: <http://issa.nl/sites/default/files/Resource%20Modules%20for%20Home%20Visitors%20Module%202.%20web.pdf>, pp. 26–27

Instructions

1. Take a blank sheet of paper.
2. Draw a circle in the center and write your name.
3. Draw circles on the outside to illustrate the colleagues in the service with whom you work.
4. Beside each name note your connection with them, showing:

R= your relationship, for example colleague, supervisor, friend, etc.

S= Support provided by this person, for example emotional, financial, practical assistance

F= Frequency of support, for example, every day, week or few days.



5. Draw arrows between these smaller circles and your own circle to show whether the people benefit from the relationship.

If you want, you can try to draw an eco-map for one of the children/family you are working with, noting the relationships with parents, carers and professionals working in the community.

Organize exchanges among participant. You may ask them to reflect on the following questions.

- What connections do I have with my colleagues in my service/sector from different departments and at different levels of the system?
- Why are connections with other professionals in my service/sector important for me? Why should I build them?

- Do I have better connections with other services (including from other sectors) than the service from where I am coming? Why yes/no? What makes the difference?
- What can be done to improve existing connections? What do I need? What does my service need?
- Is there a history in working with others? Can we build on it?

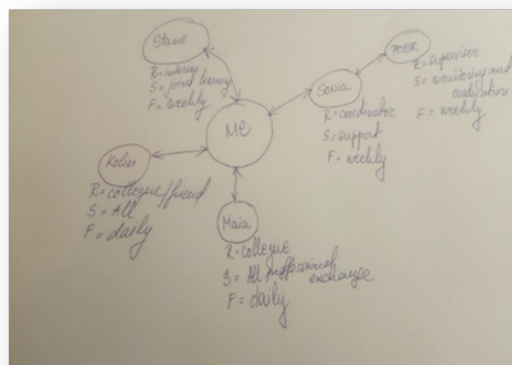
Tool 1.5. Eco-mapping 2: Personal eco-map – relationships among services/ sectors

Outcome:

- Personal and interpersonal relationships with different services in the community defined and shared.
- services and competences that are needed defined.

Target audience: All relevant stakeholders/ Local Action Team or a Local Steering Committee

Process: Ask participants to put themselves into a large circle at the center of a page. The outer circles are included to show the wider community facilities, for example, the pre/school, health center, library, cultural center, housing service and others. The connecting lines note whether the relationships are:



- strong = a solid straight line _____
- stressful = a wavy line ~~~~~
- tenuous, weak = a line made of dashes - - - -
- broken = a line with strikes through it ____// ____

Discuss the reasons the relationship varies with different services and try to identify if it relates to personal relationships, or to governance protocols, or to levels of professionalism, or another category of reasons.

Tool 1.6. Eco mapping: My service and other services in my environment

Outcome:

- Relationships between different services in the community defined and agreed upon.
- Services and competences that are needed defined.

Target audience: All relevant stakeholders/Local Action Team or a Local Steering Committee

Process: Do the same exercise as above by asking participants to put their service in the center of the paper and draw other services and sectors in their environment. Additionally, by using the symbols (explained in the tools above) define the relationships between them. Organize a discussion by using the following questions for reflection.

Questions for reflection

- Who am I as an actor in the ecosystem/my environment?
- What connections does my service have with other services?
- Why are connections with other services important? Why should we build them?
- Do I personally have better connections with other services (including from other sectors) than the service from where I am coming? Why yes/no? What makes the difference?
- What can be done to improve existing connections? What is needed?
- Is there a history of working together with other sectors/services? Can we build on it?

Useful tips for the Eco-mapping activities

- The Eco-mapping tools can be used during different meetings, but also in the same meeting because they do not take too much time, and the reflection process on outcomes of all four tools can be guided in parallel, with the focus on comparing results and perspectives of different stakeholders.
- Eco-mapping tool 1.5. can be a very useful tool for mapping parents' perspectives and learning who they see as a key supporters in the local community. This can help in defining the entry point for integration of service delivery as well as the main stakeholders that should participate in the process.
- Eco-maps can be preserved and used later in the process to monitor potential changes in relationships among different agents and services.
- Eco-mapping tool 1.4. can serve to showcase what is needed for vertical integration inside the same service or sector (e.g. the transition from preschool to primary school, etc.).

Tip from the pilot in Slovenia for using the two Eco-mapping Tools (1.4. and 1.5.)

Tip: Those two tools can be joined; participants can draw both eco-maps in the same picture (using different colors for better visibility). In that case, participants indicate connections among people inside their service (inner circle) and also from different services/sectors (outer circle) in the same eco-map. This enables participants to see connections in their environment as a whole. Another possible version is also to indicate the level of coordination among different services/sectors with different lines:

- the actions (of people in the institution/of different services/sectors) are in line: _____ (a solid straight line)
- the cooperation (of people in the institution/of different services/sectors) needs to be improved: (a wavy line). ~~~~~

Tip from the pilot in Slovenia for using Eco-mapping Tool 1.6 combined with Tool 2.5 (Adopting a systemic view on child development)

Those two tools can be joined. Participants draw all the institutions/organizations in the mesosystem (in their environment) which surround

individual child. Afterwards, they indicate connections between their institution and the other services they cooperate with.

Important: keep in mind that participants are likely to draw links with all the institutions that exist in the environment. Guide them to distinguish between the actual situation and the desired one.

After indicating the connections among institutions, participants can also indicate the level of shared understanding among institutions about the importance of addressing the child's development holistically:

- shared understanding established: _____ (a solid straight line)
- we need to work on developing a shared understanding: ~~~~~ (a wavy line).

Tool 1.7. Systems Classification of Interventions (SysClass)

Outcomes:

- Mapping of all existing services in community, categorized by sector and target group
- Shared understanding of the current situation

Target groups: All relevant stakeholders

Process: The SysClass tool is a categorized inventory of services available in the community at a certain date.²⁴ First, you need to gather information from your stakeholders about all the services available (or potentially available) in the community. Once you have completed the exercise, consider these most common challenges/barriers on the journey to integration.

- Keeping a focus on the demands and needs of children and families: moving from a service-centered approach to a **child- and family-centered approach**.
- Establishing and maintaining a **strength-based approach**: focusing on what is already there and the potentials and opportunities that can be utilized.

²⁴ Bezze M., Faenzi G., Lippi A., Paganelli L., Pompei A. e Vecchiato T., *La classificazione dei servizi e degli interventi sociali* [The classification of social services and interventions], in Studi Zancan 2, (2005); Ezell M., Spath R., Zeira A., Canali C., Fernandez E., Thoburn J., Vecchiato T., *An international classification system for child welfare programs*, in Children and Youth Services Review, 33, 10, (2011), pp. 1847–1854; Bezze M., Canali C., Geron D., Innocenti E., Vecchiato T. (2014), *Orientarsi nei servizi per l'infanzia* [Finding the way in childhood services], Quaderno TFIEY n. 3; Tfiy-Italia (2016), *Investire nell'infanzia è coltivare la vita. Il futuro è nelle nostre mani* [Investing in childhood is nurturing life. The future is in our hands]. Il Mulino, Bologna.

- Changing the **mindset of all relevant stakeholders** which will have to change their everyday work: deepening the understanding of what integration means, and who should be in the center.
- **Reaching the 'helicopter view'** which integrates the different perspectives of parents, children, municipality, managers of services, practitioners: leading to a clarity of roles, mandates, structures.
- **Supporting conditions** (time, funding, facilitators, having not only managers or practitioners but both, having all stakeholders on board/ contributing).
- **Governance issues:** ensuring strong, shared and inspiring **leadership:** continuity, connectivity, direction; clarifying roles, mandates and structures (who takes the initiatives, who will do what); keeping them involved, ensuring **ownership of the process of all stakeholders** and the sustainability; mitigating different governance agendas.
- **Ensuring families'/parents' participation** in the process of building integration (When do they come in? What roles should they play?).
- Ensure shared leadership: culture of respect of mutual strengths.
- **Recognizing the work in an integrated manner is part of the regular daily operations of services:** leading to continuity of tasks/responsibilities, capacity to measure efficiency/effectiveness.
- **Lack of knowledge regarding the need and the advantages of integration** (try including the topic of integration of services in the pre- and in-service curriculum).
- **Lack of conditions** (space, time, attitude) for the engagement of children, parents.
- **Legal/ethical limitations** in data-sharing among professionals/services about families and children.
- **Time** (long 'birth', depending on the starting point in the process): make sure you differentiate target groups and ownership; you can use color coding to highlight social, educational and health services. Columns, categories and colors can be adapted to fit your needs.

		Ownership			Target		
					Specific	General	Parents
		Public	Private	Private no profit	0–6	0–18	
Home-based service	Home care	☐	☐	☐	☐	☐	☐
	Cash benefits	☐	☐	☐	☐	☐	☐
	Other home interventions	☐	☐	☐	☐	☐	☐
	Health home visiting	☐	☐	☐	☐	☐	☐
	Paediatrician (at home)	☐	☐	☐	☐	☐	☐
Day-care services	Day-care center (0–3 years)	☐	☐	☐	☐	☐	☐
	Pre-school/kindergarten (3–6 years)	☐	☐	☐	☐	☐	☐
	Center for children and families	☐	☐	☐	☐	☐	☐
	Play center	☐	☐	☐	☐	☐	☐
	Library	☐	☐	☐	☐	☐	☐
	Cultural mediation service	☐	☐	☐	☐	☐	☐
	Foster care (daily)	☐	☐	☐	☐	☐	☐
	Social assistance/support/care	☐	☐	☐	☐	☐	☐
	Service for parents	☐	☐	☐	☐	☐	☐
	Other socialization activity	☐	☐	☐	☐	☐	☐
	Paediatrician (ambulatory)	☐	☐	☐	☐	☐	☐
	Birth pathways	☐	☐	☐	☐	☐	☐
	Vaccination program	☐	☐	☐	☐	☐	☐
	Ambulatory rehabilitation	☐	☐	☐	☐	☐	☐
Residential care	Foster family care	☐	☐	☐	☐	☐	☐
	Residential setting	☐	☐	☐	☐	☐	☐
	Therapeutic Residential setting	☐	☐	☐	☐	☐	☐
	Rehabilitation	☐	☐	☐	☐	☐	☐
	Hospital	☐	☐	☐	☐	☐	☐
Emergency	Social emergency	☐	☐	☐	☐	☐	☐
	Health emergency	☐	☐	☐	☐	☐	☐

Educational sector
Social sector
Health sector



Note: The tool proposes certain types of service within the education, social and health sectors. You may consider expanding the tool by including other sectors and other types of services that do contribute formally, non-formally or informally to young children's development and well-being (e.g. libraries, museums, etc.).

Useful tips

- This tool can be enriched by adding services which are relevant to your context.
- This tool can be very useful if you want to know what services are available and also if you want to learn how much the members of your Local Action Teams know about the services.
- You can also compare the results of this mapping with the results of the Eco-mapping to see if something is missing.
- You can also share this tool in advance with your stakeholders and ask them to fill it with peers in their service and also with parents and children. They can fill it prior to the meeting and then, during the meeting, you can compare the results and create a comprehensive map of services by integrating all the results.

Tool 1.7. a. Systems Classification of Interventions (SysClass) – mapping the values, principles and key factors driving service operations²⁵

Outcomes:

- Connecting the map of all existing services available in the community with the values and principles identified in the Reference Framework
- Shared understanding of the values and principles put in practice

Target groups: All relevant stakeholders

Process:

Step 1 – Individual task

1. On the basis of the SysClass Map and with regard to individual professional experience, **each participant** chooses 10 services which are mostly guided by the values and principles proposed in the Reference Framework.

²⁵ Developed and adapted by Compagnia di San Paolo, CIDIS, and Fondazione Emanuela Zancan.

2. For **each selected service**, choose the score (1 = present, 2 = important, 3 = fundamental) indicating the extent to which each of the values/principles (max 3) guides the overall functioning of the services. The list of principles/values given as choice are those proposed in the Reference Framework, but there might be others that can be added, if relevant to integration.

Values and principles in the Reference Framework

1. Child and family centrality
2. Holistic Approach
3. Quality Relationships
4. Systemic Approach
5. Feedback and self-organization
6. Diversity and Equity
7. Participation

SERVICE	VALUE/PRINCIPLE	RELEVANCE		
		1	2	3
1.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
2.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
3.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
4.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
5.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
6.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐

7.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
8.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
9.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐
10.	1.	☐	☐	☐
	2.	☐	☐	☐
	3.	☐	☐	☐

Step 2 – In large groups

Each participant presents his/her view: services, principles/values and their relevance. In groups, participants will discuss the different perspective, starting from the following questions.

1. Which principles/values were indicated most frequently?
2. Are all principles/values mentioned those which were mentioned in the Reference Framework, or are there other principles/values to highlight? If so, why are they recognized as such?
3. Are the principles/values indicated shared with families and other stakeholders in the system? Are there tools used for sharing such principles/values?
4. Which services better implement the principles/values that nurture integration?
5. What are the key factors that are most important in the implementation of the principles/values identified? In which services are they most present?

Key factors in the reference Framework

1. Vision
2. Work force
3. Leadership
4. Service delivery
5. Communication and information sharing

6. Time

7. Financing

Principle/value	Relevant key factors	Services

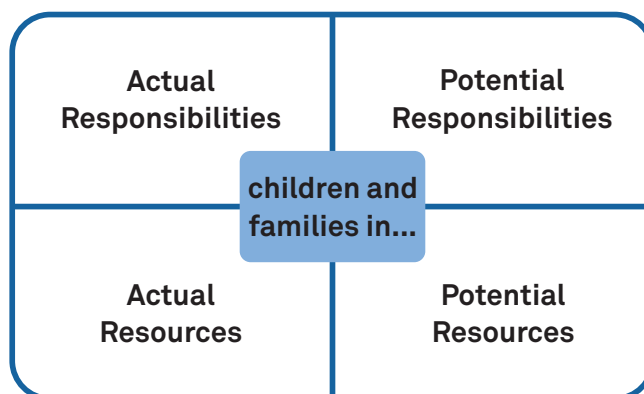
Tool 1.8. Map of Responsibilities and Resources

Outcomes:

- Appraisal of available services in terms of their role (resources/ responsibilities) and engagement (actual/potential) in supporting and/or delivering early childhood services
- Opportunities for integration identified

Target groups: All relevant stakeholders

Process: The map describes the role of each partner, organized around a specific target group (at the center of the quadrants). Partners can share ‘responsibilities’ (i.e. being involved at the strategic level) and/or ‘resources’ (i.e. contributing to the provision of services); they can be ‘actual’ (available now) or ‘potential’ (possibly available in the near future).

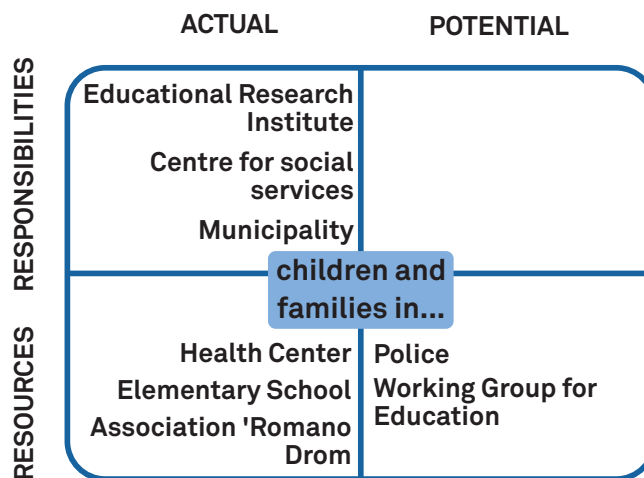


in dialogue with your stakeholders, place the services you have scouted (potentially using the SysClass tool) in the agreed quadrants. This is an

opportunity to clarify perceptions in terms of the involvement of services in contributing to the target group.

A possible integration strategy may imply moving mapped services from 'Potential' to 'Actual', becoming available for the community in question, and from 'Resources' to 'Responsibilities', becoming more centrally involved in the definition of collective strategies. The same tool can be used in assessment, to evaluate changes in service involvement/integration.

Below is an example from the Slovenian pilot of how the mapping might look after it is filled in.



Question 4: What do we want to achieve for children, families and communities? What are the benefits of integration for children and families?

Key Factors: All
Quality Practice: All

Tool 1.9. Stories of Integration

Outcome:

- A case for integrating services and benefits for all children, including the vulnerable, has been built.

- The process of exploring different forms and models of integration is initiated.

Target groups: All relevant stakeholders/Local Action Teams and Local Steering Committees

Process: Start by inviting participants to define the most vulnerable children and families in their community and to come up with an ideal way in which services can work together to meet their needs. Invite participants to share examples they are familiar with, something that they have seen, or did, or are currently doing.

Tell participants that you would like to share with them some examples from different countries or from your own country, where available. Stress that the examples illustrate different approaches aiming to better cater for diverse groups of children and parents, including the vulnerable ones. Also stress that these models of services should inspire them to find their own way and their own model.

Divide participants into five groups and give each group one example. Let them analyze their examples from various countries and present it to the others.

Discuss with participants their ideas about the:

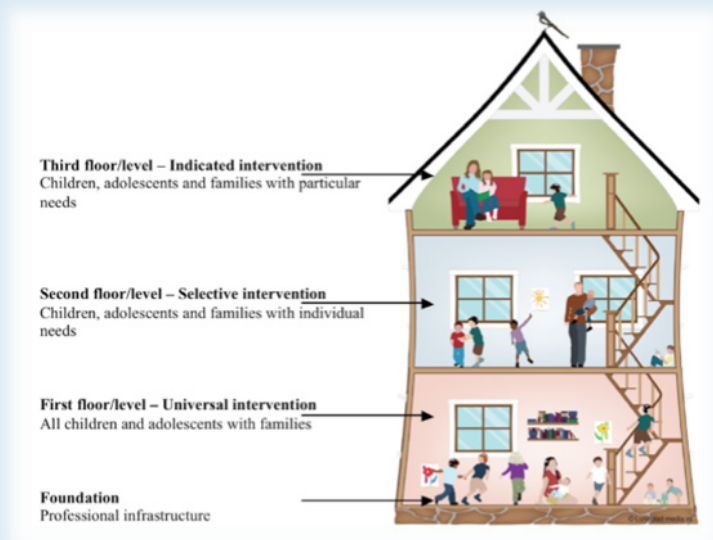
- strengths and challenges of each 'model';
- applicability of different models in their community;
- similarities and differences of these models and their ideal image of the service delivery.

Invite participants to revisit the examples they suggested at the beginning of the meeting. Ask them what they found interesting from the examples presented. What would they add to their original idea? Jointly develop a sketch of the ideal service/service delivery which would suit their respective community and meet the needs of the most vulnerable children and their families.

Note: Consider adding other examples from your own country and from other countries which would support the discussion about possible options which are most suitable to the context of the community/municipality/region you are referring to.

Case 1: Family Centers in Sweden

- **Type of fragmentation addressed:** sector and services (horizontal)
- **Degree of integration:** Integration (One entity)
- **Leading organization(s):** Family Centers
- **Profile of leading organization(s):** Public
- **Provision and organization of services:** prenatal care and advice, preventive healthcare, basic educational support, open pre-school, and ad-hoc parenting support



In Sweden, as in other Scandinavian countries, the Family Centers are a well-known type of integrated service for families with children. During pregnancy, parents are informed and are offered preventive health services and this way, they are introduced to what is available for them. A Family Center is a physical place ('where it smells like coffee'), where all families can drop in, either to use or attend a certain service or to meet other parents. Note that, in the context of regulations on parental leave, it isn't only mothers that attend the family centers, but also the fathers.

Different provisions can be offered in the one center, but centers mostly offer the same four basic services: prenatal care and advice; preventive healthcare; basic educational support; and the open preschool, which is considered to be the 'heart' of the center. The open pre-school is not a school as such; it is rather a meeting place where parents can come with their children to engage in fun and educational activities.



In addition to these basic services, offered to parents because they have children and not because of a specific problem, other more differentiated services can be offered, whenever there is a need for more (such as youth care, mental health issues, etc.).

Source: www.diva-portal.org/smash/get/diva2:700870/FULLTEXT01.pdf (Family center in the Nordic countries – a meeting point for children and families)

Case 2: 'House of the Child' in Flanders, Belgium Cooperation and coordination of services to support higher community cohesion

- **Type of fragmentation addressed:** sector and professional (horizontal)
- **Degree of integration:** Collaboration (lead entity)
- **Leading organization(s):** Flemish Community – Belgium
- **Profile of leading organization(s):** Public
- **Provision and organization of services:** at minimum preventive healthcare, parenting support, and activities that facilitate encounters and social cohesion; but also other organizations such as childcare, education for preventive and mental health, leisure time, libraries, etc.

While Flanders does have a wide range of services in the field of family support, not all of these are as accessible as they should be for all families and not all of these have been closely linked or integrated. That is why new legislation in 2014 introduced the concept of family centers, the 'Huis van het Kind' (House of the Child) as a new approach.

The goal is to stimulate inter-professional collaboration between local actors to provide a range of family support services in an integrated and accessible way and attuned to local needs. The decree points out some principles and goals, but at the same time, leaves some margin to partners at the local level to shape their own 'House of the Child' to best fit the local context. This way, cooperation is stimulated and facilitated rather than obligatory. 'Huizen van het Kind' are being developed and set up throughout the Flemish part of Belgium.

These are being developed in different ways, considering local characteristics such as demographic factors and services, organizations and partnerships which are already active. Within the dialogue among

these actors, the partners explore how their ‘Huis van het Kind’ should function in order to respond to the needs of the families: at the level of a municipality, or rather at the inter- or intra-municipal level, by offering a set of services at one place (all services under the same roof) or in several places and/or combined with outreaching services.

To be recognized as a House of the Child, certain services need to be involved in the network, but many other services can get involved as well. In Flanders, the consultation bureau, where preventive health services and follow-ups are being provided, is considered an important partner. These consultation bureaus have a very high attendance (96% of all parents go there at least once) and can serve as the link to other family supporting services and organizations within the network.

Minimally, a ‘Huis van het Kind’ should organize preventive healthcare, parenting support, and activities that facilitate encounters and social cohesion.

Social cohesion relates to the belief in the added value of social support as a protective factor in parenting and family functioning. It is also intended to create cohesion between families across socioeconomic and ethnic-cultural boundaries, and to contribute to the fight against social-exclusion mechanisms.

- Preventive healthcare is the part of healthcare which takes up preventive tasks concerning the health of pregnant women, children and their families. Activities include, among other things, vaccinations, the early detection of risks and health problems, and health promotion.
- Parenting support consists of the support of persons responsible for raising children and youngsters. Efforts are made to offer parenting support in an accessible, empowering and non-stigmatizing way, based on the idea that it is normal to have questions when raising children. Activities include, among other things, the provision of information on parenting (individual or group-based), pedagogical advice, the stimulation of encounters between parents and children, practical support, etc.

A House of the Child can combine all types of services for families with children ranging from material and immaterial support, childcare, education to preventive and mental health, leisure time, libraries, etc., depending on the local context.

Throughout the Flemish community, a range of types of ‘Huizen van het Kind’ has been developed in recent years. In Antwerp, for example, an overall cooperation network was established and in 2016 there were eight physical family centers in different city quarters. In Brussels, a similar cooperation network has been active but, at this point, no actual family center has been set up in the shape of a physical building, in which several services are offered. In some places, the local authority has taken the initiative; in others, one given partner (e.g. a social service, a childcare center, a consultation bureau) took the lead. Some centers mostly involve health and welfare partners; others also have libraries and youth work organizations in the partnership.

More information: www.eurochild.org/fileadmin/public/02_Events/2016/Eurochild_Conference/Family_Centers_in_Flanders.pdf

Case 3: Family Centers in Finland

- **Type of fragmentation addressed:** sector and services (horizontal)
- **Degree of integration:** integration (one entity)
- **Leading organization(s):** Family House
- **Profile of leading organization(s):** Public
- **Provision and organization of services:** health, social, early childhood education sector and NGO actors

In the past decade, Finland has initiated a fundamental reform and a move towards the family center model. It has allowed for this model to grow at its own pace and to be designed and developed by relevant stakeholders, taking into account the local context. Two inspiring practices were mentioned in the Finnish response, illustrating how every center could develop in alignment with the local context.

The Family House of Pargas (Western Finland) integrates services of health, social, early childhood education sector and NGO actors. The professionals involved are workers from mother and child healthcare services, family counselling, psychological services for children and families, family work, speech therapy, kindergarten and open kindergarten teachers, and special pedagogies. In-service training is offered for multi-professional participants on evidence-based practices (e.g. Beardslee’s *Let’s talk about children*, ICDP – International Child Development Program for parenting support, a multi-professional

model for the evaluation of needs of services). The main aim is to promote the overall well-being of children and families, prevent exclusion and marginalization, improve cooperation between professionals, combine resources of different services and develop collaboration structures for multi-professional teams and networks in favor of families and children. There are low-threshold meeting-point activities and families can participate in planning, implementing and evaluating services.

In the Kainuu region (North Finland), the model works slightly different. This center integrates primary health services and early preventive social services for families and children. It consists of eight minor family stations, each of them situated in different municipalities of the region. There is one central family center located in the city of Kajaani. Every station has its own coordinator, who has a responsibility to coordinate services, team-work and network-based meetings, as well as to collaborate with NGOs and local actors and volunteers. Coordinators get support from the family-center steering group. This family center pays great attention to a service path from primary care to special services by integrating professionals from special healthcare to primary care and by agreeing on common care paths with special healthcare. Professionals use evidence-based methods of observations, evaluation and follow-up and get to know each other's work practices.

All the work starts from the family itself: professionals meet with all family members and next of kin and peer-group resources are used. Referrals are avoided by way of working in multi-professional meetings and working together in pairs.

The integration works on three levels:

- the regional network of social and health-care services;
- team-based integration of services (the family center teams combines practitioners from different service sectors);
- family-based integration of services (service packages are tailored for every individual family).

For more information: https://uit.no/Content/341685/Kekkonen_Marjatta.pdf

Case 4: Primokiz in Switzerland

- **Type of fragmentation addressed:** sector; target social group (horizontal)

- **Degree of integration:** Coordination (shared planning and goals and joint decision making)
- **Leading organization(s):** Jacobs Foundation
- **Profile of leading organization(s):** Public / Private
- **Provision and organization of services:** education, health, social services

The Swiss Jacobs Foundation has installed an early-years program, encouraging the creation of networks in ECEC based on comprehensive concepts. It focuses on children aged 0–4 and on their learning environment, both at home and outside the family. This program, and its local projects, aims at promoting equal opportunities for all young children while providing guidance on how to steer the process of jointly creating an ECD local strategy. It brings together professionals from different sectors – education, health, social services – to systematically review and improve existing local programs. This is done in a step-by-step process: analyzing the existing situation, defining a common goal and strategies to achieve that, while doing necessary updates on a regular basis. The strategies are strongly embedded in the local context. Reviewing 21 local projects has shown positive results in terms of improved networking and cooperation on a horizontal level as well as in terms of political support.

For more information: <http://jacobsfoundation.org/project/primokiz2/>

Case 5: Pen Green²⁶ – Children’s Centers in UK

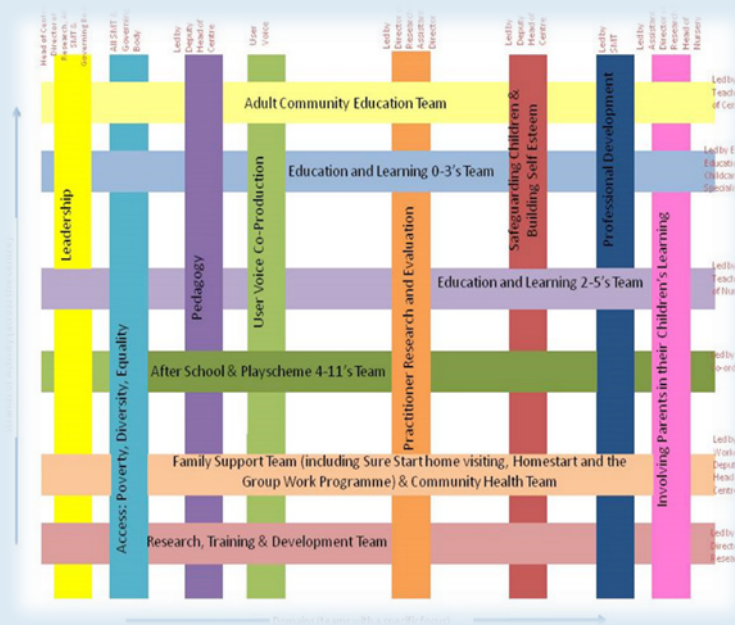
- **Type of fragmentation addressed:** sectors and professionals (horizontal)
- **Degree of integration:** Integration (one entity)
- **Leading organization(s):** Pen Green Centre
- **Profile of leading organization(s):** Public
- **Provision and organization of services:** health, social, early childhood education sector, adult education

The Sure Start children’s centers in the UK²⁷ have the core purpose ‘to improve outcomes for young children and their families and reduce

²⁶ www.pengreen.org

²⁷ www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf

The Pen Green centre in the UK (Corby) may well be one of the stronger examples of working in a thoroughly integrated way, offering all kinds of services to families, in a quite disadvantaged area, by teams of professionals and parents. When it started in 1983, Pen Green had six staff and worked with 50 children; today it is a designated children's center (June 2004) and has more than 110 staff, including teachers, nursery nurses, social workers, play workers, midwives, health workers and support staff, and we work with over 1,200 families.



95

Another typical asset of Pen Green is that, besides service delivery of all kinds, the focus is also on training, for all the staff members and for parents. A Master's program on Integrative Services and Settings was developed and disseminated across the country.

Over half of the staff working at Pen Green, are former 'users': parents who visited the center and could engage in professional training. Every staff member needs to engage in multi-disciplinary training and needs to research and reflect on their own practice. Training modules are offered on 'groupwork' on 'Parents Involvement in their Children's Learning' on 'integrated work,' etc.

"[...] as you are working [...] in an environment where the social conditions are very challenging and oppressive, this actually makes for more effective integration. In these conditions, there is no possibility of people being passive, people are constantly needing to challenge existing systems and structures because they don't work for poor people." (Margy Whalley)

When mentioning characteristics of staff, words like 'feisty' and 'committed' are used. Staff at Pen Green are willing to go out of their way for children and families. They are aware that they work as partners, in an equal relationship with the families and that they are not working for them but engage with them. They cannot be judgemental and need to have an attitude of 'cultural humility'. Pen Green honors a philosophy that everyone is a leader, and instead of a hierarchy, they have developed a concept of 'sidearchy' within a leaderful team. The underlying idea is that everyone is constantly part of the leadership and that they are constantly learning from each other.

The Dutch Social Community Teams

- **Type of fragmentation addressed:** sectors and professionals (horizontal)
- **Degree of integration:** Integration
- **Leading organization(s):** Community Teams
- **Profile of leading organization(s):** Public
- **Provision and organization of services:** health, social, early childhood education sector, adult education

Community teams are organized at the local level, within a national legal framework, and the design depends on demographic factors



and the existing availability of services, as well as on the political and budgetary context.

Local authorities enjoy some freedom here to organize the community teams and their function of informing, supporting and helping families and children in many different ways, but mostly aimed at fighting poverty. These teams bring together professionals from different services to cooperate more closely and form a multidisciplinary team, operating as a 'single, central and easily approachable access point for the community'.

Here as well, different models are possible: teams with both generalist and specialist professionals, teams for a specific target group and overall generalist teams.

What services and professionals are involved in depends on the needs of people in the community. Most are involved in the preventive health service; many also have public social services, and a minority also includes services on housing and justice.

The idea is to offer an accessible service, very visible and also outreaching to places where parents and children are already attending (such as consultation bureaus, schools and childcare).

There is an integrated approach, but individualized per family: 'one family, one plan, one professional'. This practice shows a shift in the outlook on what a professional should be; there is a certain return to the general practitioner as a response to the expanded specialisms.

Some communities have organized new networks, while others combine the work of several professionals from different existing services. Some are coordinated by the local authority; others work more independently within a new structure. This type of service requires strong cooperation between teams and professionals who have not always been used to do so, and it requires sufficient funding, which is a challenge in times of austerity.

Useful tips

- If you have some local examples or examples from your country/region or examples which are more relevant to your current situation, you can use them instead of the examples offered here.
- If you think that stories of integration are too advanced for your situation and that they might intimidate participants, you can skip this tool and use it later in the process.

- To ensure enough time for discussion during the meeting, you can share the stories with your stakeholders in advance.

Question 5: Unpacking the concept of integration – What is integration, and why does it matter?

Key Factors: Vision
Quality Practice:
Shared understandings
and goals

Tool 1.10. Making the case for integration of services and understanding different forms of integration

Outcomes:

- Mutual understanding of integration and common language established.
- Setting the ground for joint work – listening to each other, exploring different perspectives, etc.
- Exploring the added value of integration of services for children and families.

Target audience: Representatives of all key stakeholders/Local Action Team or a Local Steering Committee

Process:

Start with group work, exploring what integration of services means. Ask participants to discuss what integration is and what integration is not. Share and discuss ideas as a group.

Share with your stakeholders the item on ‘Forms of Integration’ (including the table) in Section 2.1 and discuss the questions for reflection below. Use the explanations from Sections 2.1 and 2.2 to understand the different forms of integration and guide the process.

	Institutional independence	Consistent/ Shared goals	Joint planning	Joint service delivery	Lead partner	One leading Agency
Cooperation (in a network of services)	•	•				
Collaboration in the network	•	•	•			
Coordination within the network	•	•	•	•	•	
Integration of services (including under one roof)		•	•	•	•	•

You may ask participants to focus on questions for reflection individually or in groups (clustered by type of stakeholders) and share ideas later as a group.

During exchanges between different stakeholders, it is important to prevent any kind of mutual blaming. The role of the facilitator is to come up with points on which all stakeholders agree and to build on them.

Questions for reflection

1. In your opinion, which form of integration is the most important for providing outcomes for children, parents and communities? Why?
2. In your opinion, which form of integration is the most difficult to reach? Why?
3. In your opinion, what is the form of integration you have at the moment in your community? With whom do you work now? Is this the best you can do? What are the benefits of the current form of integration you have? Are there any challenges?
4. Do you want to make some improvements? What activities and actions can be done to improve your current situation (form of integration)? What did you do in the past? What would you like to do in the future?
5. In your opinion, who benefits the most when services work in more integrated way? Why and how?
6. What is the added value of services which work in more integrated way, for children, parents, professionals, services, organizations and the policy level? If you do not think there is any added value, please give reasons.

Useful tips

- It is important for stakeholders to understand different forms of integration and their role in choosing the most suitable one for their context and needs of families and young children.
- Stakeholders need time to discuss their way of working together and compare it with possibilities that exist. They need also to understand that they need to choose what is the best and most practical for them.
- This tool also helps stakeholders to understand the journey of integration and the road that is the best for them.
- It is important to stress that there is no hierarchy among different forms of integration in terms of value.
- In some cases, terminology can create challenges. For example, 'coordination' and 'cooperation' might be challenging for translation in different languages. Always leave time to clarify different notions.
- To secure more time for discussions during the meeting, it might be helpful to share with participants the materials on the forms of integration and the importance of integration before the meeting.

Tool 1.11. Exploring the underpinning values and principles

Outcome:

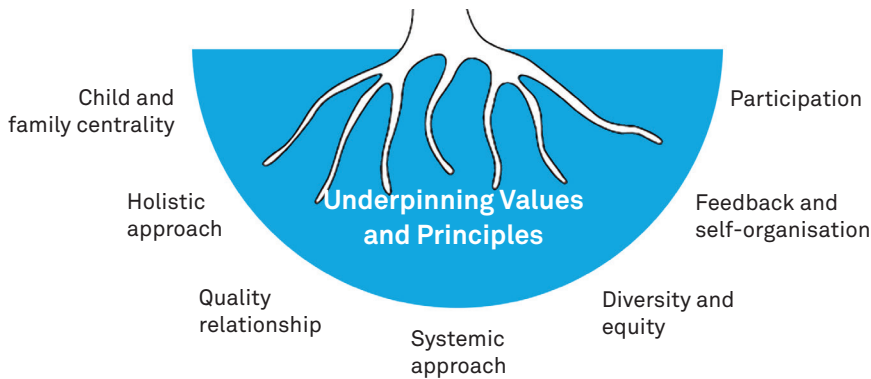
- Better and shared understanding of values and principles that support the integration of ECEC services.
- Differences and alignment between stakeholders and the suggested values and principles explored and explained.
- Understanding the importance of values and principles achieved.
- Understanding the similarities and differences in terms of values and principles between different services explored and understood.

Target audience: Representatives of all key stakeholders/Advisory Local Group, Local Steering Committee

Process: Divide participants into small groups, preferably by the sector, and ask them to define the key principles and values that represent the foundation

for a shared vision and a shared understanding among the stakeholders driving the journey of integration. You can remind them of what you have discussed at the meeting about values, visions and commitments. When the small groups finish their work, let them report back. Facilitators should write down their answers and cluster them to follow the underpinning values and principles from the toolkit.

Introduce the set of principles and values in the Reference Framework to your stakeholders and provide them with short explanations for each of them, if needed. Facilitate a conversation, starting from the questions for reflection. As a facilitator, you should use the organization, representation and facilitation of the meetings that you are facilitating to illustrate all the key values and principles of integration.



Values	Definition
Child and family centrality	Integration recognizes the central purpose of bringing about better outcomes for children and their families when designing, planning, delivering and assessing the early childhood services. Therefore, <u>all decisions have to start and be taken by collectively acknowledging and ensuring that their demands are met, seeing them as actors and partners in the process.</u>
Holistic approach	Approaching the child, the family, the practitioner, the service, and community in a holistic manner ensures that <u>the diversity of their needs and strengths are taken into account</u> and that the actions that impact them are aligned and synergetic. It also implies that both processes and outcomes consider the intellectual, socio-emotional, physical and spiritual dimension of those involved. All dimensions of their being have to be taken into account when engaging with all actors.

Quality relationships	Quality, generative relationships among individuals and among and within teams, among agencies, among the professionals and beneficiaries, and various levels of governance are crucial, they need to be based on trust, mutual respect, shared responsibilities, mutual agreements and joint commitment.
Systemic approach	<u>All elements in the system impact each other vertically/ horizontally</u> , affecting the transitions across age, sector, services, but also from service delivery to policy. Therefore, <u>changes need to be seen through the complexity of their impact inside a system</u> . One change initiated in one part of the system will influence the other parts of it; therefore, the changes need to be seen in a systemic way.
Feedback and self-organization	Each actor in the process, individual or organization, has assets that can be mobilized and constantly seeks a sense of coherence. There is no recipe; <u>each process is unique and contextualized</u> , and needs <u>continuous adjustments through participatory mechanisms</u> taking into account the specific conditions, preserving the autonomy of beneficiaries and promoting strength-based approaches.
Diversity and equity	The inner diversity and the social and cultural diversity represent foundational ingredients in working jointly for designing, planning and delivering services for children, families. Each actor is valued; each action is sensitive to ensuring equal opportunities to those who need the most. Representatives of vulnerable groups are included; they have a voice and they are seen.
Participation	Listening to the voices of multiple actors (including children and their families) in creating responsive, flexible, useful and efficient services in decision making and co-creating the services is pivotal, from the planning phase to delivery of service and evaluation for improvement. Collaboration is grounded in shared values, common goals and articulated actions, but also in a common sense of ownership. Moreover, services are created to best serve children and families. Therefore, their voice is foundational in creating relevant services and in shaping their way of working together.

Questions for reflection

1. What do you think of these values and principles? Are they in tune with what you have discussed in your small groups? What did you mention and what did you not mention (values and principles)? Is there something on your list that we did not mention?
2. How would you explain the importance of specific values and principles from the perspective of your sector/service?

3. As representatives of different sectors/services and levels of the system, do you think that these values and principles would be understandable for your colleagues and others you are working with? Are they equally relevant to all of you? Why?
4. What about parents? How do you see these values and principles? Is it important to promote them? Is it understandable that if they are in place, the quality of services will be improved and children will benefit more?
5. How can these principles and values be promoted in all aspects of the services (front-line, management, professional training, etc.)?

Useful tips

- As preparation for the meeting, you can send participants Section 3 of the toolkit on principles and values in advance. This can save a lot of time during the meeting. This can also result in questions that participants will bring to the meeting.
- Inspired by the experience in the Italian pilot, you may consider enriching this activity by asking participants to rank values and principles from the perspective of their service and sector. Let them compare how they ranked them and open up a discussion about similarities and differences. It is essential to stress that the ranking is not so important, as long as critical values and principles are in place.
- In some cases, it is necessary to provide participants with more information on different values and principles. Within the Portugal pilot, additional training was organized which focused on some of the principles and values, before using this tool. If the members of Steering Committee are experts on some of the issues, they can help their peers gain more knowledge and understanding. In the case of the Slovenian pilot, the Main Coordinator organized a training session on embracing diversity and social justice for the Local Action Team and used this training to unpack critical values and principles.

Tool 1.12. Exploring key enabling factors for integration

Outcomes:

- Achieving a better and shared understanding of key factors that enable an environment for integration of ECEC services.
- The presence of key factors in respective communities will be analyzed and achievements and gaps will be identified.

Target audience: Representatives of all key stakeholders/Local Action Team or a Local Steering Committee

Process: Introduce the key factors to the audience using the materials below. Before you provide the full explanation, discuss with participants the meaning of each factor and why they are important.

Post each of the key enabling factors on the wall or a flipchart and ask each participant to put a green mark (with a marker or a sticker) on the factors that already exist in services in their community, a blue one on factors that are missing and a red mark on the factors they feel are most critical in enabling integration in services in their community. Tell them that it is not a problem if different colors are posted under the same factors.

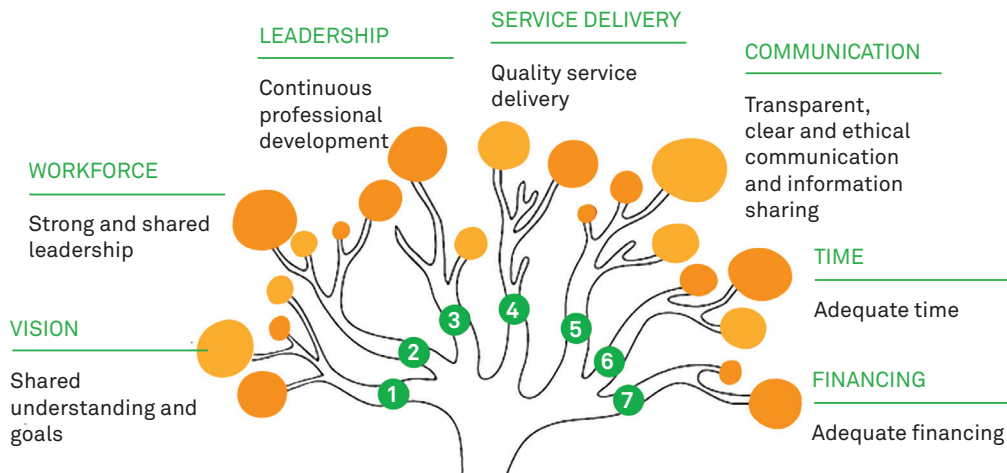
Divide participants in seven groups, by factors, and let them discuss for each factor how many green, red and blue marks have been chosen.

As a group, facilitate a discussion using the questions for reflection.

Questions for reflection

1. What is missing and why?
2. What is the most challenging to provide? Why?
3. What is needed to put all factors in place?
4. What is the role of the employees in the process? How can they contribute?
5. What is the role of the leadership and managers in the process? How can they contribute?
6. What is the role of the policy makers? How can they contribute?
7. How can children, parents and community members have a say too?

Key factors and Quality Practices



Vision – Vision is a fundamental driver in providing quality and equitable services in children’s early years and to communities. The way we see and value children, families and communities determine to a great extent the desires we have for them. Persistent, purposeful and highly engaging actions that bring about changes are always animated by a clear vision.

Workforce – To a certain extent, services are the workforce. The quality of services is about the quality of the workforce. The better prepared and supported the workforce, the better the services. They represent one of the most important ingredients in quality provision, from managing roles to direct interactions with professional peers, with families, with communities and, last but not least, with children.

Leadership – No plan or project can be accomplished without any leadership in place. The more complex and challenging the ‘project’, the stronger the need for leadership. Leadership means managing resources, taking responsibility, making decisions, driving the processes, assuming risks, searching for answers and solutions, being accountable, but also building and nurturing a collective culture, catalyzing energies, engaging and working with people, enabling and managing changes. Leadership enacts the vision.

Service delivery – The way services are delivered reflect the way in which their role is perceived by those in charge to manage and provide them. Their accessibility, availability, affordability, usability, and comprehensiveness indicate the extent to which they represent an answer to a real demand coming from families and the communities

in which they operate. The services may be delivered in ‘silos’ or by creating a ‘net’ of collaboration.

Communication and information sharing – Joint planning and working depends on smooth and efficient communication, and on access to and sharing of information. Efficient and secure information systems and clear protocols for communications create a solid platform for strong collaboration.

Time – Creating the conditions for integration to happen require time. Time for building partnerships and community engagement, time for creating a culture of collaboration (norms and practices) among professionals, time for joint planning across sectors, time for meaningful participation in decisions making and reflective adjustments along the process. Factoring time in processes of change is crucial. The greater the change, the longer the time.

Financing – Integration of services requires a change not only in terms of policies and practices, but also in terms of how finances are allocated, planned and used. Cost-efficiency is mentioned as an attribute of the integrated provision of services.

Useful tip

- You may also cluster key factors by services/organizations and discuss differences and similarities.

Tool 1.13: Exploring the concept of integration²⁸

Outcomes:

- A deeper understanding of the concept of integration of services, its relevance and adaptation to the contexts.
- Understanding the underpinning values and principles and the key factors that guide the journey of integration.

Target audience: Representatives of all key stakeholders/Local Action Team or a Local Steering Committee

Process:

Divide participants into small groups and give each group a copy of Section 2, ‘Making the case for integrated services’ and, if available, information on the state of integration of services in the respective community. Also give

²⁸ Developed and adapted by the Gulbenkian Foundation and the Aga Khan Foundation in Portugal.

each group the table below and give them 30 minutes summarize the work developed. Unite groups to share ideas in plenary (15 minutes per group).

Issues addressed in each group:

Understanding the integration of services from different sectors	
At the practice level	
Integration of services from different sectors means:	Integration of services from different sectors does not mean:
Underpinning Values and Principles	
Supporting integration:	Hindering integration:
Key factors that influence the journey of integration of services	
Supporting	Hindering

After each small group has presented their ideas, ask participants to reflect on the following questions.

- Is there something in the reporting from the small groups that surprises you? What? Why?
- In your opinion, what is the most relevant for the journey of integration?

Tool 1.14. Unpacking the Reference Framework for Integration

Outcomes:

- Understanding how underpinning values and principles and key factors contribute to the quality of practices.
- A better understanding of the importance of having a common framework of integration and of the complexity of the process of integration achieved.

Target groups: All relevant stakeholders/Local Action Team or a Local Steering Committee

Process: Remind participants about the values and key factors that you have previously worked on. Stress that while the values and principles are THE COMPASS in making decisions about directions, strategies and actions, the key factors help define which practices will coherently ensure the factors' positive influence on the processes and outcomes. Explain that each factor is enabled by practices. If of quality, practices will maximize the chances that the factors will forge integration. Stress the importance of the quality of integration.

Introduce and share the Reference Framework for integration of early childhood services from Section 3 with your stakeholders. Discuss with them the meaning of practices described.

Ask stakeholders to use the framework to assess the current quality of practices. Ask them to assess each practice with grades from 1 (low quality) to 5 (high quality). Ask them what would be the ideal situation and what needs to be done to move forward and improve the quality of practices.

		Score
VISION	Across sectors and services, professionals, managers, decision makers, families, community representatives have a continuous dialogue about quality provision of early childhood services to achieve better outcomes for all children and families.	
	In all services, the values, practices and relationships are guided by the principle of child and family centrality in daily decisions and work.	
	The inner diversity of each professional and the diversity within and among children and families are seen as intrinsic values to quality provision.	
	Positive and trustful relationships among professionals, managers, parents and community members are established.	



VISION	The leadership culture recognizes the child and family centrality in the service design and delivery and in joint planning and delivery.	
	The policy and regulations of various institutions working with young children and their families are aligned around the principle of child and family centrality in service delivery.	
	The protocols for collaboration among services are grounded in collectively meeting the specific needs of each child and family.	
LEADERSHIP	The leadership culture is built on values of cooperation, participation, mutual respect, respect for diversity and solidarity in service design and delivery.	
	The leadership has initiatives that contribute to building a culture of collaboration among staff, services, families, communities, decision makers and policy makers.	
	The governance structures encourage shared leadership among professionals, managers of services, families and communities.	
	The governance structures encourage the co-creation of tailored community/family-rooted solutions.	
	The governing practices motivate all staff, create the conditions for cooperation among the staff, and empower the participation of staff, families and communities in decision making and monitoring processes aimed at quality improvement and higher efficiency.	
	Staff, parents and community members feel empowered to contribute to positive change in their communities.	
	The leadership practices encourage and support team/joint planning, team/joint service delivery and team/joint monitoring.	
	The management regulations create the conditions for clear and transparent communication among the leadership and the staff team.	
WORKFORCE	There are professional development activities organized at the level of the service aimed at expanding the portfolio of competences of the staff to better address the needs of children, families and the community.	
	Peer-assessment, peer-learning, mutual support and cooperation are supported and practiced by staff and leadership.	
	Common professional development activities among staff from various institutions/services are provided on a regular basis for enhancing the competencies of partnering organizations and encouraging group-reflection and learning.	

SERVICE DELIVERY	All staff in the service/s (regardless of the professional profile and role) shares the belief that each individual child and each individual family stays at the center of all decisions, and based on this belief, the entire staff operates on a daily basis.	
	Regardless of the sector, service and the age group of the children they target, professionals experience relationships that are trustful, empowering and respectful and demonstrate the same in their work with children and families.	
	The service delivery provides diverse tailored community/family-rooted solutions co-created with families and communities.	
	The governance structures encourage shared leadership among professionals and services, families and communities.	
	Interactions among professionals from different services are non-hierarchical and encourage reflexive and researching attitudes towards addressing each child and each family situation.	
	Through inter-institutional work, tailored joint services are created for outreaching the most vulnerable groups and ensuring universal provision.	
COMMUNICATION AND INFORMATION SHARING	The communication and information sharing among professionals within a service and among services respects deontological codes and is in the best interests of children and families.	
	There are clear, transparent, accessible and agreed channels of communication among services for properly addressing the specific situation and needs of each child and family.	
	A safely protected electronic system of information accessible to all services which provides accurate and complete information about each child and family is in place, given that families have consented access and use of their data.	
	Communication and information sharing among services is based on clear and transparent protocols for data protection, data upload, and data access, ensuring children's and families' rights to privacy and safety.	
	Communication and information sharing procedures supports collaboration within and among services.	
TIME	There is no-contact paid time allocated for team meetings among (para)professionals in the staff for analyzing and planning individualized pathways for addressing each child and family based on ongoing documentation, self and group reflection.	

TIME	There is no-contact paid time allocated for cross-sectorial professional development activities on the level of the service.	
	Within teams and among services, there is specifically allocated time for joint planning and assessment.	
FINANCING	Local funds are specifically allocated for cross-sectorial activities.	
	Coordination among services ensures that funding is aligned and areas of overlapping of gaps are identified and minimized.	

You should continue discussion by using the following **questions for reflection as guidelines**.

1. What could be an added value of using this framework in your work?
2. How do you understand this framework? How would you explain its importance to others?
3. How do you see the relations between different blocks of the framework (values, principles and practices)?
4. Thinking about your service, can you apply this framework and its way of working to other services?
5. If your service does not work with others, what do you think is missing?
6. If you are a policy maker, how does this framework relate to existing policies?
7. Can you imagine developing integrative policies based on this framework?

Tool 1.15. SCOB Grid

Outcomes:

- Strengths, challenges, opportunities and barriers defined, discussed and agreed upon.
- Ideas for building upon strengths and opportunities shared and agreed upon.
- Ideas for overcoming potential barriers and challenges shared and agreed upon.
- Perspectives of potential integration of services detected.

Target groups: All relevant stakeholders/Local Action Team or a Local Steering Committee

Process: Based on the overview of the Reference Framework for Integration introduced in Section 3, ask participants to assess each element of the framework in small groups when thinking about the services in their community, by using the SCOB grid to list the:

- Strengths
- Challenges
- Opportunities
- Barriers.



Let participants build on the previous discussions related to the building blocks of integration (the underpinning values and principles, key factors and quality practices) and discover the strengths, the opportunities, the challenges and barriers to integration that exist for each of the three building blocks.

Discuss the results and use them to explore possible solutions for overcoming barriers and challenges and for building on strengths and using opportunities. Use the results of the discussion to develop the future thinking about what changes are needed to foster integration.

Useful tips

- If you decide to use this tool, you can use it independently or in combination with other tools, for example, the mapping tools.

PHASE 2

Question 1: How to manage
complex change?

Key Factor: Vision
Quality Practice: Shared
Understandings and Goals

Tool 2.1. Understanding complex change – Critical elements of a plan

Outcome: Shared understanding of the key elements of a plan to manage complex change

Target audience: Local Action Team or a Local Steering Committee

Process: Convene a meeting with stakeholders representing the services and the community, who are key to the process of strengthening integration. Present the ‘managing complex change’ chart below (Table 1). Ask for spontaneous comments on what can be seen, and what is being represented. Go through each of the components, and clarify its elements (Table 2). Lead discussions using the questions for reflection. Depending on the degree of integration in the system, any endeavor to move towards greater integration may require complex changes. The model below can help understand the critical elements of any process of change that might create confusion, anxiety, resistance to change, frustration or a failure from the very start, if all are not taken into account from the beginning of the process. When discussing the changes needed, use the model below²⁹ to identify the strengths and the weaknesses in the process of planning and implementing integration, and reflect on how the weaknesses can be addressed to advance from confusion to success.

Questions for reflection:

- What are elements of a good VISION? How can it support the rights of children and families and meet their needs? Do we have a vision? If not, how can we create one that inspires our services?
- What SKILLS are needed for integration to function? What kind of workforce is needed? Professional development and support? What kind of leadership?
- What INCENTIVES are needed? What can we gain, individually and collectively, by engaging in a process of better integration of services?

²⁹ Adapted from Knoster, T. (1991) Presentation in TASH Conference. Washington, D.C. Adapted by Knoster from Enterprise Group, Ltd.

- What kinds of RESOURCES are needed? How can we find the financial resources, training, or other materials needed to initiate and sustain the process of change?
- How shall we formulate GOALS? What is the baseline and how will you know that you have made progress in achieving the outcomes?
- How will we decide on ACTIVITIES? What are the time lines? Are the roles and responsibilities defined? What are the benchmarks?

Looking at all the critical components of change, where do you feel we are stronger and weaker? What measures could we set in place to build on our strengths, and minimize our weaknesses?

Useful tips

- This tool might be useful for empowering your stakeholders and helping them understand why some of their plans and ideas are not working.
- This tool should not discourage them – it needs to give them a comprehensive picture of the complexity of the process they are going through and what they have to take care of throughout the journey.

Table 1

Vision	Skills	Incentives	Resources	Action Plan	Assessment	=	Success
Vision	Skills	Incentives	Resources	Action Plan	Missing	=	Unreliability
Vision	Skills	Incentives	Resources	Missing	Assessment	=	False Starts
Vision	Skills	Incentives	Missing	Action Plan	Assessment	=	Frustration
Vision	Skills	Missing	Resources	Action Plan	Assessment	=	Resistance
Vision	Missing	Incentives	Resources	Action Plan	Assessment	=	Anxiety
Missing	Skills	Incentives	Resources	Action Plan	Assessment	=	Confusion



Table 2:

Vision	Skills	Incentives	Resources	Action Plan	Assessment
• Establishing shared vision and integration goals • Cultivating a culture of integration • Clarifying purpose for all elements in the system	• Mapping competences • Engaging in mutually supporting relationships • Ensuring leadership capacities • Building capacity for nurturing collaboration and achieving the outcomes	• Finding arguments (making the case for integration)	• Mapping and allocating human, material, time and financial resources	• Specifying goals • Defining an action plan with concrete steps and shared responsibilities	• Assessing needs and challenges • Baseline evaluation • Monitoring progress • Evaluating the outcomes • Reflecting on results

Tool 2.2. Planning action for strengthening integration

Outcome: Developing and endorsing an Action Plan which focuses on processes which strengthen integration

Target audience: Network members, Advisory Group or a Local Steering Committee

Process: The General Action Plan should be built based on: (1) PHASE 1 and the results of the SCOB analysis; and (2) the answers given to all questions in PHASE 2 (see introduction page of phase 2).

Depending on the context, **specific goals** should be identified to be achieved over a certain **period of time**, as a foundational stage in the process of strengthening integration.

The Action Plan should focus on achieving those specific goals through **activities** that consider all the key factors and enable quality practices, as a way to strengthen integration.

Identifying the **milestones** in the process is very useful for all stakeholders involved in the process. They focus on critical points on which reflection is needed to assess how much progress is made and what would need to be adjusted on the way, so that integration is ensured.

The plan follows concrete goals for children and families (based on the SCOB analysis).

Useful tips

The 'General Action Plan' is an instrument that helps you map out how you will implement and monitor the process of integration in one or more of the seven areas described in the first column to achieve the agreed goals. It's up to you to decide in which areas you have greater need or opportunity to bring further integration.

The Action Plan looks at both the processes and the outcomes. Since the focus is on strengthening integration, you may want to focus on strengthening those processes that bring increased collaboration, cooperation and coordination to achieve the goals and implement the activities and aim for activities that bridge the services through joint planning, joint coordinated decision making and joint/coordinated delivery.

See some suggestions below for Action Plans.

Example 1: General Action Plan

Goals: Review the goals (desired outcomes for children and families) that you have agreed, the form of integration you have decided to achieve and the governance structure to have in place. Based on these, develop the Action Plan which would illustrate how joint activities, shared responsibilities, clear roles, and efficient use of resources would support the achievement of the proposed outcomes.

Period of time:

Note: Mark in the Action Plan the **milestones** for each of the seven areas of action. Each area of action might need a more detailed plan, but the General Action Plan should reflect the convergence of actions towards achieving the agreed goals.

	Areas of action	Planned activities	Who is responsible	Who is involved	When it will take place	What resources are required	Expected outcome
1	Shared vision and community engagement through dialogue						
2	Policies and regulations adjustments						
3	Capacity building for introducing new practices - Staff - Management - Governance - Community						
4	Leadership and governance structures and processes						
5	Integration in service delivery - Joint planning - Joint delivery - Joint monitoring and assessment						
6	Communication and information sharing						
7	Allocation of resources (time, human, material, finance)						
8	Monitoring and evaluating outcomes for children and families - Baseline evaluation - Monitoring - Final evaluation						



Example 2: Simple Action Plan for Concrete Actions

Outcome The change you want to see	Strategies Effective ways to get there	Resources / help Things or help you will need	Deadline By when it should be accomplished	Responsible person/partner Lead person/ partner for this action

Example 3: Detailed Action Plan for each Goal

Goal 1
Process: <i>Describe the steps needed to reach this goal. What will you do?</i> ...
Results: What are the concrete results of these steps? ...
Timeline: Define how much time each step will take and the end time for every step. ...
Task division: Who does what? ...
Budget: Describe the means (infrastructure, material, workforce, etc.) that are required to deliver the actions ...

Additional suggestions

Keep in mind that when developing the Action Plan it is important to do the following.

Reflect on goals

- Define the ambitions of your network and based on them define the goals.

Take the following reflection questions into account.

- Who is your target audience?
- Are they concrete enough? Are they achievable?
- Why do you suggest these goals?
- What is already happening and what is the current way of working? What works and what doesn't? What change is needed? What strategies do you suggest? Why have you chosen this path?

Reflect on the possible actions

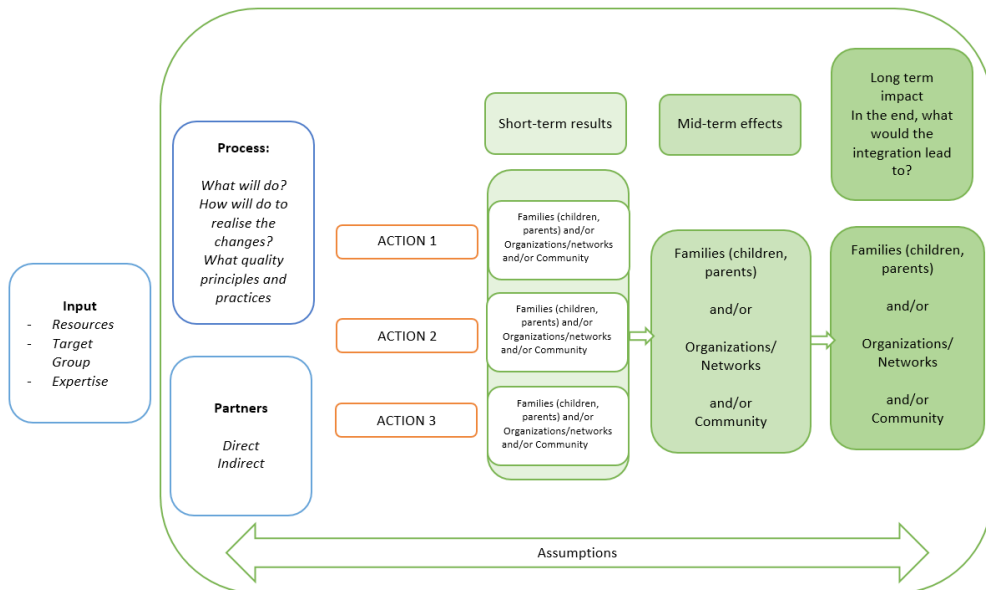
- Which actions will you undertake to realize the goals?
Take these aspects into account.

- Process: which steps will be undertaken?
- Results: what are the expected results? Define them in a SMART way.
- Time line: when will each step be done?
- Task division: who will do what?
- Budget: which resources (infrastructure, materials, staff) will you use?

Think about indicators for evaluation

- It is useful when developing the plan to define possible indicators. Consider the following aspects.
 - Which criteria are important?
 - What might the effects be?
 - Are there any possible unintended effects?

To guide these steps, the discussion can be done with post-it notes, which can easily be changed in order and different colors can be used. A scheme such as the one below might be helpful in designing the general plan. It can be used when having discussions with partners .



Question 2: What is our vision?

Key Factor: Vision
Quality Practice: Shared Understandings and Goals

Tool 2.3. Exploring the image of the child, families, professionals and services

Outcome: Aligned image of the child, families, professionals and services

Target audience: Local Action Team, Advisory Group and/ or a Local Steering Committee, stakeholders from across services

Process:

Ask participants how they view children, the parents, and early childhood professionals and services. The discussion should explore the distances between the images participants hold, and explore concepts like children's rights, children's holistic development and agency, roles of parents, family participation, roles of professionals and services. An aligned view contributes to a shared professional culture.

Cut out and distribute the frame below with the group of stakeholders you want to collaborate with. Ask them to complete the sentences quickly, with the first association that comes to their mind. When completed, lead a discussion using the questions for reflection.

I see children as _____

I see parents as _____

I see professionals working in early childhood services as _____

I see early childhood services as _____

Questions for reflection

1. Analyze the different views and discuss the differences and similarities in the way you see them. How does that impact the organization of services? How does that impact your practice and service delivery? Give some examples from practice that reinforce your views.
2. Expand the discussion regarding the different views by connecting it to the principle of wholeness, purpose, diversity and participation (see section 3.1).
3. If the image of the child, families, professionals and services changes, how would the services be delivered? What would be different?

Tool 2.4. Understanding the Whole Child

Outcomes:

- Deeper and shared understanding about the importance of holistically approaching the child's development in an integrated early childhood system.
- Understanding the need to communicate and work collaboratively.

Target audience: Local Action Team, or a Local Steering Committee, managers and staff from across services

Process: This activity requires play-dough with different colors, wooden sticks and a hard base (i.e. cardboard). The group is divided into two small groups and each one receives different instructions. Groups should incorporate a variety of professionals from each different service.

Facilitators observe each group working together and take notes on the interactions, decision-making process, tasks and participation; these notes will be used to stimulate the final reflection.

Group 1 – (eight people, 10 minutes) The proposal is to create a child using plasticine. All the group members should participate. In the end, each one has to explain his/her contribution to the final product.

Group 2 – (10 minutes) Participants are sent to different rooms, so that they cannot see each other. Each one receives a separate individual task using play-dough.

Individual tasks

1. Please make a head
2. Please make a neck
3. Please make a body
4. Please make an arm
5. Please make an arm
6. Please make a leg
7. Please make a leg
8. Please make a hand
9. Please make another hand
10. Please make some feet (do not mention the number)

Participants are not allowed to talk to each other, share the task they have been given or say what they are doing until told to by the facilitator. The purpose of the task is not revealed. Do not answer questions about what is going to be done, why they are not allowed to communicate with each other. They can only perform the task with the information they have been assigned and strictly follow the rules and indications given to enhance the experience of the dynamics.

The number of 'body parts' / tasks can be increased or reduced so as to be adjusted to the number of professionals involved, ensuring that orders to make arms and hands, legs and feet are not assigned to the same people (enabling different understandings about where the leg ends or whether or not to include the hand and the foot, generating overlays/duplication of work). Facilitators watch and make notes of key themes to stimulate discussion later.

Groups come together in one room (30 minutes).

Questions

1. *How did you feel during this activity?*

Compile ideas on a flipchart, separating those from participants who were in the cooperative/integrated work group – the child – from the ones from the silos working group).

Ensure everybody participates. Validate the shared feelings, and stimulate the acceptance of feelings in the group and their diversity or even divergence, without judgment or ‘right or wrong’ ideas.

2. *Ask if everyone participated in the construction of the child and if it is clear what their participation/production was.*

3. *What were the pros and cons of the two processes?*

Reflect on advantages or disadvantages of the implementation of systemic approaches and integrated action from a shared goal and a joint action vs. work in silos.

4. *Is there overlap and/or gaps of parts in the result of the group that worked in silos/to the task?*

- o The whole is more than the sum of the parts. Reflect on how it is possible not to lose the specificity of each one (service/professional/person) in integrated and participatory work, as a common and shared objective and an integrated action to strengthen, complement, avoid overlaps and enrich this specificity and diversity of knowledge and talent.
- o Reflect on the holistic view of the child, the family, the professional, the service, the community.
- o Compare the quality of production, richness of detail and levels of satisfaction in tasks.
- o Reflect on the space that was generated (or not) for creativity and innovation.

5. *How was the generation of knowledge and common use of resources, effectiveness and efficiency in the two processes?*

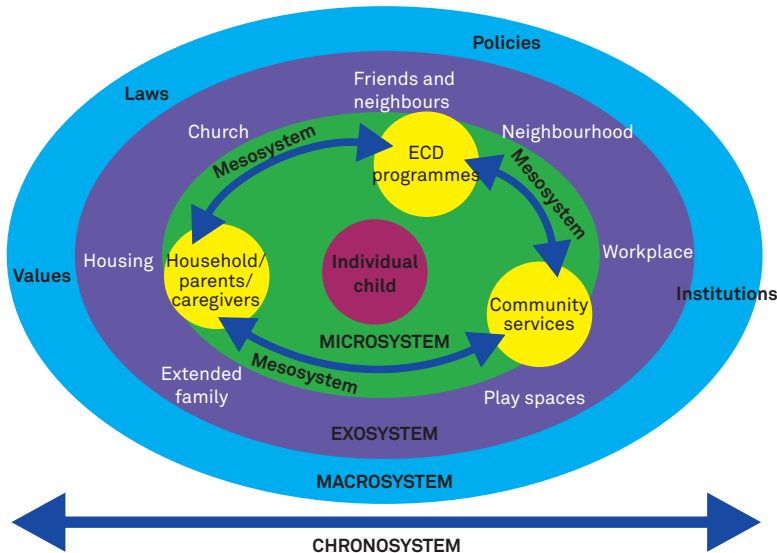
- o Reflect on the ability/opportunity (or not) to adapt and solve problems.

6. *How did leadership take place? How were the tasks distributed?*

7. *Have you ever been in either of these two scenarios: being asked to do an isolated task; or to do a task in collaboration with others?*

8. *Can you position services/professionals/people/families/children in these two scenarios?*

Tool 2.5. Adopting a systemic view of child development



Outcome: Shared understanding of the importance of approaching the child's development holistically in an integrated early childhood system

Target audience: Local Action Team, stakeholders from across services

Process: Introduce and share the framework on the right with your stakeholders, then lead a conversation using all or some of the questions for reflection.

Explore the understandings of the concept of 'holistic development' of the child and synergies and complementarities between services to holistically address the needs of the child.

Source: Woodhead, M. (2014), *Early Childhood Development. Delivering inter-sectoral policies, programmes and services in low-resource settings, Topic Guide (November 2014)*, Health & Education Advice & Resource Team-HEART

Questions for reflection

1. From the perspective of your service, what can you cover? What are the areas where you can independently meet the needs of the child and family?
2. Where do you need other professionals, services, sectors to join efforts?

3. Are all services and sectors involved in joint work with others? Which service is more invested in working with others? Which might not be interested at all, and why?
4. Is there a history of providing integrated services to young children in your region/country? What are the experiences? Is there any record?
5. Is there a shared understanding and appreciation of what different agencies/services can and do contribute to the better outcomes for young children?
6. Starting from the needs and rights of each child, what can each agency/service/professional contribute to the whole?
7. If you were advising the government on integrated children's systems, what would be your advice?

Useful tips

This tool can be used in conjunction with Eco-mapping Tool 1.6: My service and other services in my environment.

Participants draw all the institutions/organizations in the mesosystem (their environment) which surrounds an individual child. Afterwards, they indicate connections between their institution and other services they cooperate with.

Important: Keep in mind that participants are likely to draw links with all institutions that exist in the environment. Guide them to distinguish between the actual situation and the desired one.

After indicating the connections among institutions, participants can also indicate the level of shared understanding among institutions about the importance of addressing the child's development holistically.

- Shared understanding established: _____ (a solid straight line)
- We need to work on developing shared understanding: ~~~~~ (a wavy line).

Tool 2.5.a Organize transitions considering the child's need for continuity

Outcomes:

- Existing transition practices are made more visible
- Growing awareness of transition practices through a reflexive process
- Supporting exchanges between professionals from different departments with different practices
- Deeper and shared understanding about the importance of familiarization, continuity and transition.

Target audience: Local action team, with professionals from different services and with different functions across services

Process: The group is divided into small groups of 4–5 and each one receives one of the two instructions. The groups should include a variety of professionals from different services. This activity requires large sheets of paper and marker pens.

Provide the groups with the following question/task.

- In the place where I work (directly or indirectly), what is organized regarding children's 'familiarization' with the new service?
- Write a definition of 'familiarization'.

OR

- In the place where I work, what is organized in relation to the child's need for continuity, prior to and during enrolment, and after the beginning of the attendance/school year?
- Write a definition of 'continuity'.

Let the groups share and discuss their ideas for 30 minutes and ask them to write down on large sheets of paper their list of practices and their definition of 'familiarization' OR 'continuity'. Have each group present and discuss further why familiarization, continuity and transitions are key for a child's holistic development.

If needed, give a short theoretical framework on the concept of familiarization – continuity – transitions.

Background information

- Transition is defined as the "time period during which the child gradually adjusts to his or her new physical, social and human environment" (April, 2010). When children start going to preschool or

school (start schooling) or shift daily between, for example, family, preschool or school, after-school care or another service, they are experiencing transitions. The age-related transitions are 'vertical' while the last transitions are 'horizontal'.

- During transition, children experience changes at the level of their identity, their relationships and their environment. These changes are discontinuities that can be overcome if some elements of continuity are present and if professionals take them into account seriously. If not, short- and long-term negative effects can be observed on the child's development and for a successful start at school.
- "A successful transition means a harmonious transition for the child, the child's family and the adults in the child's life" (April, 2010). Among the basic needs of the child during transitions, the need for continuity is at the heart.
- The "child needs to be able to build a sense of continuity between each place he/she visits, every time he/she goes through, and every adult he/she encounters. This spatial, temporal and relational continuity is essential for her/him to give meanings to what is happening to her/him. It consolidates the 'continuous feeling of existence' which is still fragile at about 3 years of age. It facilitates the integration of the rules and habits of the new environment that she/he frequents. It establishes emotional security." (Masson, 2016)
- "Familiarization is a practice that increases the sense of continuity and supports positive lived transitions. It is therefore important that during the familiarization period adults talk to each other and that the children witness it: it is because the child observes that the adult with whom she/he is familiar (her/his parent for example) exchanges with another adult, that she/he will be able to trust this new adult and to create meaning on the transition that is going to happen or will happen."

Sources: Masson, Marie. *Introduire l'enfant au social*. Bruxelles, Yapaka, Temps d'Arrêt n°85 (février 2016) www.yapaka.be/livre/livre-introduire-lenfant-au-social
April, Louise et al. *Guide for supporting a successful school transition*. Gouvernement du Québec Ministère de l'Éducation, du Loisir et du Sport (2010)
www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/GuideSioutenirPremiereTransScolQualite_a.pdf

Tool 2.6. Creating a shared vision about children and families

Outcome: Agreement on a shared vision

Target audience: Local Action Team, stakeholders at the service level, stakeholders from across services

Process: Discuss and agree on a shared vision about young children and their families (in a community, a municipality, a region, even at the national level) and how early childhood services are envisaged to contribute to achieving better outcomes for children and families, especially for the most vulnerable.

Convene several meetings, if needed, with managers of services, representatives of local authorities, representatives of parents for discussing a shared vision and goals for early childhood services in the community. Consider bringing together stakeholders that do not have many or any opportunities to meet.

Develop or find a few vision statements that may describe a common vision for early childhood services for young children and families in the community (municipality) and introduce them to the participants.

You may ask each participant to write a letter from the future, where they are telling someone of importance how things are, if the highest potential of the services has been achieved.

Example:

We have early-childhood services provisions that are accessible, available and affordable to all children and families and meet their diverse needs. All decisions regarding the policies, planning, and delivery of services are taken by firstly considering the children's and families' needs. The services are of high quality and make an efficient use of resources (financial, human, material, time).

Share each vision statement with participants and highlight or add elements based on the discussions. Be sure that all voices are heard and that a common language provokes discussion.

Analyze all suggestions and decide together on an agreed vision statement. This will serve as a foundation for future steps.

Useful tips

- Vision statements are formulated as ‘future realities’, as if they were describing a picture of a moment in 10 to 20 years’ time. They should be written in a positive way.
- Each individual and service should be able to identify their purpose, in terms of what they do in order to contribute to the common vision.

Question 3: What do we want to achieve for children and families?

Key Factor: Vision, Service delivery
Quality Practice: Shared Understandings and Goals, Quality Service Delivery

Tool 2.7. Establishing desired outcomes for children and families

Outcome: Joint commitment on agreed outcomes for children and families

Target audience: Local Action Team or the Local Steering Committee, managers and staff from across services

Process: Based on an aligned view of children and families, the analysis of the current situation regarding the integration of services in the area (local, municipality or regional), **explore with stakeholders the outcomes that are intended for children and families.** Such outcomes could be: increased access and attendance of services; better child-development outcomes; higher rate of employability of mothers; smoother transition of children and family from one service to another, etc.

A baseline assessment regarding the intended outcomes is needed to provide a clear picture of the starting point. Discuss what kinds of instruments will be used to assess those specific outcomes at the beginning of the process (quantitative and qualitative data), to monitor the progress during the process, and also after the cycle of change has been closed, before initiating a new one.

Below, you can find an example from Toronto. You may consider using other examples of outcomes as you see fit for your context.

Example:

Toronto First Duty (TFD) began in 2001 with the ambition to showcase the directives from a previous Early Years Study which strongly advocated for integration of services. The initiative developed an intricate monitoring system that included a set of indicators to assess impact next to the targeted population, but also a benchmarking system to assess the degree of integration in a set of core services: learning environment; staff team; governance model; seamless access (service delivery); and parent involvement.

Key Outcomes for Toronto First Duty include the following.

Optimal child development

- Physical health and well-being
- Social competence
- Emotional maturity
- Interest in reading and number activities
- Communication skills

Service system development

- Full continuum of services
- Appropriate service mix
- Use of best practice programs
- Accountability through funding %26 monitoring

Service delivery integration

- Centralized information about services
- Centralized intake and referral common assessment instruments
- Interagency service delivery teams
- Shared protocols/practice guidelines based on best practices
- Shared integrated client records or protocols for sharing information
- Service coordination through facilitated access
- More timely access

Individual service use

- More timely access
- Increased service use (range and appropriateness)
- Increase continuity of supports and services
- Increased choice and satisfaction

Source: Toronto First Duty. (n.d.). Retrieved December 19, 2016 from: www1.toronto.ca/wps/portal/contentonly?vgnextoid=3cfad25ed83ae310VgnVCM1000007d60f89RCRD&vgnextchannel=473c97b29ce2f310VgnVCM10000071d60f89RCRD

Questions for reflection

1. Regardless of what currently exists, or does not exist in our community, what do children/parents need and deserve from a local service model? (Dare to dream a little but keep it realistic and achievable!)
2. How might these services be provided to maximize access to all families?
3. What outcomes for children and for families do we plan to achieve? What do we know about these outcomes now and how will we be able to monitor and assess them?

Useful tips

You can remind participants what they did at the very beginning when you used Tool 1.3, 'My professional hopes, vision and commitments'. If you managed to save what they shared at that time, you can compare answers and you can also focus on translation of hopes, vision and commitments in measurable outcomes for children and families.

Tool 2.8. Involving young children in defining outcomes

Outcomes

- Children's perspectives of their own needs
- Greater engagement and ownership from children and families

Target audience: Primary (local facilitators of the integration process);
Secondary (beneficiaries of early childhood services)

Process:

- Read the consultation initiative described below and the process used to ask young children what was important for them in the services.
- Discuss with staff the services in which they would like to consult with children.
 - What elements of this example could be adapted to ask about children's perspectives on the quality of the service?

- What conditions are needed to create a safe space for children to voice their needs?
- Integrate a consultation with children from the services participating in the integration journey to the extent you find it possible.

Consultations with young children in Co. Roscommon (Ireland)
on their priorities for the CYPSC Early Years' Health and Well-being
Strategy for the county

Children and Young People's Services Committees (CYPSCs) are county-level strategic interagency structures in Ireland that ensure effective interagency co-ordination and collaboration to achieve the best outcomes for all children in its area. Roscommon CYPSC has identified the health and well-being of young children as a crucial element of the overall work towards improving outcomes for children in the county. As a result, a series of consultation sessions with very young children in County Roscommon in relation to their health and well-being needs were facilitated by Marie Gibbons and Caroline Duignan in early 2017. The consultations took place in preschools involving 120 children (aged 3 ½ – 4 years) with support from the staff in the services. The consultations informed the development of the Early Years' Health and Well-being Plan for Roscommon. The theme of the consultation was *'What do young children in Co Roscommon think would help them to live healthier, happier and more active lives?'*

The Consultation Process followed a number of steps.

- **Information sharing:** the facilitator met with staff teams to explain the purpose and rationale for the consultations and to begin the process of getting parental consent.
- **Capacity Building Sessions** on participation, listening to and consulting with young children as part of decision-making processes were held in each service.
- **Planning the sessions:** the facilitator met with each staff team to plan the sessions.
- **Consent and assent:** services took on the process of gaining parental consent. They also agreed to prepare the children for the facilitators' visits and to seek their assent.
- **Getting to know the children:** the facilitator spent time with children before the sessions, explained what she was doing and asked for their help.

Example of a sequence of consultation sessions with children based on the experience of Co. Roscommon.

Preparation

- Form a team: Identify and gather your team, and discuss each of the principles used in the Co. Roscommon initiative. Explore why they are important, and how to translate them into concrete action.
- Create a safe space: In the invitation, the facilitator reminded children of the purpose of the consultations using child-friendly language. Children were invited to take part and were reassured that they did not have to.
- Create materials: A game was developed in consultation with early-years staff. Images of health and well-being activities and behaviors were selected from the internet, and then printed and laminated. Images included eating fresh fruit and vegetables, washing hands, playing outdoors, etc. Twenty images were selected for the game.

Consultation sessions

Each image was discussed with the children, and they were informed that the images represented what the adults thought were important for young children to feel happy and healthy.



1. The children then could either vote on the images that they felt were most important, important and least important (each child was given three sticky tabs) or the children could work together to group the images into three piles. Children need adult support and guidance in order to be able to complete the game, and this provides for plenty of adult-to-child discussion and dialogue about what is being represented in the images, and about the theme of health and well-being.
2. After this, the children are asked to think about what we, the adults have forgotten to include, and are invited to draw their own ideas.
3. These images were then photographed or scanned, and grouped into themes. Each theme was then represented by another image (for example, blowing bubbles, playing with pets, playing with grandparents, jumping in puddles).
4. The images representing the children's perspectives on health and well-being were combined with the original adult-generated images. From the combined images, the children were invited to work together to organize these images into three categories: Every day; Often; and Sometimes (treats). Each of these categories were represented by three sections of a volcano, symbolically chosen by the children to represent their perspectives.
5. Each service created their own version of the volcano but there were striking similarities across each project. Each volcano was then analyzed for similar themes and these were combined into one Happy and Healthy Volcano which was printed and distributed across the county.

Source: Harris, P & Manatakis, H., (2013), *Children's Voices; A principled framework for children and young people's participation as valued citizens and learners*, South Australia: UniSA / Download: www.education.sa.gov.au/sites/default/files/childrens-voices-framework.pdf?v=1476666418

Question 4: What competences are needed to be in place?

Key Factor: Leadership,
Workforce
Quality Practice: Strong
and Shared Leadership,
Continuous Professional
Development

Tool 2.9. Identifying essential competences for high-quality integrated service delivery

Outcome: Map of professional competences that are required to foster integration

Target audience: Local Action Team or the Local Steering Committee, managers and staff from across services

Process: Take stock of the competences which need to be developed by the professional staff in different services and structures to better support the process of integration; develop a capacity-building plan.

1. Ask participants to list the competences they feel strongly about and those they feel that they would need to have to provide children and families with high-quality services.
2. Facilitate a conversation between peers about the competences they all share as essential and why they chose those. Reflect the extent to which those competences are specific to their profession or whether they are essential for other early childhood professions.
3. Discuss and take stock of the competences that would contribute to working better in an integrated way.
4. Discuss possible ways of building the capacity of professionals to work better together.

<i>Types of competences (various professionals / services)</i>	<i>Existing competences</i>	<i>Required competences</i>	<i>Possible ways to build the required competences</i>

Tool 2.10. Identify essential competences of the facilitator(s) of an integration journey

Outcome: Identified competences required for those facilitating an integration journey

Target audience: Local Action Team or the Local Steering Committee, managers and staff from across services

Process: Facilitating the journey towards better integration of services requires a set of competences. These might include interpersonal communication, insights in the interests of all partners; who is a strategic expert; who has up-to-date knowledge of the field and the practice, with a clear mandate.

This activity might help the steering group of the integration process to identify the person that can take such a role, or make sure the assigned facilitator can mobilize the needed competences.

1. Ask participants to draw a silhouette of their perfect 'coordinator'. The focus can be narrowed to specific aspects.
 - Brains: what he/she should know, which knowledge is important.
 - Senses: what he/she should see, listen to, look for, or feel.
 - Shoulders: what he/she should be able to carry.
 - Hands: what he/she should really do.
 - Feet: which direction he/she should go in.
 - Heart: what he/she should be passionate about.
2. Synthesize the information with the group by highlighting the most important competences mentioned. Together, decide on the necessary conditions to support the facilitator's work.

Question 5: What will integration of services look like?

Key Factor: Leadership,
Service delivery
Quality Practice: Strong and
Shared Leadership, Quality
Service Delivery

Tool 2.11 Define the 'shape' of integration

Outcome: Agreement on the 'shape' that the integration of services will take

Target audience: Local Action Team or the Local Steering Committee, stakeholders from across services

Process: Initiate a discussion based on the various examples provided under Phase 1 (Tool 1.7 'Stories of Integration') about what the integration of services might look like at the level of the community/municipality.

Questions for reflection

1. From the perspective of one family with young children, how many services would they need to access in the early years for various purposes? How could the services better coordinate with each other so that it is easier for the family to access them?
2. If there is a high variety of services provided (formal, non-formal, informal), what would be the most realistic and efficient way to connect their work around one family?
3. What inspires you in the Dutch example? What might be the limitations/challenges in your context?

Tool 2.12. Explore different models of integrated service delivery

Outcome: Agreement about the 'shape' that the integration of services will take

Target audience: Local Action Team or the Local Steering Committee, stakeholders from across services

Process: Initiate a discussion about the model of integration by referring to the chart under section 2.1. 'Forms of integration' (see below) and by introducing the examples from different countries (see Tool 1.7. 'Stories of Integration'). The discussion should focus on what model would best suit the community

where the services are operating so that better outcomes are achieved for children and families. Also, when moving to the next level of integration, consider the steps needed to be taken for this change and how achievable and realistic they are.

Integrated service models vary, and the resulting model depends on the extent to which local early childhood services are ready and able to change. The level and intensity of service integration reflected in a community may change over time. In the beginning, given the significant change required, it may be more practical or reasonable for a community to aim for a model reflective of ‘collaboration’ with a view to moving forward to a truly integrated service model over time.

‘Platforms: A Service Redevelopment Framework’ (2009) developed by the Centre for Community Child Health provides a few possibilities:

- a ‘virtual’ services hub in which the parties involved coordinate and collaborate service delivery without co-locating or becoming a single organization;
- a core services hub in purpose-built premises, with outreach services to isolated or vulnerable families provided by a ‘virtual’ service partnership;
- a number of services relinquishing their independent status and becoming part of a new service (which may or may not be located in a single purpose-built premises).

Source: Prichard, P., Purdon, S., Chaplyn, J. (2010). Moving Forward Together. A guide to support the integration of service delivery for children and families. Murdoch Children Research Institute, The Royal Children’s Hospital Melbourne, Tasmanian Early Years Foundation.

Questions for reflection

1. Who should be involved in determining the form of integration that best suits our community?
2. What form of integration best suits our community?
3. How will we realistically get to this point?
4. What needs to be done to enable our preferred form of integration?
What steps do we need to take?

The decision has to be grounded on a broad consultation process, thus minimizing the risk of encountering strong resistance to change. The choice has to clearly indicate the rationale for the change, but also the benefits that

will be brought not only to children and families, but also to those involved in service planning, delivering and monitoring.

	Institutional independence	Consistent/ Shared goals	Joint planning	Joint service delivery	Lead partner	One leading Agency
Cooperation (in a network of services)	•	•				
Collaboration in the network	•	•	•			
Coordination within the network	•	•	•	•	•	
Integration of services (including under one roof)		•	•	•	•	•

Useful tip

You may consider organizing study visits for the Local Action Team and the Local Steering Committee to see different models and discuss with local stakeholders.

Question 6: How will the communication and information sharing be organized and managed?

Key Factor: Leadership, Communication and Information Sharing
Quality Practice: Strong and Shared Leadership, Transparent, clear communication and ethical information sharing

Tool 2.13. Define the Information-sharing flowchart

Outcomes:

- Better understanding of the key elements of the information sharing
- Development of the rules and procedures of information sharing and documents which are going to regulate it
- Better understanding of the importance of protecting a child's and a family's privacy

Target groups: Local Action Team

Process: Discuss the information in the flow chart³⁰ with participants and focus on what is working now and what needs to be improved. Refer to policy documents and regulations in their country. For further discussion, you can consult the text box below.

Divide participants into four groups and ask each one to focus on one topic/issue (When, What, Who, How), and ask them to operationalize very broad and general categories mentioned in the chart by asking them specific questions (i.e. When would they like to share information and what does it mean to be 'worried about the child' or who are the persons they will share information with or in which form they will share information).

After the group work, integrate the outcomes of their work and you will have a chart with concrete inputs which will help you develop procedures, agreements, and if needed, memorandums of understanding. The same flowchart can be used for planning other areas and levels of information sharing.

NOTES:

- During a separate meeting, the key questions (What, When, Who and How) can be addressed from different perspectives (e.g. What do we want to communicate to parents who are not using our services at the moment? How we are going to address them? What information might they need?).
- During a separate meeting, you can list the different types of information that you want to share and explore processes, target groups and timings according to the type of information.

³⁰ The structure of the chart is adapted from: www.pkc.gov.uk/CHttpHandler.ashx?id=19688&p=0

When to share information on children and families (Timing)	Share information when you are worried about the well-being of child and family	Share information when it is purposeful and in the best interests of the child and family	Share information when the child/ family needs integrated care, referrals or additional support
What to share (Content)	Only share information which is relevant, accurate, necessary, updated and legitimate	Share only information which is required – reduce or remove unnecessary data	Share accurate data, and not your interpretation of data
Who to share with (Receiver of information)	Share information only when it is really needed and with those who really need information	Share information with your management-level and colleagues working with children and families	Only with named and authorized person(s)
How to share (Process)	Share data efficiently and effectively and keep a record of information shared	Share information verbally, face to face, or in a written form	Share information in a safe, protected way

Tool 2.14. Defining different levels of communication and information sharing

Outcome:

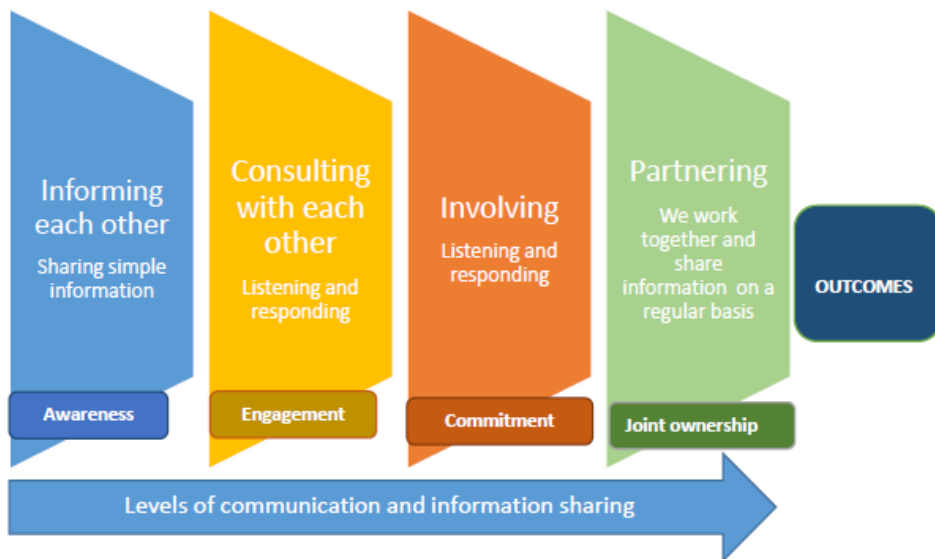
- Increased understanding of different levels of communication and information sharing and their impact on different levels of integration

Target groups: Local Action Team or Steering Committee

Process: Use the drawing below³¹ to trigger discussion on different levels of communication and information sharing.

With participants, discuss the level of communication and information-sharing they have with different, but relevant, services in the work they are doing, and how this helps or hinders their efforts to meet the needs of children and families.

Explore and define, on the journey to integration, how they will reach the partnering level and what they need in order to establish and preserve it. At the same time, explore the level of communication and information-sharing they want to have with other services, institutions and agencies in their community (i.e. it is enough to have the level 'informing each other' with the various services in the community?)



³¹ Adapted from: http://ec.europa.eu/dgs/communication/about/evaluation/documents/communication-evaluation-toolkit_en.pdf

Question 7: Who will be responsible for what?

Key Factor: Leadership, Communication and Information Sharing
Quality Practice: Strong and Shared Leadership, Transparent, clean communication and ethical information sharing

Tool 2.15. Assigning responsibilities (Matrix)

Outcome:

- Agreed governance and leadership in coordinating the integration of services

Target groups: Local Action Team or Local Steering Committee

Process: A method for articulating stakeholder responsibilities in an integration project is to use Responsible, Accountable, Consult, and Inform statuses to create a RACI chart. The chart is presented as a matrix showing activities or deliverables in the left column, while roles are represented across the top of the chart. Roles can be functions within a service and/or stakeholder entities in an integration process. Ideally the integration champion(s) involve stakeholders when developing the RACI chart to encourage ownership.

The RACI definitions are as follows.

- **Responsible:** those who do the work to achieve the tasks or deliverable.
- **Accountable:** also known as the Approver – the one ultimately accountable for the correct and thorough completion of the deliverable or task – the one who signs it off. There is only one Accountable role or group for each task or deliverable.
- **Consulted:** those whose opinions are sought and with whom there is two-way communication.
- **Informed:** those who are kept updated on progress, often on completion of the task or deliverable, and with whom there is only one-way communication.

The power in developing a visual representation of project responsibilities lies in its participative development to encourage commitment from stakeholders. The other benefit is the clarification, to those inside and

outside the integration process, that activities have been planned and are being taken care of.

Activity	Partner A	Partner B	Partner C	Partner D
Partnership vision and agreement	A	C	R	I
Stakeholder meetings: agenda and presentation	C	C	A	R
Monitoring outcomes	I	I	A	R
Action Plan development	C	C	A	R
Community outreaching	I	A	R	I
Communication and information sharing	I	A	R	I
Allocation of resources	R	A	A	A

Question 8: How do we make decisions?

Key Factor: Leadership
Quality Practice: Strong
and Shared Leadership

Tool 2.16. Establish a governance structure for integration

Outcome: Agreed governance and leadership in coordinating the integration of services

Target audience: Local Action Team or Local Steering Committee, managers of services (public/private, formal/non-formal), representatives of local authorities from various sectors in early years, representatives of staff from various services and sectors.

Process: Depending on the ‘shape’ the integration of services will take, the governance structure ensuring participation and shared responsibility will need to be decided. Analyzing the options should take into account the most realistic scenario in the current context and the engagement and commitment expressed.

The governance structures depend on the ‘model’ of integration chosen as a step forward in the journey.

	Governance
Integration	One entity governance
Coordination	Lead organization
Collaboration	Local Advisory Group/Committee or Lead organization
Cooperation	Local Advisory Group/Committee

In each of the cases, specific structures of governance are in place: different leadership roles and responsibilities; and mechanisms for communication; information sharing and decision-making processes. The governance structure chosen is meant to create conditions for smooth coordination among various services and ensure efficient leadership in the coordination process.

Depending on the current situation and the plans for moving forward, analyze which would be the most efficient and realistic choice. Fill in the 'Pros' and 'Cons' columns for each option.

	Governance	Pros	Cons
Integration	One entity governance		
Coordination	Lead organization		
Collaboration	Local Advisory Group/Committee or Lead organization		
Cooperation	Local Advisory Group/Committee		

The decision has to be made following a process of consultation with all relevant stakeholders, keeping in mind that such changes need to be largely endorsed in order to be successful.

Useful Reading

Horizontal integration and network governance³²

Network governance has recently been introduced and studied as a possible integration mechanism for networks (Provan & Kenis, 2008; Kenis & Provan, 2009). Provan and Kenis (2008) identified three different forms of network governance: lead-organization governance; network administrative organization (NAO); and shared participant governance. This typology has been widely used as a conceptual framework to study inter-organizational service networks.

³² Based on Vermeiren, C., Dorien Van Haute, Nicolas Jacquet, Charlotte Noël, Peter Raeymaeckers, Griet Roets, Michel Vandenbroeck, Laurent Nisen, Danielle Dierckx. *Integrated networks to combat child poverty: a mixed methods research on network governance and perspectives of policy makers, social workers and families in poverty. Final Report*. Brussels: Belgian Science Policy Office (2018) p.104 (BRAIN-be (Belgian Research Action through Interdisciplinary Networks))

In a ***shared participant-governed network***, the network participants themselves govern the network. This means that decision-making is shared, the network depends on the involvement and commitment of all and acts collectively. This also means that the network participants have the final responsibility for the network activities, and they have to manage the internal and external relations of the network (Provan & Kenis, 2008). The power in these networks is supposed to be symmetrical, even when there are differences in organizational size, available resources and performance. These types of networks act collectively and the members all represent the network together as a whole (Provan & Kenis, 2008).

In the literature, researchers most often describe or investigate cases with a centralized type of network governance such as lead organization-governed networks and **network administrative organizations** (Span et al., 2012; Provan & Milward, 1995; Graddy & Chen, 2006; Human & Provan, 2000; Provan & Sebastian, 1998; Lemieux-Charles et al., 2005). The basic idea of the Network Administrative Organization-model is that a “separate administrative entity is set up specifically to govern the network and its activities” (Provan & Kenis, 2008: 236). An NAO is not a network member that provides services to a target group. Instead, the NAO is established with the **exclusive purpose of network governance**. This NAO can consist of only one individual or it can be an organization that consists of a director, staff, etc. (Provan & Kenis, 2008). This type of coordination is highly centralized and brokered and it can have considerable influence in the decision-making process or it can focus solely on the administrative functioning of the network.

Thirdly, in a ***lead organization-governed network***, as the term clearly indicates, there is a member organization that governs the network. This organization provides services to the target group but also has the responsibility to govern the collaboration in the network. All activities and key decisions are coordinated through and by this lead organization. The lead organization is occupied with the administration of the network and/or facilitates the activities of member organizations in the network to achieve network goals. This type of governance is also highly centralized and brokered (Provan & Kenis, 2008).

For this research, we zoom in on this last governance form, as networks that are installed by the government to deal with wicked societal issues such as poverty, social exclusion etc., are often lead organization networks. In the Flemish, Walloon and Brussels network reality, the local government receives funding for installing local networks to combat

child poverty, which makes them the leading organization. The networks in our study consist of local public and non-profit organizations that provide services to people in their community. The public center for social welfare (OCMW/CPAS) often acts as the lead organization and is responsible for the network's governance.

An important task of network governance is to establish a **certain level of network integration among the differentiation of network actors** (Lawrence & Lorsch, 1967; Provan & Kenis, 2008; Raeymaeckers & Kenis, 2016). Networks need the expertise of a large differentiation of service agencies to deal with the complex problems of their vulnerable target groups. At the same time, integration among this differentiated set of network actors is indispensable in order to fulfill the collective goals of the network. In lead organization networks, the lead organization typically appoints a network coordinator to assist in the governance of the network. An important challenge for this coordinator is to integrate the joined efforts of a variety of service organizations (Rosenheck et al., 1998; Provan and Milward, 1995; Author's Own, 2016) and to create a unity in effort (Lawrence & Lorsch, 1967; Buck, et al., 2011). Hence, the coordinator is considered as an important governing actor in these networks (Provan and Kenis, 2008; Edelenbos, Buuren and Klijn, 2013). In the next paragraph we focus on different types of governance roles that leading organizations and coordinators can adopt to govern a network.

The research of Span et al. (2012) is the first translation of this finding into a framework of three different governance roles that can be placed on this continuum: the commissioner, the co-producer and the facilitator.

At the top-down end of the continuum, the network coordinator adopts the **role of commissioner**. The coordination of the network is clearly located within the power of the network coordinator. The network coordinator makes unilateral decisions, which limits the input opportunities of the partners. Also, the network coordinator has the main responsibility and has to be able to account for the actions of the network.

At the other end of the continuum, the network coordinator can adopt the **role of facilitator**. His or her main goal is to facilitate the collaboration between the different network partners without intervening in the decision-making process. Here, the network coordinator's main job is

to set up the meetings and support the collaboration, while the final decisions are made by the network partners. These partners also have the main responsibility and take account for the actions of the network.

Situated between the top-down and bottom-up extremes, is the **role of co-producer**. Here, the network coordinator and the network partners strive for a balanced collaboration, in which the network coordinator is seen as an equal partner alongside the other partners in the network. The decisions are made collectively, taking all actors, the network coordinator included, into account. Consequently, the ultimate responsibility rests with all network partners and the network coordinator, who all have to be able to take account for the network.

Question 9: How can existing resources be better used and what additional resources are needed?

Key Factor: Workforce; Service Delivery; Time, Financing
Quality Practice: Continuous Professional Development; Quality Service Delivery; Adequate Time, Adequate Finance

Tool 2.17. Mapping the resources for integration

Outcome: Plan for reallocating and enhancing existing resources and identified needs for additional resources

Target audience: Local Action Team, Local Steering Committee, managers of services (public/private, formal/non-formal), representatives of local authorities from various sectors in early years

Process: Convene a meeting with the Local Advisory Group or Local Steering Committee and financial professionals representing different sectors/services and levels of governance, to engage in a discussions about what resources exist and how and for what they are allocated. Consider all types of resources: local, regional, national funding, private.

Depending on the 'shape' the integration will take and the changes that are planned in the journey towards integration, discuss each category in the chart below and assess to what extent the existing ones overlap, may be reallocated, or are insufficient. Keep in mind that certain activities that are

aimed at making a step forward in achieving greater integration could make use of existing funds, if thought about differently (e.g. joint capacity building). Explore various scenarios.

Type of resource	Existing	Overlapping	Reallocated	Additional needs
Human - Staff - Administration - Coordination				
Material - Communication and information sharing protocols - Policy procedures - Supplies				
Finance - Staff (time and training) - Administration (staff time and training) - Materials, supplies - Infrastructure				
Time - Joint planning - Joint delivery - Joint monitoring and assessment				

Tool 2.18. Planning the funding of integrated ECEC service delivery

Outcome: Plan for reallocating and enhancing existing resources and identifying the need for additional resources

Target audience: Local Action Team, Local Advisory Group or Local Steering Committee, managers of services (public/private, formal/non-formal), representatives of local authorities from various early-years sectors

Process: In the light of the changes that are needed for a higher level of integration, the existing funding models might require some adjustments. The entire journey towards integration requires time, commitment, knowledge, but also funds. The analysis of the current situation drawn in Phase 1 and the Action Plan should serve as a strong rationale for justifying any changes to the funding scheme. Use the proposed steps below to guide the reflections and planning of necessary resources.

A. Justification

Objectives for the additional or different funding schema (why we need additional funds or different allocation of funding)	
Existing budgets and funding schemas (what is working and what needs to be changed)	

B. Enquiry

What funding model will suit us best?	
---------------------------------------	--

C. What are the costs that we need to consider/estimate?

1. Planning and consultations	2. Costs for program support	3. Costs for management and coordination of services	4. Costs for supervision and quality assurance of the programs	5. Other costs
Staff time Meetings (consultations, planning) Advocacy	Staff time Infrastructure development Capacity building of the staff/ workforce Additional funding for specific target groups Leadership	Meetings Staff time Communication and information-sharing system	Meetings (monitoring, reflection, planning) Staff time	

C. What potential sources of funding are there?

	1. Planning and consultation	2. Program support	3. Management and coordination of services	4. Supervision and quality assurance	5. Other costs
1. National Government					
2. Local Government					
3. Private donations					
4. Civil society					
5. Other sources					

Useful tips

When discussing the decision-making process, time allocation and funding, it is important to involve in the process and invite to the meeting(s) managers and policy makers who can provide additional information on legislation, budget issues, etc. Before inviting them to the meetings (if they are not already members of a Local Action Team, or the Steering Committee), you will need to prepare them for the meeting. It is useful to have managers and policy makers in the Steering Committee because they can perform a reality check for the decisions that the Local Action Team wants to make.

PHASE 3

Tool – Continuous monitoring of the quality implementation of the Action Plan

Outcome: Quality implementation of the Action Plan

Target groups: Local Action Team and Local Steering Committee

Process: Convene regular meetings with the Local Advisory Group or the Local Steering Committee, or with the entity/body that is responsible for coordinating the process for assessing and reflecting on the steps made and reflect on the processes. These meetings are meant to bring together all the data collected during the implementation process and will provide key stakeholders with the opportunities to reflect on the following.

- The feasibility of the Action Plan: the extent to which the expected outcomes are likely to be achieved with the activities planned or what adjustments are needed (see the guiding questions for Phase 2).
- The decisions needed for increasing the efficiency and impact of the Action Plan (which areas need reinforcement through specific activities?).

Consider using the tool below to monitor the process. Each key stakeholder who is an active driver in the change process should document the process of implementation according the Plan.

	Areas of Action	Activities carried out on time / delayed	Suggested amendments based on the outputs	Milestones achieved
1	Shared vision and community engagement through dialogue			
2	Adjustments in policies/regulations/procedures/protocols			
3	Capacity building for introducing new practices - Staff - Management - Governance - Families - Community			



4	Leadership and governance structures and processes			
5	Integration in service delivery - Joint planning - Joint delivery - Joint monitoring and assessment			
6	Communication and information sharing			
7	Allocation of resources (time, human, material, finance)			

PHASE 4

Question 1: In which areas of practices have changes been successful?

Key Factor: All
Quality Practice: All

Tool 4.1 – Identifying the degree of implementing quality practices

Outcome: Overview of stakeholder's perception of the implementation of quality practices

Target groups: Local Action Team, and Local Steering Committee and selected stakeholders representatives

Process: Gather your stakeholder representatives and distribute the 'quality practice assessment table' below, asking everyone to rate individually each practice in terms of the degree of its implementation (1 = not implemented; 4 = fully implemented).

After participants' individual reflection, facilitate a conversation by area of practice and gather the critical aspects that require attention as well as ideas of how one can become more effective in reaching the desired impact. Revisit the action plan, and adjust items accordingly. Be sure to share the changes with all the relevant key stakeholders, including the reasoning informed by this exercise

		1	2	3	4
VISION	Across sectors and services, professionals, managers, decision makers, families, community representatives have a continuous dialogue about quality provision of early childhood services to achieve better outcomes for all children and families.				
	In all services, the values, practices and relationships are guided by the principle of child and family centrality in daily decisions and work.				
	The inner diversity of each professional and the diversity within and among children and families are seen as intrinsic values to quality provision.				
	Positive and trustful relationships among professionals, managers, parents and community members are established.				

VISION	The leadership culture recognizes the child and family centrality in the service design and delivery and in joint planning and delivery.				
	The policy and regulations of various institutions working with young children and their families are aligned around the principle of child and family centrality in service delivery.				
	The protocols for collaboration among services are grounded in collectively meeting the specific needs of each child and family.				
LEADERSHIP	The leadership culture is built on values of cooperation, participation, mutual respect, respect for diversity and solidarity in service design and delivery.				
	The leadership has initiatives that contribute to building a culture of collaboration among staff, services, families, communities, decision makers and policy makers.				
	The governance structures encourage shared leadership among professionals, managers of services, families and communities.				
	The governance structures encourage the co-creation of tailored community/family-rooted solutions.				
	The governing practices motivate all staff, create the conditions for cooperation among the staff, and empower the participation of staff, families and communities in decision making and monitoring processes aimed at quality improvement and higher efficiency.				
	Staff, parents and community members feel empowered to contribute to positive change in their communities.				
	The leadership practices encourage and support team/joint planning, team/joint service delivery and team/joint monitoring.				
	The management regulations create the conditions for clear and transparent communication among the leadership and the staff team.				
WORKFORCE	There are professional development activities organized at the level of the service aimed at expanding the portfolio of competences of the staff to better address the needs of children, families and the community.				
	Peer-assessment, peer-learning, mutual support and cooperation are supported and practiced by staff and leadership.				
	Common professional development activities among staff from various institutions/services are provided on a regular basis for enhancing the competencies of partnering organizations and encouraging group-reflection and learning.				

SERVICE DELIVERY	All staff in the service/s (regardless of the professional profile and role) shares the belief that each individual child and each individual family stays at the center of all decisions, and based on this belief, the entire staff operates on a daily basis.				
	Regardless of the sector, service and the age group of the children they target, professionals experience relationships that are trustful, empowering and respectful and demonstrate the same in their work with children and families.				
	The service delivery provides diverse tailored community/family-rooted solutions co-created with families and communities.				
	The governance structures encourage shared leadership among professionals and services, families and communities.				
	Interactions among professionals from different services are non-hierarchical and encourage reflexive and researching attitudes towards addressing each child and each family situation.				
	Through inter-institutional work, tailored joint services are created for outreaching the most vulnerable groups and ensuring universal provision.				
COMMUNICATION AND INFORMATION SHARING	The communication and information sharing among professionals within a service and among services respects deontological codes and is in the best interests of children and families.				
	There are clear, transparent, accessible and agreed channels of communication among services for properly addressing the specific situation and needs of each child and family.				
	A safely protected electronic system of information accessible to all services which provides accurate and complete information about each child and family is in place, given that families have consented access and use of their data.				
	Communication and information sharing among services is based on clear and transparent protocols for data protection, data upload, and data access, ensuring children's and families' rights to privacy and safety.				
	Communication and information sharing procedures supports collaboration within and among services.				

TIME	There is no-contact paid time allocated for team meetings among (para)professionals in the staff for analyzing and planning individualized pathways for addressing each child and family based on ongoing documentation, self and group reflection.				
	There is no-contact paid time allocated for cross-sectorial professional development activities on the level of the service.				
	Within teams and among services, there is specifically allocated time for joint planning and assessment.				
FINANCING	Local funds are specifically allocated for cross-sectoral activities.				
	Coordination among services ensures that funding is aligned and areas of overlapping of gaps are identified and minimized.				

Additional suggestions

1. Taking stock of the achievements in terms of outcomes

In a qualitative way

- Use the elevator pitch with a policy maker: You are in the elevator with the minister/mayor and you want to talk about the network: what do you tell him/her? What are you proud of?
- Describe a case of a family (from the perspective of the family based on an interview; from the perspective of a professional based on an interview).
- Ask the families what it is that they appreciate. What could be done better? Reflect on how to ask parents for their opinions: one-to-one talk, a focus group, etc.

In a quantitative way

- Ask the partners to give a score from zero to five that describes in which way each goal has been reached. Discussion about the score is important. What is the meaning of, for example, a '2' for this goal? What do we have to change? What can stay the same?

Discuss and reflect on the accessibility of each partner/integrated network

- Before the door/behind the door?
- Availability, affordability, accessibility, usefulness, comprehensibility.
- What do we want to do/be, and for whom? Which families are reached? Which ones stay under the radar?

2. Taking stock of the achievements in terms of the process

- **Group discussion** with participants in the process

- What were the important milestones for you during the process? What helped that milestone? What hindered this milestone? How did you cope with this hindrance?
- What's on your bucket list for year 20XX? What is needed to make your bucket list a reality?



- **The Bus exercise**

Put a toy bus in the middle of your space as a metaphor for the entire journey.

- Ask people to take a place and ask this.
 - Where do they put themselves (in or outside the bus)? Are they the driver, or are they in the back?
- Ask participants these questions.

- What was for you the engine of the bus? (What motivated you to be engaged?)
- What was in front of the bus? What were the possible challenges?
- What gave the bus energy?
- Was the direction clear? Is it still clear?
- What should change?

- The River exercise

Provide images of a river, but also bridges, waves, stones, life buoy, etc. Ask participants to draw a timeline as a river, and put the images on the river (wave – a boost to the network; stone – obstruction or obstacle in the network; life buoy – what helped to get over the obstacle).

An example from the Belgian (Flemish-speaking) pilot.



- The Cheers exercise

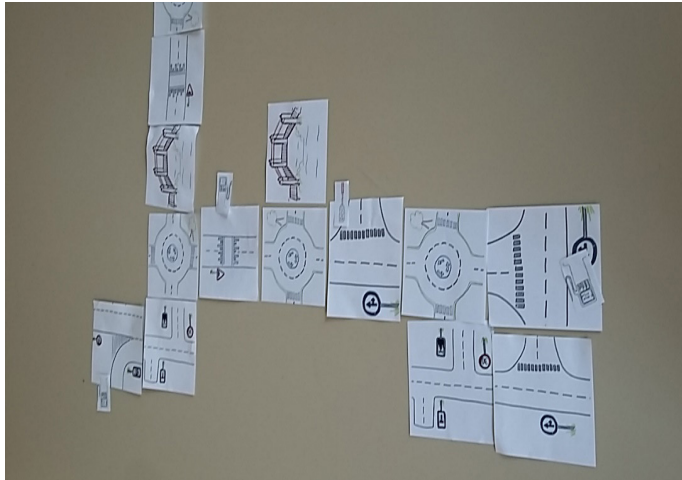
Tell participants, 'Take your shared ambitions/goals and investigate if the goals are realized in the "right" way. Are we undertaking the "right" actions and are we doing them "correctly"?'

To answer these questions, you could ask each member to fill a glass with water. The amount of water indicates each member's perception about the level of achievement of the goals.

Other questions might be: Did these actions proceed in the right way? Did the families appreciate these actions?

The main aim is to stimulate discussion about the vision, the undertaken actions and the way in which the actions were taken. By saying 'cheers,' this takes place in an open atmosphere.

- The Picture of the Road exercise



Ask participants to describe the road they have taken. Provide drawings of typical road elements: a highway; streets with speed limits; roundabouts; traffic lights; bridges, etc.

When they have built their road, you can ask them to tell something about the point they arrived at and how they want to continue along their road. Another interesting question might be to ask them where they got their fuel to continue moving. In this way, they can share what was supportive for them on the way, which could be helpful for others.

- The **Take the Temperature** exercise

Ask participants to define how 'warm' they got from working together. They could choose from -5°C (frozen: the process of working together was a very difficult process) to 20°C (the process of working together went very smoothly).

What are the drivers for these temperatures? What could be a first step to reach a higher temperature (1 or 5 degrees warmer)? How would you notice that your temperature has increased?



Useful tips

1. It's important to see that the process of monitoring and evaluation is something that requires ongoing attention. In that way, you could say that it's better to not see it as a separate phase but as a focus that has to be present in every phase.
2. Don't document tasks just because it is required, or evaluate just because it is an obligation. The coordinator should focus on the added value of evaluation and monitoring. So, partners should not see it as extra paperwork, but as something that they can learn from.

Question 2: What are the reasons why changes did or did not happen?

Key Factor: All
Quality Practice: All

Tool 4.2. Assessing the Process

Outcome:

- Shared learning amongst stakeholders on the progress in integration

Target audience: Local Action Team and Local Steering Committee and other stakeholders who have been involved in providing guidance on the journey

Assessing the impact of the integration journey thus far requires comparing the current situation with the starting point. It is important to assess both, to what extent the principle of child and family centrality is a living principle and what outcomes for children and families have been achieved, but also how successful the processes have been in which all stakeholders were involved throughout the phases of the journey.

Revisit the questions under Phases 1–3 and the accompanying tools, and assess how far you have reached in the journey. Which of the Key Factors have been the most problematic? Which Quality Practices were the hardest to enable and reinforce? Where are the main reasons for a situation of incomplete change?

Consider using the SCOB analysis and the Action Plan to assess the progress of the work done during the process.

The data collected through the monitoring activities should provide insights into the main reasons for which some changes or did or did not happen.

PHASE 1 – WHY DO WE NEED CHANGE?		
Purpose of the assessment	Main reasons for which change was enabled	Main reasons for which change was hindered
Understand how principles, key factors and quality practices have been effectively embedded within the process of integration		
Evaluate the perception of changes within and between services from the staff/professional's standpoint		

Understand whether former challenges and obstacles were overcome, and whether strengths were maximized and opportunities grasped		
Assess changes in terms of engagement of the available services in the community		
PHASE 2 – WHAT CHANGE IS NEEDED?		
Purpose of the assessment	Main reasons for which change happened	Main reasons for which change did not happen
Identify whether a critical component of the change process was overlooked or requires adjustment		
Assess impact in terms of outcomes for children and families		
Appraise whether the necessary competences that support the integration process have been developed or acquired, and which still require future capacity building efforts		
Clarify responsibilities and communication duties between individuals and partnering services		
Clarify and review adequacy of governance structure Assess the efficiency of the leadership practices and processes		
Evaluate changes in resource management and sharing		
Evaluate the timeline, responsibilities and quality in the implementation of the integration journey		

Question 3: What outcomes for children and families were achieved ?

Key Factor: All
Quality Practice: All

Revisit Phase 2 – Tool 4.3. Outcomes for children and families

Outcome: Appraisal of progress based on agreed outcomes

Target audience: Local Action Team and Local Steering Committee and other stakeholders who have been involved in providing guidance on the journey

Process: In order to assess the extent to which the integration journey has procured better outcomes for children and their families, it is important to revisit the outcomes defined at the beginning of the process with your key stakeholders.

Depending on the type of outcome agreed (for children, for families), specific tools and evaluation methodologies will have been used (quantitative and/or qualitative). The same tools and methodologies may also be used after the completion of the planned period of action (see the Action Plan). The final evaluation should capture as many voices and views in order to create a complete picture of the progress that has been made.

Learning more about why the outcomes were not achieved as expected should be seen in the bigger context of the integration process, thus informing a new Phase 1 of the cycle.

References

- April, L. et al. (2010) *Guide for supporting a successful school transition*.
Gouvernement du Québec, Ministère de l'Éducation, du Loisir et du
Sport. Retrieved from:
[www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/
adaptation_serv_compl/GuideSioutenirPremiereTransScolQualite_a.pdf](http://www.education.gouv.qc.ca/fileadmin/site_web/documents/dpse/adaptation_serv_compl/GuideSioutenirPremiereTransScolQualite_a.pdf)
- Britto, P. R., Yoshikawa, H., Boller K. (2011). *Quality of Early Childhood
Development Programs in Global Contexts, Rationale for Investment,
Conceptual Framework and Implications for Equity* in Sharing Child
and Youth Development, Vol 25, no.2, Society for Research in Child
Development.
- Canali, C., Geron, D., Vecchiato, T. (2015). *Integrated systems: new perspectives
for children and families* – Quaderno TFIEY n.5. Compagnia di San
Paolo and Fondazione Emanuela Zancan Onlus.
- Committee on the Rights of the Child, General Comment no. 7: 'implementing
child rights in early childhood, par. 22. CRC/C/GC/7Rev.1*
- Department of Education, Training and Employment (2013). *A framework for
integrated early childhood development*. Queensland Government,
Early Childhood Education and Care. Retrieved from [www.deta.qld.
gov.au/earlychildhood/service/framework/index.html](http://www.deta.qld.gov.au/earlychildhood/service/framework/index.html)
- Duncan, B. L. and Miller S. D. (2000). *The heroic client: doing client-directed
outcome-informed therapy*, San Francisco: Jossey-Bass.
- European Commission (2014) *Proposal for key principles of a Quality
Framework for Early Childhood Education and Care – Report of the
Working Group on Early Childhood Education and Care under the
auspices of the European Commission*. Retrieved from
[http://ec.europa.eu/dgs/education_culture/repository/education/
policy/strategic-framework/archive/documents/ecec-quality-
framework_en.pdf](http://ec.europa.eu/dgs/education_culture/repository/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf)
- EUNL2016 (2016) *Integrated approaches to combating poverty and social
exclusion. Best practices from EU Member States*, The Hague: Ministry
of Social Affairs and Employment. Retrieved from www.eu2016.nl
- Geinger F., Van Haute D., Roets G., Vandenbroeck M. (2015). *Integration and
alignment of services including poor and migrant families with young
children*. Background paper for the 5th meeting of the Transatlantic

Forum on Inclusive Early Years Dublin. Retrieved from www.europe-kbf.eu/en/projects/early-childhood/transatlantic-forum-on-inclusive-early-years/tfey-5-dublin

Kaga, Y., Bennett, J., Moss, P. (2010). *Caring and learning together: A cross-national study on the integration of early childhood care and education within education*. UNESCO.

Kekkonen, M., Montonen M., Viitala R. (2012) *Family centre in the Nordic countries – a meeting point for children and families*, Copenhagen: Nordic Council of Ministers. Retrieved from <http://norden.diva-portal.org/smash/get/diva2:700870/FULLTEXT01.pdf>

Knoster, T. (1991). Presentation in TASH Conference. Washington, D.C. Adapted by Knoster from Enterprise Group, Ltd.

International Step by Step Association (2010). *Competent Educators of 21st Century. ISSA Definition of Quality Pedagogy*, Budapest. Retrieved from www.issa.nl/sites/default/files/Quality-Principles-final-WEB_1.pdf.

Ionescu, M., Tankersley D. (2016) *A Quality Framework for Early Childhood Practice in Services for Children under Three Years of Age*, Leiden: ISSA. Retrieved from http://ftp.issa.nl/epubs/ISSA_Quality_Framework_0-3/

Masson, M. (2016). *Introduire l'enfant au social*. Bruxelles, Yapaka, Temps d'Arrêt n°85, février 2016
www.yapaka.be/livre/livre-introduire-lenfant-au-social

Milotay, N. (2016) *Integrated social services for more efficient service delivery*, EPRS | European Parliamentary Research Service Author: Nora Milotay Members' Research Service PE 583.809 [hwww.europarl.europa.eu/RegData/etudes/BRIE/2016/583809/EPRS_BRI\(2016\)583809_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/583809/EPRS_BRI(2016)583809_EN.pdf)

Moore, T., Fry R. (2011). *Place-based approaches to child and family services: A literature review*. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health. Retrieved from www.rch.org.au/uploadedfiles/main/content/ccch/place_based_services_literature_review.pdf

Moore, T., Skinner A. (2010). *An integrated approach to early childhood development. Background Paper*, Paddington: Benevolent Society. Retrieved from

www.rch.org.au/uploadedfiles/main/content/ccch/tm_bensoc_project_09.pdf

OECD (2015). Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery, OECD Publishing, Paris. DOI: <http://dx.doi.org/10.1787/9789264233775-en>

OECD (2015), Social Impact Investment: Building the Evidence Base. OECD Publishing, Paris. DOI: <http://dx.doi.org/10.1787/9789264233430-en>

Prichard, P., Purdon, S., & Chaplyn, J. (2010). *Moving forward together: a guide to support the integration of service delivery for children and families*. Melbourne: Centre for Community Child Health, Royal Children's Hospital/Murdoch Children's Research Institute, Tasmanian Early Years Foundation.

Siraj Blatchford, I., Siraj Blatchford, J. (2009). *Improving development outcomes for children through effective practice in integrating early years services*, *Early Years Research Review* 3. London: Centre for Excellence and Outcomes in Children and Young People Services. Retrieved from http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125780c4eo_effective_practice_kr_3.pdf

Suter, E., Oelke, N. D., Adair, C. E., & Armitage, G. D. (2009). *Ten Key Principles for Successful Health Systems Integration*. *Healthcare Quarterly* (Toronto, Ont.), 13(Spec No).

Toronto First Duty.(n.d.).Retrieved December 19, 2016 from: www1.toronto.ca/wps/portal/contentonly?vgnextoid=3cfad25ed83ae310VgnVCM1000007d60f89RCRD&vgnextchannel=473c97b29ce2f310VgnVCM10000071d60f89RCRD

Transatlantic Forum for Inclusive Early Years (2015) *Integrated systems for Children and Families – Continuity and alignment of Services*, Synthesis Report. Retrieved from www.europe-kbf.eu/en/projects/early-childhood/transatlantic-forum-on-inclusive-early-years/tfiefy-5-dublin

UNICEF/ISSA (2016): Supporting Families for Young Child Wellbeing – Resource Modules for Home visitors. Retrieved from <http://issa.nl/sites/default/files/Resource%20Modules%20for%20Home%20Visitors%20Module%202.%20web.pdf>

- Vecchiato T. (2009), *L'integrazione sociosanitaria: problemi e prospettive in Studi Zancan*, 5/2009, pp. 68-87
- Vecchiato T., Castagno D. (2016), *Sistemi integrati in Tfiety Italia, Il futuro nelle nostre mani. Investire nell'infanzia per coltivare la vita*, pp. 147-164.
- Vermeiren. C., Dorien Van Haute, Nicolas Jacquet, Charlotte Noël, Peter Raeymaeckers, Griet Roets, Michel Vandenbroeck, Laurent Nisen, Danielle Dierckx. Integrated networks to combat child poverty: a mixed methods research on network governance and perspectives of policy makers, social workers and families in poverty. Final Report. Brussels: Belgian Science Policy Office (2018) p.104 (BRAIN-be (Belgian Research Action through Interdisciplinary Networks))
- Woodhead, M., Feathersone, I., Bolton, L., Robertson, P. (2014). *Early Childhood Development: Delivering Intersectoral Policies, Programmes and Services in Low resource Settings. Topic guide*, November (2014). Oxford: Health & Education Advice & Resource Team (HEART). Retrieved from <http://oro.open.ac.uk/41552/1/Woodhead%20et%20al%202014%20Early-Childhood-Development-Topic-Guide.pdf>
- Wong, Dr. S. and Press, Dr. Frances (2012). The Art of Integration Delivering Integrated Education, Care and Support Services for Young Children and their Families. Retrieved from www.theinfantshome.org.au/site/assets/files/1237/the_art_of_integration_-_final.pdf
- Web links:
- www.europe-kbf.eu/en/projects/early-childhood/transatlantic-forum-on-inclusive-early-years/tfiety-5-dublin
- www.buildinitiative.org/OurWork/EarlyChildhoodSystemsWorkingGroup.aspx
- www.thelancet.com/series/ECD2016
- www.eurochild.org/fileadmin/public/02_Events/2016/Eurochild_Conference/Family_Centers_in_Flanders.pdf
- <http://l4wb.org/#/en/we-promote/page/a-framework>
- <http://jacobsfoundation.org/project/primokiz2/>



www.pengreen.org

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf

http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125780c4eo_effective_practice_kr_3.pdfpg.18

www.communitycare.co.uk/2009/03/27/the-benefits-of-integrating-early-years-services-for-children/

http://ec.europa.eu/dgs/communication/about/evaluation/documents/communication-evaluation-toolkit_en.pdf

https://uit.no/Content/341685/Kekkonen_Marjatta.pdf

www.pkc.gov.uk/CHttpHandler.ashx?id=19688&p=0

www.intesys.be

