Inter-agency coordination of services for children and families - Initial Literature Review

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EXECUTIVE SUMMARY

Disadvantaged families living in poverty, especially those living in deprived neighborhoods where risks tend to accumulate, have diverse needs for support. Throughout Europe different models of service-coordination and integration exist, but a systematic overview of experiences and evidence on effectiveness is not available. The aim of this initial review is to:

- identify facilitators and challenges at the interpersonal and at the structural-organizational level that are relevant to successful coordination, collaboration and integration of multiple services for young children (e.g. communication, case management, financial resources, policy measures);
- identify models of working and domains for the development of a common framework;
- summarize the potential impact of inter-agency working upon children, families and communities;
- develop questions for parents that can identify their perceptions of inter-agency working and any personal experiences.

It has a particular focus on research on inter-agency working that has been carried out since 2000 with an emphasis on European studies.

WHY IS INTER-AGENCY WORKING IMPORTANT?

It has been well-established in Bronfenbrenner's (1979, 1994, 2006) groundbreaking bioecological theory that children's development is influenced by overlapping and connected levels of influence extending from individual child factors through the family and other relevant individuals (such as peers) to the wider society. It has also been established by Rutter (1987) and by Sameroff and colleagues (Sameroff & Fiese, 2000) that the most disadvantaged children, in families facing multiple risks, are the most likely to have poor outcomes. Multiple and diverse risks are likely to be evident at several levels of influence simultaneously (e.g. individual, family and environmental living conditions) (Hanson & Carta, 1995) and to intervene successfully services need to be offered at all the necessary levels, which will be accomplished most effectively by interagency working (Davidson et al., 2012).

The goal of reducing inequality and discrimination in educational attainment in Europe is challenging. It has been proposed that innovative practices, possibly involving inter-agency working, to increase the efficiency of childhood services (including education systems) could play an important role in improving equity and addressing all the needs of the most disadvantaged (Einbinder et al., 2000) and these have received increasing attention (Maslin-Prothero & Bennion, 2010; Warmington et al., 2004. However, in introducing innovation we need to be aware of a characteristic response of existing bureaucracies to change, i.e., "*This is an innovative approach that could really improve matters, but we cannot use it as it has not been used before.*"

Integrated working for children's outcomes has been described as "*the holy grail of policy and services*" (Canavan et al., 2009, p. 385). While this may be too enthusiastic given the current level of knowledge, inter-agency partnerships (e.g., health care, youth care, social work, education, welfare) have become increasingly recognized as important for policy to support children and families throughout Europe (e.g., Barnekow et al., 2013; Guralnick, 2005; Home Office, 2014; National Audit Office, 2001; Vargas-Barón, 2015) and beyond (Moore, 2010). The focus is to share information to avoid duplication of effort and fragmentation, with pooling

of budgets, joint area reviews, shared assessment of local needs and coordinated plans, integrating front-line delivery of services, strategy and governance (HM Treasury, 2003).

There has been a shift in emphasis away from a 'top-down' approach to supporting families towards a 'bottom up' approach, along with a shift from a 'supply-orientation' to a 'demand orientation' in many European countries. This marks a change in philosophy that acknowledges the importance of working with service users to identify needs and ways to meet them. This is different from previous approaches that focused on what would be provided for service users and had a perspective on service delivery based upon separated specialisms. The change in emphasis towards inter-agency partnerships recognizes the value of including all perspectives, including from those who need and use services, in order to provide more relevant and appropriate services that match needs, are more efficient in delivery and achieve more effective outcomes. However there is wide variation in the forms of inter-agency working and this is often given as a reason why producing evidence of effectiveness is so difficult. It is recognized that inter-agency working is context specific and, as described below, functions in different ways at differing levels, with a variety of objectives, methods and structures.

Inter-agency working can encompass organisation of services at a national level, with a clear policy (e.g., Norway, Winsvold 2011; Poland, Trawkowska, 2012), and may occur at a local government level where multiple agencies work together across an entire local area (see also Andreotti & Mingione, 2016). An example would be the inter-agency collaboration across the municipality of Łódź, Poland, or Milan, Italy (Bove et al., 2016.). Another model of inter-agency working operates via a centre or service hub, where different agencies provide coordinated services for common clients. Examples would be the Parent Child Centres in the Netherlands (Busch et al., 2013) and the Children's Centres operating in England (Eisenstadt & Melhuish, 2013).

In Poland (Trawkowska, 2012) interviews with professionals in the field of social work noted that it was in fact a legal obligation (since 2003) for stakeholders to cooperate, and also expected by their municipality. Portugal has gradually evolved from a "top-down" model to a more inclusive model. Over time, local authorities and civil society organizations have also been given more possibilities to contribute from the "bottom up" to the national level policy making. The literature in the area of child welfare considers interagency collaboration from the ecological perspective. The theme inter-agency working that has shaped policies, discourses and practices is engaged with the principles of participation (stakeholder engagement) and the principle of subsidiary (a degree of independence for a lower authority in relation to a higher body). In Portugal, the case for interagency collaboration is supported by government initiatives for improving provision in education such as the 1996 Priority Intervention Education Territories Program (TEIP) for education and social services, the 1999 Protection of Children and Young People in Danger (CPCJ) relevant to health services, the police and other local government services and the 2001 Choices - 6th Generation relevant to voluntary agencies and the private sector.

DEFINITION AND MODELS

Much of the literature focuses on collaboration between education, health and child welfare but inter-agency partnerships may also include larger numbers of partners. Other agencies, besides education, health and social services, may also be involved in specific cases such as services related to child protection, employment, criminal justice, housing, and parent support.

Such inter-agency working includes various types of partnership that involve differing degrees or levels of integration (Frey et al., 2006; Frost, 2005; James Bell Associates, 2011; Quality Improvement Center on Early Childhood, 2009), and the terminology used may vary.

While some writers (e.g. Tomlinson, 2003) incorporate the terms 'multi-agency', 'inter-agency' 'interdisciplinary' and 'joint working' under the general umbrella of inter-agency collaboration between professionals, there have been a number of attempts to make a distinction between terms. They were summarized by Irish researchers (Owens, 2010) as follows:
Inter-agency working: more than one agency working together in a planned and formal way at either a strategic or operational level;
Multi-agency working: more than one agency working with a client, not necessarily jointly, which can be concurrent or sequential, with joint planning;
Joined-up working: deliberately coordinated planning taking account of multiple policies and agency practices; and
Integrated-working: everyone is supporting children and families together effectively, putting the child at the centre to meet their needs, achieved through formalized collaboration and co-ordination between agencies.

There have been a number of attempts in the UK to create typologies of inter-agency working based on the extent of involvement or connection between different organisations. This can range from the most basic form of collaboration when they simply network or talk together about service needs to the ultimate inter-agency collaboration when they come together in a single (usually new) administrative organisation. Atkinson and colleagues (2005) studied multi-agency working between the education, social services and health sectors in local authorities and broke multi-agency working down into five models:
Decision making groups providing a forum for professionals to meet at a strategic level;
Consultation and training for one agency to enhance the expertise of those from another;
Centre-based activity gathering a range of expertise into one place to deliver a more comprehensive service;
Coordinated delivery so that a more cohesive response can be adopted; and
Operational-team delivery for professionals from different agencies to work together on a day-to-day basis to form a multi-agency team that delivers services directly to clients.

Integrated working was perceived by Bertram and colleagues (2002) with respect to management, training and staffing in their evaluation of UK Early Excellence Centres into the following models:
Coalition: management, training and staffing structures in a federated partnership, with an alliance of elements but operating discretely;
Co-ordinated: Management, training and staffing are synchronised be remain individually distinct, such as for example a nursery school and day care centre on the same site and working collaboratively;
Unified: an amalgamated management, training and staffing structure with services delivered by different closely united agencies, possibly operating out of one site; for example offering integrated early education and care, family support, adult education, and health services under a cohesive management structure. By planning together to address overlap and gaps in services, it is expected that agencies can create a program that is "greater than the sum of its parts." (Bertram et al., 2002).

Frost (2005, p. 14) focussing on child welfare provision in the UK suggests a similar model to clarify what is meant by multi-disciplinary work, suggesting a hierarchy of four levels of involvement:

Co-operation is the weakest form of partnership when services work together towards consistent goals but maintain their independence, though this may be sporadic and informal;

Collaboration, when services plan together and work to avoid overlap, duplication and gaps in services aimed at common outcomes, with shared goals seen as a defining factor. This was further broken down as primary collaboration with shared responsibility, participatory collaboration when the service user meets with workers from more than one agency, and complex collaboration when shared responsibility for tasks and decisions is key;

Co-ordination, when the services work together in a planned and systematic way with agreed shared goals. It is distinguished from collaboration by having formal decision rules and a continuum of joint action, more likely to involve personnel at higher levels deciding to come together under a common umbrella;

Merger or Integration, the highest level of inter-agency working, occurs when the different services become one organisation to enhance service delivery.

Taking a slightly different approach to creating a framework, Easen and colleagues (2000), based on interviews with front line managers in deprived areas in the north east of England, distinguish collaborations focussing on based on two dimensions: boundedness and context.

Boundedness– the collaboration between agencies has clearly specified outcomes, timescales and procedures (e.g., child protection; preventative immunisation) in bounded inter-agency working while less bounded work might have priorities than change over time or have more scope for making pans if they were not controlled by a statutory framework.

Context – the extent to which collaboration can be in relation to individual clients or on wider community need.

A model developed in Portugal (Torres, 2008) concentrates on two domains: organization and delivery of services. Organization covers two domains: resources available in terms of human capital; and internal organization such as leadership, strategic discussions and sharing of information, co-responsibility and recognition/appreciation of caseworkers. Delivery covers: operationalization in terms of guidelines systems for referrals, prioritization of cases and use of shared information; and coordination with external community entities such as schools, hospitals etc.

While partnership between agencies can progress by stages towards full inter-agency working, inter-agency may also involve different degrees or levels of partnership simultaneously. For example, on one project agencies may loosely share information (networking), but on another project they work together to develop strategy (collaboration). This pattern is particularly apparent as agencies move from lower levels of cooperation but with independent action, to more integrated collaboration. Changes in one project, if successful, may lead to changes in other projects, and potentially in time lead to fuller integration of all the agencies' work. Initially agencies gain knowledge about each other, and changes occur in attitudes, skills, opinions, aspirations, motivations and intentions. Such synthesis amongst staff in different agencies is likely subsequently lead to medium term changes in behavior, decision-making, policies and combined action. Tomlinson (2003) describes four stages of change in inter-agency working:

1. Changes to inputs/processes e.g., new tools and management structures.
2. Changes in routines, and practices based on changes in perceptions.
3. Changes in outcomes for children and families.
4. Changes become institutionally embedded across organisations.

Such changes in the conditions of working may ultimately result in increased well-being at a social, health, economic, civic and environmental level

While the labels used to categorize inter-agency working vary, there are a number of dimensions that are common to most or all the models, some strategic and others operational:

Communication
Mutual engagement
Trust
Shared values
Knowledge of own role and that of others
Attitudes
Training and supervision
Leadership
Context (local or personal)
Funding and other resources
Policies
Planning
Decision making

Many of these are covered in the Interagency Collaboration Activities Scale (IACAS, Dedrick & Greenbaum 2011; Greenbaum & Dedrick, 2004, 2007), which includes 17 items grouped into four areas: financial and physical resources; program development and evaluation; client services; and collaborative policies. It has been validated through consultation with experts in the USA, through internal consistency and by test-retest agreement over a period of two weeks. The Levels of Collaboration Scale (Frey et al., 2006) is based on examination of five different models, distilling collaboration into a single five point scale ranging from (1) networking to (2) cooperation, (3) coordination, (4) coalition and finally (5) collaboration, each point of which is defined on the basis of definition of roles.

FACILITATORS OF INTER-AGENCY WORKING

Moore (2010), describing an integrated approach to child development in Australia, concluded that to be successful integration needs to occur at four levels: government policy is required recognizing that more than one department is responsible for the wellbeing of children; at the regional level early years partnership groups should be established; at the service delivery level there is integration (which might range from coexistence to full integration); and within teams that include members of different disciplines providing support for children and families. Integration at the government level is of particular importance for families with young children, below school age, as - depending on the country - there are fewer or no universal services. In their review Atkinson, Jones and Lamont (2007) concluded that establishing effective partnerships depends on: clarifying roles and responsibilities (e.g., ensuring parity, valuing diversity); securing commitment at all levels of agency hierarchies; engendering trust and mutual respect; and fostering understanding between agencies (e.g. through joint training and recognition of individual expertise). They further identify three areas as important for effective multi-agency processes:

1. Effective communication and information sharing;
2. Developing a shared purpose with joint goals;
3. Effective planning and organization, with clearly defined structures and shared protocols.

To achieve these goals it is considered important to secure adequate and sustained funding (e.g. through pooled budgets, written agreements around funding), ensuring continuity of staffing (e.g. by ensuring staff capacity and support for staff) and an adequate time allocation (e.g. realistic timescales, built-in time for planning). Effective management and governance are dependent on good leadership (e.g. by identifying key staff, appointing leaders with special attributes). Also important are shared management systems (e.g. appropriate accountability systems and transparent decision-making, common IT systems, agreements on data sharing) and an effective performance management system (e.g., joint review protocols and performance indicators). Achieving such goals requires sufficient time for developing multi-agency working and the provision of joint training with agreement of joint aims and objectives.

The importance of communication is highlighted in an Australian review (NSW, 2010), especially in the context of building relationships which include: agency to agency; worker to worker; and client to worker. Other key aspects that are proposed to facilitate inter-agency working are: developing effective liaison structures and meetings, providing joint training, and implementing the necessary computer and internet technology.

Einbinder and colleagues (2000) highlighted the fact that there is a necessity for incentive and willingness to collaborate before it can take place, that may depend on what any organization sees as the benefits for themselves versus any costs, followed by both ability to collaborate and capacity. They also focus on the importance of trust and shared values. Other facilitators for integrated working include, among others: developing a shared culture (Hubbard & Themessl-Huber, 2005); new roles to support new ways of working (Hickey, 2008); co-terminous boundaries for agencies that facilitate exchange of information and coordination (Heenan & Birrell, 2006); and promoting professional values and socialisation into the team (Hudson, 2007).

Evaluating UK Children's Trusts (O'Brien et al., 2009) identified four levels of integration: governance such as the creation of an inter-agency board; strategy such as the pooling of budgets; process such as sharing information or common assessment protocols; and professionals' delivery arrangements such working in as multi-agency teams. Co-operation at the level of governance or strategy were more easily accomplished than process or front-line delivery arrangements. For example soon after their formation, all of the 35 pathfinder projects had forms Children's Trust boards or equivalent structures while only 15 had a protocol for professional groups to share pupil, client or patient level data.

A large scale survey in Norway (Winsvold, 2011) found that there were differences between municipalities with regard to the extent of inter-agency cooperation. It was concluded that successful inter-agency cooperation required a number of aspects of relationships. First, the need for inter-agency cooperation must be anchored with the leaders of the respective agencies, with formal structures and meetings to clarify roles and resolve disagreements. In addition joint participation at meetings, conferences, or other arenas was necessary by staff from different agencies. Openness was important with quality feedback between agencies; this could be facilitated by strong personal relationship between the staff involved. Factors that enhanced cooperation included; the availability of jointly prepared handbooks and guidelines, use of common web-resources, and physical proximity among the agencies.

There is mixed evidence for the importance of co-location as a key driver for integration. While studies have asserted that co-location is necessary (Hudson, 2007; Hubbard & Themessl-

Huber, 2005; Holtom, 2001), others have reported this is not always the case (Davey et al., 2005). Co-location may even have undesirable side-effects, for example in terms of socially selective access (Leseman & de Winter, 2013). Turnbull and colleagues (2007) add another perspective. Whereas the focus has been strongly on *how* families, professionals and their agencies should interact, less attention has been paid to *what* should be offered. They recommend integration of three sources of knowledge: evidence on the effects of parenting on child development, the experiences of local professionals, and the expressed needs, values and resources of the families.

A more detailed understanding of the relevance of co-location can be found in evidence on the effectiveness of inter-agency working in the UK by Sure Start Local Programmes. The National Evaluation of Sure Start in England (NESS, Belsky et al., 2006; see www.ness.bbk.ac.uk), studied the first 260 Sure Start programmes which were designed to integrate services for young children and their families in disadvantaged areas, ideally from a 'one-stop-shop' in the local community. Anning and colleagues (2007) studied the characteristics of programmes that varied in improvement in child and family outcomes to find out why some were more successful than others in terms of the outcomes for children and parents.

What worked at strategic level was:
- systemic, sustainable structures in governance and management;
- a welcoming, informal but professional ethos;
- empowering parents, children and practitioners.

What worked at an operational level was:
- auditing and responding to community priorities in universal services;
- early identification of children/parents to benefit from specialist services;
- recruiting, training and deploying staff with appropriate qualifications; and
- managing the complexities of multi-agency teamwork.

Barriers to integrated inter-agency working, apart from the absence of facilitators, include differences in geographical boundaries, status inequalities (Cameron et al., 2007) and professional differences, turf warfare, power differentials and mistrust (Canavan et al., 2009; Hudson, 2002; Winsvold, 2011). Frost (2005) highlighted in particular: professional boundaries and rivalry; differences in training; explanatory models (e.g., social *vs.* medical). The mismatch in cultures, behaviours and understanding of services created a divide between the disciplines, and a lack of clarity of purpose for integration, and a failure to agree partnership outcomes (Wistow & Waddington, 2006). Also the process of collaborative working can lead to unrealistic expectations for staff (Coxon, 2005; Winsvold, 2011). Whilst inter-agency partnerships can provide tools to identify client problems there may be financial limitations on what can be achieved. Human resources issues included: short-term contracts, lack of career structure, and limited opportunities for promotion; and a trade-off between job satisfaction and career progression (Cameron et al., 2007; Heenan & Birrell, 2006). Warne and collagues (2007) discussed how rhetorical claims have been used to contain the good and the bad aspects of inter-agency partnerships in health services.

Managers need to be aware of defenses that staff may use to protect themselves from conflicts resulting from change by encouraging staff to take time out, e.g., in the form of away days, which can provide an opportunity to engage in personal, professional and organizational development, which may subsequently reduce the conflict that may result from integrated working (Warnes et al., 2007). By providing support and training to enable staff to work creatively, a culture that fosters integrated working maybe developed (Stewart, Petch, &

Curtice, 2006). Managers of multi-agency teams need to reach out beyond the team, to leadership within the locality, developing broader partnerships with community organisations. It is also important to provide staff development opportunities, including joint activities, to increase understanding of other disciplines (e.g. Scragg, 2006).

ARE THERE IDENTIFIABLE IMPACTS?

Evidence on the impact of increased inter-agency coordination is still limited. Professionals often report that multi-agency activity is rewarding and stimulating, bringing increased knowledge and understanding of other agencies, and thus improved relationships and communication between agencies (Coxon, 2005). However, professionals also report negative impacts related to uncertainty regarding professional identities (Coxon, 2005). Partnerships involves open dialogue, through exchanging ideas, new understandings can develop. Dahlberg and colleagues (1999) described the difficulties in establishing a culture of critical dialogue and the danger that criticism may be taken personally. Thus, there is a need to treat critical dialogue as 'a way to reconstruct our work', which can be difficult with dialogue between staff in agencies with different professional cultures, and where the same word may carry different meanings.

There are mixed messages about whether multi-agency working produces an increase or reduction in workload for professionals, although the evidence seems to be weighted towards an increased workload (Statham, 2011). The main impacts identified for service users relate to improved access to services, through speedier appropriate referral, and increased prevention and early intervention. Inter-agency coordination has been found to improve outcomes for older children (Feinberg et al., 2007; Hawkins et al., 2008), as well as young children and their families (Melhuish et al., 2007) and for children with special needs (Harbin et al., 1998). Bertram et al. (2002), evaluating UK early excellence centres, point to the increased ability of inter-agency partnerships to identify needs and jointly plan help for families, thus avoiding duplication and allowing more efficient targeting of resources and greater cost-effectiveness. For some service users benefits included more focused support, for example enabling disabled children to remain at home and attend their local school. Other UK evidence comes from the National Evaluation of Sure Start in England (NESS). Characteristics of Sure Start partnerships were associated with improvement in child and family outcomes (Melhuish et al., 2007). Some aspects of parenting were improved amongst clients of partnerships with processes for the empowerment of staff and clients in decision-making, a stronger more inclusive ethos, more child focussed services and more health-related staff. Also some improvement in child outcomes was associated with strategies for identifying potential users; shared record keeping systems; and links between agencies to locate families. This indicates the importance of identifying potential clients early to enable more opportunities for developmentally enhancing experiences for young children and their families. In addition, research on area-level data found some indications of area-level improvements in health, education and social cohesion being associated with Sure Start programmes (Barnes et al., 2007).

Another UK initiative was Children's Trusts, developed after the *Every Child Matters* government report (HM Treasury, 2003) to promote integrated working between children's professionals. The impact evaluation (O'Brien et al., 2009) considered 35 pathfinder projects to determine whether there were any observable impact on children, using available administrative data and comparing children in the trust areas with those in other areas but found no significant impact. However comparisons within the pathfinder trusts identified that

initially focused on all children in the local area versus specific client groups had higher rates of changes in referrals of children in need and were able to complete more core assessments within the recommended 35 days. This was also true for those trusts located in large urban areas compared to counties; they were also were able to reduce unauthorized school absence to a greater extent, suggesting that the nature of the area needs to be understood when planning for inter-agency working.

Few studies deal with changes in outcomes for children, families or communities, and there is a clear need for more methodologically robust evaluations, and current evidence does not lead to firm conclusions (Dunst & Bruder 2002). Two US examples demonstrate the variation in study results. Harbin and colleagues (1998), in a study of 75 children, found that health outcomes were improved with more coordinated inter-agency working. While Glissen and Hemmelgarn (1998) did not find inter-agency coordination important, organisational *climate* (low conflict, cooperation, role clarity and personalisation) was important for quality of children's services.

While the evidence of impact upon outcomes for children, families and communities is currently limited to a few examples of inter-agency working, it appears that the best results for impact are invariably related to high quality implementation. Hence it is important to gather information that can guide best practice in this area. This WP will focus on this issue, to provide a guide to what policy and practice changes may lead to better implementation of inter-agency partnerships, which in turn may lead to better outcomes for children, families and communities.

TOPICAL ISSUES

- Relevance of inter-agency working for specific disadvantaged groups
- Value of a national context 'big picture' (versus local) for promoting inter-agency working
- Understanding if parents are aware of inter-agency collaboration
- Is there more or less inter-agency working when resources are limited and/or budgets are cut?
- How to balance between ever more stringent data protection and the necessity for information sharing
- Identifying which aspects of inter-agency working are related to impact on outcomes

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APPENDIX – POSSIBLE QUESTIONS FOR WP2 PARENTS

UK

1. To provide the best support for children and their families, professionals from different organisations such as education, health, childcare and family support should be able to share information about children

5	4	3	2	1
Agree strongly	Agree	Uncertain	Disagree	Disagree strongly

2. It is easier for parent to access services for children and families if the range of service they might use e.g. education, health, childcare and family support are available at the same location, i.e., one-stop shop for all services

5	4	3	2	1
Agree strongly	Agree	Uncertain	Disagree	Disagree strongly

3. I have experienced good support for my child because health workers, childcare workers, educators or family support workers have worked together to help me and my child

5	4	3	2	1
Agree strongly	Agree	Uncertain	Disagree	Disagree strongly

4. In my local area these services - health, child care, education and family support – work well together

5	4	3	2	1
Agree strongly	Agree	Uncertain	Disagree	Disagree strongly

Poland

We propose the following questions. The first one refers to direct experiences of mothers. The second one regards the opinions of mothers on the cooperation of ECEC setting with stakeholders in general.

1) Does the ECEC setting which your child attends to cooperate with any institutions supporting families in difficult life circumstances?

    Yes/No
    If yes, do you consider this cooperation sufficient to your needs?
    1- definitely not;
    2- rather not
    3- moderately yes
    4- rather yes
    5- absolutely yes

2) Place a cross in the appropriate box to indicate to what extent do you agree with the following statements

		strongly disagree	disagree	moderately agree	agree	strongly agree
1	When families need support they ask the ECEC professionals where to look for it					
2	The information provided by ECEC practitioners on the available family support is adequate to their needs					
3	ECEC professionals actively participate in establishing cooperation between families and family support institutions					
4	Families are active participants of collaboration between ECEC setting and organisation/-s supporting families in difficult life circumstances					
5	Thanks to cooperation of the ECEC setting and social services it is easier for families to face difficult life circumstances					

Portugal

Question to parents: **To what extent does the interagency working demonstrate an active and coherent commitment to provide needed and timely resources to children and families?**

1	The interagency working does not contribute (and often undermines) efforts to provide needed and timely resources to support children and families	This question explores the extent to which the interagency collaboration actively and coherently engages in responses timely and consistent. It also examines the extent to which the interagency actions are in alignment with child and family needs.
2	The interagency working shows limited efforts to provide needed and timely resources. Many of its responses lack coherence or are out of time.	
3	The interagency working engages efforts to provide needed and timely resources to support children and families. However, some of its responses lack coherence between all involved and sometimes are out of time.	
4	The interagency working actively engages efforts to provide needed and timely resources to support children and families. However, some of its responses lack coherence.	
5	The interagency working actively and coherently engages efforts to provide needed and timely resources. It frequently demonstrates coherence and consistency of responses from all involved.	

Greece

Questions for WP2 (the questions could be expressed as Likert-like format items)

What type/kind of services are available to you provided by the municipality/local authority when you are in need?

Are you informed enough for the type of services that your municipality/local authority provides with regard to educational, health/medical, security, employment etc. services?

Where do you turn to for getting assistance/support when you need to with regard to school issues?

Has the school/ECEC setting help you when you were in need to find other services with regard to health, care, finance issues?

Do you know if the school cooperates with the municipality/local authority, health services, social welfare services?

INCLUSIVE EDUCATION AND SOCIAL SUPPORT TO TACKLE INEQUALITIES IN SOCIETY