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INTESYS

TOGETHER / Supporting
vulnerable children
through integrated early
childhood services

***Towards Integrated Early Childhood
Education and Care Systems – Building the
Foundations***

Toolkit



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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, par. 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 education and care (ECEC) 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 promising practices in Europe, the partners in the INTESYS consortium² developed this Toolkit: to unpack the complexity of the concept (and of the reality) of integration; to 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 main purpose of the Toolkit is to promote integration among different sectors, using the ECEC services as an entry point for integration. The approach takes into account the participation of communities, parents and civil society actors in shaping the integration of services. The Toolkit is promoting the importance of quality in integrated services and is opening the 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 the path of various actors towards higher level of integration, while keeping in mind that the entire system (from macro policy and financing, to front line quality delivery with qualified practitioners) has to work primarily for the benefit of every young child and their family.

This Toolkit is aimed at facilitating the process of integration without imposing one single readymade solution. It provides a good balance between the theoretical background for integration, in the benefit of children and families, and the 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 (front line delivery, community, parents) and top down (interagency governance, policies and strategies) interventions, and is best 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 in the system to build or to strengthen integration:

- Leaders and managers of services from different sectors,
- Trainers or continuous professional development providers,

¹ INTESYS is a project funded by the European Commission under the Erasmus+ Programme, Key Action 3 – Forward Looking Cooperation Projects. The project started in November 2015 and will end in October 2018. For more information about the project visit: <http://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), Step by Step Center for Quality Education (previously named Pedagoski Institut -Slovenia), and VBJK Vernieuwing in de Basisvoorzieningen voor Jonge Kinderen, Innovations in the Early Years (Belgium)

- 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 ECEC system (governmental, private, non-governmental, etc.).

The Toolkit can be used separately with homogenous group of actors (i.e. practitioners, managers, policy makers), or preferably in mixed groups where different actors are participating to allow more dialogue, communication and collaboration to occur.

In the Chapter 2 *Introduction*, explanations of what integration means and arguments for integration of 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, 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 integration: a. Underpinning principles and values; b. Key Factors and c. Quality Practices. The **underpinning values and principles** 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 the Chapter 4 the complex journey towards integration is presented as a reflective cycle with many questions to be answered on the way for 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 we need Change?*; 2. *What Change is needed?*; 3. *How will Change happen?*, and 4. *What was achieved?*

The tools in the Toolkit are accompanying the actors during the journey. Each phase of the journey has its own 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 under each phase of the journey, but they can also decide to pick those tools that suit best the needs of a specific group they are working with and 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 and respectful dialogue between different stakeholders.

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 Vandebroek, 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, ECEC 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 wellbeing and life achievements. Therefore, the way ECEC *systems* are designed, governed and financed, and the way ECEC *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* 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 the 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, child protection, and education.

Addressing fragmentation

When analysing integration, multiple dimensions of the ECEC system (sectors, age group, type of beneficiaries, level of governance, type of providers) have been identified as markers for working towards integration:

- **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 0 to 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
- **Organisational fragmentation:** in some regions services are separated in government-led provision, NGO's 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 ECEC system, their services should be recognized and appreciated especially when children from vulnerable groups are in the focus.

Levels of integration

The movement towards integration is conceptualised by different terms that are used interchangeably but can refer to different kinds of organisational configurations and methods of working more closely together with different professionals. Some research suggests that the level of integration depends upon building partnerships and multidisciplinary teams around children and families, which can be divided into four stages, starting with the least joined-up:

- In the case of **fragmented programmes/services**, each program/service has their 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 services that they need.
- In the case of **cooperation** some joint planning is happening and some goals for service/program delivery are shared. 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 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. Their focus is more on how they work together than on how that kind of work benefit children, families and communities. Although access to services is improved and needs of children, families and communities are taken into account, still some children

and families cannot reach services they need and reaching them requires good understanding of the system and navigation skills which most of disadvantage families do not have.

- In the case of **coordination** a shared vision is connecting different services and programmes, as well as joint planning and 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 number of them reach services they need.
- In the case of **integration**, shared vision, values and culture is agreed upon in a formal way. The shared outcomes for children and families are defined and focus is on achieving them. There is one agency coordinating and leading the program/service and there is pooled funding. Children and families benefit from integrated services because they are easy to access, professionals are teaming around the child and less time and funds is needed to address needs of children and families.

		Institutional independence	Consistent/ Shared goals	Joint planning	Joint service delivery	Lead partner	One leading agency
4	Integration		•	•	•	•	•
3	Coordination	•	•	•	•	•	
2	Collaboration	•	•	•			
1	Cooperation	•	•				
0	Fragmentation	•					

Full integration may not be the best option in every country and the ultimate goal in all contexts. There is no evidence in the literature review showcasing that merging of services under one entity will always provide the best results. In some cases, merging services is not even doable (e.g. in the middle and low-income countries³). 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 seemingly seamless way.⁴ However this should not be a reason of giving up other levels of integration, because when barriers between sectors and services are broken down, everybody benefits.

Areas of integration⁵

Integration is pertaining many areas of the planning, delivering and supporting the early childhood services, ensuring participation of a wide range of actors. It represents a seamless continuity among services sharing responsibilities and promotes solidarity and social cohesion within local communities.

³ Woodhead, Martin; Feathersone, Imogen; Bolton, Laura and Robertson, Penny (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), pg.12

⁴ http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/125780c4eo_effective_practice_kr_3.pdfpg.18

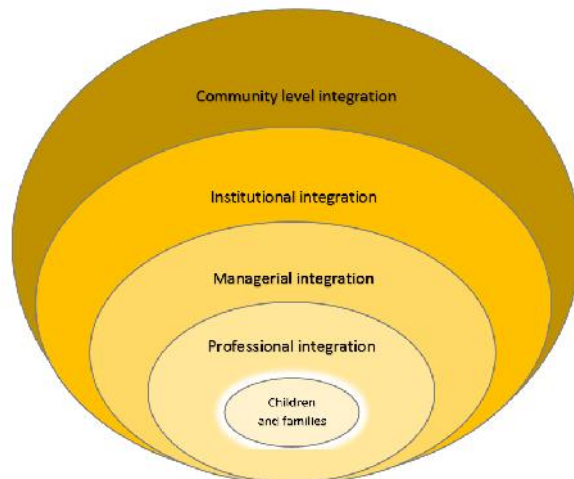
⁵ Canali, C., Geron, D., Vecchiato, T. *Integrated systems: new perspectives for children and families* – Quaderno TFIEY n.5. Compagnia di San Paolo and Fondazione Emanuela Zancan Onlus. 2015.



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 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 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 connected with the need to recognise 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 a reference to knowledge and abilities regarding: the main models of labour organisation; teamwork techniques; decision-making techniques; group dynamics which can favour them; communication models and processes; 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, 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 penalise 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 working by projects with multi-professional units. The challenge is to manage unitarily the need assessment and the global implementation of service processes. Integrated information systems have developed, but they are still searching for more solid bases that can be used on a wider scale.

Institutional integration

It aims at managing in a unitary way the different sources of resources (social, educational, health care ...). Institutions have been required to act together through agreements facilitating the matching of responsibilities and the optimisation of available resources. A big effort has been made in the social and health field (for areas requiring high integration) and in the school field (e.g. collaboratively address the integration of children with special needs).

Community-level integration

The development of volunteering, family associations, have made many networking experiences possible, through integrated planning, public and private resources, 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 life and work time of families, have been experienced. Within community level integration, the sources of resources are manifold, both professional and nonprofessional. The main problem is the implementation of experiences

often discouraged by norms which standardise processes and favour safety over humanisation. These dimensions are not necessarily at odds with each other, but they could be so within systems based on requirements and not on the professional capability of achieving results of inclusion, effective answer to needs, economic sustainability.

Potential challenges on the journey of 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 integration 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. Lack of well-defined outcomes for children, families and services will result in inefficiency.

According to the literature review⁶, there are several problems that could hinder the successful integration of early years services, including ineffective or damaging management and supervision. At all 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 it 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 agree to are essential for integrating work.

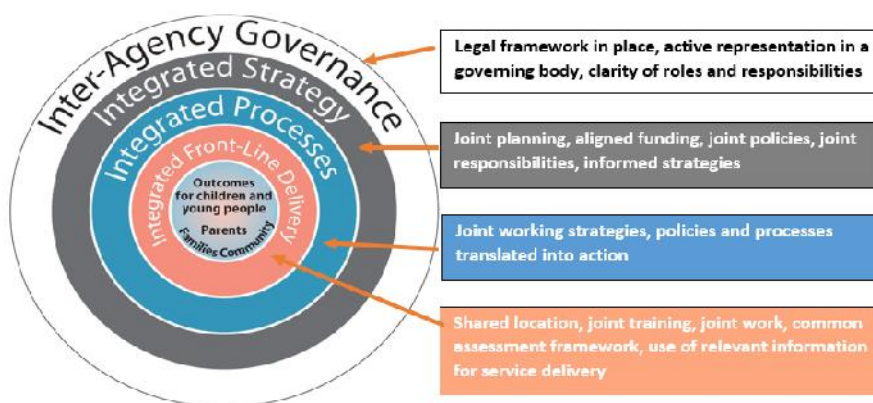
The main goals for integration of services for young children are to⁷:

- 1) Stress every young **child's rights** to survival, development and education, while keeping in mind the interdependencies between nutrition, health, learning, and psychosocial development;
Create conditions to **support parents and other caregivers** in fulfilling their responsibilities and
- 2) realizing their aspirations for their children, including through social protection programmes, employment and housing policies;
- 3) Improve **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;
- 6) Improve **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 delivery of sustainable programmes and services, especially in low resource contexts where professional capacity and governance systems may be at early stages of construction.

⁶ <http://www.communitycare.co.uk/2009/03/27/the-benefits-of-integrating-early-years-services-for-children/>

⁷ Adapted from Woodhead, Martin; Feathersone, Imogen; Bolton, Laura and Robertson, Penny (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), pg.12

The literature is clear that successful integration requires thoughtful and targeted action at multiple levels, from legislation, through governance, to front line service delivery⁸. Understanding integration requires a systemic approach and has to consider different levels/layers, as in the ‘onion’ model below, from the front-line 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)

In the sections that follow, the critical factors that play an important role in building integration in the ECEC systems will be introduced, pertaining to all layers of the ‘onion’ model. But why is integration of early childhood services needed?

2.2. Rationale for promoting integrated services in ECEC systems

The review of studies of integrated services, done by the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO) in UK⁹, found that early years centres that integrate childcare, nursery education and healthcare and provide advice and support for parents can improve many aspects of children’s lives. According to them integrated care and education centres have been shown to **improve children’s behaviour, 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 centres at an early age.

The family integrated centres provide **parents with more time to look for jobs and increased 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 gave 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 off benefits and improve their finances**.

⁸ 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-
http://www.theinfantshome.org.au/site/assets/files/1237/the_art_of_integration_-_final.pdf

⁹ <http://www.communitycare.co.uk/2009/03/27/the-benefits-of-integrating-early-years-services-for-children/>

Additionally, in integrated centres 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 between mental health professionals and day care and pre-school staff found that the collaboration made teachers more empathetic and interested in the deeper meaning of behavioural problems and they had a greater level of control over, and responsibility for, behaviour in their classrooms. An integrated approach also has benefits in terms of efficient and cost-effective service delivery.

In centres that have integrated service delivery, staff training and professional development events are a meeting places for staff from different agencies 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 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 centre 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*¹⁰ developed by the Working Group in Early Childhood Education and Care under the auspices of the European Commission, provides also 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 ECEC systems and represent a valid reference point for identifying changes needed in systems towards promoting a child and family centred 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.

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 organisations.

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; higher costs to parents; less equal access to all families; and a more poorly educated and paid workforce¹¹.
- Fully 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 families¹². 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

¹⁰ *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.7 -8.*
http://ec.europa.eu/dgs/education_culture/repository/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf

¹¹ Idem p. 62

¹² 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.

are taken into account. However the decentralisation of governance might increase the risk of accentuating differences in ECEC access and quality between regions¹³.

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”.¹⁴

2.3. Evidence regarding vulnerable groups

A recent OECD report¹⁵ 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.’¹⁶

When investigating the benefits, this report states that:

- 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 a nutshell, the literature review carried out by the INTESYS project indicated the following **added-value of integration** within ECEC systems:

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

¹³ 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.

¹⁴ <http://www.thelancet.com/series/ECD2016>

¹⁵ OECD (2015), Integrating Social Services for Vulnerable Groups. Bridging Sectors for Better Service Delivery, OECD Publishing, Paris. http://www.oecd-ilibrary.org/social-issues-migration-health/integrating-the-delivery-of-social-services-for-vulnerable-groups_9789264233775-en, p. 19.

¹⁶ idem, p.14.

	Shared ownership and strengthened partnerships
For professionals and organisations	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. ECEC Competent systems through integration

A *sine qua non* condition for ‘healthy’, meaningful and functional integration is that the ECEC system is built on **values and principles that are promoting 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 unique and a 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, to seek and to make meaning of the world. The early childhood years are not solely preparation for the future but also about the present. They are also the time of greatest opportunities and risks for child development and learning.
- **ECEC services need to be child-centred**, acknowledge children’s views and actively involve 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 addresses simultaneously 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 right to be supported on their parenting journey. Thus services should be family centred.
- **Family should be fully involved in all aspects of education and care for their child**. 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 time for family and work.¹⁷

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 allows them to work together and define outcomes that draws on person’s strengths and assets.¹⁸ 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 too (collective skills, and

¹⁷ *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.7 -8.*
http://ec.europa.eu/dgs/education_culture/repository/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf

¹⁸ Duncan, B L and Miller S D (2000). *The heroic client: doing client-directed outcome-informed therapy*, San Francisco: Jossey-Bass.

knowledge); and 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**, seeing 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 interest of the child and family.

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

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

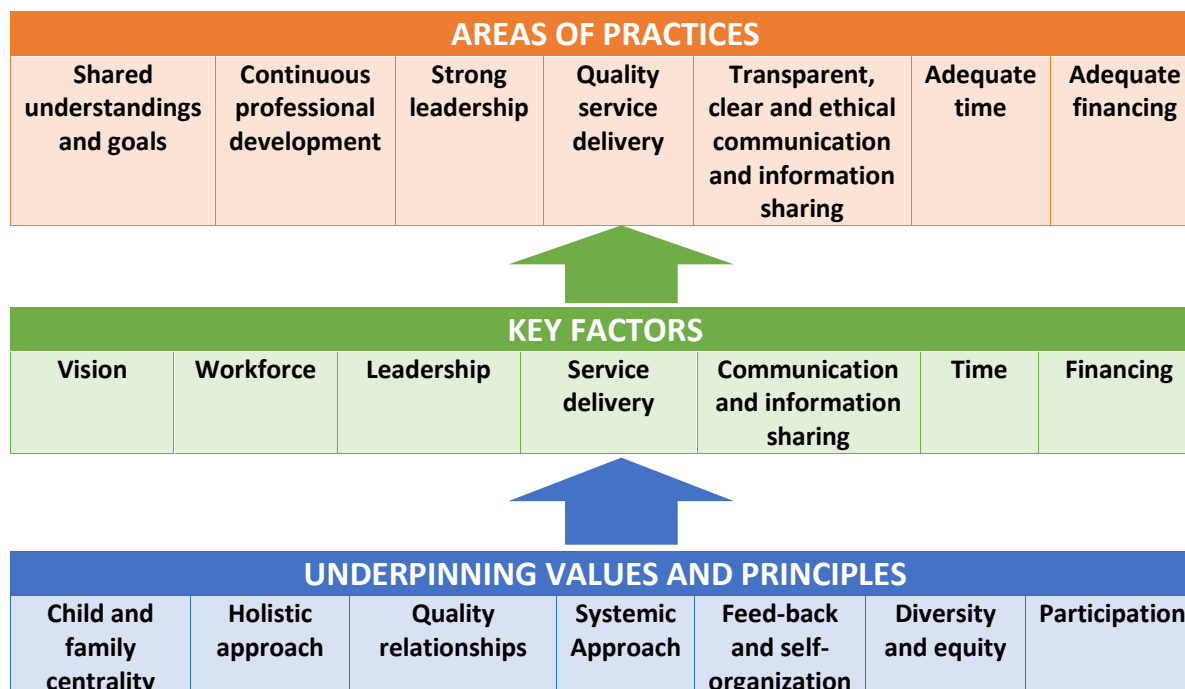
Based on the literature review and the mapping of various experiences in Europe and beyond (e.g. Australia, North America), the following framework was developed based on three sets of key elements that impact integration:

1. **Underpinning values and principles for high quality integration**
2. **Key factors supporting implementation**
3. **Quality practices**

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

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.

The **quality practices** serve as a guidance for translating the values and principles into practices while considering the key factors in integration.



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, interactions between them, groups and interactions between groups, processes, actions matter as they create multiple dynamics in the systems. Seeing each actor and each group of actors for their unique potential, emphasise 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, sex, race or worldview, and also regardless of the type of service.

UNDERPINNING VALUES AND PRINCIPLES						
Child and family centrality	Holistic approach	Quality relationships	Systemic Approach	Feed-back and self-organization	Diversity and equity	Participation

Child and family centrality – integration recognizes as a central purpose to bring 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.

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 – 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.

Feedback and self-organisation - Each actor in the process, individual or organisation, has assets that can be mobilised and constantly seeks a sense of coherence. There is no recipe, each process is unique and contextualised, therefore needs continuous adjustments through participatory mechanisms taking into account the specific conditions, preserving the autonomy of beneficiaries and promoting assets-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.

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 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.

Key factors supporting implementation

Based on the literature review and survey undertaken that analysed integration experiences in selected countries in Europe the following factors have been identified as being the most critical for creating an enabling environment for integration:

KEY FACTORS						
Vision	Workforce	Leadership	Service delivery	Communication and information sharing	Time	Financing

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.

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 workforce, the better the services. They represent one of the most important ingredients in quality provision, from managing role 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 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, catalysing

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 where 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 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.

Quality practices for building integrated ECEC systems

There is no single approach in working towards integrated services, but the literature provides valuable insights about successful pathways which demonstrate consistent values and practices at various levels. In connection to the key factors mentioned in the previous section, a few areas have been identified as crucial to creating the foundations for integration in ECEC systems:

AREAS OF PRACTICES						
Shared understandings and goals	Continuous professional development	Strong and shared leadership	Quality service delivery	Transparent, clear and ethical communication and information sharing	Adequate time	Adequate financing

AREA 1: Shared understandings and goals

Countries with already developed integrated services experienced that developing a shared vision among various stakeholders had to overcome the challenge of having sector-based service cultures, of differences in professional requirements and discourses, of 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 first 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.

AREA 2: Strong and shared 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 not only for 'leaders' to be competent and committed, but also be familiar with the different services and be highly credible. In order to take all this in charge, there also needs to be a clear mandate, both from the authorities and within the collaboration.

AREA 3: Continuous professional development

Integrated work requires both professional competences relating to the specific task, but also a certain attitude pertaining to willingness to cooperate, trusting partner organisations, open mindedness towards shared learning, awareness of the risk of stigmatisation and knowing how to avoid that. 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 professionals think they need. That makes services more accessible and will get people more motivated 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, 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 this will never be sufficient for people to learn how to work in a seamless and integrated fashion.

Different professional roles should be combined in multidisciplinary team, and repartition of roles and responsibilities should be clearly defined.

AREA 4: Quality service delivery

Overall, integrated services should be accessible for all, affordable, useful, available and comprehensive. Provisions should be free of charge and offered in a 'neutral' setting, meaning that it should be welcoming to all, not only to specific 'target' groups. 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 a minimum 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 enough and 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 autonomous way, in an integrated system services become part of a network, and each partner become and 'entrance point' to the network.

AREA 5: Transparent, clear and ethical communication and information sharing

For vulnerable families, barriers to access are often linked to the lack of information. They are often not familiar with what services are being offered exactly, they can worry about possible effects of stigmatisation, 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 offered, 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 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, 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 on the professional level (among professionals in the same service or in different services), on the institutional level (among professionals and managers), on the managerial level (among managers of different services and other decision makers) and on 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.

AREA 6: Adequate 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 of joint continuous professional development activities, as well as reflecting on subsequent adjustments needed for a better functioning integration.

AREA 7: Adequate financing

The integration of services requires a solid understanding on 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 the gaps in access and outcomes. This also means to identify the areas where overlapping costs exist among different sectors and find ways to reduce them, but also the areas where additional funds are needed and find various sources of funding. There is a variety of sources from local to national, from public to private. 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 costs of fragmented services, but only at the beginning. From the 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 traditional approach of problem/issue based funding streams (i.e. focus on early education), and move towards supporting and creating multidimensional solutions (i.e. focus on prevention of early school dropout which will take into account family situation, health, nutrition etc.) In many countries responsibility for early childhood services lays 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 the national or regional governments. This can be approached in different ways (which usually are country specific) such as:

- "Service co-location" which represent a one-time capital investment to premises or a group of service-providers in a "one stop shop" model, where services are delivered in single location.
- Revisiting and redefining the ways for combining local – regional – central funding.



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- 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.

Overview of the Reference Framework for Integration

UNDERPINNING VALUES AND PRINCIPLES	CHILD AND FAMILY CENTRALITY	KEY FACTORS	Vision	AREAS OF PRACTICES	SHARED UNDERSTANDINGS AND GOALS	RECOMMENDED PRACTICES	Across sectors and services, professionals across services, 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.
	HOLISTIC APPROACH						In all services, the values, practices and relationships are guided by the principle of child and family centrality in daily decisions and work.
	QUALITY RELATIONSHIPS						The inner diversity of each professional and the diversity within and among children and families are seen as intrinsic values to quality provision.
	SYSTEMIC APPROACHES						Positive and trustful relationships among professionals, managers, parents and community members are established.
	FEEDBACK AND SELF-ORGANIZATION						The leadership culture recognizes the child and family centrality in the service design and delivery and in joint planning and delivery.
	DIVERSITY AND EQUITY						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.
	PARTICIPATION	Leadership	STRONG AND SHARED LEADERSHIP	RECOMMENDED PRACTICES	The protocols for collaboration among services are grounded in collectively meeting the specific needs of each child and family.		
					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, policy makers.		
					The governance structures encourages shared leadership among professionals, managers of services, families and communities.		
					The governance structures encourages 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.		

	CHILD AND FAMILY CENTRALITY				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 conditions for clear and transparent communication among the leadership and the staff team.
	HOLISTIC APPROACH	Workforce	CONTINUOUS PROFESSIONAL DEVELOPMENT		There are professional development activities organized on 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.
	QUALITY RELATIONSHIPS				Peer-assessment, peer-learning, mutual support and cooperation are supported and practiced by staff and leadership.
	SYSTEMIC APPROACHES				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.
	FEEDBACK AND SELF-ORGANIZATION	Service delivery	QUALITY SERVICE DELIVERY		All staff in the service/s (regardless the professional profile and role) is sharing the belief that each individual child and each individual family stays at the centre 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 children they target, professionals experience among themselves relationships that are trustful, empowering and respectful and demonstrate the same in their work with children and families.
	DIVERSITY AND EQUITY				The service delivery provides diverse tailored community/family rooted solutions co-created with families and communities.
					The governance structures encourages shared leadership among professionals and services, families and communities.
	PARTICIPATION				Interactions among professionals from different services are non-hierarchical and encourage reflexive and researching attitude 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.

CHILD AND FAMILY CENTRALITY	Communication and information sharing	TRANSPARENT, CLEAR AND ETHICAL COMMUNICATION AND INFORMATION SHARING	
			The 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 addressing properly 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 family consented data access and use.
			The communication and information sharing among services is based on clear and transparent protocols for data protection, data upload, and data accessing ensuring children and families' rights to privacy and safety.
	Time	ADEQUATE TIME	The communication and information sharing procedures supports collaboration within and among services.
			There is no-contact paid time allocated for team meetings among (para)professionals in the staff for analysing 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.
	Financing	ADEQUATE FINANCING	Within teams and among services, there is specifically allocated time for joint planning and assessment.
			Funds are specifically allocated for cross-sectorial activities.
PARTICIPATION			The coordination among services ensures that funding is aligned and areas of overlapping of gaps are identified and minimised.

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, needing to constantly respond to internal (organisational) and external (societal and political) demands. It involve 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 we need change? (Shared rationale and engagement)

- What are our hopes, our vision and commitment for children and families?
- What is integration, and why does it matter?
- What are the benefits for children and families from integration?
- What is the current situation?

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?
- How will integration of services look like?
- How the communication and information sharing will be organized and managed?
- Who will be responsible for what? How do we make decisions?
- How existing resources can be better used and what additional resources are needed?

How will change happen? (Implementation of the plan)

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

What was achieved? (Evaluation and reflection on outcomes)

- In what areas of practices changes have been successful?
- What are the reasons for which changes did 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 1 of the toolkit, there are various levels of integration in an ECEC system, but also multiple forms of fragmentation it attempts to overcome: the age group, sectors involved, target groups, governance policies, diverse providers and funding.

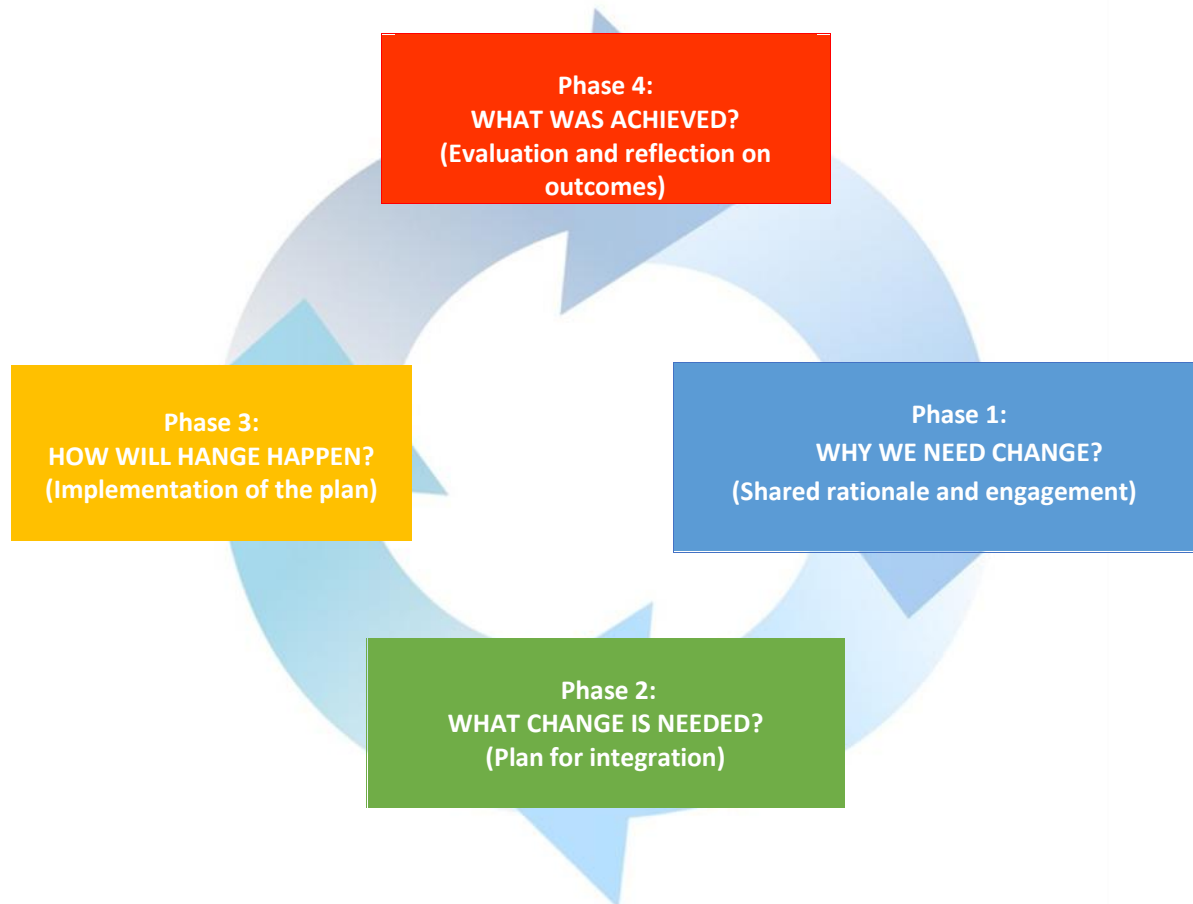
4.2. Possible steps to undertake

Integration refers to the way a variety of actors in the ECEC system think, plan, make decisions, work and evaluate their work together 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 on inter-institutional leadership and governance level
- 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 representation 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.

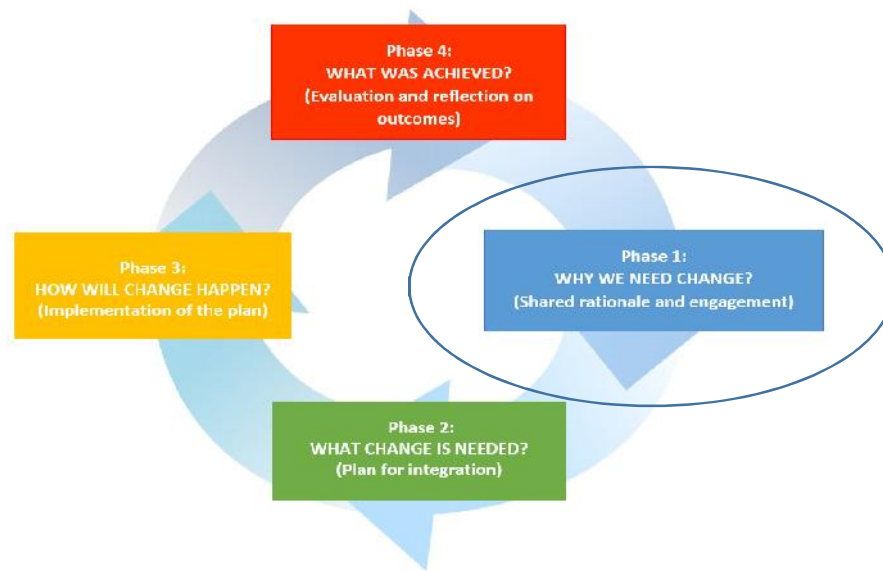
Phase 1 of the cycle focuses on stimulating key stakeholders to engage in the process, the buy-in the rationale for changing towards a more integrated system. The driver of the process may be a Local Advisory Group or a Local Steering Committee which would need to be established at the very beginning of the process, with a good representation of stakeholders for creating an inclusive platform for collaboration. This body will be the engine for cascading activities aimed at enabling changes on various levels in of the system: management, professionals, community, and services. Phase 1 is the stage when **continuous dialogue** among stakeholders is forged and **alignment in understandings** through a **common language** is achieved, thus laying the foundation for common actions. In this phase, the Reference Framework for Integration is introduced to guide the stakeholders in the reaching a shared understanding of what integration is and why is needed. Convening several **meetings/roundtables** for making the case for integration is pivotal for: **building up a strong and shared rationale** for change; assessing the **current state of art** in the provision of early childhood services; 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, services; 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 to 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 commitment towards a complex change requires **participatory processes** 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 assessing periodically 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, joint cross-sectoral initiatives** (initiating the new type of integration) may be led by various stakeholders to 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 monitoring process and ensure that a final evaluation has been carried out. The evaluation should look at both: outcomes achieved and the process of change. In this phase a solid connection between the initial state of art, 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 WE NEED CHANGE?

Guiding questions:

1. What are our hopes, vision and commitment for children and families?
2. What is integration, and why does it matter?
3. What are the benefits for children and families from integration?
4. What is the current situation?

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
- Opportunities for integration identified



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

Outcome: Partnership building and buying-in ensured; 'integration champions' for stakeholder meetings

Process: For ensuring empowered participation and broad ownership in the journey towards integration, all relevant stakeholders should be represented in the incipient stage when the dialogue is opened. Setting-up an **Advisory Local Group**, or a **Local Steering Committee** who will take the lead in mapping the road towards integration, may provide a good start in establishing a solid foundation for community engagement.

This body should include representatives of all staff working in early childhood services, of all sectors, of all types of providers (public/private, formal/non-formal), of all levels of the local governance, of all beneficiaries (various categories of families) and of the local communities. They may become 'integration champions', but also represent the voice of their 'constituency' when going through all the phases of the journey.

Reflect on questions below, either alone or with those responsible for leading community meetings.

Given we want all meetings to be accessible to and inclusive of a broad representation of community members, how might we go about ensuring this is possible? What steps will we take as facilitators/organizers of the meeting?

1. How we choose space for these meetings:

- a. Are the meetings held in the community we are working with?
- b. How will people get to the meeting? Do they need transport?
- c. Where do people park their cars?
- d. Is there a space for children?
- e. Do we need to provide child care?
- f. How the meeting is held? How do we create an inclusive and welcoming meeting?
- g. Is it a conversational format with food, time for sharing and relationship development or is it agenda driven and business like?
- h. Is the seating inclusive? Can everybody see each other?

2. Relationship development:

- a. How are new people introduced into the meeting?
- b. How do new people find out about the journey so far?
- c. Is there time for people to get to know each other?
- d. Do I stay around after meetings to chat with people and come to understand their stories and what they have to offer?
- e. Do I remember them and what they have shared with me?
- f. Can I seek their ideas and input outside of meetings?
- g. Who sets the agenda?
- h. Is language inclusive of all members?

3. Local ownership and direction:

- a. How are we supporting leadership development amongst local community representatives?
- b. Are we quietly enthusiastic that at some point this community may take more control and ownership of this project / model / centre?
- c. Is it possible for meetings and other gatherings to be driven and chaired by community members?

4. Change:

- a. What I/we should do differently to enable and maintain broad and meaningful community representation?



5. Partnership:

- a. How do we demonstrate partnership in this process?

6. Children at the centre:

- a. How do we demonstrate that the children and their families (especially those most marginalised) are firmly at the centre of the process?

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

Question 1: What are our hopes, vision and commitments for children and families?

Key Factors: Vision
Area of practice: Shared understandings and goals

Tool 1.1. My professional hopes, vision and commitments

Outcomes: Aligned hope, vision and commitments among key stakeholders

Target audience: Local Advisory Group 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.

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

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

My vision 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 _____

Questions for reflection:

1. Analyse to what extent the hopes, vision and commitments of others are different, or are aligned or overlap with yours.
2. What makes them different? What do you share in common?
3. What are the aligned commitments that would nurture future collaboration and coordination?

Question 2: What is integration, and why does it matter?

Key Factors: Vision
Area of practice: Shared understandings and goals

Tool 2.1. Understanding Integration

Outcomes:

- Mutual understanding and common language established.
- The ground for joint work set – listening to each other, exploring different perspectives etc.
- Added value of integration of services for children and families explored.

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

Process: Share item on ‘Levels of Integration’ (including table) in section 2.1 with your stakeholders and discuss the questions for reflection below. Use the explanations from the section 2.1. and 2.2. to understand different levels of integration and guide the process.

		Institutional independence	Consistent/ Shared goals	Joint planning	Joint service delivery	Lead partner	One leading entity
4	Integration		•	•	•	•	•
3	Coordination	•	•	•	•	•	
2	Collaboration	•	•	•			
1	Cooperation	•	•				
0	Fragmentation	•					

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

During exchange 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 level of integration is the most important for providing outcomes for children, parents and communities? Why?
2. In your opinion which level of integration is the most difficult to reach? Why?
3. In your opinion what is needed to improve integration on different levels? What activities and actions can be done to improve integration?
4. In your opinion, who benefits the most when services are integrated on all respective levels? Why and how?
5. What is the added value of integrated services for children, parents, professionals, services, organizations and policy level? If you do not see added value please explain.

Tool 2.2. Exploring the underpinning values and principles

Outcome:



- Better and shared understanding of principles that support integration of ECEC services achieved.
- Differences and alignment between stakeholders and the suggested principles explored and explained.
- Understanding of the importance of principles achieved.

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

Process: Introduce the set of principles to your stakeholders and provide them with short explanations of each of them. Ask them to rate individually how important they are for integrating the services in the early childhood education and care system. Facilitate a conversation, comparing the different answers and using 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.

How important are the following principles for integrating the services in the early childhood education and care system? Rate with 1, 2, or 3. (1 - Not important, 2 - Don't know, 3 = Important)

Principle	Definition	Rating
Child and family centrality	Integration recognizes as a central purpose to bring 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 needs 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.	
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	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.	
Feedback and self-organisation	Each actor in the process, individual or organisation, has assets that can be mobilised and constantly seeks a sense of coherence. There is no recipe, each process is unique and contextualised, therefore needs continuous adjustments through participatory mechanisms taking into account the specific conditions, preserving the autonomy of beneficiaries and promoting assets-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.	
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 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.	

Questions for reflection

1. What did you rate as highly important principles for fostering integration in ECEC systems? Why?
2. Did the representatives of different sectors/services provide similar or different rating? Why?
3. Did the representatives from different level of the system provide similar or different rating? Why?
4. Is it important to promote them?
5. How can these principles be promoted in all aspects of the services (front-line, management, professional training, etc.)?

Tool 2.3. Exploring key enabling factors for integration

Outcomes:

- Better and shared understanding of key factors that enable environment for integration of ECEC services achieved.
- The presence of key factors in respective community analysed and achievements and gaps identified.

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

Process: Introduce the key factors to the audience using the material below. Before you give them the full explanation ask participants what do they think what is 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 their community, blue one on factors that are missing and red mark on the factors they feel are most critical in enabling integration in their community. Tell them that it is not a problem if different colours 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.

In the large 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						
Vision	Workforce	Leadership	Service delivery	Communication and information sharing	Time	Financing

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.

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 workforce, the better the services. They represent one of the most important ingredients in quality provision, from managing role 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 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, catalysing 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 where 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 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.

Tool 2.4. Unpacking the Reference Framework for Integration

Outcomes:

- Understanding of how underpinning values and principles and key factors contribute to the quality practices gained.
- 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 Advisory Group or a Local Steering Committee

Process: Introduce and share the framework for integration of ECEC services from Chapter 3 with your stakeholders. Discuss the framework using the questions for reflection. Stress the importance of the quality of integration.

Questions for reflection

1. How do you understand this framework?
2. How do you see relations between different blocks of the framework?
3. If you think about your service can you apply this framework on its way of working with other services?
4. If your service does not work with others what do you think is missing?
5. If you are a policy maker, how this framework relates to the existing policies?
6. Can you imagine developing integrative policies based on this framework?

Question 3: What are the benefits for children and families from integration?

Key Factor: All
Area of practice: All

Tool 3.1. Stories of Integration

Outcome:

- Better understanding of the process and the building blocks of integration established.
- Case for integration of services and benefits for all children including the vulnerable children has been built.
- The process of exploring different models of integration initiated.

Target groups: All relevant stakeholders/ Local Advisory Group or a Local Steering Committee

Process: Divide participants in five groups and give each group one case study. Let them analyse their examples from various countries and present to the others. Ask them to define strengths and challenges of each model.

Discuss with participants their ideas about:

- applicability of different models in their community
- the dimension and degree of integration of services in presented case studies in relation to the mentioned in section 2.1.
- the underpinning values and principles, key factors and quality practices presented in case studies

Let participants apply previously gained knowledge and understandings.

Jointly develop a sketch of the new model of integration (if doable) which would suit respective community and meet the needs of most vulnerable children and their families.

Case 1: Family Centres in Sweden

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

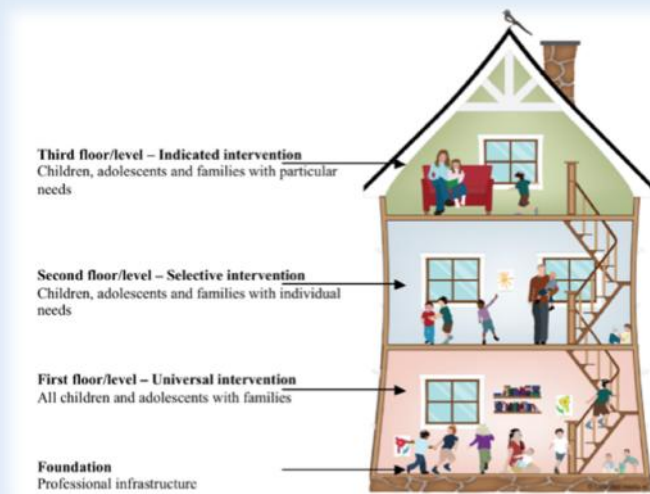


In Sweden, as in other Scandinavian countries¹, the Family Centres are a well-known type of integrated service for families with children. Already during pregnancy, parents are being informed and offered preventive health services and this way, they get introduced to what is available for them. A Family Centre 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, not only mothers attend the family centres, but certainly also the fathers.

Different provision can be offered in the one centre, but centres offer mostly the same 4 basic services: prenatal care and advice, preventive health care, basic educational support and the open preschool, which is considered to be the 'heart' of the centre. 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...).

Source: <http://www.diva-portal.org/smash/get/diva2:700870/FULLTEXT01.pdf> (Family centre 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:** Coordination (lead entity)
- **Leading organization(s):** Flemish Community - Belgium;
- **Profile of leading organization(s):** Public
- **Provision and organisation of services:** preventive health care, parenting support, and activities that facilitate encounters and social cohesion; childcare, education to 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 centres, 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 the local needs. The decree points out some principles and goals, but at the same time leaves quite some margin as well to partners on the local level to shape their own 'House of the Child' to best fit the local context and public. This way, cooperation is stimulated and facilitated rather than obligatory. Family centres are being developed and set up throughout the Flemish part of Belgium. These family centres are being developed in different ways, considering local characteristics such as e.g. demographic factors and the services, organisations and partnerships already active. Within the dialogue among



these actors, the partners explore how their family centre should function in order to respond to the needs of the families: on the level of a municipality, or rather at 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 recognised 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-up are being provided, is considered to be the heart of the family centre. 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 organisations within the network. Minimally, it should organise preventive health care, 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 health care is the part of health care which takes up preventive tasks concerning the health of pregnant women, children and their family. Activities include, among other things, vaccination, the early detection of risks and health problems, 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 of 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.

Throughout the Flemish community a range of types of family centres has been developed over the past years. In Antwerp e.g. an overall cooperation network was established and 17 physical Family centres in the different city quarters. In Brussels a similar cooperation network has been active but, at this point, no actual family centre has been set up in the shape of a physical building, in which several services are offered. In some places the local authority was taking the initiative, in others one given partner (e.g. a social service, a childcare centre, a consultation bureau) took the lead. Some centres mostly involve health and welfare partners, others also have libraries and youth work organisations in the partnership.

One of the problems however, is that the Flemish government does not really provide additional funding to support this process towards more integration and much depends on what the partner organisations want to invest from their own resources (staff, funds, building, materials...)

More information:

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

Case 3: Family Centres 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 organisation of services: health, social, early childhood education sector and NGO actors

During the past decade, Finland has initiated a fundamental reform and a move towards the family centre model. It has allowed for this model to grow at its own pace and get designed and developed by relevant stakeholders, taking into account the local context. Two inspiring practices were mentioned in the Finnish response, illustrating how every centre will 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. Professionals involved are workers from mother and child health care services, family counselling, psychological services for children and families, family work, speech therapy, kindergarten and open kindergarten teachers, 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, multi-professional model for evaluation of needs of services.). The main target are to promote the overall well-being of children and families, prevent exclusion and marginalization, improve cooperation of professionals, combine resources of different services and develop collaboration structures for multi professional teams and networks in favour of families and children. There are low-threshold meeting point activities and families can participate in planning, implementation and evaluation of services.

In the Kainuu region (North Finland), the model works slightly different. This centre 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 centre 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 collaboration with NGOs and local actors and volunteers. Coordinators get support from the family centre steering group. This family centre pays great attention to a service path from primary care to special services by integrating professionals from special health care to primary care and by agreeing on common care paths with special health care. Professionals use evidence based methods of observations, evaluation and follow-up and 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 taken into use. Referrals are being avoided by way of working in multi-professional meetings and working together in pairs.

The integration works on 3 levels:

- The regional network of social and health care services.
- Team-based integration of services: the family centre 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: Collaboration (shared planning and goals)

Leading organization(s): Jacobs Foundation

Profile of leading organization(s): Public / Private

Provision and organisation 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 concepts¹. It focuses on children age birth to 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. 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: analysis of the existing situation, define a common goal and strategies to achieve that, while doing necessary updates on a regular basis.

Reviewing 21 local projects has shown positive results in terms of improved networking and cooperation on a horizontal level as well as political support.

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

Case 5: Pen Green¹⁹ – Children’s Centres in UK

Type of fragmentation addressed: sectors and professionals (horizontal)

Degree of integration: Integration

Leading organization(s): Pen Green Centre

Profile of leading organization(s): Public

Provision and organisation of services: health, social, early childhood education sector, adult education

The Sure start Children’s centres in the UK²⁰ have the core purpose ‘to improve outcomes for young children and their families and reduce inequalities, particularly for those families in greatest need of support’. These centres have been developed on the local level, involving all possible actors working for and with families, as well as the families themselves. This explains the many different types of Sure Start centres throughout the UK.

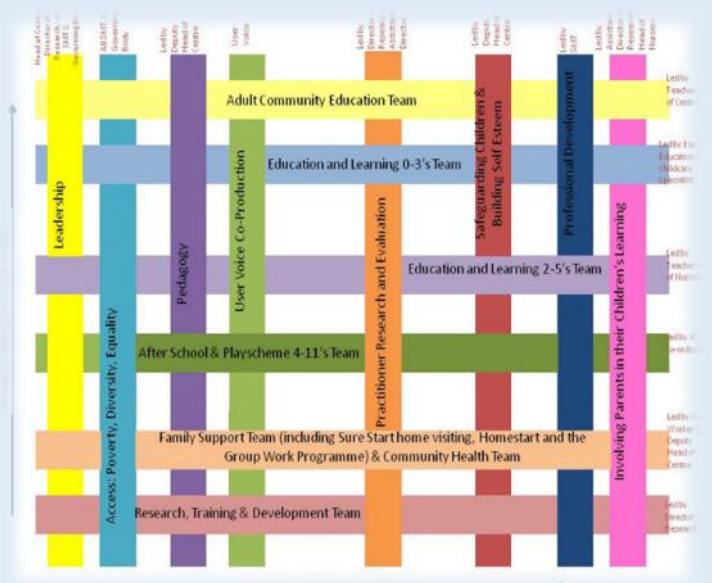
The Pen Green centre in the UK (Corby) may well be one of the stronger examples of working in a thoroughly integrated way, offering all kinds of services to families, in a quite disadvantaged area, by teams of professionals and parents. When it started in 1983, Pen Green had six staff and worked with 50 children; today the centre is a designated children’s centre (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 1200 families.

One of the main characteristics of Pen Green is that it is about working for and with families. Parents are partners in developing and evaluating the services and practice, as participants in training modules, as staff, as partners in appointment procedures, as co-learners and co-constructors.

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 programme 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 centre 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 on behalf of children and families. They are aware that they work as partners, in an equal relation, 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 honours a philosophy that everyone is



¹⁹ <http://www.pengreen.org>

²⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf



a leader and instead of hierarchy they developed the concept of 'sidearchy' within a leaderful team. The underlying idea is that everyone is constantly being part of the leadership and that they are constantly learning as well from each other.

Question 4: What is the current situation?

Key Factor: All

Area of practice: All

Tool 4.1. Eco-mapping 1: Personal eco-map – Inside your service²¹

Outcome:

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

Target audience: All relevant stakeholders/ Local Advisory Group or a Local Steering Committee

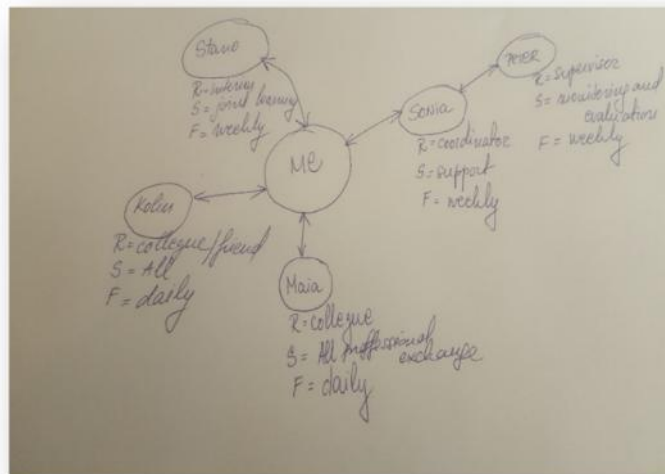
Process: Using the instructions below complete an eco-map for yourself. It will offer a snapshot of your own relationships with different people in your community/service, as well as other services from different sectors in your environment.

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

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 both 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.

²¹ Adapted from the UNICEF–ISSA resource module “The New Role of Home Visitor”: <http://issa.nl/sites/default/files/Resource%20Modules%20for%20Home%20Visitors%20Module%202.%20web.pdf>, p. 26-27

Organize exchange among participant.

Tool 4.2. Eco-mapping 2: Personal eco-map – relationship among services/sectors

Outcome:

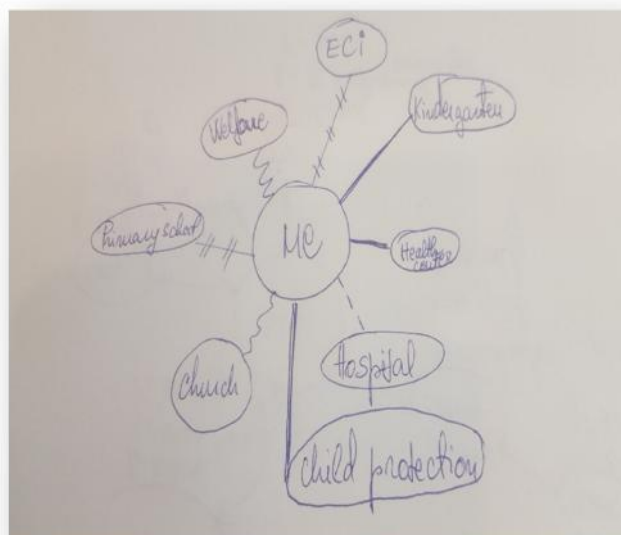
- Personal and interpersonal relationships with different services in the community defined and shared.
- Services and competences that are needed defined.

Target audience: All relevant stakeholders/ Local Advisory Group or a Local Steering Committee

Process: Put yourself in a large circle at the centre of a page. The outer circles are included to show the wider community facilities, for example the church, school, health centre, welfare, 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 about the reasons the relationship varies with different services and try to identify if it relates to personal relationships, or to governance protocols, or to level of professionalism, or other category of reasons.



Tool 4.3. 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 Advisory Group or a Local Steering Committee

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

Questions for reflection:

- Who am I as an actor in the ecosystem/ my environment?

- What connections do I have with my colleagues in my service and in other services?
- Why are connections with other services important for me? Why do 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 my service need?
- Is there a history in working together with other sectors/services? Can we build on it?

Tool 4.4. 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 Advisory Group or a Local Steering Committee

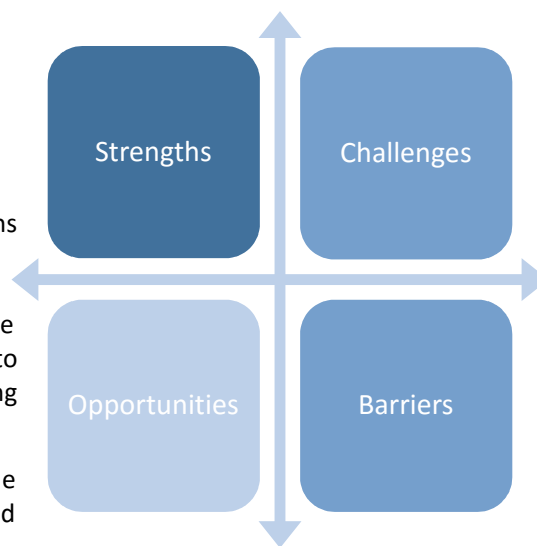
Process: Based on the overview of the Reference Framework for Integration introduced in Chapter 3, ask participants to assess each element of the framework in small groups when thinking about the services in their community, by using the SCOB grid to list the:

- 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 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 build the future thinking about what changes are needed to foster integration.



Tool 4.5 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 categorised inventory of services in the community. Gather information from your stakeholders about all the services in the community available (or potentially available) to the community. Once you have completed the exercise, making sure you differentiate target groups and ownership, you can use the colour key to highlight social, educational and health services. Columns, categories and colours can be adapted to fit your needs.

		OWNERSHIP				TARGET		
		Community	Public	Private	Partnership	Specific	General	Parents
						0-6	0-18	
Home care level	<i>Home care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Economic transfer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other home interventions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Health home care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Paediatrician (at home)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate/ Daily Ambulatory care	<i>Daycare centre (0-3 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Pre-school/kindergarten (3-6 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Centre for children and families</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Play centre</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Library</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cultural mediation service</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Foster care (daily)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Social assistance/support/care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Service for parents</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other socialisation activity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Paediatrician (ambulatory)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Birth pathways</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Vaccination programme</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Ambulatory rehabilitation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential care	<i>Foster family care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Residential setting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Therapeutic Residential setting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>On-going rehabilitation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Hospital</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency	<i>Social emergency</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Health emergency</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Educational sector
 Social sector
 Health sector

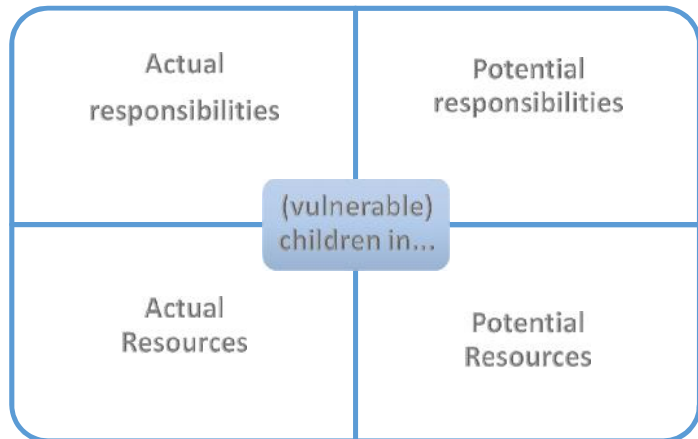
Tool 4.6. Map of Responsibilities and Resources

Outcomes:

- Appraisal of available services in terms of their degree of role (resource/responsible) and engagement (actual/potential)
- Opportunities for integration identified

Target groups: All relevant stakeholders

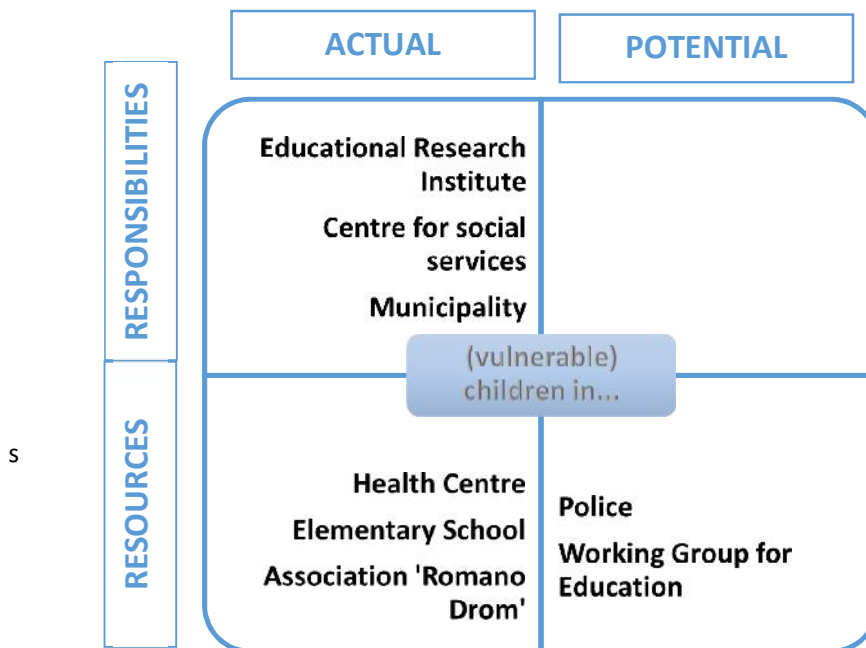
Process: The map describes the role of each partner organised around a specific target group (at the centre of the quadrants). Partners can share “responsibilities” (i.e. being involved at the strategic level) and/or “resources” (i.e. contributing to the provision of services); they can be “actual” (available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

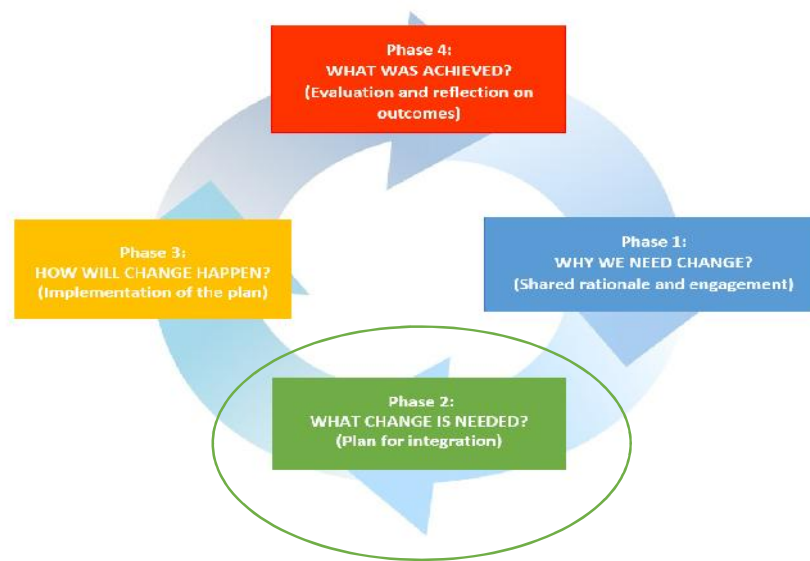


In dialogue with your stakeholders, place the services you have scouted (potentially using the SysClas tool) in the agreed quadrants. This is an opportunity to clarify perceptions in terms of the involvement of services in contributing to the target group.

A possible integration strategy may imply moving mapped services from ‘Potential’ to ‘Actual’, becoming available for the community in question, and from ‘Resource’ to ‘Responsible’, 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 of how the mapping might look like after it is filled:





PHASE 2: WHAT CHANGE IS NEEDED?

Guiding questions:

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

Expected outcomes:

- Shared understanding of the key elements of a complex change
- Agreement on a shared vision
- Aligned hope, vision and commitments among key stakeholders
- 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
- Map of professional competences required for fostering integration
- 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

Preparatory Tool - Managing complex change

Outcome: Shared understanding of the key elements of a complex change

Target audience: Local Advisory Group or a Local Steering Committee

Process: Convene a meeting with stakeholders representing the services and the community, who are key in the process of strengthening integration. The chart for managing complex change will support the shared understanding of the process on which they are embarking. Present the managing complex change chart below and initiate discussions using the questions for reflection.

Depending on the level of integration in the system, any endeavour to move towards higher level of integration may require complex changes. The model below can help in understanding the pieces of the process of change that may create confusion, anxiety, resistance to change, frustration or a failure from the very start if not all are taken into account in the process. When discussing about the changes needed, use the model below²² to identify the strengths and the weaknesses in the process, and reflect on how the weaknesses can be addressed to advance from confusion to success.

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

²² Adapted from Knoster, T. (1991) Presentation in TASH Conference. Washington, D.C. Adapted by Knoster from Enterprise Group, Ltd.

Questions for reflection:

- What is your vision for integration? What is your vision of high quality services which are supporting the rights of children and families and meeting their needs? Is the vision/plan clear, easy to explain and communicate (even if it is complex), or is it blurry and unclear?
- 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 practices, behaviours are going to be incentivized? And are incentives worth to your team?
- What kind of resources are needed? Do you have access to material and financial resources, training, or other materials needed to initiate and sustain the process of change?
- How exactly the goals will be achieved? What is the baseline and how will you know that you have made progress in achieving the outcomes?
- What are the activities that need to be initiated? What are the time lines? Are the roles and responsibilities defined? What are the benchmarks?

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



Question 1: What is our vision?

Key Factor: Vision

**Area of practice: Shared Understandings
and Goals**

Tool 1.1. Shared vision about children and families

Outcome: Agreement on a shared vision

Target audience: Local Advisory Group or a Local Steering Committee, stakeholders on 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 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 about a shared vision for early childhood services in the community and shared goals. Consider bringing together stakeholders that do not have many or any opportunities to meet.

1. Develop 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.

Example:

Our vision is to 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.

2. Discuss each vision statement with participants and add elements based on the discussions, or change the statement in the light of the discussions. Be sure that all voices are heard and that a common language is catalysing.
3. Analyse all suggestions and decide together on an agreed vision statement. This will serve as a foundation for future steps.

Tool 1.2. Exploring the image of the child, families, professionals and services

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

Target audience: Local Advisory Group or a Local Steering Committee, stakeholders from across services

Process: Discuss with participants about how they view the child, the parents, the ECEC professionals and ECEC services. The discussion is meant to explore the distances between the images participants have, and through discussions to go more in depth about concepts like child's rights, child's holistic development and agency, parents' roles, family participation, professionals' roles, services' roles. 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 ECEC services as _____

I see ECEC services as _____

Questions for reflection:

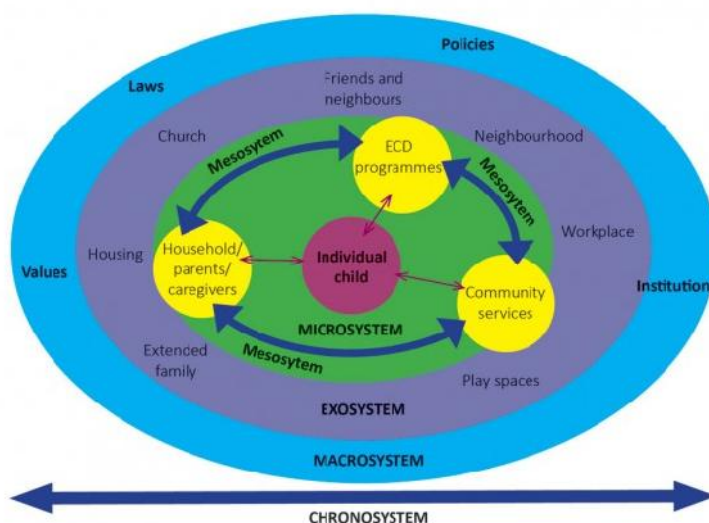
1. Analyse the different views and discuss about the differences and similarities in the way you see them. How does that impact the organization of services? How does that impact your practice and service delivery? Give some examples from practice that reinforce your views.
2. Expand the discussion regarding the different view 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 the services would be delivered? What would be different?

Tool 1.3 Holistic development of the child

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

Target audience: Local Advisory Group or a Local Steering Committee, stakeholders from across services

Process: Introduce and share the framework below 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? Who is the most interested in working with others/cooperation/coordination and integration? Who is not interested at all? Why?
4. Starting from the needs and rights of each child – what each agency/service/professional can contribute to the whole.
5. Is there on the local /national level shared understanding and appreciation of what different agencies/services can and do contribute to the better outcomes for young children?
6. Based on reflections share – what can and should be done to address comprehensive needs of children?
7. Is there history of providing integrated services to young children in your region/country? What are the experiences?
8. Is there any study or evaluation of these practices? Are there still in place? Why not?
9. If you are adviser to the government on integrated children’s system what would be your advice?

Question 2: What do we want to achieve for children and families?

Key Factor: Vision, Service delivery
Area of practice: Shared Understandings and Goals, Quality Service Delivery

Tool 2.1. Outcomes for children and families

Outcome: Joint commitment for agreed outcomes for children and families

Target audience: Local Advisory Group or a Local Steering Committee, managers and staff from across services

Process: Based on an aligned view of children and families, and based on the analysis of the current situation (on the community/municipality/regional level) regarding the integration of services, explore with the 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 also 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.

Example:

Toronto First Duty (TFD) began in 2001 with an 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:



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 & 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 & appropriateness)
- Increase continuity of supports and services
- Increased choice and satisfaction

(Source: Toronto First Duty. (n.d.). Retrieved December 19, 2016 from

<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=3cfad25ed83ae310VgnVCM10000071d60f89RCRD&vgnextchannel=473c97b29ce2f310VgnVCM10000071d60f89RCRD>)

Questions for reflection:

1. Regardless of what currently exists, or does not exist, in our community, what do children need and deserve from a local service model? (Dare to dream a little but keep it realistic and achievable!)
2. How might these things be provided to maximise access to all families?
3. What outcomes for children and for families we plan to achieve? What do we know about those outcomes now and how will we be able to monitor and assess them?
4. What needs to be done to ensure that all components of the integrated service model reflect quality?

Question 3: What competences are needed to be in place? **Key Factor:** Leadership, Workforce
Area of practice: Strong and Shared Leadership, Continuous Professional Development

Tool 3.1. Essential competences for high quality integrated services

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

Target audience: Local Advisory Group or a Local Steering Committee, managers and staff from across services

Process: Take stock of competences that 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.

Ask participants to list the competences they feel strong about and those they feel that they would need to have to provide children and families with high quality services.

Facilitate a conversation between peers about the competences they all share as essential and why they chose those.

Reflect to what extent those competences are specific to their profession or they are essential for other early childhood professions.

Discuss and take stock of the competences that would contribute to working better in a multi-sectoral/service team.

Discuss about possible ways to build 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>

Question 4: How will integration of services look like? **Key Factor:** Leadership, Service delivery
Area of practice: Strong and Shared Leadership, Quality Service Delivery

Tool 4.1. Inspired Team Work – The Dutch Social Community Teams

Outcome: Agreement about what ‘shape’ the integration of services will take

Target audience: Local Advisory Group or a Local Steering Committee, stakeholders from across services



Process: Initiate a discussions based on the various examples provided under Phase 1 - Tool 2.1 and the example below, about how the integration of services might look like on the level of the community/municipality.

The Dutch Social Community Teams

Community teams are organised on 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 organise 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, depends on the needs of people in the community. Most have the preventive health service involved, 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 through places which parents and children are already attending (such as consultation bureau, schools and childcare).

There is an integrated approach, but individualised 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 organised 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 as well, which is a challenge in times of austerity.

Team work

Choi and Pak (2007) emphasise the importance of the quality of team working and provide a set of eight strategies, identified in their review, to enhance multi-disciplinary teamwork. These are conveniently summarised in the acronym TEAMWORK. Many of these principles are echoed in the wider literature:

- **Team:** good leadership, maturity and flexibility of the team members
- **Enthusiasm:** personal commitment of all those involved
- **Accessibility:** physical proximity (*sometimes* co-location) but also supported by the internet and email
- **Motivation:** provision of incentives through funding and avoiding casework overload
- **Workplace:** provision of institutional and systems support



- **Objectives:** common goals and a shared vision
- **Role** – clarity and rotation of roles, cooperation and consistency avoiding team conflict
- **Kinship** – caring and constructive communication and equality between team members.

Source: 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, p.38.

Questions for reflection:

1. From the perspective of one family with young children, how many services they would need to access in the early years for various purposes? How could the services better coordinate 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 in the example of Dutch community team may be achievable? What would be needed to make the model work?
4. Why the Dutch community team model would not be realistic for our context?

Tool 4.2. Integrated service delivery models

Outcome: Agreement about what ‘shape’ the integration of services will take

Target audience: Local Advisory Group or a Local Steering Committee, stakeholders from across services

Process: Initiate a discussion about the model of integration by referring to the chart under the section *Levels of integration* and by introducing the examples below from different countries. The discussion should focus on what model would suits best the community where the services are operating so that better outcomes are achieved for children and families. Also, moving to a next level of integration should 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 created 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.

The “Platforms: A Service Redevelopment Framework” (2009) developed by 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?

The decision has to be grounded on a broad consultation process, thus minimising the risk of encountering strong resistance to change. The choice have to indicate clear the rationale for the change, but also the benefits that will bring not only to children and families, but also to those involved in service planning, delivering and monitoring.

Question 5: How the communication and information sharing will be organized and managed?

Key Factor: Leadership, Communication and Information Sharing
Area of practice: Strong and Shared Leadership, Transparent, clean communication and ethical information sharing

Tool 5.1. 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 importance of protecting child's and family privacy

Target groups: Professionals and managers

Process: Discuss the information in the flow chart²³ with participants and focus on what is working now and what needs to be improved. Refer to policy documents and regulations in their country, and for more information for discussion you can consult with the text below in the text box.

Divide participants in 4 groups and ask each group to focuss on one topic/issue (When, What, Who, How), and ask them to operationalize very broad and general cathegories mentioned in the chart by asking them to think very concretly (i.e. when they would like to share information and what it means "being 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 together with participants integrate the outcomes of their work and you will have a chart wit concrete inputs which will help you develop procedures, agreements and if it is needed memorandums of understanding. The same flowchart can be used for planing other areas and levels of information sharing.

- 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 parent with the special focus on most disadvantage ones who are not using our services at the moment? How we are going to address them, what information they need?, etc.).
- During a separate meeting you can list different types of information that you want to share and explore processes, target groups and timing according to the type of information.

²³ The structure of the chart adapted from: <http://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 wellbeing of child and family

Share information when it is purposeful and in the best interest of the child and family

Share information when child and family need integrated care, referrals or additional support

What to share (Content)

Share only 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 the record of information shared

Share information verbally, face to face or in a written form

Share information in a safe, protected way

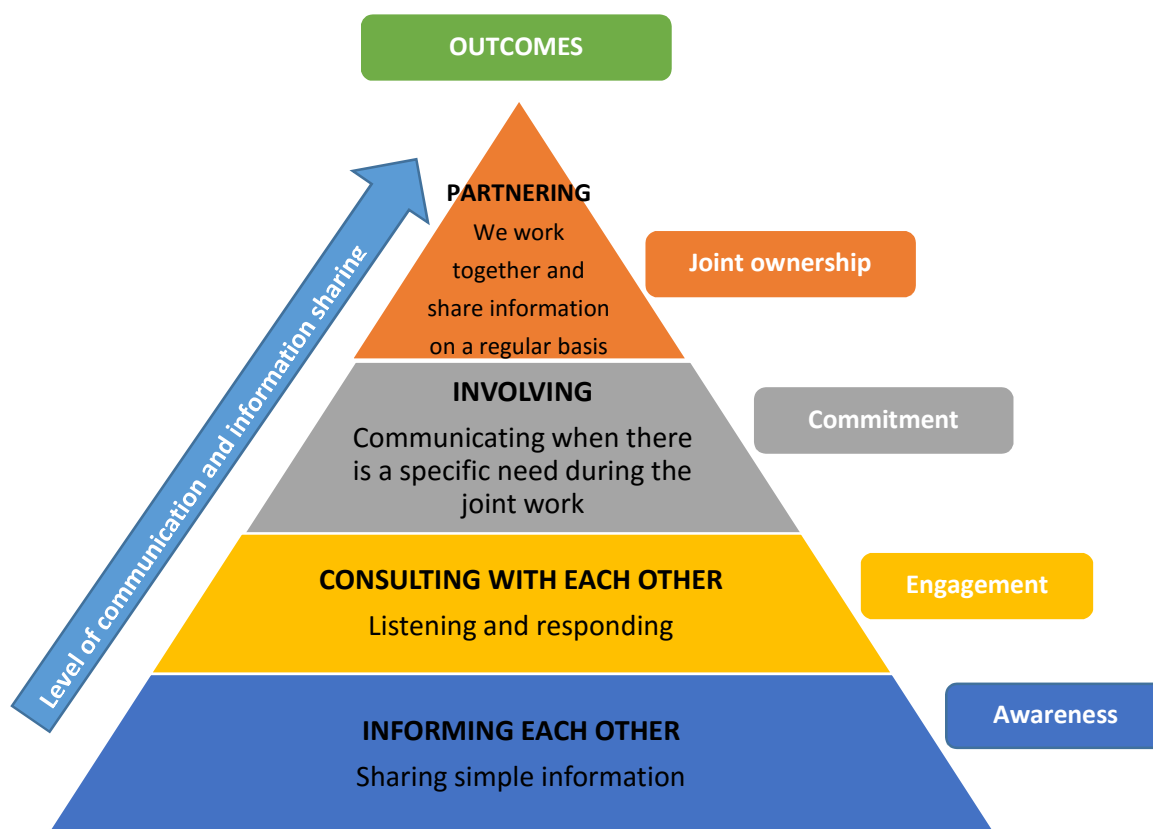
Tool 5.2. Defining different levels of communication and information sharing

Outcomes:

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

Target groups: All relevant stakeholders

Process: Use the drawing of the pyramid²⁴ to trigger discussion on different levels of communication and information sharing. Discuss with participants on which level of communicating and information sharing they are with different, but relevant, services in the work they are doing, and how this is helping them or hindering 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 which 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 x, y service in the community?)



²⁴ Adapted from: http://ec.europa.eu/dgs/communication/about/evaluation/documents/communication-evaluation-toolkit_en.pdf

Question 6: Who will be responsible for what?

Key Factor: Leadership, Communication and Information Sharing
Area of practice: Strong and Shared Leadership, Transparent, clean communication and ethical information sharing

Tool 6.1. – Responsibility Matrix

Outcome:

- Agreed governance and leadership in coordinating the integration of services

Target groups: All relevant stakeholders, Local Advisory Group or Local Steering Committee

Process: A method for articulating stakeholder responsibilities in an integration project is the use of 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:

- **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 its clarity, to those inside and outside the integration process, that activities have been planned and 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 7: How do we make decisions?

Key Factor: Leadership
Area of practice: Strong and Shared Leadership

Tool 7.1. Leadership and governance structure

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

Target audience: Local Advisory Group or a 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 and the leadership of the coordination process ensuring participation and shared responsibility will need to be decided. Analysing the options should take into account the most realistic scenario in the current context and the engagement and commitment expressed.

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

		Governance/Leadership
4	Integration	One entity governance
3	Coordination	Lead organization
2	Collaboration	Local Advisory Group/Committee or Lead organization
1	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, analyse which would be the most efficient and realistic choice. Fill in the columns with ‘Pros’ and ‘Cons’ for each option.

		Governance/Leadership	Pros	Cons
4	Integration	One Entity		
3	Coordination	Lead Organization		
2	Collaboration	Local Advisory Group/Committee or Lead organization		
1	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.

Question 8: How existing resources can be better used and what additional resources are needed?

Key Factor: Workforce, Service Delivery, Time, Financing

Area of practice: Continuous Professional Development, Quality Service Delivery, Adequate Time, Adequate Finance

Tool 8.1. Mapping the resources for integration

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

Target audience: Local Advisory Group or 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 about each category of the resource listed in the chart below and assess to what extent the existing ones are overlapping, may be reallocated, or they 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 differently thought (e.g. joint capacity building). Explore various scenarios.

Type of resource	Existing	Overlapping	Reallocated	Additional needed
Human <ul style="list-style-type: none"> - Staff - Administration - Coordination 				
Material <ul style="list-style-type: none"> - Communication and information sharing protocols - Policy procedures - Supplies 				
Finance <ul style="list-style-type: none"> - Staff (time and training) - Administration (staff time and training) - Materials, supplies - Infrastructure 				
Time <ul style="list-style-type: none"> - Joint planning - Joint delivery - Joint monitoring and assessment 				

Tool 8.2. 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 Advisory Group or Local Steering Committee, managers of services (public/private, formal/non-formal), representatives of local authorities from various sectors in early years

Process: In the light of the changes that are need for stepping into 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 in 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 do 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 the 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	

D. 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					

Tool – General Action Plan

Outcome: Action Plan developed and endorsed

Target audience:

Process: The General Action Plan should be built based on:

- PHASE 1 and the results of the SCOB analysis
- The answers given to all questions in 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 by considering all the key factors and enabling quality practices through various activities and actions. Identifying the **milestones** in the process is very useful for all stakeholders involved in the process. They remind of critical points on which reflection is needed to assess how much progress is made and what would need to be adjusted on the way.

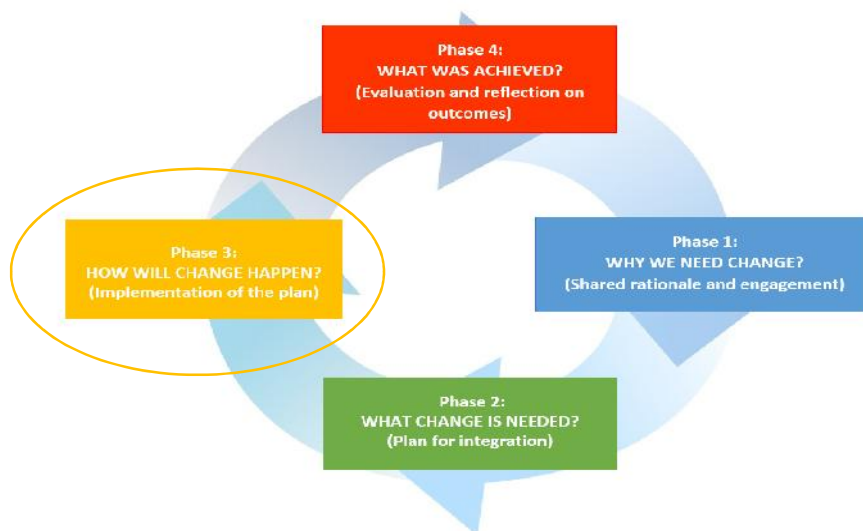
General Action Plan

Goals:

Period of time:

*Note: Mark in the Action Plan the **milestones** for each of the 7 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 involved	Who is responsible	When it will take place	What resources are required	What is the expected outcome
1	Shared vision and community engagement through dialogue						
2	Policies and regulations adjustments						
3	Capacity building for introducing new practices <ul style="list-style-type: none"> - Staff - Management - Governance - Community 						
4	Leadership and governance structures and processes						
5	Integration in service delivery <ul style="list-style-type: none"> - Joint planning - Joint delivery - Joint monitoring and assessment 						
6	Communication and information sharing						
7	Allocation of resources (time, human, material, finance)						
8	Monitoring and evaluation of outcomes for children and families <ul style="list-style-type: none"> - Baseline evaluation - Monitoring - Final evaluation 						



PHASE 3: HOW WILL CHANGE HAPPEN?

Guiding questions:

1. Do we create opportunities for dialogue and engagement for all stakeholders?
2. Do we support improvements in policies and regulations?
3. Do we support new practices within and among services through professional development?
4. Do we have agreed leadership and shared responsibilities in place?
5. Do we facilitate the functioning of a new level of integration?
6. Do we support efficient and ethical communication and information sharing within and among services?
7. Do we create time for joint planning and reflection within and among services?
8. Do 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 in place: 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

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

Outcome: Quality implementation of the Action Plan

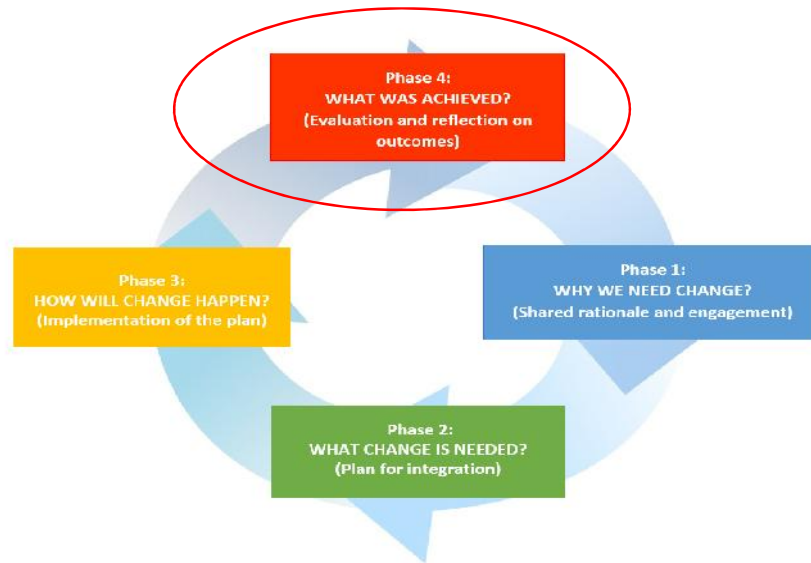
Target groups: All relevant stakeholders

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. These meetings will bring together all the data collected during the implementation process and will provide key stakeholders with the opportunities to reflect on:

- 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 questions above);
- 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 being 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	Milestones achieved
1	Shared vision and community engagement through dialogue			
2	Adjustments in policies and regulations			
3	Capacity building for introducing new practices <ul style="list-style-type: none"> - Staff - Management - Governance - Families - Community 			
4	Leadership and governance structures and processes			
5	Integration in service delivery <ul style="list-style-type: none"> - Joint planning - Joint delivery - Joint monitoring and assessment 			
6	Communication and information sharing			
7	Allocation of resources (time, human, material, finance)			



PHASE 4: WHAT WAS ACHIEVED?

Guiding questions:

1. In what areas of practices changes have been successful?
2. What are the reasons for which 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



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

**Key Factor: All
Area of practice: All**

Tool 1.1 – Identifying the degree of implementation of quality practices

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

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 the 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	
AREAS OF PRACTICES	SHARED UNDERSTANDINGS AND GOALS	Across sectors and services, professionals across services, 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In all services, the values, practices and relationships are guided by the principle of child and family centrality in daily decisions and work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		The inner diversity of each professional and the diversity within and among children and families are seen as intrinsic values to quality provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Positive and trustful relationships among professionals, managers, parents and community members are established.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		The leadership culture recognizes the child and family centrality in the service design and delivery and in joint planning and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		The protocols for collaboration among services are grounded in collectively meeting the specific needs of each child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	STRONG AND SHARED LEADERSHIP	The leadership culture is built on values of cooperation, participation, mutual respect, respect for diversity and solidarity in service design and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		The leadership has initiatives that contribute to building a culture of collaboration among staff, services, families, communities, decision makers, policy makers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		The governance structures encourages shared leadership among professionals, managers of services, families and communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The governance structures encourages the co-creation of tailored community/family rooted solutions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The governing practices motivate all staff, create conditions for cooperation among the staff, and empower staff’s, families’ and communities’		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The leadership practices encourage and support team/joint planning, team/joint service delivery and team/joint monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The management regulations create conditions for clear and transparent communication among the leadership and the staff team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTINUOUS DEVELOPMENT	There are professional development activities organized on 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Peer-assessment, peer-learning, mutual support and cooperation are supported and practiced by staff and leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY SERVICE DELIVERY	All staff in the service/s (regardless the professional profile and role) is sharing the belief that each individual child and each individual family stays at the centre of all decisions and based on this belief the entire staff operates on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regardless of the sector, service and the age group of children they target, professionals experience among themselves 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The governance structures encourages shared leadership among professionals and services, families and communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interactions among professionals from different services are non-hierarchical and encourage reflexive and researching attitude towards addressing each child and each family situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Through inter-institutional work, tailored joint services are created for outreaching the most vulnerable groups and ensuring universal provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPARENT, CLEAR AND ETHICAL COMMUNICATION AND	The communication and information sharing among professionals within a service and among services respects deontological codes and enacts the best interest for children and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	There are clear, transparent, accessible and agreed channels of communication among services for addressing properly the specific situation and needs of each child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 family consented data access and use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The communication and information sharing among services is based on clear and transparent protocols for data protection, data upload, and data accessing ensuring children and families' rights to privacy and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	The communication and information sharing procedures supports collaboration within and among services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE TIME	There is no-contact paid time allocated for team meetings among (para)professionals in the staff for analysing and planning individualized pathways for addressing each child and family based on ongoing documentation, self and group reflection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	There is no-contact paid time allocated for cross-sectorial professional development activities on the level of the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Within teams and among services, there is specifically allocated time for joint planning and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE FINANCING	Local funds are specifically allocated for cross-sectorial activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The coordination among services ensures that funding is aligned and areas of overlapping of gaps are identified and minimised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Key Factor: All
Area of practice: All

Tool 2.1. Assessing Process and Outcomes

Outcome:

- Shared learning amongst stakeholders on the progress in integration
- Appraisal of outcomes for children and families

Target audience: Stakeholders who have been involved in providing guidance on the journey

Assessing 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 were the processes 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 reached in the journey. Which of the Key Factors have been the most problematic, what Quality Practices were the hardest to enable and reinforce? Where are the main reasons for incomplete change situated? Use also 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 on the main reasons for which some changes happen or did not happen.

PHASE 1 – WHY WE NEED CHANGE?			
Tool	Purpose of the assessment	Main reasons for which change was enabled	Main reasons for which change was hindered
(1.3) Exploring the underpinning values and principles for	Understand how principles, key factors and quality practices have		



fostering integration in ECEC systems (1.4) Exploring key enabling factors for integration (1.5) Unpacking the framework for integration: Underpinning Values and Principles, Key Factors and Quality Practices	been effectively embedded in the process of integration		
(3.1) Eco-mapping 1: Personal eco-map – Inside your service (3.2) Eco-mapping 2: Personal eco-map – relationship among services/sectors (3.3) Eco mapping: My service and other services in my environment	Evaluate perception of changes within and between services from the staff/professional’s stand point		
(3.4) SCOB Grid	Understand whether former challenges and obstacles were overcome, and whether strengths were maximised and opportunities grasped.		
(3.5) Map of Responsibilities and Resources	Assess changes in terms of engagement of the available services in the community		
PHASE 2 – WHAT CHANGE IS NEEDED?			
Tool	Purpose of the assessment	Main reasons for which change happened	Main reasons for which change did not happen
(Preparatory Tool) Managing complex change	Identify whether a critical component of the change process was overlooked or requires adjustment		
(2.1) Outcomes for children and families	Assess impact in terms of outcomes for children and families		
(3.1) Essential competences for high quality integrated services	Appraise whether the necessary competences that support the integration process have been developed or acquired, and which still require future capacity building efforts		
(5.1) Responsibility Matrix	Clarify responsibilities and communication duties between individuals and partnering services		

(6.1) Leadership and governance structure	Clarify and review adequacy of governance structure Assess the efficiency of the leadership practices and processes		
(7.1) Planning the resources for Integration	Evaluate changes in resource management and sharing.		
General Action Plan	Evaluate timeline and responsibilities and quality in the implementation of the integration journey.		

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

**Key Factor: All
Area of practice: All**

Revisit Phase 2 - Tool 2.1. Outcomes for children and families

Outcome: Appraisal of progress based on agreed outcomes

Target audience: 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 together with your key stakeholders, the outcomes defined in the beginning of the process.

Depending on the type of outcome agreed (for children, for families), specific tools and evaluation methodologies have been used (quantitative and/or qualitative). The same tools and methodologies may be used also 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 capture 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 landscape of the integration process, thus informing a new Phase 1 of the cycle.



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