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Comprehensive review of the literature on inter-agency working with young children, incorporating findings from case studies of good practice in inter-agency working with young children and their families within Europe.

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PART 1. LITERATURE

INTRODUCTION

The goal of reducing inequality and discrimination in educational attainment in Europe is challenging. Disadvantaged families living in poverty, especially those living in deprived neighbourhoods where risks tend to accumulate, have diverse needs for support. 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). Throughout Europe different models of service-coordination and integration exist, but a systematic overview of experiences and evidence on effectiveness is not available.

The overall aim of the review is to explore different models of inter-agency work, the impacts and possible facilitators and challenges to inter-agency working, as well as the implications this has for good practice, using several search methods and expert consultation. The aims of this review are described in Task 6.2. Drawing on both the existing literature and eight case studies of successful inter-agency working (presented in Part 2), the review:

- Highlights reasons why inter-agency working has been suggested as a way to improve services for young children and their families;
- Describes different ways to conceptualise inter-agency working;
- Identifies ways that the success of inter-agency working can be evaluated;
- Summarises well established facilitators of, and barriers to success;
- Identifies likely impacts for service providers, for families and for children;
- Integrates information from the case studies, makes recommendations about how to achieve success.

STRUCTURE OF THE REPORT

This report is in two parts. Part 1 presents a review of existing literature with reference, where relevant, to case studies conducted in eight different European locations selected to represent successful inter-agency working. Part 2 presents each case study (CS1 to CS8). The methods used for the case studies were based on recommendations in Yin (2002; 2009) and Stake (1995). The goal of the case studies was to investigate examples of successful inter-agency working with a range of disadvantaged groups, e.g., poor families, immigrant families, Romani families in Belgium, Greece, Italy, Netherlands, Norway, Poland, Portugal, and the UK in order to identify what is common and what is particular about the cases. The overarching research questions for the case studies were:

- What does “successful inter-agency working” look like in relation to services for young children and families?
- What contributes to the best implementation of inter-agency working, and does this differ between contexts?

Subsidiary questions were:

- How and why do organizations collaborate with one another to provide joint services?
- How do practitioners perceive inter-agency working?
- How does inter-agency working impact on services for children and families, in particular those experiencing disadvantage?

- What processes, at the macro or micro level, facilitate inter-agency working and how can these be fostered?
- What are the barriers to successful inter-agency collaboration and how can they be overcome?

The criteria for selection of case studies were:

- It represents ongoing work/service provision;
- At least three agencies or types of support should be involved (e.g., education, social work, childcare);
- While some focus on the younger age range some cover support for families of children older than eight years of age.

Sources of information to determine that a case is 'successful' (at least 2 required) were:

- It has been operational for at least two years;
- It was nominated as good by 2-3 practitioners, policy makers or experts;
- There has been some kind of evaluation indicating promising implementation and/or impacts;
- There are blogs reporting on client satisfaction;
- There is collaboration with a university for evaluation.

A common protocol was developed, based on the initial literature review (Barnes et al., 2017; Deliverable 6.1) so that each case study would have a similar style of data collection and would cover similar themes, but with sufficient flexibility to capture the uniqueness of each case. All case studies included examination of relevant documents and interviews or focus groups with key stakeholders. Some also included observations.

BACKGROUND. THE NEED FOR INTEGRATED SERVICES

Historically, there has been a problem of “silo working” at central and local government levels in many countries, with particular departments or agencies being interested only in the service for which they were responsible and not with the potential effects on families of a range of services. Access to health, education and social welfare services are important for families with young children, but the way in which these services operate often creates fragmentation of experience for the family and wasted time for professionals. Frequent duplication of assessments has been found and repeated requests to families for the same information. At the same time, some families may receive no service because they are not in touch with the right agency.

The move towards more integrated service delivery has been driven by a growing awareness of the fragmented nature of services for young children and their families, and understanding of the ways that fragmentation undermines the capacity of the service system to support them effectively. The families that are most disadvantaged by this situation are generally the most vulnerable. The fragmentation of services is particularly problematic for the families of children below school age because there is often no universal service that all families use during these years. All children are known to the service system at birth and at school entry, but the contact they have with early childhood and other services between those two points varies greatly.

To remedy this state of affairs there has been a move towards increased joint planning and delivery of services through different agencies working together, either in respect of specific groups (typically disabled children and pre-school children) or through developing planning frameworks that apply to all children and young people (Barlow & Scott, 2010). While early education and day care are most commonly brought together, it is proposed that the full benefits of integrated service delivery can only be gained by creating an integrated service system that involves a wide range of services that work

directly or indirectly with young children and their families. This approach is increasingly evident in many societies.

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 conclusion appears 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 internationally as important for policy to support children and families (e.g., Barnekow et al., 2013; Home Office, 2014; National Audit Office, 2001; Vargas-Barón, 2016). Inter-agency policy can encompass the organisation of services at a national level, with a clear policy (e.g., Norway, Winsvold 2011; Poland, Trawkowska, 2012; Greece, CS2), and may occur at a local government level where multiple agencies work together across an entire local area (see also Andreotti & Mingione, 2016). Examples in Europe are the inter-agency collaboration across the municipality of Łódź, Poland, and the area of Reggio Emilia in Italy (Bove et al., 2016; CS3). Another model of inter-agency working operates via a centre or service hub, where different agencies provide coordinated services for common clients. Examples are the centres for youth and families in the Netherlands (Busch et al., 2013; CS4) and the children's centres operating in England (CS8; Eisenstadt & Melhuish, 2013). Details of the development of inter-agency working at these different levels is provided in the case studies described in Part 2 of this report.

The underlying assumptions of moving to services that work more closely together are: that joint-working will avoid duplication of effort and fragmentation; that pooling of budgets can lead to economies; that shared assessment of local needs and coordinated plans is likely to lead to more appropriate services; and that the quality and take-up will be greater if front-line delivery of services is integrated and co-ordinated, with a shared governance structure (HM Treasury, 2003). It should also lead to shared knowledge between agencies whose professionals have had different types of training (Hetherington & Baistow, 2001). Activity theory (Daniels, 2001; Engeström, 1987) suggests that inter-agency work requires substantial consideration if it is to succeed; particularly a qualitative move forward in terms of the conceptualisation of problems and solutions. The way participants frame and understand the problem also shapes the project that they develop together and there are benefits to devoting substantial time and effort to dialogue that identifies differing understandings of the issues to be faced (Wideman et al., 2012). Thus, it is useful to discover how successful collaborations developed, what helped and how any barriers are managed.

An international review found that, of 54 countries and states across the world, more than half (i.e., 34) had made some moves towards ensuring more coordinated policy, strategy and provision for children, young people and families (CfBT Education Trust, 2010). A number of projects have been developed focussing on the needs of young children and their families, and ways of integrating early childhood and family support services, facilitated by national government policy. International examples of such responses include the UK's *Every Child Matters* policy and Sure Start initiatives, and Canada's *Toronto First Duty* program. The ambitious *Every Child Matters* initiative focussed on whole system reform to bring services together, including at the government level (see Figure 1). The UK policy was guided by the view that "better outcomes will be secured by services working together more effectively on the front line to meet the needs of children, young people and their families" (HM Government, 2004a, p. 12).

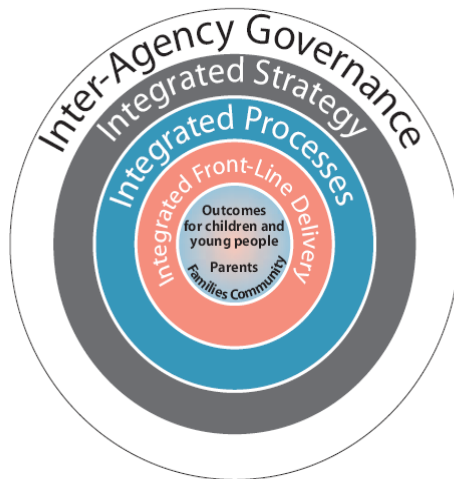


Figure 1. Whole systems change. (HM Government, 2004a, p. 13)

In other countries, there have been similar policies. For example, in Australia, there have been a number of federal initiatives over the past decade or so. These include the *Stronger Families and Communities* strategy (and its *Communities for Children* initiative). Taking place at about the same time as a similar policy change in the UK, this initiative was based on the assumption that in many communities services are fragmented. They may be provided in a way that does not meet families' needs, or they may not exist. The provision of funds to coordinate effort in local communities across community services, education, health and other sectors and across various government initiatives will strengthen both families and communities (Australian Government, 2001). The Federal Government worked with the Council of Australian Governments (COAG, 2009) which endorsed a number of national policies and initiatives aimed at young children and families. All Australian states took action to develop early childhood policies and integrate early childhood services (Moore & Skinner, 2010). In their review Moore and Skinner emphasise that, while an integrated service system can begin by integrating early education and care services within a day care program, the full benefits of integrated service delivery are most likely by creating an integrated service system that involves a wide range of services working with young children and their families.

Similar moves have taken pace in Europe. In the Netherlands (CS4), the *Wet Publieke Gezondheidszorg* (Act Public Health Care; hence WPG) the *Jeugdwet* (Youth Act; hence JW) are both under the responsibility of a single national ministry, the Ministry of Public Health. The WPG specifies the basic tasks of the Centres for Youth and Families (CJGs) which are nationally funded. They include mainly medically focused and universal services such as vaccination, screening and parent education and guidance. The JW documents the tasks of youth care services, which include preventative activities, more intensive interventions and clinical treatment, specifies the public youth health care and education sectors as natural partners of youth care. A legislative change in 2015 made municipalities responsible for youth care, with a change in focus to preventative work, giving rise to *buurt- or wijkteams* ('neighbourhood teams'; hence, BT). Case study 4 describes the ways in which the CJGs work in conjunction with BTs in conjunction with early childhood education, the primary school and secondary school systems.

In Portugal, the case for inter-agency 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.

Much of the policy development has had a particular focus on enhancing outcomes for children and families experiencing disadvantage. Nevertheless, despite all this legislative focus on integration of services, a systematic review of the literature concluded that there is a lack of good evidence that outcomes for children are enhanced by the strategy (Siraj-Blatchford & Siraj-Blatchford, 2009). Most of the evidence to that point had focussed on the organisational barriers encountered when this type of strategy was introduced with only limited attempts to rigorously investigate the longer-term outcomes for children. Difficulties in drawing conclusions about impact are further related to measuring the nature and quality of service integration. The case study information was scrutinised for any information about potential impacts, for the service, for parents and for children and this is described under 'Impacts of success' in Part 2 of this report.

Summary: Why the need for integrated services

- To place the family at the centre of service delivery, better meeting the needs of children and families;
- To integrate policy, at national and local levels;
- To give economy of scale with shared/pooled budgets;
- To reduce fragmentation of services;
- To reduce duplication of effort in providing services;
- To facilitate families' access to more services, avoiding duplication identifying their needs;
- To improve outcomes for disadvantaged children, reducing inequality.

These points are particularly relevant from birth to age five, before universal contact with services, for disadvantaged children and families who may 'fall through the net' and for younger children, whose transition between ECEC and primary education may be facilitated by service integration.

HOW MIGHT INTER-AGENCY WORKING BE EFFECTIVE?

Changes in the area of early childhood services, with closer integration between early education and care in particular, have been driven by an expectation that greater integration would better reflect the needs of families (Pascoe & Brennan, 2017). This is based on sound theoretical principles. It is well-established in Bronfenbrenner's bio-ecological theory (Bronfenbrenner, 1979, 2006; Bronfenbrenner & Ceci, 1994) that children's development is influenced by overlapping and inter-connected levels of influence extending from individual child factors through the family and other relevant individuals to the wider society. It is also well-established by (Rutter, 1987; Sameroff & Feise, 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). Consequently, to intervene successfully services need to be offered across these levels, which will be accomplished most effectively by inter-agency working (Davidson, Bunting & Webb, 2012). For instance, the Tasmanian children's centres in Australia have a strong focus on enhancing the community in addition to providing a range of services for parents and children (Taylor et al., 2015). Sure Start centres in the UK similarly had a strong focus on making improvements in the whole community in addition to making an impact on children and parents who directly accessed services (Barnes et al., 2007).

The change in emphasis towards inter-agency partnerships and a 'whole community' approach recognizes the value of including all perspectives, including from those who need and use services. This should mean that agencies can provide more relevant and appropriate services that match needs, are more efficient in delivery and achieve more effective outcomes. This a focus on integrated inter-agency working is often accompanied by a shift in emphasis away from a 'top-down' approach to supporting families towards a 'bottom up' approach, giving more say to service users such as parents.

This is evident in both the UK government's *Sure Start* programme (CS8) and Portugal's Tecla Generation Project (CS7). By giving communities more input into service planning it is expected that their needs will be met more effectively. In Poland (Trawkowska, 2012) interviews with professionals in the field of social work noted that it was a legal obligation (since 2003) for stakeholders to cooperate, and was 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 inter-agency collaboration from the ecological perspective. The theme of inter-agency working has shaped policies, in that discourses and practices engage 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).

It has been noted however that the choice between top-down and bottom-up input is not an either/or binary choice, there may be a need for a mix of top-down targets combined with a bottom-up approach to defining local strategies and local targets (Katz & Valentine, 2009). However, there is wide variation in the forms of inter-agency working and the ways that targets are defined, which is often given as a reason why producing evidence of effectiveness is so difficult.

Summary: How might integrated services be more effective

- The approach is supported by Ecological theory and, accordingly, addresses risk factors at several levels simultaneously (i.e., individual, family, neighbourhood);
- An associate shift to bottom-up planning, consulting with community members, may better meet the needs of families;
- They may be better suited to disadvantaged children and families experiencing many risk factors for poor outcomes;
- There are some successful examples, in a number of countries;
- Outcomes for children such as school readiness should be improved, and family home learning opportunities, but it needs to be noted that impacts may be context specific and the evidence base is weak.

THE PROCESS AND STAGES OF INTEGRATION

Interpreting the literature concerning inter-agency working is challenging due in part to the lack of clarity about the meaning of the term (Oliver, Mooney, & Statham, 2010). 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 in a way that represents a progression from loose connections to fully integrated provision. It has also been noted that it can be useful to look at integration with respect to different processes within service delivery. 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 and hospitals.

Much of the literature focusses 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.

Three stages leading to fully integrated working were described by Bertram and colleagues (2002) with respect to management, training and staffing in their evaluation of UK Early Excellence Centres. The three stages are:

- *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 but 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).

Four levels are defined by Owens (2010), each term representing closer collaboration between agencies:

- *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.

Four levels are also defined by Frost (2005), focussing on child welfare provision in the UK, but with slightly different labels, all of which can be ascribed to the general term ‘inter-agency working’:

- *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.

Five levels were defined by Atkinson and colleagues (2005), who studied multi-agency working between the education, social services and health sectors in local authorities in the UK, with more focus on the processes that are involved in working together:

- *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 day-to-day to form a multi-agency team that delivers services directly to clients.

Questionnaires have been developed that reflect levels of inter-agency working and provide information about the aspects that are considered most relevant in understanding the dynamic process of inter-agency working. The most widely used is the *Interagency Collaboration Activities Scale* (IACAS, Dedrick & Greenbaum 2011; Greenbaum & Dedrick, 2004; 2007). The scale has 17 items grouped into four areas, developed by factor analysis: financial and physical resources (sharing funding, purchasing services, facility space, and record keeping and management information system data); program development and evaluation (developing programs/services, program evaluation, staff training, and informing the public of available services); client services (diagnoses and evaluation/assessment, common intake forms, service plan development, inter-agency committees, and information about services); and collaborative policies (case conferences or reviews, informal agreements, formal written agreements, and voluntary contractual relationships). Scoring of items is on a **five-point scale** ranging from 'not at all' to 'very much' with higher values indicating greater levels of collaboration. The questionnaire has been validated through consultation with experts in the USA, through internal consistency and by test-retest agreement over a period of two weeks. Another useful measure is the *Levels of Collaboration Scale* (Frey et al., 2006) which 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. Each partner is rated on the scale to obtain a mean score.

The case studies in Part 2 reflect some of the variability in inter-agency connections. In Ghent (CS1) the connections are relatively informal and can be described according to Frey and colleagues' model (2016) as cooperation/coordination without formalized memoranda of understanding, although without explicitly being called cooperation. According to Frost's typology (2015) the example from Greece (CS2), integrating children with cultural and linguistic diversity into education, belongs to the category co-ordination. The university that takes over the implementation of the project takes all the actions under its supervision and control, promotes the collaborations with local and central bodies and coordinates their participation. Using the *Levels of Collaboration Scale* (Frey et al., 2006) the Norwegian family centre (CS5), with all services located in one building, is described as being at the highest level of collaboration. But it is also pointed out that a wide variety of levels of inter-agency collaboration can be identified in this program. For example, decision making groups exist on several levels, from groups coordinating budgeting, to coordination of user services. Helpers take part in both formal and informal consultations, e.g., staff from the ECEC division consults with the health centre regarding child health on certain issues.

A similar variable situation was identified in the UK (CS8). While all services offered to children and families are co-located, the level of collaboration varies depending on the agency. All would fall within Tomlinson's (2003) definition of 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. For some of the services the extent of collaboration is unified at the highest level (Frost et al., 2005), with collaboration and integration formalised through a federation with a single governing body and a clear management structure. The extent of inter-agency working within the federation would be defined as the highest level (5 - collaboration) by the five-stage *Levels of Collaboration Scale* (Frey et al., 2006). There are also services offered from the children's centre such as midwifery and English language classes that are not part of the federation, provided by staff whose managers work closely with the federation at the

level of coalition, with shared ideas but with members who do not belong to a shared system (Frey et al., 2006). Finally, there are services provided by agencies that work at the co-ordination level, with shared decision making about what is provided but with separate management and governance.

There may also be differences in the extent of collaboration between different agencies with a service system. 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. The case study from England (CS8) illustrates this point; while some of the partner agencies are linked at the highest level of collaboration using a formal governance structure; other agencies are linked in looser arrangements. However, all are perceived by parents to be part of one integrated range of services available in one location.

The nature of the agencies involved can be relevant to the extent of inter-agency working. For example, in Australia, at all levels of government and for all service types, there has been substantial integration between education-focused and care-focused forms of early childhood provision (Pascoe & Brennan, 2017). Close links with family support are likely to increase the ways that families, particularly those experiencing disadvantage, are provided with all the relevant services, as was found in *Pathways for Early Learning Development* in Queensland (Pascoe & Brennan, 2017). In the UK, in evaluation of the Sure Start Local Programme model, it was found that integration between ECEC and primary health care was an important first step, enabling families with young children to be identified more effectively and their needs documented (NESS, 2005). Priorities may also be related to placement of different agencies within the same or different legislative organisations. The case study from England found that close integration between early education and care with child and family services provided by social workers can be particularly challenging (CS8). This was partly due to the way that social care is organised, not on a local geographical basis, so many different professionals could be involved with the school and children's centre serving a particular local community. It was also due to professional barriers and problems with communication.

Thus, many efforts have been made to capture or measure the essence of inter-agency work with a number of stages prior to full integration and with the understanding that different agencies within a group may be working together at different levels. Differing terminology and labels notwithstanding, there are elements common to most or all the models, some strategic and others operational: communication, trust, shared values, mutual engagement, knowledge and understanding of one's own role and that of others, joint training and supervision, strong leadership, shared policies, planning and decision making, and ideally pooled budgets. A note of caution, however, was raised in a systematic review of the topic of integrated services (Siraj-Blatchford & Siraj-Blatchford, 2009), noting that it is likely to be the quality of integration that is most relevant to outcomes rather than the type (i.e. reaching the 'higher' levels of integration described in these various typologies may not always be optimal).

Summary: Defining and measuring integration

- A number of different models and ways to define integration have been developed;
- They all involve a continuum, ranging from loose connections and discussion (conversation and co-operation), through collaboration to fully integrate service delivery and management;
- Most successful examples include more than one 'level' of inter-agency working;

- It should not be assumed that full integration is optimal; the quality of relationships between partners will influence outcomes.

FACILITATORS FOR ATTAINING SUCCESS

The likelihood of success in developing and providing a programme of integrated services for young children and their families will be enhanced by awareness or potential facilitators and, even more importantly, of potential barriers. Facilitators of success identified in the literature are discussed first, with reference to the facilitators identified in the ISOTIS case studies (see Table 1).

Leadership, meetings and communication

A large-scale survey in Norway (Winsvold, 2011) highlighted the importance of clear governance and management. Examination of which Sure Start local programmes were successful in the UK (Anning et al., 2008; precursors of the type of centre presented in CS8) noted that what worked at a strategic level was systemic, sustainable structures in governance and management in the context of a welcoming, informal but professional ethos. Effective management and governance are dependent on good leadership (e.g., by identifying key staff, appointing leaders with special attributes). Strong leadership has been identified as important to successful inter-agency work (Wideman et al., 2012) and was among the most commonly mentioned facilitators in the ISOTIS case studies (by six of the eight, see Table 1); five of the eight case studies also specified regular meetings as important for success. In the successful examples leadership could be provided by an external source such as a university (Greece, CS2), or by a leader of one of the agencies involved (e.g. Norway, CS5, UK, CS8).

Table 1. Facilitators of successful inter-agency working identified in case studies

Case study code in text	CS1	CS2	CS3	CS4	CS5	CS6	CS7	CS8	
Country	BE	EL	IT	NL	NO	PL	PT	UK	
Bottom-up (local) input and support	x		x	x	x	X	x	x	7
Strong, authoritative leadership	x	x		x	x	X		x	6
Shared values, commitment to inter-agency	x	x	x	x		X	x		6
Regular meetings			x	x	x	X		x	5
Political, top down support	x		x	x		X	x		5
Joint training, secondment	x			x		X		x	4
Trust between partners	x		x				x	x	4
Secure funding, autonomy over spending		x	x			X			3
Co-location of services				x	x			x	3
Shared planning and goals			x		x			x	3
Clear lines of communication			x		x			x	3
Learning from other professions	x				x			x	3
Sharing data, joint consent					x	X		x	3
Cultural sensitivity			x		x				2
Personal relationships, informal meetings	x				x				2
Pooled budget between agencies					x	x			2
Professional development			x						1
Social mission				x					1

Key: BE Belgium, International Step by Step Association; EL Greece, Hellenic Open University; IT Italy, University of Milano-Bicocca; NL Netherlands, University of Utrecht; NO Norway, University of

Oslo; PL Poland, University of Warsaw; PT Portugal, University of Coimbra; UK England, University of Oxford

Previous research has concluded that 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 (Heenan & Birrell, 2006; Hudson, 2007). The importance of regular meetings was highlighted for facilitating inter-agency work in five case studies, reflecting previous research (though informal contact was also found to be important – see co-location). In Poland (CS5), for instance, coordinators of the BAZA project considered that frequent meetings were crucial to ensure the full potential of inter-agency work, and to plan and implement the optimal range of services. To ensure cohesion of the services and agreement about a common vision, the consortium coordinators met during planning stages but also monthly, to exchange information on the project and, if necessary, to make adjustments to its operation. In the youth and family centre studied in the Netherlands (CS4) there were at least 10 meetings between teams per year meaning that the leadership were accessible which facilitated agreement about a shared mission and consensus about priorities. Similarly, in Reggio Emilia (CS3) a substantial amount of time is dedicated to formative meetings involving some professionals working for the educational, cultural, healthcare services and some citizens-volunteers (psychologists, pedagogistas, educators, atelieristas, and cooks). This enables them to share some ideas and build up a dialogue to further investigate topics regarding education, health, and nutrition, and to understand different perspectives and knowledge. In Portugal, the Geração Tecla consortium (CS7) meets at least every two months.

Commitment, shared values, joint training

Strong leadership alone will not suffice; the agencies involved and their members need to share a common purpose and focus on that in order for collaboration to be successful. Previous research (Atkinson, Jones & Lamont, 2007; Einbinder et al., 2000; Hubbard & Themessl-Huber, 2005) found that establishing effective partnerships depended on securing commitment at all levels of agency hierarchies and having a shared purpose. In addition, it was important to clarify roles and responsibilities (e.g., ensuring parity, valuing diversity), engender trust and mutual respect between agencies and foster understanding between them (e.g., through joint training and recognition of individual expertise). Atkinson et al., (2007) further identified communication as important for maintaining effective multi-agency processes, as did an Australian review (NSW, 2010), especially in the context of building relationships including: agency to agency; worker to worker; and client to worker. Statham (2011), in a comprehensive review of international evidence, also highlighted the importance of opportunities for joint/inter-professional training, secondments between services, which is likely to promote shared values.

Unsurprisingly, in the successful ISOTIS cases, shared values and commitment to inter-agency working was noted in comments made in relation to almost all (six of the eight) case studies. Partners were said in Portugal's Geração Tecla consortium (CS7) to "share a strategic vision, pursue compatible targets, and are all equal members in a predetermined organisational structure." In the Belgian example (CS1), shared commitment was implicit in all De Sloep's activities, with a specific aim to ensure that families who might not have the correct credentials to approach other services would be given support. Their approach is to put the family at the centre of their concern, facilitating communication with other agencies, with a shared belief that they may be the only organisation to provide solutions for the family. Strong leadership was a factor that could strength commitment. For instance, commitment between partners in the integration of culturally and linguistically diverse (mainly Roma) children into education in Greece (CS2) was said to be determined by the strong leadership that the university provided. In the Netherlands (CS4), the CJGs have strong line management and standardization, which supports a clear focus on the public task together with a strong sense of their social mission and a strong orientation on team work.

Opportunities for joint training or addition education at conferences were noted by four of the eight case studies. In the UK (CS8) there are regular training days for all members of the federation so, for

example, nursery teachers, primary school teachers, and child care staff might have a day together learning about the latest official inspection requirements, or might meet along with family support workers to learn more about ways to work with parents. In addition to strengthening the sense of joint working, this enabled them to be involved in activities that may not be their usual tasks, which increased job satisfaction (see Impact on services). In Poland (CS6) volunteers play an important part and a special training programme has been created for them. The consortium provides a wide range of free-of-charge in-service training, including individual on-the-job mentoring and workshops. However, there are fewer opportunities for the front line providers. While in an earlier phase of BAZA there was training for new methods, it was noted that lack of joint training opportunities, or no paid hours for joint training was becoming a barrier to joint-working. Coordinators tried to make up for this through consultations but considered that it was more motivating if professionals could come together, important for establishing relationships between them.

Community (bottom-up) and/or political (top-down) support

A focus on integrated inter-agency working is often accompanied by a shift in emphasis away from a *top-down* approach to supporting families towards a *bottom-up* approach, to ensure meeting the needs of the local community, providing more relevant and appropriate services (Katz & Valentine, 2009). Seven of the eight successful ISOTIS case studies (Belgium, Italy, Netherlands, Norway, Poland, Portugal, UK) identified local community (bottom-up) involvement and support, including volunteering, as a feature leading to greater success (see Table 1). For example, in Portugal (CS7) Geração Tecla.E6G contributes to a bottom-up approach by recognizing that local people, groups and communities can have a better knowledge of local problems that need to be addressed, as well as a greater sense of ownership and commitment to the success of the project. To consolidate this approach, the project set up a group of eighteen volunteers and established an informal working relationship with some relevant local actors of the private sector. This local support is enhanced by involvement of other informal partners such as local businesses, who play an important role by participating and investing in activities, such as rewarding children's school merit with gift cards. In a similar manner, local volunteer support is important for Poland's BAZA project (CS6), involved in activities such as providing home-work help or preparing for tests, and local clubs provided activities such as theatre classes, bowling or swimming. Nevertheless, reliance on volunteers could also be a barrier to be overcome in the Polish example due to their limited involvement and high turnover. In Italy (CS3) volunteers were perceived as central to the activities, and represented the cohesion of the community and in the Netherlands (CS4) the CJGs acted as 'spider in the web', coordinating volunteer activities and other local services, actively helping parents to find their way to the multiple formal and informal services.

While community input is vital to ensure that local needs are best served, political support is one of the most critical facilitators of changes to services for young children, and is vital if services are to be maintained with appropriate and secure financial support (Barnekow et al., 2013; Statham, 2011). Without sufficient central and/or local government support imaginative and creative developments often fail to be sustained, as has been found in the UK with respect of children's centres (Smith et al., 2018; see barriers, Table 2). The importance of top-down support for service integration was mentioned as a facilitator in more than half the case studies (see Table 1). Political support was seen to be a facilitator in the Reggio Emilia work in Italy (CS3), in Belgium, with strong support from the town's mayor (CS1), in the children and family centres in the Netherlands (CS4) and in both Poland and Portugal (CS6, CS7). All of these examples involved regional or national policies that promoted the work of the agencies. The particular policies being promoted also have a major impact, especially on early childhood education and care (ECEC). An antipoverty strategy is likely to emphasize employment, enabling as many parents as possible to access child care; a child outcomes strategy is likely to emphasize quality of child experience and the ensuing impact on their readiness for school (Barnekow et al., 2013). Policies may have varying motivations but their support will enable agencies to work more closely together, and may also facilitate a secure funding base.

Secure funding

To achieve successful inter-agency working, 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). The availability of secure funding was noted for three of the case studies as an essential facilitator for their success (but more often insecure funding was a barrier, see next section). For example in Italy (CS3), to support the infant and toddler centres and preschools, the municipality of Reggio Emilia directly invests resources from its own budget in educational and social policies, benefits of public funds according to the national laws and integrates further resources by receiving EU funds thanks to specific projects. Other cases (e.g., Norway, CS5) noted that funding was not secure but that, by pooling budgets, the inter-agency work was facilitated.

Co-location

Although it might seem logical that placing agencies together in a common location would facilitate the extent to which they work closely together, there is mixed evidence for the importance of co-location as a key driver for service integration (Siraj-Blatchford & Siraj-Blatchford, 2009). While some studies have asserted that co-location is necessary or important for ensuring successful inter-agency working (Holtom, 2001; Hubbard & Themessl-Huber, 2005; Hudson, 2007; Statham, 2011, Winsvold, 2011), others have reported this is not necessarily the case (Davey et al., 2005). Co-location, if accommodation is inadequate, could even have undesirable side-effects, for example in terms of socially selective access (Leseman & de Winter, 2013). Co-location was studied in detail by the national evaluation of Sure Start Local Programmes (NESS, Belsky et al., 2006). The programmes were designed to integrate services for young children and their families in disadvantaged areas, provided from a 'one-stop-shop' in the local community. Anning and colleagues (2008) 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 and concluded that co-location facilitated responding to the local community's priorities.

Only three of the eight case studies identified co-location as a factor relevant to their success, all of which focus on services offered through a children's centre model, a one-stop-shop which is by definition one building providing access to a range of services (Netherlands, CS3; Norway, CS4, UK, CS8). For instance, in the Norwegian example, it was reported that the co-location especially contributed to giving fast and effective support to the users. In the UK example, the co-location on one site within the community of health, education, family support, adult education and child care was perceived to be important as a way to meet families' needs effectively. Many of the local parents spoke languages other than English and were new to the area, thus could be unaware of some potentially important services if they were offered at different locations. In the Netherlands (CS4) the co-location in Centres for Youth and Families (CJGs) of professionals providing medical care, giving educational guidance and family support with the neighbourhood teams (who focus more on community issues) was of value to multi-disciplinary team members. They could meet regularly in formal contexts for case management but also informally which allowed for greater collaboration than would be the case if communication were by e-mail or the telephone.

As an alternative to co-location of services, it is also possible to have an organisational 'hub and spokes' structure enabling services to be co-ordinated from one place without the necessity of placing them together on one site. In Australia the NSW *Connected Communities* strategy has documented how having the school as a hub for service delivery facilitated the formation of inter-agency linkages to connect students and their families with services and programs to address barriers to success at school (Goodall, 2005). This style of service integration was noted in the case of De Sloep in Belgium (CS1). There is one location where families can come, to find out about and be referred to other services as necessary, but those services are located in other places within the city.

Sharing information/data

In order that information about families can be shared between agencies (reducing the number of times that any 'story' needs to be told) it is important to have shared management systems with common IT systems and formal 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. Reviews (Atkinson et al., 2007; NSW, 2010, Statham 2011) have highlighted the need for clear procedures for information sharing, including databases, strongly related to assessment of children's needs. Legislation such as the UK Children Act (HM Government, 2004b), noted that, in reforming children's services, there should be 'provision for indexes or databases containing basic information about children and young people to enable better sharing of information.' However, this has proved to be challenging to implement, with many agencies expressing concerns about compliance with data protection legislation.

The regular sharing of information with effective IT systems was only noted as a facilitator of success by three of the ISOTIS case studies, while it was more often noted as a barrier (see Tables 1 and 2). For example, in the UK (CS8) some of the agencies (e.g., education, family support) could share limited information, or the database could be accessed by specific members of staff. In particular, some family support staff could access child development information collected by health visitors. However, data from midwifery, while originating from a co-located service, could not be shared at all. In Norway (CS5), the family centre had overcome the issue of sharing confidential information by developing a common consent form so that families agreed their information could be shared between professionals from different agencies operating within the centre.

Other facilitators

Some facilitators were mentioned by only a small number of the case studies. Transparency and openness, together with quality feedback between agencies, can be facilitated by strong personal relationship between the staff involved (Winsvold, 2011). The importance of personal relationships was highlighted in two case studies, in Belgium (CS1) and Norway (CS5). It was said that good relationships could be developed more effectively through informal contact rather than through centrally organised meetings. Interestingly, while one might expect that co-location could make this more likely, in the Norwegian example (CS5) the structural features of the building sometimes made this a barrier for the development of relationships rather than a facilitator. Most of the case studies focussed on families with a range of different cultural backgrounds, but cultural sensitivity was identified as a facilitator in only two of them, Italy (CS3) and Norway (CS5). For others it was perhaps seen as integral to the work but not an aspect that led to more or to less success.

Summary: Main facilitators of developing an integrated service

- Bottom-up input from the local community;
- Political (top-down) support/policy for inter-agency working;
- Commitment and shared values about inter-agency working between agencies;
- Security of funding;
- Strong leadership and clear governance structure;
- Agreement and commitment at all levels on roles and responsibilities;
- Sustained work on developing mutual trust and values through regular meetings;
- Development of shared materials, for use in joint training;
- Attention to issues surrounding common IT systems and data sharing;
- Co-location, which may facilitate communication and developing a shared vision, but is not essential;
- Positive personal relationships between professionals;
- Cultural sensitivity.

BARRIERS

Reviews (Robinson et al., 2008; Statham, 2011) have concluded that there is considerable consensus in the literature about the barriers to successful inter-agency working, and they are more numerous than facilitators. They include differences in geographical boundaries of agency catchment areas, status inequalities and professional differences, turf warfare, power differentials and mistrust (Canavan et al., 2009; Cameron et al., 2007; Hudson, 2002; Winsvold, 2011).

Table 2. Barriers to successful or increased inter-agency working identified in case studies

Case study code in text	CS1	CS2	CS3	CS4	CS5	CS6	CS7	CS8	
Country	BE	EL	IT	NL	NO	PL	PT	UK	
Funding uncertainty or reduction	x	x		x	x		x	x	6
Different policies, approaches, values between agencies	x	x		x	x			x	5
Different regulations between agencies and professionals	x			x	x			x	4
Restrictions on data/information sharing	x		x			x		x	4
Political climate change	x	x						x	3
Problems recruiting staff/staff turnover			x	x				x	3
Insufficient/poor communication		x	x		x				3
Cultural/language obstacles	x		x	x					3
Staff have limited time for meetings/training					x	x			2
Differences, top down and bottom up targets		x		x					2
Unrealistic expectations	x							x	2
Some agencies resistant		x						x	2
Boundaries to staff competence	x				x				2
Adds to workloads			x						1
Uncertainly, which agency leads				x					1
Lack of joint training						x			1
Limited space for new development								x	1

Key: BE Belgium, International Step by Step Association; EL Greece, Hellenic Open University; IT Italy, University of Milano-Bicocca; NL Netherlands, University of Utrecht; NO Norway, University of Oslo; PL Poland, University of Warsaw; PT Portugal, University of Coimbra; UK England, University of Oxford

Barriers have been conceptualised according to four general areas (Statham, 2011):

- (1) contextual barriers/political climate, including political change, financial uncertainty, local needs at odds with national priorities and agency reorganisation;
- (2) organisational challenges relating to different agency policies, remits procedures and systems, not collecting the same data, obstacles to information sharing;
- (3) cultural and professional obstacles such as different professional beliefs, qualifications or experience leading to conflicting views or stereotyping; and
- (4) commitment obstacles with differing levels of 'buy-in' with some agencies reluctant to engage, or where managers do not experience inter-agency working as part of the core work. These areas are now examined with reference to barriers identified in the ISOTIS case studies (see Table 2).

Context/political climate

Funding uncertainty and political change

Concern about funding has been identified in evaluations of innovative inter-agency services (Bertram et al., 2002; Statham, 2011). Reflecting previous research, the most frequently mentioned barrier to success noted in the ISOTIS case studies was uncertainty of funding or a reduction in funds (see Table 2). This is related to the fact that inter-agency collaborative projects are often innovations, or based on ideas promoted by a particular political policy, which could change following local or national elections. Concerns about funding reduction or limitations were expressed in Belgium (CS1), Greece (CS2), the Netherlands (CS4), Norway (CS5) Portugal (CS7) and the UK (CS8) with concern about political change noted in particular in Belgium, Greece and the UK (see Table 2). These two concerns were often related. For example, in De Sloep (CS1) their funding came from multiple sources including the local municipality, but there was concern that political change locally could mean funding in the future was uncertain. The strong leadership in Ghent is represented mainly by the mayor and his political party, representing an *island of positive deviation* in the region of Flanders, with pro-social political leadership investing in social issues. A number of interviewees expressed fear that the policy would change after 2018 municipal elections, affecting not only on inter-agency cooperation but also provision of services in a broader sense.

In the UK (CS8) while the local authority was expected to continue with strong support for this model of working, concerns were expressed that they could be affected in the future by national policy changes. A national evaluation of children's centres (Smith et al., 2018) noted that originally funding was ring-fenced this ceased to be the case when the national leadership changed from a Labour controlled government to a Conservative/Liberal coalition. Further changes were brought about in 2013 when national guidance from a Conservative government gave their core purpose as targeting services for high need families rather than universal open access services, in conjunction with cuts in early intervention funding. Consequently a drop of 14% in the number of centres was documented between 2009 and 2017.

In Norway (CS5) the service was not legally mandated, so it was under ongoing financial pressure when competing for funds with other services and perceived to be vulnerable if cuts needed to be made by the city in their budget. In Greece (CS2) concern was both at the level of central and local government levels. The programme's origins lay with one particular Minister of Education, who had since left that role. The local political climate at that time was also positive about programmes designed to support disadvantaged families, in particular those of Roma background. With a similar history to the UK children's centres, the programme has been in place for two decades but the funding has never been stable, not coming from public funds but mainly coming from external financing such as the European Social Fund, the availability of which varies according to political climate. This has led to instability of the scope of the intervention. Respondents noted that the role of the local authorities is also unstable with respect to the intervention and not always on the political agenda of the local political elites.

Organisational challenges

Problems sharing data between agencies

To be able to work with other agencies, and support families in a seamless manner that reduces the likelihood of families needing to repeatedly recount their situation to different professionals, agencies need to be able to share information. Legislation such as the UK Children Act (HM Government, 2004) noted that, in reforming children's services, there should be "provision for indexes or databases containing basic information about children and young people to enable better sharing of information". Nevertheless, this has proven to be challenging to implement, with many agencies expressing concerns about compliance with data protection legislation (Statham, 2011). For example, evaluating the newly developed UK Children's Trusts which were designed to provide better coordination between health trusts, education and other organisations, O'Brien and colleagues (2009) found that the Trusts had created management boards for the work, but that only 15 of the 35 pilot projects had a protocol in place for professional groups to share individual-level data. This was a barrier for service delivery in the majority of the case studies.

Issues related to restrictions on data sharing were noted in five of the eight ISOTIS case studies (see Table 2). For example, one of the most important innovations of the BAZA project (Poland, CS6) was the use of the data sharing platform *Monitoring Base* (one of the obligatory requirements of the municipality). This ICT tool was used by the consortium to share information on the services and participants' involvement. However, challenges were identified such as technical difficulties and system failure, not all professionals were authorized to gain access, and those given access were not well-trained, leading to more technical issues, and finally information such as children's school attendance was not collected in a compatible format across institutions. This meant that the platform did not achieve its full potential.

Other case studies noted that increasingly stringent regulations on data privacy meant that it was often not possible, unless families had given consent prior to the information being collected. Thus in the UK (CS8) information was available about all eligible families with a new baby in the local area of the centre, but the local authority could not share their identities unless the family had already registered with the centre, meaning that outreach to the 'hard to reach' was hampered.

In Norway (CS5) much progress had been made in the task of sharing information through the development of a consent form, and through using Outlook so that calendars could be shared and meetings booked. However, data sharing was hampered by the lack of integrated digital platforms. As with the UK case, health provision used a different system to education, and to family support.

In Belgium (CS1) there are similar problems with different rules about data sharing across agencies. However, they also face a different concern. Given their low-threshold approach to supporting families, there could be cases when data sharing may put a family at risk if they do not have the correct visas or permissions. These issues represent a challenge in sharing data with agencies. To cope with this De Sloep collects as little information as possible, which affects what is available to share with other agencies.

Cultural and professional obstacles

Different professional policies, values and methods

Frost (2005) highlighted professional boundaries and rivalry as barriers, related in part to differences in training and different explanatory models (e.g., social vs. medical). The mismatch in cultures, behaviours and understanding of services can create a divide between the disciplines, a lack of clarity of purpose for integration, and a failure to agree partnership outcomes (Wistow & Waddington, 2006). Respondents in five of the ISOTOS case studies commented on different professional approaches that were needed for inter-agency work, often changing from a more directive and informative (expert) manner to one that is more collaborative and egalitarian partnership with the families (e.g., Netherlands, CS4; UK CS8). The Norwegian case study (CS5) found that some professions (such as education) were more accustomed to, or more comfortable with, inter-agency work. Others, like health services, have done less and needed more support and encouragement to work closely with other agencies. In Belgium (CS1) some frustration between agencies was linked to the low-threshold character of the services when clients fail to take the next step after being referred or missing an appointment.

Career related concerns

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). This may lead to difficulties in recruiting staff and high staff turnover, which was noted in three cases. It can be related to the fact that some innovative inter-agency projects are located in areas of deprivation, which prove unattractive to potential employees, as noted in the Netherlands (CS4). In the UK (CS8), the managers considered that there were issues with accountability and control, and lack of shared targets if service providers (e.g., social workers, speech therapists, occupational therapists) were not

employed within their organisation. With a high staff-turnover in social work, efforts had been made by the local authority to employ social workers to be directly linked to centres through the organisation so that they would be members of the centre. However, there were no applicants, possibly related to concerns about moving from their usual system of employment and its related benefits.

This type of barrier can be addressed effectively if managers are aware of defences that staff may use to protect themselves 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 (Warnes et al., 2007). In addition, they may provide 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). Joint training was identified as a facilitator in five of the case studies, which can facilitate the possibility for staff to experience roles that would, under other circumstances, not have been part of their job (see Table 1).

Commitment obstacles

Lack of 'buy-in' from some agencies

Strong commitment was identified as a facilitator rather than a barrier for the majority of the case studies. However in two cases, (Greece CS2, UK CS8) it was noted that some agencies were resistant to being involved. In Greece some schools could be resistant; school units in some cases did not accept the role of partner in the intervention but limited their involvement to the simple role of the receiver of the services and products produced during the implementation of the intervention. In the UK the social work service was one that many respondents would have liked to be more closely integrated, but which was not. This was due in part to the way in which the social work service was organized, and in part due to their main concern of meeting targets to follow-up all referrals of children potentially in need of protection, made more challenging by staff shortages.

Staff stress

Partnerships involve open dialogue; through exchanging ideas, new understandings can develop. Nevertheless, 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 work', which can be difficult with dialogue between staff in agencies with different professional cultures, and where the same word may carry different meanings.

Satham (2011) noted that, accompanying the innovative nature of inter-agency working, there may be stress for staff as they manage agency re-organisation and a climate of organisational change. There may also be financial uncertainty if there is pressure to 'prove' that the changes can be related to better outcomes for children. The process of collaborative working can be an additional pressure for staff, leading to unrealistic expectations, which need to be discussed in on-going supervision (Coxon, 2005; Winsvold, 2011). This was noted in the case studies from Belgium and the UK. Some UK (CS8) respondents reported that they found that, due to their success, they were expected by the local authority to deal with families who should really have been in receipt of more specialised services, not part of their remit. In Belgium (CS1) it was the families' expectations that could be too great. Since De Sloep is a service that does not place boundaries on who can come for assistance (such as requiring official documents) it is often a last resort for families. Then it is challenging if the staff have to tell families that they cannot help.

IMPACTS OF SUCCESS

Drawing on the research literature, evidence on the impact of increased inter-agency coordination is still limited, especially in relation to children’s developmental outcomes or family functioning (Atkinson et al., 2005; Cleaver et al., 2004; Oliver et al., 2010; Percy-Smith, 2006; Siraj-Blatchford & Siraj-Blatchford, 2009; Sloper, 2004). There is more evidence that it can lead to changes for the services themselves and for the professionals involved (Statham, 2011).

For service providers and services

It has been suggested that there is a lack of consensus about appropriate indicators of success for integrated working, but that they might include greater involvement of service users, increased access to services and a reduction in the length of time between identification of an issue and receiving a service, and increased prevention and early intervention (Siraj-Blatchford & Siraj-Blatchford, 2009). Reviews of the literature (Oliver et al., 2010; Statham, 2011) 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. Several evaluation studies were conducted in the UK during a time when ‘New Labour’ were in government (1997 to 2010) and actively promoted inter-agency work from the level of government agencies downwards. Bertram and colleagues (2002), evaluating UK early excellence centres, found that the most frequently identified success was an improvement in the quality of services in conjunction with greater reach. Another UK initiative during that time was Children’s Trusts, developed after the *Every Child Matters* government report (HM Treasury, 2003) to promote integrated working between children’s professionals. An impact evaluation (O’Brien et al., 2009) considered 35 pilot projects, using available administrative data to comparing children in the trust areas with those in other areas but found no significant impact. However comparisons *within* the pilot areas revealed that those taking a universal approach, focused on all children in the local area versus targeting 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 time limit.

Table 3. Impacts on services of inter-agency working identified in case studies

Case study code in text	CS1	CS2	CS3	CS4	CS5	CS6	CS7	CS8	
Country	BE	EL	IT	NL	NO	PL	PT	UK	
Coordination of services and more effective referrals for complex family problems	X		x	x		x		x	5
Able to react flexibly to gaps in service	X		x	x	x				4
Fills a gap, able to be more innovative		x	x			x			3
More culturally appropriate/sensitive				x			x	x	3
Continuity between ECEC and school		x		x				x	3
Non stigmatizing, more accessible				x				x	2
Efficiency, avoid duplication of services					x	x			2
More focus on prevention				x	x				2
Better and/or more specialized services				x		x			2
Professional development, expand their role					x			x	2
Enhanced staff satisfaction								x	1
Focus on evidence based practice				x					1

Key: BE Belgium, International Step by Step Association; EL Greece, Hellenic Open University; IT Italy, University of Milano-Bicocca; NL Netherlands, University of Utrecht; NO Norway, University of Oslo; PL Poland, University of Warsaw, PT Portugal, University of Coimbra; UK England, University of Oxford

Better coordination and referrals was the most frequently mentioned impact on services in the case studies, noted for five of the eight while four indicated that the inter-agency work had allowed them to

react more flexibly to gaps in services (see Table 3). In the Polish BAZA project (CS6) the coordinators noted that close relations between the organizations made it possible to avoid the overlap of services for beneficiaries and sharing some overheads. In the UK (CS8) professionals remarked that their close understanding of the local community, through outreach and family support, was important in making referrals to other services within the centre such as adult language classes or child health checks. Also, with substantial informal communication between different professionals in the centre, referrals could be made in a way that was acceptable to families, giving them support if it involved visiting a provision that was not located in the centre.

Respondents working in Belgium's De Sloep (CS1) remarked that many families came to them with complex problems and their more flexible approach, combined with a commitment to try to help all families, enabled them to support families more effectively than might have occurred in a more rigid system. It was explained in the Italian case study (CS3) that the medical practitioners, with awareness of a family's circumstances such as income or housing, were able to consider 'social hospitalisation' so that, for instance, a child with a respiratory infection was not sent back to a home with no heating. To enable this the expertise of practitioners needed to include not only medicine but also socio-cultural competence, to allow them to better provide for children. In the Netherlands (CS4) the coordination of universal services such as immunisation with progressive and intensive support for children or families led to better provision. Additionally, the long-term monitoring enabled preventive work to be more successfully implemented, with information shared between educational and medical agencies.

Innovation, cultural sensitivity and continuity between ECEC and school were also noted as impacts for services in the ISOTIS cases. In Greece (CS2) the intervention was specifically designed to fill a gap that existed in the educational system, and to deal with issues such as school drop-out by bringing together educators at each level of the education system with primary health services, NGOs, informal community groups and local authority services (e.g., housing). It also addressed a particular cultural need by focussing on Roman children, who traditionally had low enrolment in school and high drop-out. The continuity in the monitoring of children by the CGJs in the Netherlands (CS4) and the related school medical service up to age 19, supported by a digital case file system facilitated enables them to monitor particular families and children, plan timely interventions whenever needed and underpins collaboration with preschools and schools, or with the family GPs

Impact has also been identified in previous research for the service providers themselves. Studies have found that professionals find multi-agency activity more enjoyable, rewarding and stimulating, bringing with it increased knowledge and understanding of other agencies (Abbott et al., 2005a; Pettitt, 2003), which often leads to improved relationships and communication between agencies (Coxon, 2005). In two of the ISOTIS case studies (Norway, CS5; UK CS8), both focussing on services within a family centre model, expansion of roles was noted, with possibilities for staff to step in and work in areas that were not part of their 'official' job description. In the UK study, several respondents also mentioned that they were more satisfied in their work than they had been when working in situations that were not typified by inter-agency collaboration, an impact also identified in reviews (Oliver et al., 2010; Statham, 2011). However, professionals have also reported negative impacts related to uncertainty regarding professional identities (Coxon, 2005). In the US Glissen and Hemmelgarn (1998) did not find inter-agency coordination important for service quality, but organisational *climate* (low conflict, cooperation, role clarity and personalisation) was important for the quality of children's services. These aspects of joint working are likely to be related to the lack of tensions between different professional groups. In addition, while there are mixed messages about whether multi-agency working produces an increase or reduction in workload for professionals, the evidence seems to be weighted towards an increased workload (Statham, 2011). Despite this, only one case study (Italy, CS3) indicated as a barrier that workloads had increased.

For families and children

There is limited evidence in the literature about impacts of inter-agency working for families or children (Atkinson et al., 2007; Oliver et al., 2010; Percy-Smith, 2006; Siraj-Blatchford & Siraj-Blatchford, 2009; Smith & Mogro-Wilson, 2007). Impacts for families in existing literature focus mainly on the service that they have received – but not on any particular parenting outcomes (e.g., mental health, employment, parenting improvement). Most conclude that inter-agency provision is likely to lead to increased access to relevant services and that it may provide services that previously had not been accessible (Abbott et al., 2005b; Atkinson et al., 2002, Window et al., 2004). Reviewing a number of collaborative programmes, Statham (2011) concluded that impacts for families may include: improved access to services and speedier response; better information and communication from professionals; greater consultation over case planning; a holistic approach leading to more seamless services; and improved outcomes (e.g., child able to remain at home, improvements in attainment). It has also been found that inter-agency provision may reduce stigma associated with contact from agencies such as social services or the police (Moran et al., 2006).

The most commonly mentioned impact for families in the ISOTIS case studies was that services would be more responsive, especially for the most vulnerable families, which was likely to lead to greater satisfaction (see Table 4). Poland's BAZA project, for example (CS6) noted that families with a range of problems, including debt or unemployment could receive a holistic service; once these problems had been addressed the professionals could then focus more easily on parenting. In Belgium (CS1), when parents come to De Sloep they can get help about how to deal with all the issues they are facing in one place thanks to the staff's good knowledge of all the local services.

Table 4. Impacts for families and children of inter-agency working identified in case studies

Case study code in text	CS1	CS2	CS3	CS4	CS5	CS6	CS7	CS8	
Country	BE	EL	IT	NL	NO	PL	PT	UK	
More responsive support for families with multiple problems, families more satisfied	x		x	x		x		x	5
Welcoming for culturally diverse families	x		x	x				x	4
Parents only have one place to come, less stress, more accessible	x				x			x	3
Reduced inequalities, more inclusion	x	x					x		3
Reduced family social isolation				x				x	2
Smoother transition from ECEC to school		x						x	2
Access to services independent of legal status	x			x					2
Children - better health and well-being, continuity of monitoring				x		x			2
Children - improved language development				x	x				2
Children - better academic achievement								x	1
Children - better reach to all eligible children							x		1

Key: BE Belgium, International Step by Step Association; EL Greece, Hellenic Open University; IT Italy, University of Milano-Bicocca; NL Netherlands, University of Utrecht; NO Norway, University of Oslo; PL Poland, University of Warsaw; PT Portugal, University of Coimbra; UK England, University of Oxford

Half of the case studies also concluded that the inter-agency work was more culturally responsive and welcoming to culturally diverse families (see Table 4). In the Netherlands (CS4) low-threshold activities, such as the mother-infant groups were well received by parents and could function as multicultural meeting places for mothers who might otherwise be socially isolated due to lack of knowledge of Dutch. The CJGs also provide important support for families in the use of their original languages. While agreeing with the importance that non-Dutch speaking children learn Dutch as soon as possible, they retained a policy to advise parents with little command of Dutch to use their heritage language at home. In the UK (CS8) the centre and school staff are fluent in a range of languages so parents could be assisted to communicate about their concerns more easily. The close communication between agencies also means that parents could be referred to classes designed to strengthen their English, or encouraged to meet other parents who were fluent in several languages. In Reggio Emilia (CS2) cultural mediators are available round the clock to assist with language difficulties. It was also noted that many of the families they aim to support, such as recent immigrants, are unaware of available services so part of their role is to reach out to them.

If provision was located in one place, or advice was found in one place, a link was made in case study reports with a benefit for parents through making the services more accessible, and thus potentially reducing their level of stress. In Ghent (CS1), De Sloep's single point of contact was a defining feature, so a trusted individual or institution would conduct most of the action around solving of the problem even if it involved other agencies. In Norway (CS5) it was noted that families' needs could be identified more effectively since they were regular visitors to one location, and different professional groups were aware of each other and what support was available through co-location. In the UK (CS8) parents were likely to be able to receive a range of support in one location, and could avoid having to go over the same information with a number of different professionals. However, respondents also remarked that this could in some instances lead to dependence when families assumed that all their issues could be dealt with in the one community location. To avoid this, many parent activities involved going out from the centre into the local community to visit such locations as libraries and swimming pools, and taking walks in the local area.

Evidence regarding impacts on children in previous research has generally based on perceptions, or on factors associated with outcomes, rather than measurable outcome data and a longitudinal element to research is not often found (Oliver et al., 2010). For example, one review concluded that integrated provision for young children, prior to school, contributed to better quality, which in turn is associated with better child outcomes; while for older children it may bring improvements in attendance and in attainment for vulnerable children (Oliver et al., 2010).

Some evidence of improved outcomes is available, mainly for older (Feinberg et al., 2007; Hawkins et al., 2008), or for children with special needs (Harbin et al., 1998). Benefits for some service users included more focused support, for example the involvement of multi-agency teams enabling disabled children or those with complex health needs to remain at home and attend their local school (Abbott et al., 2005b). In the US, Harbin and colleagues (1998; 1991) found improved child health outcomes in a small study of coordinated inter-agency working. A small study of inter-agency work with primary school children with socio-emotional problems reported a reduction in symptoms, but there was no control group (Maddern et al., 2004). Examining the impact of 'including primary school children', a project designed to promote inter-agency collaboration in primary schools in England for children at risk of exclusion, Milbourne (2005) found that for children and parents, the main issue was not about access to several agencies, nor even which agency. What was important for them was that they had the support of someone who was able to understand their home as well as school problems, and someone who cared about what happened. However no improvements were identified from a five year initiative to provide inter-agency planning for teenagers (10 to 18 years) in Ireland who had experienced abuse or neglect (McKeown, 2012).

In the UK, the National Evaluation of Sure Start also found mixed evidence of improved outcomes, with benefits for three-year-old children (Melhuish et al., 2008) where families used integrated children's centres as compared with those in families not accessing such integrated services. However, similar positive cognitive and behavioural benefits were not found by the time the children were in primary school, at ages five and seven (NESS 2012). Nevertheless, the extent of implementation was relevant. There were improvements in child outcomes for children in Sure Start areas with improved strategies for identifying potential users, with shared record keeping systems, and with links between agencies to locate families (Melhuish et al., 2007). This indicates the importance of identifying potential clients early to enable more opportunities for developmentally enhancing experiences for young children and their families. Better monitoring was linked with inter-agency collaboration in the case studies from the Netherlands (CS4) and Poland (CS6) and better reach to all eligible children in Portugal (CS7).

Occasionally the successful case studies dealt with in this report linked better child developmental outcomes with inter-agency work. Improved language development was noted in Norway and the Netherlands. The Norwegian case study (CS5) was designed to address the national guideline that all children to be fluent in Norwegian before entering primary school, with language cafes for parents and enrolment of children in high quality ECEC. However there was no specific evidence about the children in the centre or their progress. In the case of the Netherlands (CS4) improved language was also expected, but not evidenced in that the CJGs were said to play an important role in introducing children at risk of language and other delays to good quality preschools, with possibly long-term impact. One case, in the UK (CS8) provides quite strong indicative evidence for impact on children's development. The school was rated as the top achieving primary school in England according to league tables of national examination scores for 11 year olds. Many of the children taking these examinations, the majority of whom did not have English as their first language, would have been linked to the centre during their preschool years, or even from their mother's pregnancy onwards.

SUMMARY

Much has been written about the value of agencies and service providers working in collaboration, with a common agenda, a shared vision of how services should be provided, a common location, and (ideally) a common governance structure. It is generally expected that this mode of service delivery is likely to be particularly effective in involving children and parents who experience disadvantage, thus inter-agency working is particularly applicable to ISOTIS.

Detailed case studies of success from eight countries are presented in Part 2 and the main findings highlighted in Part 1 of this report. They reveal that different European countries face different issues in terms of family and child disadvantage. However, there is substantial commonality about the ways that successful service delivery has been facilitated. Inter-agency work is often driven by a desire to make services more relevant and accessible to the families who may be the least likely to receive services, the 'hard to reach'. To achieve this it was found in almost every case that bottom-up input was very important. This can be in the form of local/municipal policies and leaders promoting this particular way of working. It can also take the form of local organisations and businesses contributing financially or in kind, for instance by working with families, or by local community members volunteering. Nevertheless, central (top-down) support was almost as important, and the most closely related to the likelihood of adequate and secure funding. The case studies were selected so that they had been in operation for at least two years. However many other innovative projects may not last that long if they have had to rely on philanthropic or other un-assured funding.

A range of facilitators was identified, reflecting the existing literature. Inter-agency work is complex and it was clear that strong leadership and governance was important, with some examples having formed legislatively defined umbrella organisations in order to facilitate this process. Agencies need to share a common purpose; some are likely to have stronger commitment than others so regular formal meetings are important to maintain and strengthen partnerships. However, this takes up staff

time and, when budgets are trimmed time to attend meetings may be a casualty. While all the examples were successful, financial concerns were evident in most cases. Strong top-down/political support can make this more of a concern since political leadership, locally or nationally, is prone to change and new political leadership often wishes to make changes. Thus some of the cases described, representing innovative ways of working and focussing on the most disadvantaged families, may suffer if changed political leadership does not see this as a priority. Returning to 'silo' working may be perceived as a way to trim budgets or re-focus services.

While early education and day care are included in all successful models of provision for children up to the age of five, the most coherent models of working also include a substantial focus on parents and other caregivers. Indeed more impact is noted for families than for the children. It is by involving and supporting parents that children may be most effectively provided with the kinds of experiences that will foster their development. Not only will support to parents enhance the home environment, it will also foster parents' perceptions of the value of services so that they are more likely to ensure their children's attendance in activities such as ECEC provision, or later in formal education. Evidence suggests that co-location of services is the most acceptable and efficient way to provide inter-agency provision for young children and their families and both the successful examples have taken this approach. If this is not possible then additional effort will be needed in order that both families and the professionals involved are fully aware of all the potential connections between agencies and services. Programmes that go further, integrating services in the early years with those for older children in statutory education may be the most effective in that they allow for smoother transitions between services, which is particularly important for the most vulnerable children and families

Overall, despite these notable success stories, it is challenging to develop a fully integrated service for young children and families. What could make a difference to policy makers is strong evidence that the inter-agency way of working led to improved outcomes. Yet there is reluctance to fund the studies that would be able to provide strong evidence. There is some evidence from the literature, and from the cases presented, that service delivery is improved and that the professionals involved find the work rewarding. However, although this way of working is often developed as a strategy to reduce inequalities and lead to improved outcomes for the most disadvantaged, there is not substantial evidence to support this in the research literature, nor could these case studies directly link their activities with such parenting or child development outcomes. The literature highlights many barriers to success, which need to be understood and incorporated into the implementation plan and ongoing leadership, governance so that they can be avoided. However, more importantly there needs to be more of a focus on demonstrating that inter-agency can change developmental trajectories in ways that are more effective than more traditional ways of providing services. Until that is available the argument for promoting inter-agency working as a means of reducing inequality is not strong.

RECOMMENDATIONS

Many facilitators of successful inter-agency work have been identified and knowledge of these will be important when putting together policies to develop inter-agency provision in other contexts. The case studies reflect that, while the programmes highlighted differ in many ways, the issues that they face have many commonalities. Thus, any development would benefit from addressing the following suggestions:

- Ensure political will and commitment, at multiple levels – top down to facilitate funding and bottom up to facilitate the relevance of services;
- With political will, there is more likelihood of sustained funding;
- Develop a programme model that provides a system of strong governance, leadership and management;

- Work from the outset to create a shared purpose and culture between the relevant agencies, with jointly agreed goals;
- To facilitate this process, provide opportunities for agencies/service to come together to discuss the concepts related to integrated services, focussing on not only benefits for each agency but also potential difficulties;
- Develop a management model with clearly defined structures and a shared protocol, and re-visit it regularly;
- Allow for frequent and effective communication and meetings between all agencies to address any issues, both at the start of a programme but also as an on-going aspect of the management model;
- Allow opportunities for good communication between leadership and staff to clarify roles and responsibilities;
- Providing joint training between staff from different services/agencies to foster understanding and reduce any mistrust or rivalry;
- Provide sufficient funding (allowing for staff time away from other duties) for regular staff supervision and discussion to reduce stress associated with change and to promote professionalism;
- Consider co-location of services, especially close to or attached to an educational establishment, while strengthening communication with services that cannot be co-located;
- Address data protection issues so that all aspects of service delivery and outcomes can be documented through a common IT system, enabling the best use of data to document need and impact of services;
- Most importantly, using on-going evaluation with both established questionnaires and more open-ended methods (e.g., focus groups) to monitor implementation, staff satisfaction, and child/family outcomes;
- If possible involve a university or other research partner so that evidence can be set in the context of strong research designs;
- Reviewing progress regularly and amending the service accordingly based on the results of reflective practice, monitoring and evaluation;
- Initiate studies that might test the longer-term outcomes for clients of inter-agency working.

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PART 2. CASE STUDIES OF SUCCESSFUL INTER-AGENCY WORKING

1. Belgium
The role of a non-governmental organization in inter-agency coordination. A case study of De Sloep, Ghent
2. Greece
Integration of children with cultural and linguistic diversity into the educational system
3. Italy
Inter-agency coordination of services for children and families in the Municipality of Reggio Emilia
4. Netherlands
Inter-agency service coordination to the benefit of disadvantaged young children and their families: the Centres for Youth and Family in Utrecht, the Netherlands
5. Norway
Family Centre with a focus on language
6. Poland
The Action Base of Integrated Activity (Baza Akcji Zintegrowanej Animacji; BAZA) - Local Support System for children and youth at risk of social exclusion, Warsaw
7. Portugal
Geração Tecla. E6G. Tecla Generation Project. Choices 6th generation (C6G)
8. United Kingdom
St. Stephen's School and Children's Centre, London

BELGIUM

The role of a non-governmental organization in inter-agency coordination. A case study of De Sloep, Ghent.

STANISLAV DANIEL

INTERNATIONAL STEP BY STEP ASSOCIATION (ISSA)

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Summary

The presented case study focuses on the role of non-governmental organizations in inter-agency cooperation and coordination. The story of De Sloep in Ghent, Belgium, serves as an illustration of flexibility characteristic of an NGO and how it assists in services provided to the most vulnerable families with young children among other groups.

Responding to the whole spectrum of problems immigrant families fighting with extreme scarcity are facing, De Sloep staff stands at the side of the family and their children and guides them through the processes. With growing trust not only among the people but also among other institutions, De Sloep is becoming a service provider in an increasing number of projects. Alongside the benefits, the case study describes the challenges, including the dependency on strong partners and even political leadership.

The initial literature review of *Inter-agency coordination of services for children and families* (Barnes et al., 2017) identified a set of motivations and impulses for better coordination, among them a more efficient targeting of resources and greater cost-effectiveness. This case study of De Sloep, a non-profit non-governmental social work organization based in Ghent, Belgium, with a primary focus on families with young children, describes the role of an NGO in inter-agency coordination and how this approach may become a necessity when the funds are scarce.

1. Background

De Sloep (www.desloep.be) was founded in 1996 to provide what the organization characterizes as comprehensive and low-threshold preventive support for education and care. Its target group consists primarily of disadvantaged families with children from birth to three (or up to six in case of children not at school) and disadvantaged families expecting children.

De Sloep is based in Ghent. As of January 2018, the city had a population of 259,570 inhabitants with annual growth ranging between +0.6% this year to +1.6% in 2015 (see Table 1). Multiple interviewees described the city as diverse and multicultural with inhabitants of more than 150 different nationalities (see Table 1).

Table 1: *Population of Ghent*

	Jan 2018	Jan 2017	Jan 2016	Jan 2015	Jan 2014
Inhabitants	259,570	258,119	256,262	252,274	250,281
Annual growth	+0.6%	+0.7%	+1.6%	+0.8%	

("Statistieken van bevolking - Bevolking - IBZ Instellingen en Bevolking", 2018)

The City of Ghent chairs the Roma Inclusion Working Group at the Eurocities (Eurocities, 2018) despite the fact that the city has no explicit pro-Roma policy. Still, the city has an excellent track record on Roma inclusion. Many of the Roma in Ghent come from Bulgaria and Slovakia. In 2014, the city recorded 7,380 immigrants from Bulgaria and 1,722 immigrants from Slovakia, with the estimated Roma proportion among them 60% and 95% respectively (De Mets, 2015). In 2015, the numbers of immigrants from Bulgaria and Slovakia were 8,184 and 1,823 respectively, with no estimates on the shares of Roma available. (Boost, 2016)

Ghent supports the inclusion of Roma from Bulgaria and Slovakia through measures targeting *intra-European migration* (IEM). This approach inspired the selection of the city and in particular De Sloep, for a case study on inter-agency coordination within the ISOTIS project, which focuses on disadvantaged groups of low socioeconomic status, Roma or immigrant background. For many families with young children in Ghent, the three characteristics intersect.

De Sloep operates on a budget of around €400,000 a year. Approximately half of the funds come from the Flemish government's *Kind en Gezin* (Child and Family) and nearly a quarter comes from the City of Ghent

as a support to organize health promotion activities for families. Remaining resources come from project funding, grants, and donations.

Since its establishment in 1996, De Sloep operates on the following key principles:

- Focus on the neighbourhood (Ghent North-East)
- Explicit choice of no threshold
- Integrated services
- The balance between professionalized and socialized care and aid
- Up-to-date knowledge and permanent innovation
- Fight against (child) poverty (Bosscher, 2016)

The organization provides a variety of services, either to individual clients/families or in groups. Individual support is delivered through *consultation office*, *prenatal support service*, and *inloopteam* – a service of reception when clients can come with any question and can get initial help or orientation. The group-based support is often provided as part of projects, primarily aimed at health and developing specific parenting skills. Parent groups are typically long-term and demand-driven, mostly unilingual. More specific thematic groups are characteristically short-term and multilingual with facilitation. In addition to the listed services, *ad hoc* projects also occasionally allow De Sloep to offer specific provisions, e.g., social housing, material support, biking lessons.

This case study uses a fluid definition of inter-agency coordination and integrated working. INTESYS project report (Gordon, Peeters, & Vandekerckhove, 2017) suggests that it should include:

- *Professional cooperation within some kind of network or partnership*
- *Providing different types of supportive services for families*
- *Participation of parents/carers as first educators of their children*
- *Guaranteed access for all.*

2. Research methods

The initial information for this case study came from two research papers devoted particularly to De Sloep and its staff. Both touch upon the issue of challenging *super-diversity* and the emerging need to transform social work concepts (Van Robaeys, Raeymaeckers, & van Ewijk, 2017; Van Robaeys, van Ewijk, & Dierckx, 2016).

Three visits to De Sloep were conducted within the data collection for this case study during the second half of 2017 and early 2018. On different occasions, the coordinator and two staff members (employed at De Sloep for 5 and 9 years respectively) were interviewed at length with others contributing partially with particular answers. One of the staff-member interviews took place with the presence of the coordinator, one without. The case study also reflects two presentations of De Sloep at ISSA conferences 2016 and 2017. Two management staff members of the city were interviewed in February 2018 and two of the city's *groupworkers/outreach workers* also answered particular questions during the partnership meeting between the city and the Embassy of Slovakia in March 2018. Dr. Jan Peeters, former director of the VBJK – Centre for Innovation in Early Years in Ghent and researcher at the University of Ghent, contributed with input on inter-agency cooperation and shared knowledge about the local contexts in Ghent.

All communication was in English. Even though the interviewees have shown some diversity in the level of their spoken English, none expressed difficulties in understanding the questions or expressing their ideas. In the original design of the case study, inputs from families through interviews were considered. Due to a series of limitations, including the privacy issues and language barriers, these were not conducted. Parents using the services of De Sloep are known to be facing multiple challenges and it is the practice of the organization to collect minimum information about them. The second significant barrier was the language. Most of the parents with the potential to be interviewed would need language assistance, which would be provided by the De Sloep staff. For the perspective of parents, this case study uses the references from earlier reports (Van Robaeys et al., 2017, 2016).

With respect to the sensitive atmosphere at the local politics (see *Theme 4*), we agreed not to record the interviews. The final text of the case study with a transcription of notes from the interviews and quotes was provided to the interviewees for their approval. With respect to privacy protection and in line with De Sloep policy, no photos or videos were recorded. (The website of De Sloep www.desloep.be uses only two photos – of the team and of the building.)

3. Logic model

Multidisciplinary approach

The approach of De Sloep is holistic – looking at the disadvantaged families in their entirety. In a practical way, this is also reflected in the communication with families, when the discussions are not restricted to solving specific problems and avoiding the so-called tunnel vision. As part of their holistic approach, De Sloep acts in different domains. The main point of criticism here is that problems are often seen as isolated in regular care, even though people rarely belong to one category. De Sloep avoids ready-to-use solutions and instead reacts to the fact that clients often only need to just vent or find a listening ear. Social workers in De Sloep work at the pace of parents, even though it is challenging.

De Sloep's multi-disciplinary approach is based on a finding that families face a variety of challenges: e.g., the lack of social and affordable housing, lack of childcare, the laborious asylum policy, recent migration within the European Union. Socially vulnerable families often have a painstaking relationship with social institutions, experienced as punitive or controlling rather than a lever for a better situation. De Sloep, therefore, works towards social security, provides information and understands the cultural differences, background and specific needs of certain groups and communities.

Clientele

As one of its key principles, De Sloep targets its community of Ghent North-East. The proportion of families at risk of poverty in this neighbourhood is more than four times higher than the average of the province.

- Province of East Flanders (Oost-Vlaanderen): 11.7%
- City of Ghent: 22.7%
- Ghent North-East: 47.5% (Bosscher, 2016)

De Sloep's clientele is approximately 35% immigrant families and non-EU mother in 60% of cases. On average, De Sloep serves approximately 1,100 to 1,200 families annually with diverse services. The organization is careful about data collection for the maximum protection of the clients. The majority of them come from disadvantaged groups, many of them from ethnic minorities and immigrant background, including asylum seekers or stateless persons. A 2016 study of De Sloep's diverse clientele provided that in 2012 the clients had originated from 34 countries: Turkey (19.5%), Bulgaria (14.3%), Albania or Kosovo (11.7%), Slovakia (11%), and Ghana (6.6%). Other groups represented among the clients were nationals from Morocco, Jordan, Syria, Chechnya, Afghanistan, Algeria, Angola, Bosnia, Burundi, Ecuador, Ethiopia, Gambia, India, Iraq, Russia, Senegal, and other countries from around the world. (Van Robaeyns, van Ewijk, & Dierckx, 2016)

Types of support offered

Integration of services at De Sloep has two aspects: a) integration of own services; or b) serving as a single point of contact for clients. The highest level of inter-agency coordination is witnessed with the *inloopteam*. Inloopteam is an integrated, low-threshold support service focusing on education and parenting. The service is an open house for all parents where they are welcome to come with any question and typically stands at the beginning of any other cooperation or provision of service. The reception is open daily and serves as an entry point in the system. The issues people come with are rather diverse and can include anything from the inability to pay bills, to homelessness and extremely desperate situations. The service functions as a magnet and occasionally attracts people from outside of the neighbourhood. Rarely, clients come with *quick fixes* - e.g., translation of a form, etc.

Every question can be asked here. I have been doubting the feasibility of such an approach for quite some time, but now, I think, actually, that is the basic principle.

De Sloep coordinator (Van Robaeyns et al., 2017)

From an earlier study, one staff member described the work as follows:

In practice, you can come here with your 'whole self'. Rarely, if ever, are you referred away. For example, if you come here and you have problems with your water supply, you are divorced, you have debts and you also have a childhood trauma and your little one cries at night, well, you can come here for all of that. Staff member (Van Robaeyns et al., 2017)

The study refers to the vision of the organization stressing that the mistake of some specialist organizations is the focus on a specific problem while problems are rarely isolated and people cannot be reduced to only one category of a problem. (Van Robaeyns et al., 2017)

The detailed data from 2014 illustrate the variety of issues and questions that people bring to De Sloep at the *onthal* (reception): 441 on payment problems; 427 on housing; 390 about health; 389 on material assistance; 316 on child benefits; 267 on childcare; 256 on family; 241 on education; 165 on residence documents; 133 on parenting; 92 on pregnancy; 45 on training, and 356 questions were categorized as 'other'.

De Sloep's integration of services mostly relies on the staff's ability to facilitate other services for families. As a provider of basic orientation, the organization connects clients to full variety of services available in Ghent or nearby. De Sloep's integration of services ranges between co-operation, collaboration, and coordination, depending on specific services.

Typologies of inter-agency cooperation at De Sloep

Interviewees generally agreed that inter-agency cooperation is a necessity, especially with respect to limited resources "to avoid doing the same" (A, 2018). As such, cooperation and coordination emerge naturally and are rarely formalized. According to the De Sloep coordinator, most of the inter-agency cooperation/coordination takes place without formalized memoranda of understanding, mostly even without explicitly being called cooperation. The situation is different only with particular projects when it includes distribution of tasks and splitting budgets. (De Sloep Coordinator, 2018)

The selection of partners of De Sloep reflects the typology of clients. As the most natural cooperation to families with young children come joint efforts with the *Kind en gezin* (Child and Family) – a public institution overseeing healthy development of children. Their consultation bureau operates in close coordination with De Sloep. *Kind en gezin* often ask groupworkers for cooperation, often provide services at the premises of De Sloep. It came naturally to the cooperating agencies to provide services where the families are. Pediatricians come to serve the children at De Sloep, too.

Other cooperating agencies include, e.g., the OCMW - *Openbaar centrum voor maatschappelijk welzijn* (Public Centre for Social Welfare; www.belgium.be/nl/families/sociale_steun/ocmw). The types of services the OCMW offers are extremely relevant to the clients of De Sloep and include financial and material support, medical help, housing and legal advice. To those at higher levels of integration, De Sloep facilitates cooperation with the *Vlaamse Dienst voor Arbeidsbemiddeling en Beroepsopleiding* (Flemish Service for Employment and Vocational Training; www.vdab.be).

De Sloep typically works with families experiencing extreme poverty. The organization maintains a low-threshold access which brings in the most vulnerable families and children. In many cases, families lack personal documents or have other existential barriers limiting them from access to other services. De Sloep does not impose conditions and allows clients to use individual services without restrictions and commitments to other services.

The positioning of De Sloep

In a traditional model, a supporting NGO stands on the outside circle of support together with other supporting services (see Figure 1). De Sloep, however, stands with the family in the centre and facilitates contacts with other supporting services. It needs to be noted that in the case of City of Ghent, another assisting service with the similar position is the outreach workers (neighbourhood stewards), individual social workers visiting families in their natural environment.

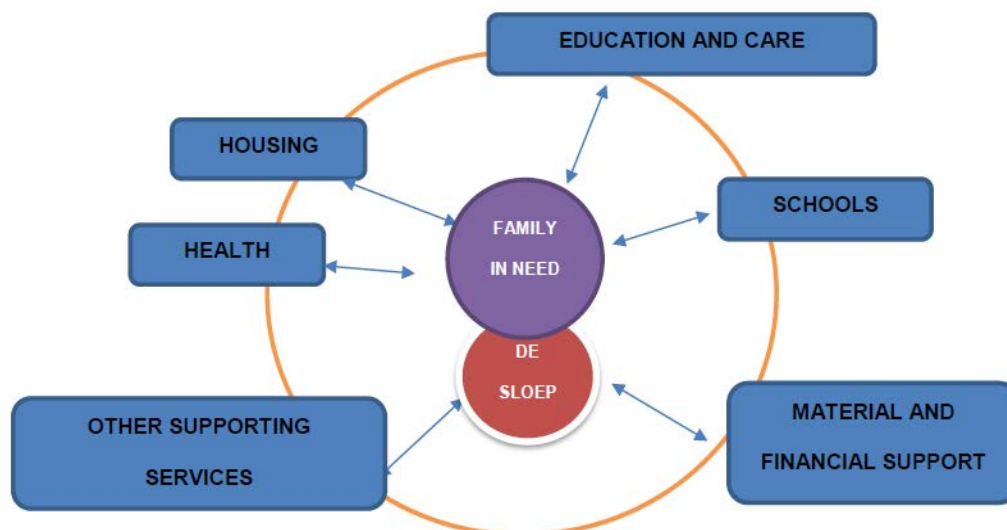


Figure 1: Where De Sloep stands

The services provided by De Sloep and the outreach workers complement each other. For certain families, it is needed (or more beneficial) to visit them at their homes. For others, it brings more benefits if they have a place to visit – like the De Sloep centre. When it comes to the outreach workers, their position offers enough flexibility to act in a similar position as known from NGOs. They contribute to inter-agency cooperation in Ghent significantly and play crucial roles especially in accompanying of clients to various services. However, as this service is extremely unique for Ghent, this case study focuses primarily on De Sloep as a centre-based provider of services.

Inputs into partnerships

The biggest investment in inter-agency cooperation for De Sloep is the staff time. This is a significant concern for the organization as, the more time is spent at coordination meetings, the less time remains to spend with clients. Other limitations were not mentioned in the interviews. The issue of limitations in staff time was mentioned repeatedly in all of the interviews and is developed more in the relevant section of this case study: *Theme 4. Barriers*.

Policies guide organizations to work together but you do not get additional finances to work together. The time at meetings is not covered. (De Sloep Coordinator, 2017)

4. Themes

Theme 1. History

Interviewees were unable to identify precisely the start of enhanced inter-agency cooperation in Ghent. However, it is associated with increased immigration to the city, originally from Turkey and Morocco. All interviewees agreed that this approach was the only solution to the ever-increasing number of issues connected to rising numbers of immigrant families at risk of poverty, including Roma and other marginalized groups.

Roma immigration is not a problem but it brought some problems. Maaïke Buyst from the City of Ghent (Buyst, 2018)

With increased intra-European migration, the issues grew not only in volume but also in their diversity. Some new issues emerged, too, especially with respect to Roma coming from EU countries and thus formally ineligible for many types of support (as opposed to e.g., asylum seekers or non-EU immigrants). Limited resources acted as a key impulse for a better inter-agency cooperation.

Specific support to Roma

De Sloep, just like the city of Ghent, is trying to avoid specific forms of support explicitly for Roma. However, with respect to statistics, Roma make up most of the beneficiaries of supporting services for the intra-European immigrants (60% of immigrants from Bulgaria and 95% of immigrants from Slovakia). Exceptionally, in some particular projects, De Sloep supports Roma explicitly. Recently, these included e.g., support in job seeking (De Mets, 2015). In cooperation with the city, De Sloep currently also runs a social housing project targeting the intra-European immigrant families, predominantly Roma.

Efficiency as an impulse for inter-agency cooperation

Enhanced inter-agency cooperation was historically a response to these types of approaches by clients also for higher efficiency in spending on staff time or other resources. Even in cases of absent coordination, De Sloep's role of distributing clients to other services saves resources and public funding. In general, parents do not understand the complicated systems, even less if they struggle with language. They ask for help at various places and the coordination between the workers makes the system much more efficient. This all is possible only thanks to a direct contact with families that De Sloep maintains.

Sometimes, parents say to seven social workers that they need their child at school. Without coordination, seven persons start working on the same case. Coordination is simply a way of saving staff time. (Buyst, 2018)

Parents do not understand the system and then suddenly there is someone to help. So they ask for all kinds of support, we call it shopping. (A, 2018)

In the last three to four years, the number of families at risk of poverty has grown together with the depth of the poverty. This affects all agencies – with the same or smaller budgets they have to reach out to more people. (N, 2017)

Theme 2. Features of success

Unfortunately, the good cooperation is not always linked to good results. Inter-agency cooperation is always difficult to evaluate. (De Sloep Coordinator, 2017)

Results of inter-agency cooperation and coordination are primarily measured from the perspective of the beneficiaries of the service. As success in the inclusion of clients is determined by many other factors, the cooperation itself needs to be measured through processes, not only the end results.

De Sloep identifies cooperation between sectors as one of the critical factors of success. The full list of the identified critical factors, as presented at the ISSA conference 2016, consists of the elements listed below. A few of them indicate inter-agency cooperation even implicitly and are closely interlinked with the current state of knowledge and arguments for enhanced cooperation and coordination:

- Implies inter-sectoral cooperation
- Network model: efficiency and effectiveness
- Return on investment => cost of non-investment
- The inclusion of parent in social welfare system with a long-term effect of the provision on the child
- Social work implies administrative and juridical work
- Must be part of a comprehensive social welfare policy
- Implies knowledge of different areas of life

- Impact on policy by lobbying
- Liaison with academic research (Bosscher, 2016)

The core of De Sloep's success is the trust among the clients and this is built mainly by being supportive while letting people make decisions on their own. A frequent barrier to many services is that they have conditions and requirements. For the most vulnerable, a simple condition of providing a valid identification card may be a significant limiting factor. From their work with clients, the staff at De Sloep know that people tend to give up in frustration when they are unable to fulfill certain criteria. In such cases, De Sloep stands on their side and provides them with additional support, accompanies them through administrative procedures, etc. The assistance of De Sloep workers' help is beneficial not only for the client but also for the staff of other agencies. Referring to other agencies is the most frequent service provided to families which come for the reception.

It starts with questions from the families. We do not tell them 'go there and ask' but rather 'here, let's make an appointment' and this starts the whole series of cooperation. (N, 2017).

Theme 3. Why does it work well? Perceptions of facilitators

Commitment

Many of the agencies are limited to requirements and prerequisites for accessibility of their services. The most vulnerable families usually suffer not only from the most difficult situations but also the combination of them. Apart from facing poverty, they might not be able to access material support services because they lack personal documents. In addition, because of not having resources they do not have funds to cover the costs of new personal documents.

In a typical scenario, the family is at the centre of the problem-solving situation surrounded by several professionals who do not communicate with each other. The family tells their story to all assisting professionals. And if they receive any kind of rejection, e.g., because they do not have a certain document and cannot provide it, they may not be able to understand the system and get oriented in where to go next. De Sloep's approach is to stand in the centre with the family and provide support by facilitating communication with other agencies. There is a shared feeling that if they do not do it for the clients, there will be no one else. In a way, De Sloep is acting out of necessity.

For a full picture, it has to be noted that there are similar services, including e.g., the outreach workers (or *neighbourhood stewards*) who play a similar role with families. The key difference is that De Sloep is a centre that acts like a magnet and brings people there. Outreach workers employed by the city visit the families at their homes. As a matter of fact, however, the capacities of the outreach workers are insufficient as the number of clients and potential clients is growing. (Buyst, 2018)

Acting out of necessity was the common denominator of all responses to why inter-agency cooperation works in De Sloep. Not only has it worked as the primary motivation of De Sloep, encoded in the key principles (Bosscher, 2016). It seems to be the only solution in many cases.

Strong leadership

De Sloep stands strong on the side of the clients and this is often voiced explicitly or implicitly. As one of the motivations for more inter-agency cooperation, the coordinator said:

We do not want the clients to have to repeat their problem over and over again to people they do not know. (De Sloep Coordinator, 2017)

It is clear that inter-agency cooperation can only realistically take place under strong leadership. In the described case, the strong leadership is present at two levels: the organization and the city.

Despite the change in the leadership (at the position of the coordinator) in 2017, De Sloep continues the operations emphasizing inter-agency cooperation. Working with other agencies is in the organization's DNA, says the current coordinator (De Sloep Coordinator, 2017) and it remains on the list of guiding principles of the organization (Bosscher, 2016).

The INTESYS project toolkit for integration of services claims that the process can be built through bottom-up approach or top-down approach. In the first case, the leadership is taken by the front-line delivery of services, communities, parents. In the latter, the governance, policies, and strategies stand at the front. The toolkit defines that the best scenario is when both are present (Ionescu, Trikić, & Pinto, 2017). In Ghent, not only we witness the strong leadership at De Sloep (bottom-up) but also at the level of City of Ghent (top-down).

Inter-agency cooperation is also nurtured by the city and, occasionally, this drive is explicitly linked to the person of the mayor who stands for inclusion for all and believes that the issues need to be faced before they grow beyond control (Buyst, 2018).

Personal relationships

In the case of De Sloep, personal relationships play a crucial role in inter-agency cooperation, especially as it is often based on non-formalized agreements. Cooperation is then often affected by the staff turnover. When a colleague from another organization ends their work there, or the organization changes their structure, it always takes some time for the new people or the new structures to get oriented in the field. It is also challenging with volunteers who also have to get oriented and require attention in their start.

Another challenge, mostly visible with volunteers, is the turnover's effect on clients. As they get used to one person and this changes, an unnecessary frustration may emerge thinking that it is the end of support or end of cooperation with a particular agency. In fact, this serves as another argument emphasizing the need for more of inter-agency cooperation, including the basic principle of clients not having to explain their situation to the new people over and over again.

Trust between partners

There is a high level of trust between partners involved in inter-agency cooperation in De Sloep, or Ghent in a broader perspective. Inter-agency cooperation works without being formalized in most cases. It is administered by written contracts and memoranda only in particular projects which involve the distribution of funding or sharing resources. Otherwise, it is conducted implicitly and seen as natural.

One specific example of such a relationship built on trust is related to material support from the food bank. Originally, OCMW (Public Centre for Social Welfare) was the sole institution able to provide people with certificates of eligibility for vouchers from the local food bank. As trust was built with OCMW, De Sloep started to provide these certificates and they are accepted by the food bank. This has not been formalized and there is no official agreement or memorandum that administers the situation. It developed organically and is accepted by all parties (A, 2018). The trust built among the agencies in Ghent plays a crucial role in their cooperation and is nurtured as such by local policies. On the other hand, without formalized partnerships, cooperation may be exposed to too much risk in case of changes among staff or coordinators.

Understanding the roles and responsibilities

In the section dealing with efficiency we described a typical case when beneficiaries of service approach diverse assisting professions with the same request. An employee of the municipality (Buyst, 2018) described this situation typical for Roma-minority clients from Slovakia, who refer to all services in Ghent as "sociálka" (familiar, informal Slovak: social services). The case was well described in the assessment of the program of social fieldwork in marginalized Roma communities (Ustav etnologie Slovenskej akademie vied, 2009). Researchers in the study identified several ways in which the workers in the so-called Roma settlements fail to keep their roles and responsibilities. In part because of the lack of coordination, in part because of the lack of services, social workers conduct multiple tasks out of their original job description. Often because they are the only ones to help.

Roma coming from this environment, among other disadvantaged groups, seem to struggle with the diverse and complex system of services in Ghent. This points to another benefit of inter-agency cooperation in general as well as the specific role of De Sloep in Ghent. The organization helps clients to orient in the complexity while the workers keep their roles and responsibilities without a need to overstep.

At De Sloep, inter-agency-cooperation is perceived as a dynamic approach continuously developing as new issues emerge. One such issue is the work with Roma arriving in Ghent in search for better living conditions from very under-developed regions and extreme poverty while at the same time they are EU citizens and typically should not recipients of the same support for which e.g., asylum seekers are eligible.

Secondments between services and co-location

In Ghent, services are spread across the town (size of approximately 260,000 inhabitants) and for some services, the recipients have to travel further – e.g., to deal with their personal documents at embassies in Brussels (approx. 60km) in case of immigrant families. Co-location is thus rather difficult.

However, occasionally, De Sloep is using the high level of trust in communities to help other agencies in communication with hard-to-reach clients. In particular, this is related to services for young children (*Kind en gezin*) who regularly provide services in the premises of De Sloep thus benefiting from the families coming to the familiar environment. In addition, group workers of De Sloep equipped also with language skills, help in communication with parents with regard to vaccinations or similar.

Sensitivity to the local context and culture

Alongside the professionalism of the staff, also a strong sense of belonging and cohesion was witnessed among professionals during the interviews and observations. Ghent as a city is known for its welcoming approach and caring for the social welfare of its inhabitants. Despite being hard to confirm with data, there is the prevalence of the ‘doing-it-for-a-better-Ghent’ approach among practitioners and professionals at various levels.

Theme 4. Barriers and how to overcome them

Several barriers to inter-agency cooperation with harming potential or effect were identified in the interviews with practitioners. Some were also presented at the ISSA conference 2016 by the De Sloep (former) coordinator (Bosscher, 2016). She described the importance of clear boundaries to the competences and the importance of their awareness by clients, families, and partners, especially if they tend to challenge the mission and activities. She also highlighted the importance of a comprehensive welfare policy in place to guide the work of all agencies. On the other hand, as a challenge, she described the diversity of organization’s policies especially if they do not operate on the low-threshold principle.

Unrealistic expectations

Working with the most vulnerable groups and individuals who suffer from being excluded in multiple ways, De Sloep habitually acts as the last resort of hope. It is then extremely challenging for the staff to align their roles and competencies with being aware of the clients’ expectations. This issue repeatedly emerged in several interviews. A quote from a staff member describes it the best:

Sometimes, there is no other way but admitting that we cannot help. (A, 2018)

The quote captures the problematic position of De Sloep as the last resort. While for other agencies with less of personal contact and rigid boundaries (e.g., condition of permanent residence, required personal documents or similar) it may be easier to reject clients and explain that there is nothing they can do, it is perceived as a significant challenge at De Sloep who play the role of the most flexible service in the circle of inter-agency cooperation.

Political climate

The biggest perceived risk is changes in political direction. The strong leadership on behalf of the city is represented mainly in the person of the mayor and his political party. Ghent remains the only *island of positive deviation* in the region of Flanders with pro-social political leadership investing in social issues. A number of interviewees expressed fear the policy would change after 2018 municipal elections. The change may have an effect not only on inter-agency cooperation but also on provision of services in a broader sense. One of the staff members noted in the interview that the biggest challenge may be that most of the

De Sloep clients are actually not voters and that changes a lot of things (N, 2017). With De Sloep also being largely financed by the municipal budget, there are also some issues related to the financial certainty.

Contextual barriers

Inter-agency cooperation saves finances and facilitates better distribution of resources. However, it was mentioned in the interviews and informal discussions with involved professionals that it decreases public spending, not necessarily the spending of an individual organization/agency. For De Sloep specifically, this is mostly related to the fact that the time invested in meetings and coordination as such is not included in budgets.

Lacking resources for some specific costs do not represent a significant barrier but point at a gap in policies. These are e.g., the travel costs for clients and their accompanying staff to the respective embassies in Ghent. The visit in person is the only way to obtain personal documents, which may be required to access other services. De Sloep, aware of the lost resources if the client does not come for the appointment, allocates resources to pay the travel costs and the accompanying person (staff or volunteer). Even though this investment plays a crucial role and opens a number of opportunities, it is typically not covered by the budgets.

Agencies with different remits

As one of the barriers for inter-agency cooperation, interviewees have identified the limitations in guiding principles of individual agencies. The services not only need to be coordinated but they also need to have the same policies and target groups in order to fully benefit from inter-agency cooperation. Social housing serves as a good example in Ghent, when the social housing waiting list does not necessarily comply with the lists of other services. Also, the social housing service has a different set of target groups. There is a housing project implemented in partnership between De Sloep and the city administration. It is rather small, only targeting a few families, but is interesting from the aspect of targeting intra-EU immigrants (mainly Roma from Bulgaria and Slovakia).

The project is specific for going against the local policy. There are some 10,000 people on the waiting list for social housing in Ghent and families typically wait for eight years. The interviewed representative of the city described this as politically very challenging to offer social housing to newly arriving immigrants, especially if they come from another EU Member State. Even though Romani families come to Ghent often from very difficult living conditions, they are EU citizens and have no right to special treatment. They are not asylum seekers, they are equals (Buyst, 2018).

In general, various agencies have difficulties with coordination if waiting lists come into play, in particular when the number of their clients reaches the capacities. Some agencies also have restrictions about with whom they work – some work with people without personal documents, some do not (N, 2017).

Information collection and sharing

De Sloep has a unique position in its approach to information. Working with vulnerable children and families, the organization tends to collect as little information as possible and this naturally also affects the ability to share and exchange information with other agencies. A staff member (A, 2018) commented that having information can sometimes be a problem as such. Simultaneously, in line with De Sloep's mission of remaining low-threshold, providing information is not a condition to receiving support. In some cases, the only information De Sloep has about a person is a name and a contact on an extended-family member. There are also cases when having information and sharing it may put a family at risk. These issues represent a challenge in sharing data with agencies. Some other agencies have strong limitations on how information is administered and their rules prevent them from sharing the data with other agencies. In addition, the security of digital platforms is a matter of discussion in terms of privacy protection.

Cultural/professional obstacles

The key question of inter-agency cooperation in Ghent in terms of professional beliefs is the low-threshold aspect of De Sloep, which does not condition its provision of services. Just like the low-threshold aspect,

inter-sectoral cooperation is embedded in the organization's operation. Interviewees mentioned that there may occasionally be some frustration linked to the low-threshold character of the services as clients fail over and over because of not taking the next step or missing an appointment, etc. Still, the next day the client comes to De Sloep to ask for help.

An interviewed staff member explained that inter-agency cooperation has to be in part a personal approach but can also be learned at De Sloep. It is easy to adopt because it is simply a part of the organization's culture (N, 2017). Inter-agency cooperation is incorporated in the municipal policies and also pushed 'top-down' by the higher-level administration, therefore no agencies challenge it. If problems in inter-agency cooperation appear at the individual level, they are also addressed through personal connections.

Theme 5. Perceived impact on the nature of services

De Sloep is fully aware of its main advantage and contribution to inter-agency cooperation with their flexibility. If gaps in services are identified, De Sloep uses this flexibility to either react *ad hoc* or prepare a long-term project to deal with this issue (e.g., social housing project, employment project).

We are a small organization and are more flexible. Inter-agency cooperation and coordination may be more difficult at larger levels in rigid systems. (A, 2018)

As described in the *Theme 4. Barriers*, there is a general belief in the higher efficiency of the provided services in inter-agency cooperation is in place. However, individual agencies also understand that the efficiency of funds may be seen only at the higher levels, not necessarily meaning savings at the level of individual agency. De Sloep team believes that they are also contributing at an individual level. As people bring their unique problems which may often not have a simple solution and a more flexible approach is needed, individual staff members at De Sloep accept this as a challenge, not a reason to reject the person as a client.

A study focusing on our groupworkers identified an "overdose of empathy" – it may not be necessarily good but that is somehow what defines us. (A, 2018)

Theme 6. Perceived impact on children and families

Anecdotal evidence from diverse individual case studies show the positive impacts of inter-agency cooperation despite no rigorous research was conducted to confirm that. A simple case described by a De Sloep staff member provided a clear depiction of how better coordination helps.

Parents used to come to schools and ask about issues that the OCMW [Public Centre for Social We] is responsible for. They did not separate the roles. To the parents in need, it does not really matter who helps, they ask for help anyone who would listen to them. OCMW understood that they need to visit schools to talk to parents. (A, 2018)

In this case, the sole start of cooperation between OCMW and the schools brought immediate results as it provided OCMW with in-person contacts to otherwise hard-to-reach parents.

Good knowledge of the system

Thanks to the intensive inter-agency cooperation, De Sloep has a very solid knowledge of the system and its capacities to help and deal with particular issues. After describing their problems to the De Sloep staff, families get the instantaneous direction of where to go next or, in rare cases, get to know that there is no service that could help them.

If we cannot help in any other way, we may at least provide some basic material help. People still come, even if we tell them there is nothing we can do for them. They understand it. They say they are coming because we at least listen to them. [...] We have a philosophy of avoiding the worse. This motivates us to work even on what would elsewhere be labeled as a lost case. If parents are stateless and cannot get support, we at least try to make sure that the children go to school. (A, 2018)

Theme 7. Specific themes

As described in the previous chapter with respect to local politics, De Sloep has a unique position in the region as well as in the country. There are also aspects which are unique to Europe. Ghent is known as a leader in Roma inclusion and as such chairs the Roma Inclusion Working Group at the Eurocities (Buyst, 2018). This is interesting in particular with respect to the fact that Ghent, in fact, does not address Roma through specific pro-Roma policies but rather through broader 'intra-European immigration' set of measures. This approach was partially adopted also in Belgium's National Roma Integration Strategy, which in its section on statistics on Roma refers only to the statistics from the Flemish Action Plan on Central and Eastern European (Roma) migrants (Inter-Ministerial Working Group on Roma Social Inclusion, 2012).

De Sloep specificities

At the level of Ghent, we see that even there De Sloep has a very specific role as described by an employee of the city.

De Sloep is unique in their flexibility to cater to the needs. Each family or individual gets a different service. Sometimes even the individual worker's approach may play a role. [...] Compared to other services, De Sloep also has also something material help to offer. For example, clothes, diapers. And sometimes this can play a significant role in the motivation of people to come. (Buyst, 2018)

For this or other reasons, De Sloep often institutes the 'most trusted person'. This can be different for each family. Sometimes it is the outreach worker visiting them at home, sometimes they visit the centre.

Ghent is also promoting the principle of SPOC – a single point of contact, where instead of making the family expose their problems and privacy to multiple social workers, a trusted individual or institution conducts most of the action around solving of the problem even if it involved other agencies. (Buyst, 2018)

5. Concluding statements

In the data-collection exercise for this study, the uniqueness of Ghent re-emerged many times. Politically, it is different from other major towns and cities in the region, especially in social welfare policies in place. Naturally, this also affects the inter-agency cooperation and coordination, which is motivated and encouraged by the city administration. De Sloep, which is financially supported by the municipal budget, is benefiting from this encouragement respecting the specific role of non-governmental organizations.

The case study of Ghent and specifically of De Sloep contributes to inclusion efforts of young children and their families provide a number of inspiring aspects. These include the cumulative knowledge on the inclusion of Romani and immigrant children and their families or the unique role of the non-governmental organization in inter-agency coordination.

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7. Endnote

INTESYS focused on piloting new approaches to Early Childhood Education and Care (ECEC) system in Europe with a view to ensuring that children and families in vulnerable situations have access to quality ECEC provided by services that are better integrated across different sectors (education, health, welfare, etc.), professions and across age groups and governance levels. *Integrated Early Childhood Education and Care – Results from a European Survey and Literature Review* summarizes the state-of-play concerning current approaches to and level of integration (or lack of it) in early childhood systems in different European countries. <http://www.europe-kbf.eu/en/projects/early-childhood/intesys>

GREECE

Integration of children with cultural and linguistic diversity into the educational system

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1. Background

Integration program of Roma children in primary education

This program's key concern is a complete intervention in school and in the community in order to remove the barriers regarding the integration of Roma children in geographically distributed communities. During the twenty years of implementation there were not radical changes in its structures and functions (e.g., although during the first stage of the program there was no participation of Roma mediators, intervention in the preschool or the Roma families these strategies were implemented during the next stages), except its title and those involved.

Reasons for selection as successful

The intervention was assessed as successful despite the fact that there was no former experience and relevant educational policies in this particular field. In total the program, with innovative characteristics for the Greek educational reality, approached and studied facets of the social life and organization of Roma communities countrywide. The absence of specific large-scale empirical studies and institutions of social protection and integration signaled a gap, which was largely covered by the project. The educational system had no other provision for the education of the children from communities with a different cultural background, who face difficulties in entering the system and at the same time have high levels of school dropout. The program we looked into fulfilled all the requirements that the research team has set for successful inter-agency working, namely:

- Its duration exceeds the minimum of a two-year period as it has been active for about two decades in many alternative forms.
- The promoter of this project was from the very beginning and still is a university.
- During its implementation there have been many external assessments which proved its success. Of course, these were valuable for the assessment of the project as well as for the research of the inter-agency collaboration.

Theoretical underpinnings

The case study program was based on two basic premises. The first one regards the educational system itself nationwide and its disadvantages. These are connected with wider and basic dysfunction of the structure and organization of the state and its central mechanisms in the design and implementation of public policies. The second premise is the ascertainment of the need to implement an overall intervention plan in the educational system in order to combat school failure and dropout of pupils who come from disadvantaged groups in general population. More specifically, the aim of the intervention under scrutiny was the "smooth integration of children with cultural and linguistic diversity into the educational system, the assurance of the acceptance of these children by teaching staff and majority group parents, teacher training programs and material provision, the support of culturally diverse families in order to help their children, and the awareness of those involved in educational administration towards the particular group of students.

These two realizations were the pillars upon which the intervention was based and they determined the choices made as far as the content and the form of the project implementation bodies are concerned.

Aims of the service and funding resources

The main aim of the project was to attract Romani children in the school since until early '90s only 10% of Romani children of school-age were registered with a school. The reduction of the school dropout and the integration of children from socially vulnerable groups in the educational system was a direct impact of the success of the program. The absence of mechanisms that could cover these needs, either as part of the educational system or the system of social protection, created a need for a full intervention. Consequently, the aim of the intervention has been to deal with the absence of public policies for the special needs of such population groups, which cause problems regarding access to institutions and mass consumption products (one such being education). Particular problems that those groups face enhance their weaknesses and reinforce the exclusion from the community. The intervention aims to deal with the main problem and the

removal of obstacles regarding access to education and, at the same time, to eliminate the reasons that cause the school dropout of the Romani children.

The funding of the project mainly came from the EU. Greece contributed to these resources given that this project belongs to co-financed interventions. However, as described below, the funding is partial and the financial flow has not been stable. The fact of discontinuity in funding as well as the changes of the project's coordination, since until now it was assigned to five different universities and corresponding number of coordinators, has often caused problems and it appears to have restricted, in certain cases, the scope of intervention.

Target population

The target population of the empirical project is mainly Roma children and their families. However, in order to fulfill the aims of the intervention, the targeting is expanded to the whole community. As school dropout and dealing with the obstacles of access and attendance of compulsory education are issues of a general concern in the community, the case study project sets as its target population members of the Roma community while, at the same time, it has and still intervenes in a whole range of factors involved, as, for example, the school and the educational community and the local community. It should be noted that in the implementation framework, interventions are organized, throughout the country and regionally where this target population lives.

Types of support/service

The intervention, as described by the finance and implementation monitoring institution, includes the following support actions:

- Intercultural education training and awareness raising of the teachers involved, administrative education bodies, local authorities and Prefecture. Moreover, vulnerable community groups parents' awareness raising so that they could respond to the school demands as well as the development of communication network for better information of general public.
- Design of supplementary teaching material coupled with the utilization of the existing teaching, supplementary and training material, as well as educational software. Moreover, implementation of new teaching approaches that would offer the Greek educational system new potential. Finally, the creation of a network for monitoring, controlling and evaluating the teaching material produced in each school.

Agencies involved and extent of inter-agency working

The work of the case study we examined falls into the inter-agency range of collaborations. The set of the bodies involved in the implementation process confirms the organization of a wide collaboration network. The bodies involved cover both the program implementation premises (the school itself) and the school population as well as the environment that surrounds this system.

As previously noted, the intervention is funded by the state and the EU, and as a result belongs to public politics sectors which obviously follow the priorities set by the national government. From the very beginning of this project, it was assessed that the subordinate mechanisms of the official sectors were unable to fulfil the aims and complete the project. The need to synchronize many factors in a countrywide level, the geographical spread and the regional interventions as well as the obligation to include local community forces, made the implementation by the central state and its agencies impossible.

The central state, through the Ministry of Education, initially invited Universities and research bodies operating in the field of education to plan and implement the intervention. The strategic and general objectives emerged as products of wider aims by the central government and of course were compliant with the priorities that the EU set in the field of education and rights as well as social inequality and tackling marginalization.

A new mechanism, largely independently from the official educational system, was set. However, it addresses the users of the system, the people who work in it but, at the same time, organizes and

implements interventions in the community, with the children and their families. In order to implement the expected actions, the contribution of numerous local forces, individuals, unofficial groups and official bodies was required. For this complex design to take place, to achieve its general aims and specific objectives, and to finally fulfil its mission, a wide regional and central collaboration is put in place. This procedure has an inter-agency pattern as presented in Figure 1¹.

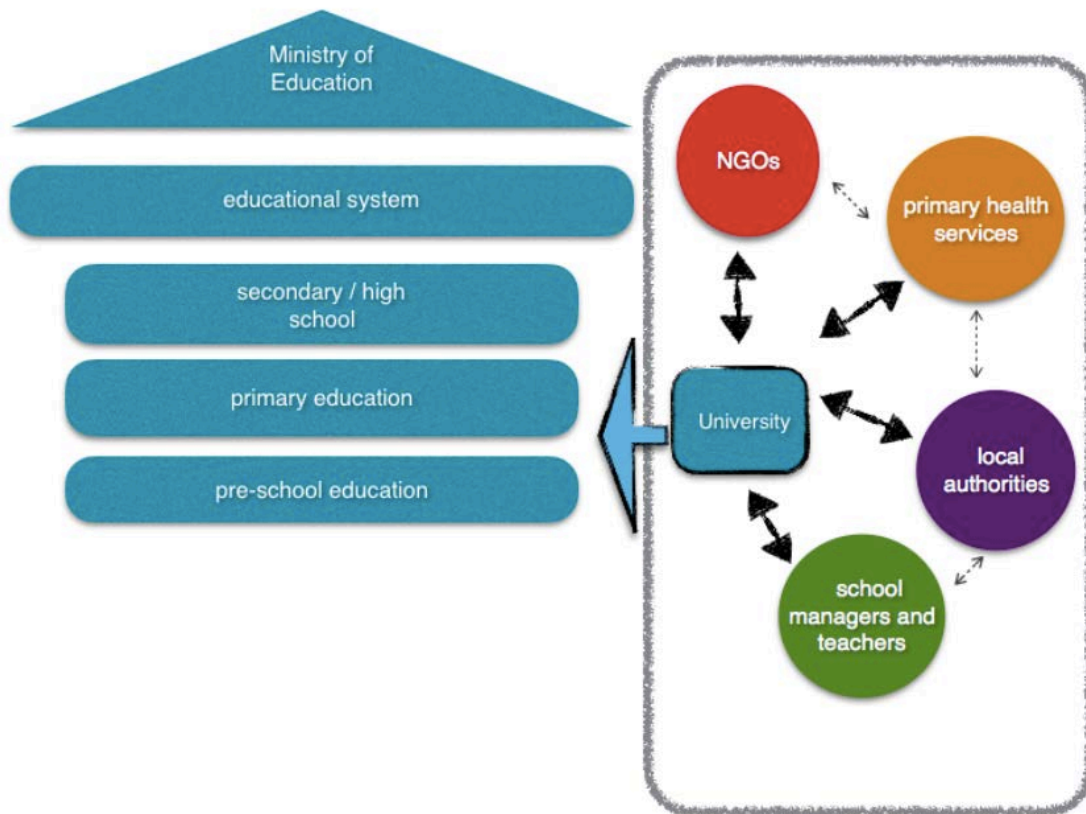


Figure 1. Inter-agency structure

According to Frost's typology (2015) this work belongs to the category Co-ordination where the University that takes over the implementation of the project takes all the actions under its supervision and control, promotes the collaborations with local and central bodies and co-ordinates their participation.

However, it is crucial to point out the following:

- Within the context of the collaboration, the central role belongs to the University and specifically to the person that has been assigned the management, coordination and supervision of the project and has the final responsibility for the implementation and monitoring of the material and financial project objective.
- During each program period the factors involved defer to a lower or higher degree whereas individuals who take part in the material part of the project implementation change.
- Although local authorities significantly contribute to the implementation and the success of the project, they do not belong to the vital parts of the project albeit they take part in the implementation of the intervention.
- The strict and rigid structure of the compulsory education and the almost unapproachable school functioning set significant obstacles in the development of inter-agency work.

Bearing the above in mind, it becomes evident that the inter-agency function is not excluded from the bottom-up initiative. Contrarily, it is a top-down policy scheme that ascertains difficulties set by the

¹ Based on the figure devised for Deliverable 6.1

bureaucratic structure of public administration and organization of the public policies and it attempts to "bypass" it. In addition, the new model (see Figure 2) is designed to remove the barriers in question and to fulfil objectives that the existing administration is unable to achieve.

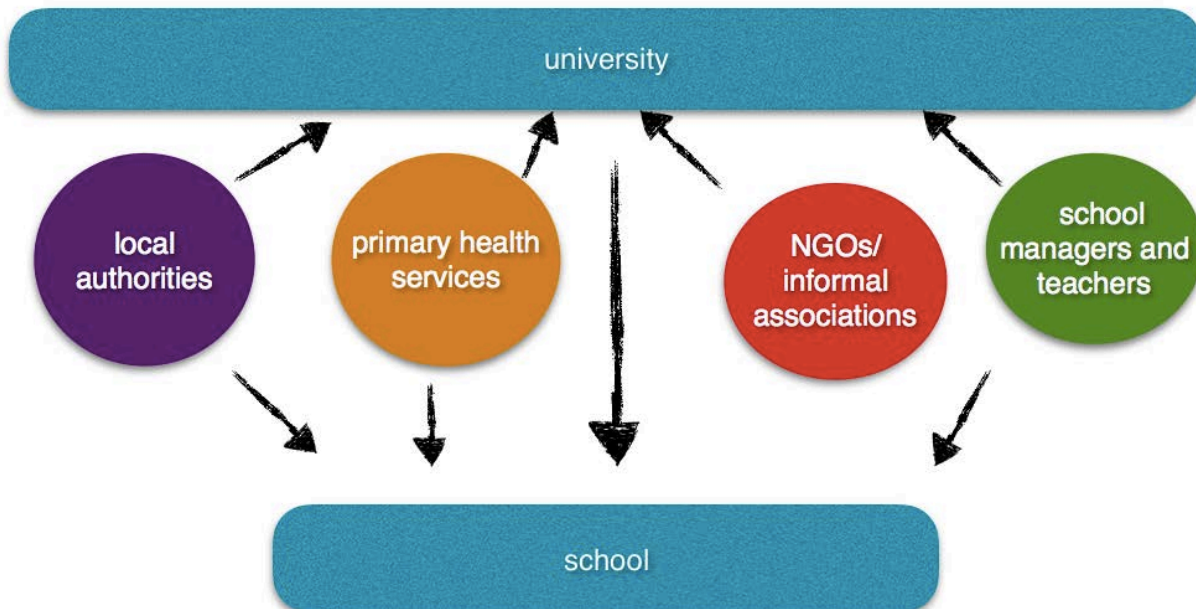


Figure 2. Intervention's graphic representation

The main responsibility to implement the work lies with the university and is represented by the Scientific Coordinator. However, contact processes between the involved parties are foreseen as well as decision-making processes that are only binding for those involved with the material object which entails budgetary cost that basically has in most of the cases a personal character.

2. Methods

Documentary analysis

In order to comprehend the organizing and functional framework of the intervention, an extensive documentation package was collected and analyzed. More specifically, technical documents which refer to the specific implementation of the intervention, evaluations and texts that presented in meetings and congresses were studied.

- National Strategy for ROMA, 2011, http://www.esfhellas.gr/elibrary/stratigiki_roma_el.pdf
- Regional Strategy for ROMA social integration
- http://www.pepattikis.gr/wp-content/uploads/2016/02/%CE%A0%CE%95%CE%A3%CE%9A%CE%95_%CE%91%CE%A4%CE%A4%CE%99%CE%9A%CE%97%CE%A3_v1.3.pdf
- http://www.stereaellada.gr/fileadmin/pages/5h_programmatikh/stratigikes/stratigikh_FKE_P3B.pdf
- <http://www.thessalia.espa.gr/attachments/article/138/3.%20PERIF%20STRAT%20FTOXEIA%20THESSALIA%20EYD%20EP%20EXEC%20SUM%20FINAL.pdf>
- <http://www.pepba.gr/%CF%80%CE%B5%CF%81%CE%B9%CF%86%CE%B5%CF%81%CE%B5%CE%B9%CE%B1%CE%BA%CE%AE-%CF%83%CF%84%CF%81%CE%B1%CF%84%CE%B7%CE%B3%CE%B9%CE%BA%CE%AE-%CE%B3%CE%B9%CE%B1-%CF%84%CE%BF%CF%85%CF%82-%CF%81%CE%BF%CE%BC/>

- <http://www.pepkm.gr/%CF%83%CF%87%CE%AD%CE%B4%CE%B9%CE%BF-%CE%B4%CF%81%CE%AC%CF%83%CE%B7%CF%82-%CE%B3%CE%B9%CE%B1-%CF%81%CE%BF%CE%BC%CE%AC>
- [http://www.patt.gov.gr/site/attachments/article/19738/Social Inclusion of Roma in Dytiki Attiki 290620 16.pdf](http://www.patt.gov.gr/site/attachments/article/19738/Social%20Inclusion%20of%20Roma%20in%20Dytiki%20Attiki%20290620%2016.pdf)
- [http://www.patt.gov.gr/site/attachments/article/19738/Social Inclusion of Roma in Dytiki Attiki 290620 16.pdf](http://www.patt.gov.gr/site/attachments/article/19738/Social%20Inclusion%20of%20Roma%20in%20Dytiki%20Attiki%20290620%2016.pdf)
- http://www.eydpelop.gr/2007-2013/wp-content/uploads/b_11_Perifereia-Peloponnhsou_Perifereaikh-stratigikh-gia-thn-koinwnikh-enta3h.pdf
- <http://www.eydpelop.gr/2014-2020/e-p-peloponnisos-2014-2020/periferiakes-stratigikes/kinoniki-entaxi-peske/>
- https://www.eydamth.gr/lib/articles/newsite/ArticleID_607/Draft_01_PeSKE.pdf
- <http://ec.europa.eu/social/BlobServlet?docId=8325&langId=el>
- <https://www.synigoros.gr/resources/toolip/doc/2013/04/18/e8nikh-strathgikh-gia-toys-roma-draft66.doc>
- http://www.ukren.org/uploads/COM_2014_209_FIN_EN_TXT.pdf
- <http://www.keda.uoa.gr/roma/index.php/mmedia>

Interviews

The empirical study according to the methodological approach followed in the project, was conducted in the form of interviews with informants knowledgeable about certain aspects of the intervention. Their selection was made in order to ensure the multifaceted, global approach and to include all the approaches regarding the intervention and especially the way in which individual participating bodies are organized, coordinated and activated. For the case study under examination eight interviews were conducted (see Table 1).

Table 1. Informants' characteristics

Name (as presented in the report)	Role as informant	Position as professional
Informant 1	Policy maker	Member of planning team (Ministry of Education)
Informant 2	Policy maker	Former mayor
Informant 3	Policy maker	Teacher, Director of Primary Education Directorship, Ministry of Education
Informant 4	University professor	Former scientific coordinator, member of the administration/management and evaluative team
Informant 5	Regional educational authority director	Teacher, former school director
Informant 6	School director	Teacher, primary school director
Informant 7	School director	Teacher, primary school director
Informant 8	Government advisor	Inter-cultural (Roma) mediator

3. Analysis

The complete validation material collected during the process of the empirical investigation was used in the analysis. The suggested structure of thematic axes was used and the digitally recorded interviews were transcribed, and excerpts are presented below in order for their content to support the analysis of the case study. In addition, the "technical descriptions of projects" as well as the evaluation reports (see the following list) were used and supported, wherever considered appropriate, the analysis:

- http://exclusion.pep.uoi.gr/index.php?option=com_content&view=article&id=82&Itemid=74 [external evaluation, 1999]
- http://exclusion.pep.uoi.gr/images/Ex_Ax_2004.pdf [internal evaluation, 2004]
- http://exclusion.pep.uoi.gr/images/Ex_Ax_2008.pdf [external evaluation, 2008]
- http://exclusion.pep.uoi.gr/images/tel_ek_2008.pdf [implementation report, 2007-8]
- http://exclusion.pep.uoi.gr/images/tel_ek8.doc [implementation report, 2006-2007]
- <http://www.keda.uoa.gr/roma/index.php/program/actions> [current program actions]
- <https://2007-2013.espa.gr/el/pages/elibraryFS.aspx?item=34> [ex ante evaluation 2007-2013]

4. Results

Theme 1. History

The intervention is included in a broader framework for addressing the problem of accessibility in public education. Provisions against impediments and restrictions for participation of all members of the society/community were lacking in the educational system. This situation is in line with the general weaknesses of the social care system in the country. The Greek public policies were generally unable to address the needs of individual groups and ensure equal access to social care for the whole population (Petmesidou, 2006). Instead, the system is characterized by polarized operation and is proved to be vulnerable to accept diversity (Psimmenos & Skamnakis, 2008). Moreover, the majority of its operations are deficit causing different trends of accessibility that reproduce social and economic inequality.

In this context the particular parameter of educational system is not in position to support the specific groups of population and to organize effective interventions so as to deal with issues such as school dropout. This is more evident for community members that face established or new prejudices and stereotypes. The social marginalization is then reproduced by the collective consumption structures, such as school, that function towards reproduction of inequality and marginalization (Skamnakis, 2016).

Supporting accessibility of vulnerable social groups to the educational system constituted the core issue for the development of a series of interventions. They had as a central goal to fight against obstacles and organize mechanisms that promote access with actions within the educational system as such, its structures and substructures as well as in the community where there are abundant stereotypes and prejudices that consequently give rise to typical and atypical exclusions.

More specifically, these interventions targeted groups of population with linguistic and cultural specificities (immigrants, repatriates, Roma, the Muslim minority in Thrace, expatriates). By defining the problem, it became obvious that the intervention should not be restricted to school and its population but also target the community where prejudices thrive and form the basis for access difficulties and various types of exclusion.

The political volition aimed at fighting against inequality within education, educational reality, as far as it was possible, as we all know that it is reproduced... This volition was started, and its choice, by the Minister of Education at the time, George Papandreou. It was part of the party program, so..., but the person who decided to realize it... this decision was made in 1995.
(Informant 1)

The planning that started in 1995 was put in action two years later, a timeline that is quite short for the Greek public administration.

One extra parameter is that of external pressure to which the country should respond. Greece is accountable to the Council of Europe in the field of rights for the promotion of intercultural education.

... and we ask who these groups are? They are the Muslim of Thrace, of whom the one third is Roma, all the Roma, that the Council of Europe is superintending us with annual reports about what actions we have taken, because I was representing the Ministry of Education and every year we were asked what we had done, what were our actions, because there was nothing... nothing at all... (Informant 1)

The lack of specialized policies for the members of vulnerable groups is a gap that the state thinks we need to fill. It should be mentioned that this particular period of time is connected to the broader attempt to support social care mechanisms, mainly by using European funding/resources (Sakellaropoulos & Oikonomou, 2006; Sotiropoulos, 2004).

The weakness of the official structures is a point frequently made by the informants. They emphasized, in different ways, the fact that the educational system could not organize something in that vein and their points indicate not only the need for intervention but also the need that this intervention has the characteristics of an innovative and multifaceted approach. The intervention is considered to have the characteristics of innovation given the lack of a similar program or effort in the past and indeed at national level.

As explained below, with reference to the Ministry of Education:

Because it does not have a specific body to deal with these issues. In other words, although there is an office for intercultural education, which is more general, they do not have specialized staff that could process all the information and research that has been done so as to help the Minister, all the previous Ministers, to make a policy on this issue. (Informant 4)

While the below statement emphasizes:

School by itself, you know that we talk about school as an open system, but eventually it is a very closed one, teachers do not go out of school but they want you to take Roma there and only then they start to work, to the extent they do. So, there should be a unified, I would say, approach and coordination of all actions that we have in the program to approach Roma communities, in the school, in the health system and so on. The university took on this role, obviously it was necessary to have an intermediate body. (Informant 4)

It can be concluded from the above that the intervention under investigation was realized with the aim to supplement the official institutions in order to deal with this real and ongoing problem. This problem was not restricted to school and teaching. It was a problem that emerged in school and teaching but its core was in the social structure. As a matter of fact, dealing with it presupposes the involvement of the community, the local agents and bodies that represent them. In the light of this starting point, the intervention under investigation was designed and implemented, which failed to eliminate the problem. However, it achieved significant results both within and outside education.

Theme 2. Defining features of success

Decisions about the organization and implementation of intervention were made by the central authorities, specifically by the Ministry of Education. The decision of assignment to an external organization confirms the weakness of the state to organize effective institutions and processes to cope with the specific problem. The university that each time undertook the program was responsible for coordination of a number of other organizations and institutions as well as for the support of all synergies in order to accomplish the objectives of the funding bodies, in this case the Greek state and the European Union.

Cooperation with individual actors/agencies lies in the way each university department serves this particular aspect of the project. The organizational structure and communication among different institutions/bodies that participate, considerably influences the way intervention serves its purposes. Their complexity, though, renders impossible their accomplishment by one specific organization. The multifactor character of the issue is described by the next informant:

It can't be achieved by the school, neither by the municipality, it can't ... Someone who knows educational issues should be found with a holistic perspective ... to be able to have a systematic and complete approach, it was necessary for the university to get involved in the first place ... to have an institution to coordinate... The university was a good choice as it has all the expertise that was necessary. It was the best possible choice. (Informant 4)

The expertise at a theoretical and practical level that is ensured by the presence of a university is recorded frequently in the informants' answers and is presented as a guarantee for the accomplishment of the project objectives. However, the university cannot fulfil this mission alone. It is imperative to develop synergies among a variety of factors that contribute to individual actions and finally serves the common goal.

Informants acknowledged the joint acceptance of the goal as a crucial parameter for the development of a network of collaboration among official institutions, the institutional agents, the community, the unofficial groups and even individuals. With respect to the acceptance of the common goal, self-governing bodies play a central role. This is due to the fact that self-governing may create a certain context that makes the intervention legitimate. More specifically, during the initial period of the program under investigation, political climate was favorable towards such interventions. The words of a former mayor prove this point:

We created a network of municipalities that had Roma populations, around 63-64 municipalities. This created a potential. That is, they started to realize that we should be reckoned. This was a very important starting point to put pressure on the government. (Informant 2)

or he/she further explains:

... the municipality is an important factor because it is the institution that actually communicates with people. Because it can make focused interventions/projects.... projects that may have an immediate and genuine impact on people's lives. Thus, if it has initiatives, because it is a specific recognizable authority, it may play a significant role... (Informant 2)

The contribution by self-governing bodies is not restricted to their intentions but it also includes joint official and unofficial actions and collaborations. For example:

To arrange a meeting with parents, let's say at 4 o'clock, the time when all-day school ends....to help us register their children, in family entry ...there...but I think this was not part of the project. (Informant 3)

It is therefore necessary to have coordination and co-operation with local authorities as the basis for the intervention in the community.

In the same vein, school units as the ultimate receivers of services that are produced and constitute the indispensable part of the intervention. Although this collaboration has a bottom-up character, the acceptance and legitimacy from the school community is an essential component of success.

Of course, there are objections concerning the kind, range and duration of the intervention. However, even in these cases actions are implemented. For example, there is a quote from a school representative with purely Roma student population (more than 97%):

From time to time we are informed that we are included in a program... our school and some other in the area.... schools that have a great percentage of this vulnerable social group, Roma... and we expect some support. Compared to what we expect, because we have expectations, I think that we get much less. What we have seen done is that some people are set as mediators ... they help as somehow with regard to school dropout, this is up to a point helpful. (Informant 6)

Participation by a school unit is not obligatory but it is generally well accepted.

Still, in another school that is situated in a Roma community:

...the program that is running now ... has many activities, it covers all the dimensions we need to support Roma children education. We apply these activities, the lines of action with the psychologist and the social worker in the field, because we have now a social worker at the school... (Informant 7)

School units are, actually, the receivers of the program. However, their role is not restricted there. As described below, in many cases they interact with the managerial structure of the intervention and influence the character and the context of the actions.

As already noted in the 2004 evaluation report:

The Program is linked to the solution of broader local problems which we have highlighted (Roma residence, unemployment, living conditions). Local communities are involved directly and indirectly in the educational integration of Roma children, taken that each school is situated in a specific socio-economic and cultural context, with particularities and problems. The current local condition is developing through time and depending to the interventions may define the local potentials through which the Program is applied. It is noted that broader consequences from the application of the Program at the local level may stem from:

- *the educational administration*
- *various local organizations/institutions (apart from the self-governing body)*
- *local administration*

Partners of the Program are of the opinion that it was somewhat supported by the educational administration (25%) or supported a little (25%). 11% of the participants answered that it was supported to a large degree, while 17% answered that it was supported quite well [from a study that was conducted for the evaluation of the Program].

It is obvious that in some cases the educational administration contributed a lot in the realization of the Program. Still, in most cases the support was restricted, according to the partners.

With the Roma community, communication was realized mainly through Mediators. This link was and remains of great importance. Apart from the apparent transfer of messages to the community and vice versa, it was the parameter that regulated the participation of the community and the “legitimacy” of the intervention in the field. Without having an institutional recognition or certification, just the training from the Program, Mediators take the responsibility for an important part of the communication between the formal structure of the intervention and key-figures and informal groups or households with an aim to organize the network of intervention in the place they live, work and enjoy goods of mass consumption, such as education.

It should be noted that Roma communities have great variety in accepting and supporting the Program. From the surveys that were conducted for the project, considerable rivalries and conflicts within communities are evidenced as well as segregation between them and strong gender discrimination (evaluation report, 2004). These facts raise additional obstacles for the acceptance and support of the intervention in the community and their unofficial or official organizations.

The University plays a decisive role here. It has the control of the application and organization of the intervention and of course the monitoring of the financial functioning. It works as the manager and distributor of a series of services for which it has the exclusive responsibility. For each individual action, which is a priori described in the corresponding submitted plan, the responsibility lies within the University, more specifically the Working Group, ultimately represented by the Scientific Coordinator. The design of the intervention, the implementation of individual actions, the coordination and the organization of the whole group of bodies/institutions and persons are responsibilities of the University that has undertaken the project.

Similarly, the University is responsible for managing the financial aspect. Also, other institutions, organizations but also the municipalities or schools that are involved in the intervention do not have their own budget neither do they receive any funding. Payments and allowances and other costs are charged to the project and are subject to control by the University itself.

The success of the intervention is based on two basic characteristics that are evident from the very beginning. The first concerns the assumption that the central mechanisms are unable to take over the development of such a project. For this reason, the Ministry invited scientists that have the expertise to design and undertake such an intervention. More specifically, it asked Universities and research centres to

form Working Groups and submit relevant proposals with a view to deal with school dropout through the smooth integration of culturally and linguistically diverse children in the educational system.

The second characteristic is the gathering of all potentially involved participants by an Organization that has undertaken the organization of the necessary synergies deemed necessary to meet the above objective. This Organization undertook the project and organized the contribution of a number of local bodies as well as unofficial groups or even individuals.

As it is evident from the relevant evaluations of the individual projects during the last two decades, the Organization and Management Plans were effective and their results met the needs of the intervention. Moreover, the communication processes are particularly mentioned as positively evaluated regarding both the horizontal communication between the institutions and organizations involved and the vertical communication among different levels of the project organization.

Theme 3. Why does it work well? Perceptions of facilitators

Clear recognition of need for partnership working

The development of the framework of collaboration results from a series of decisions taken at the central level. As empirical research shows, the absence of structures and institutions for integration in the educational system of members of the community that are marginalized, gives rise to initiatives to deal with a problem that is ongoing and multiplied.

The failure of the central mechanisms to respond to and treat a system-identified need leads to a by-pass practice of difficulties. Coding the existing obstacles that hinder the attempt of the central state and mechanisms to organize such an intervention, we can conclude to the following statements:

- bureaucratic structure and organization of the education system
- lack of resources for the development of new aspects of the existing services
- lack of expertise on behalf of the current structures of the central state

The invitation from the Ministry of Education towards Universities and Research Centres shows its inability to cover these specific needs through its own resources. The structures and services that work in the context of the central mechanisms and the state do not possess the necessary expertise to cope with new needs or deal with contemporary and effective methods and practices the degraded and chronic deficiencies. As analyzed below, the structure and organization of the education system are "closed" to external interventions. This characteristic defines to a great extent the types and forms of intervention so as to be effective.

The resources spent on the intervention come mainly from the European Social Fund, which aims, among others, *at promoting employability, adaptability and equality in opportunities, as well as investing in human resources*. The inability of the national budget to meet the corresponding needs leads to the use of Community resources that aim at developing the relevant institutions.

Moreover, the need to develop synergies in order to institutionalize the functioning of an "open" school that does not reproduce social inequalities and exclusions is reflected in the words of the state official:

Yes, it was really successful because there was not any "know-how". That is, all these things need content, don't they? We gave a direction, what the volition was, the priority, the policy, and so on... then who was going to design the materials? Those should be experts. Who was going to do the training? We should ask the experts.... It could not be done another way and that is why we gave it to the University. (Informant 1)

The explanation for the choice made by the Ministry is clear regarding the need to be served but also the direction that it will take with reference to the partnership framework. The invitation also mentions the self-governing bodies, the teachers' community and other administrative bodies as those involved in the intervention, while at the same time it describes the context of goals, the need to use specialized services such as the development of specialized educational software.

The need for collaboration among different bodies arises from the context of the initiative and the goals that the central state sets. In order to ensure these characteristics, synergies are required, which the University is committed to accomplish.

Commitment to joint working

Commitment to joint working is based on how the University responds to its role and organizes the involvement of other bodies, organizations and individuals. It is clear from the project organization and management presumptions as well as from the evaluation reports that the participants responded "quite well", as informant 4 had pointed out in personal communication, to the roles assigned to them in the context of the cooperation that the university had requested. It should be stressed that all the services offered to the final beneficiaries are defined by the original plan, the formulation and implementation of which is the sole responsibility of the university.

In particular, both in terms of design, as outlined in the Project Technical Bulletins and in the corresponding evaluation reports, the coordination of stakeholders and management lies within the responsibilities of the Scientific coordinator. To support its work, a Secretariat, Administrative and Technical Support Unit is set up to address specific needs such as:

- developing and monitoring a communication system
- collection and archiving of communication material
- keeping records of deliverables
- dissemination of the project and its products

Naturally, the response by the other institutions that the university encounters varies from case to case, as eloquently illustrated in the following excerpt:

I am not certain if it is the structure or the team, but in the cases where the local self-governing authorities were positive, results were even better. Let's say in Agia Varvara, as the municipality responded immediately and they were given a small office to meet twice a week with a possibility to use a phone, to meet... and there it worked much better... As I am thinking about it now, if district local authorities are willing and in another they are not, we should have a double budget if we want to have the same results and the same intensity in the result. (Informant 8)

The same conclusion is found in the evaluation reports (see section 3, Analysis) where variances in response and outcomes are observed. However, in any case, the development of synergies serving a common purpose remains at the discretion of the responsible university. As a consequence, the success or failure of the joint acceptance of the objective of the intervention and of the individual actions is investigated and attributed.

Leadership/management

In order to implement the intervention, a new organization is set up with specific internal procedures in terms of communication, decision-making and control of the progress of the project. The leadership and management of everyday issues and critical decisions is reflected in the organization and administration system that includes the above functions. In particular, given the multifactorial nature, especially in the implementation phase, the administrative structure, the management and transfer of information is crucial for the quality of the project.

For these reasons in the Technical Bulletins of the individual projects, the communication system among the different factors is described in detail and the vertical and horizontal communication between the discrete sections is analyzed. The organizational chart is kept to a great extent because there are changes in its implementation due to changing situations (Informant 4). The evaluation reports refer to the management and communication system, describing it as sufficient and analytical. It should be noted, however, that the responsibility of leadership and decision-making is centralized and represented by the Scientific Coordinator of the project. As part of this analysis, we included the progress reports of the projects which were submitted by all the partners, operators or individuals.

The following is an extract from an assessment report, reflecting the strong management:

The partners were required to report on the progress of the project. The partners were not only aware of their obligation to submit progress reports about the project but also submitted them within the timeline. The timely submission of the progress reports means that the support team was fully supervised and aware of the development of the project and therefore had the opportunity to intervene, where and when it deemed it necessary, by applying the method of action research. (2004)

The integrity of the organizational model and the communication system, as well as the clarity of the organizational chart, are not disputed either by the written evidence or the empirical research carried out. What is worth noting, though, is the dimension of informal relationships and also informal communication taking place along the horizontal or vertical axes of the intervention development.

As depicted in the words of a school principal participating in the program:

...some meetings took place, and there was contact via phone. Not much written work had been done; we did not have correspondence... It was mainly oral and we also sent some mails, you know non-papers... this was the communication... I have no complaint about their cooperation. They were open to correcting things. (Informant 7)

Confidence among individuals seems to be a major contributor to the success of the project. Contact with locally-based communities is based on the Mediators, who are the contact point of the intervention with local groups. This role is considered to be decisive for the success of the intervention and for the success of the joint effort.

The initiative includes a variety of educational activities for all involved parties. One of its central objectives, as in the original call, was to train the whole range of organizations and institutions involved in the education of Roma children. That is, the project includes actions and education and training activities and, of course, the development of the corresponding educational material. This process ensures faithful adherence to the plan and the adoption of a common operating framework. At the same time, it ensures the ability to adapt to local specificities by providing specialized approach mechanisms and practices as appropriate. At this point, a detailed study and analysis of the scope of the intervention that has taken place for the first time in this area in Greece should be highlighted.

Typically, the situation regarding the pre-intervention approach is described in the following excerpt:

...the ministry did not know what to do, the universities and especially that of Ioannina was the first one to study in depth the Roma issue. Very many studies, exclusive studies of their education and way of living, of social and other parameters of the project, so that we would finally conduct to a substantial study that would propose policy measures in order to solve, to deal with, not to solve, this issue.

A comprehensive empirical examination is considered to be a decisive action concerning the achievement of the objectives and the ultimate success of the intervention. This is also the conclusion of the respective evaluation reports, especially in the first phase of the program implementation. And then, to date, a major line of action in the intervention remains the communication and sensitization of local communities. Local needs and peculiarities are highlighted by plenty of empirical studies but emerge and are reinforced by the very nature of the intervention involving communication and interaction with local populations.

Theme 4. Barriers and how to overcome them. Is anything holding the services back from greater integration?

Contextual barriers/political climate

The intervention, as already mentioned, is part of a broader political decision on intercultural education as a whole. The duration of the program extends to two decades and shows that political forces support its aims. However, funding has not yet been included in the category of public funds and, as a result, all the services it provides are dependent on external financing. The structures developed within the framework of the

intervention do not assume statutory identity and are not part of collective goods, and for that reason the system of social protection remains deficit, and in particular the educational system, part of the mechanisms of reproduction of social segregation and the marginalization of the weakest social groups.

The intervention funding does not appear stable or uniform. In addition, the institution/organization that undertakes the design and the implementation of the project changes over the years. These elements cause the non-institutionalization of the services and the instability of the scope of the intervention. Thus, while the period of two decades implementation confirms the acceptance and legitimation of the project by the central state, the latter does not incorporate the structures created in its regular operation. Instead it continues to seek resources from the European Social Fund, building obstacles to the smooth course of the intervention.

Nonetheless, this practice causes problems to the smooth development of intervention, cancels the consolidation of its structures and undermines its long-term impact on the target population. The state and the central mechanisms, although there is no evidence to question their initial position on intercultural education, cannot support its unimpeded operation.

The informant clearly mentions this problem in the following quote:

The Ministry of Education does not ... it does not make it easy for us I could say ... but only occasionally, fragmentary.... I think the most characteristic feature is that there is no continuity. Discontinuity is one of the biggest problems we have ... As a result, it shows the ministry, its consistency ... so ... the reaction of the ministry. Discontinuity is that programs do not have a follow-up, so we have a two-year break in the middle, or three years, it continues it stops, it continues it stops ... That means something for the political side, doesn't it? So the Ministry does not have, we can say ... With only this element we can say that the ministry has no strategy
(Informant 4)

Breaks in funding are mainly those that substantially undermine the very intervention and its purposes. The following quote identifies the problem:

... because exactly at that point there is a great need to get into society, to make the connection, to get the child into school, to sensitize and train the teacher, ... over the years while it tried to make a change somehow.... the program starts from the beginning again ...
(Informant 8)

The value of the preceding excerpt is that it highlights the impact of the gap between programs. The informant stresses the collapse of the relationship with the community in any breakdown of funding and the need to rebuild trust between Roma communities and intervention mechanisms.

Moreover, the role of the local authorities is unstable since the approach with respect to the intervention and its objectives is not always on the political agenda of the local political elites. The critical parameter of the local authorities differs and affects the scope of the intervention. As already pointed out, the participation of local government institutions directly or indirectly act as multipliers of the actions organized by the University. It is clear that this parameter varies in space and time and further affects the uniformity or vice versa the fragmentation of the intervention.

The overcoming of the obstacles as mentioned above is found in the organizing capacity of the formed agency to bring the project to completion. Under the aegis of the university, a comprehensive plan for the implementation of the actions is developed in advance and any difficulties are taken into account. Bearing in mind the failures, shown by the evaluation reports and the empirical research, it is important to note that the obstacles have been overcome and the interventions continue to date with satisfactory intensity.

Organizational challenges

More specifically, the involvement of a number of organizations and agencies often complicates the objectives and methods of the intervention. This is due to the contradiction among individual targets or different hierarchies in the priorities that each of them sets. In this case study, focusing overall responsibility on the university, despite the fact that it burdens the scheme with a centralized model of organization and administration, ensures an effective response to tensions and differences. The initial establishment of a new

organizational entity – under the auspices and support of the university - includes the adoption of a unified system of documentation and communication that essentially imposes unified principles and practices in the context of the program on the involved authorities.

This does not mean that organization is without fault. The system of individual factor interdependence causes significant problems that are also identified in the evaluation reports. What emerges as a conclusion is the burden on the organization responsible for coordinating the disparate organizations involved in the intervention. Given the organizational scheme, the university takes on this role, which it seems to accomplish despite the difficulties.

An interesting aspect with regard to the obstacles to greater cooperation and joint action is that of informal communication between individuals. On the one hand, it can provide ease and speed in decision-making, but at the same time, it can multiply the unevenness of the intervention across regions and ultimately undermine the project objectives. When the personal and informal nature of the communication is widened, it may work to the detriment of the formal procedure and consequently make it inactive.

The following extract illustrates this point:

No cooperation framework exists. There is a cooperative framework at an informal level. That is, to work with [name], I now give an example of someone I know, we will not have a problem working together, because I will phone him "hey [name] what did you do there?" "Ok we will do it too." But a program does not come within the bounds of a friendly relationship. It involves a formal one, basically we would say a work relationship that practically even I am not there, or even you are not there, could work. That is a successful program. A successful program has nothing to do with the individual persons. (Informant 5)

This informant expresses the need for the communication system to be more a result of common processes and not to have a bottom-up character, as it does today. And, as shown by empirical research, this is a major obstacle to the implementation of the intervention. It expresses the opposition of two main poles, those participants who work and provide within the education system and those outside, while it attempts to organize structures and services that affect its operation. This contrast is best analyzed in the following section.

Cultural/professional obstacles

Empirical research reveals two conflicting approaches concerning the operation of the intervention or individual aspects such as transfer of information and messages within the new Agency established to carry it out. The organizational structure and content of the intervention are subject to different interpretations. These are grouped into two main categories.

The first refers to the intervention as a need that the university satisfies and for its implementation it assumes responsibility for organizing and coordinating numerous institutions and organizations. For this reason, it draws up an action plan and adopts a corresponding system of organization and administration that includes collaborations with specialized agencies so that their contribution can serve the central objective.

The second, although it does not deny the aims and objectives of the intervention, makes a critical approach by identifying the problems of implementation, to the central role of the university, and more to the bottom-up nature of the organization that implements the intervention. In particular, the development of a parallel system that is completely external and independent of school is approached with caution, especially regarding its method of approach and more specifically the position and roles of teachers in it.

The excerpts that follow are relevant. In the first one the perspective of the intervention as organized by the university is expressed, that is by an organization outside the school unit and of course the community. Its role is to serve an organized plan that includes the involvement of a wide range of local authorities and organizations, coordinating their actions.

... in order to tackle the problem of Roma education we need to cooperate with too many institutions local and educational institutions for this we started and we have included many cooperation actions

and continues as follows:

Those institutions that essentially represent the state mechanisms, that is the education offices, the educational system ... Well, for the education officials, there is a terribly wide range of reactions. There were bodies where [they say] I did what the law says and he stays there uninvolved as was the case in Lamia ... the same thing we had in Karditsa ... In other areas where we have a strong reaction by the schools ... we had gone, as I remember, to Eastern Attica and we were told that we have an opinionated teaching staff so they would not agree with anything you say ... so there is a reaction in the school and the non-acceptance by parents, who are, let us consider it, not central to the school even though they are directly involved, on the other hand there is the problem of institution [of interference] ... institution is not yet....
(Informant 4)

The second excerpt is illustrative of the second point of view, which expresses caution. The external to school nature of the intervention and the parallel operation of the organization outside school feeds this opposition.

The reactions we usually have in every innovation, as we define it, are that, on the one hand, everything unknown creates some phobias, and you know this, and secondly, there is a strong trade union perception that "whatever is done should be done only by the public sector" and only the public sector should be mentioned in it. At this point we have objections and reactions, yes. And, of course, there is also what is sometimes said in quotation marks that "the university does not want to do a job but it wants to benefit from it" in a way and by whatever meaning one assigns to the word benefit. (Informant 5)

While s/he adds:

....it is an "external" program (the intervention) in a school unit that is internal to the public sector, a problem is created and this problem is an issue of collaboration. This program does not know how school functions, either as a public-sector unit or regarding its operation or administration. I give you a very simple example to help you understand. When they bring and say that they will bring an X number of students and this number of students does not come because they have not taken into account that here we cannot leave some children out and say that from the 20 I will accept the 15 and the five are out. This may sound morally wrong, but it is also an administrative problem in a sense that a teacher cannot accompany another five children. (Informant 5)

This contradiction, as explained above is obviously an obstacle, which may create additional difficulties to the implementation of the intervention. To overcome such difficulties, it is imperative to promote communication processes and the inter-agency character of the project.

Another important issue that stems from the cultural issues is the difficulty in institutionalization of the organization and other collective expressions of the local Roma communities. Their participation is obviously a decisive factor as it determines a great deal the legitimacy of the intervention and the individual actions. The importance of individuals is evident, while institutions are absent.

Two excerpts from the interviews illustrate the situation:

The issue of representation by various individuals who try to exploit the Roma people. However, there are such groups, Roma organizations for example the Roma network among municipalities. The president was Lampros Mihos. (Informant 5)

In another interview the approach of the same community is described and also the need to develop the necessary context for the effort to thrive is stated:

We are not trying to make a club. [...] They are trying to make a club ... they have not done it yet but it's something that they have been attempting. Because they used to say "It's impossible, no one will accept it". Now they are making an attempt. But they all want to become presidents, they all want to become leaders. It is necessary to infuse collectiveness and show them how

such a club works, co-operation, and that not everyone can be a leader, but everyone will have a certain role. Because what do they think? He will make a club, he will get somewhere for the money. Because everything has a material reward, there is no theoretical framework ...
(Informant 7)

Collectivity is required in order all the involved stakeholders to be represented. The tactic of intervention is based on the bottom-up approach but, as it appears, it has significant deviations depending on the region of implementation, reinforcing the diversification of its impact and its effects.

Commitment obstacles

However, the acceptance of practices and the common objective does not seem to be achieved in all cases and cooperation faces additional obstacles. School units in some cases do not accept the role of partner in the intervention but are limited to the simple role of the receiver of the services and products produced during the implementation of the intervention.

First of all, I came in 2002 and I found in a storage room in the school ... a pile of books which the University had published and gave to the schools as part of the program actions ... These had never been used ... It had never been possible to come and explain to the teachers how to use them, instead they remained... some of them were thrown away, or they were given for recycling, and a sample of books remains as archival material in the school library. In other words, the university did things regardless of the school, as I think, or it planned things in the absence of schools. We had received some help in supporting children with learning difficulties with one or two after school hours, for one or two school years, and once during summer with tutorials for children with learning difficulties to be integrated more easily into the learning process. And this happened very fragmentary, without any effect, nor was it done at the beginning of the school year. And that is why I think it did not have any effect ... even this kind of assistance, the most practical and concrete. (Informant 6)

or in another case

.. there is a lack of co-operation at a level ... at research level. Some research efforts are being made by this group. But what if research results never reach school ... to say that ... you know we did research at your school and what we found was ... maybe we would want to change something there. This does not exist; this feedback does not exist at all, which is a real problem for the school unit that co-operates for a cause but does not participate in it at all, in any way, not even in the sense of knowing the results of this participation.

... Not that it's deliberate, to clarify things here. There is simply no efficiency in intervention when one member does not receive feedback on what has been done and there have to be corrections. (Informant 5)

Both descriptions put the school unit in the role of a passive receiver without claiming more active participation in the intervention. The answers reveal more the problem of roles distribution than issues of communication or even publicity. With regard to the latter, the evaluation reports confirm the adequacy and effectiveness of planning and implementation.

The opposition described above undermines the inter-agency nature of the intervention and concerns the relationships between the different stakeholders and especially the school. It is certainly not independent of the observation mentioned above regarding the development of an external organization whose part of intervention concerns the school unit and its function and the reservations that the teachers express. This is a critical and constant obstacle to the further development of the inter-agency, which, as empirical research shows, has not been overcome.

Theme 5. Perceived impact on the nature of services

The intervention itself has filled a gap that existed in the educational system. This gap belongs to the general weaknesses that the social care of the country has. Greece has a characteristic weakness in social policy in

comparison with other European countries. The lack of institutions and structures to deal with school dropout and with the distinctions in the educational system is a result of the weak social state.

Moreover, the structure and the function of the social care mechanisms is centralist and characterized by an expanded bureaucratic view. More precisely, the educational system seems to have a greater difficulty in accepting innovative actions that do not come from the centralized structured program. At the same time, they view interventions by agencies other than school with great caution.

However, the inter-agency function enriches the traditional structure with different views and gradually integrates schools in collaborations that can be proved more efficient. Particularly in the field where school functions as a mechanism of alleviation and not reproduction of social inequality, the inter-agency approach is inevitable, given the existing weaknesses of the educational system with respect to supervisory tools as well as in specialized know how. School is claimed to exceed the traditional role of a simple user of the services that are developed regarding intervention. It is now called to adopt a more dynamic role in which it takes part in the planning and the implementation of interventions that upgrade a school unit into a structure to deal with the social discrimination and the mechanism to fight social marginalization.

Theme 6. Perceived impact for children and families

The impact of the intervention and the way of its organization is assessed to be important despite the fact that the results do not justify its postponement. More particularly, the structure and the organization of the intervention seems to have raised a fruitful concern for the role of school as well as for the potentials that it has in the reduction of school inequalities and of the role and the need to organize the regional Roma communities. Even more precisely, as for the target population the issue of collective expression is central and the inter-agency form is very useful. This is possible because it is in the position to mobilize several unofficial groups and support the formation of constitutionalized collective expression.

However, based on empirical research and the study and analysis of the evidence, the evaluation report and the other products of the relevant work, the follow-up report of the results of the intervention is missing. After almost two decades of its implementation, even in different organization schemes, there is no relevant research to wholly evaluate the impact. It is not easy, though, to evaluate with evidence the impact in the field of collective expression and the participation of legitimate representatives in the partnership formation of the intervention planning and implementation.

Theme 7. Country specific themes

Empirical research leads to some interesting conclusions regarding the wider community. The characteristics that develop nationwide contribute to this particular field and define it. Basically, they belong to the category of barriers and create obstacles in the development of the collaborations and the well-being of inter-agency.

By codifying these issues, we conclude that:

- Rigidity of teaching materials and authorized teaching tools that are centrally defined and undermine the active participation of schools
- Funding gaps annul the project and the form of the inter- agency scheme
- Participation motivation of teachers as active members of the partnership
- Fragmentation of the intervention is apparent
- Discriminations and exclusions because of stereotypes at a local level
- Lack of a unified role of local politics
- Inability to constitute a body for the target population communities

These peculiarities set obstacles in the development of a network of agencies that develop interventions and serve common aims together. They also explain the need to run schemes like the case study we analyze, which organize an up-bottom approach. Feeble participation of communal organizations is noted, as the domination of official bodies, basically of the state and the central mechanisms imposes terms and operation rules that facilitate their active involvement.

5. Concluding statement

In conclusion, the case study with the analysis of the evidence and the interviews leads easily to several conclusions on how the inter-agency nationwide and in this particular case.

The form of inter-agency regards the organization of complete agencies so that children from Roma communities can smoothly enter in the educational system. The intervention organized within this framework has multilevel actions in which a great number of bodies mainly from the public sector and the local authorities as well as individuals participate. A central role in this organization is played by the University that takes on the responsibility to devise the action plan and at the same time handles the total of the work budget.

The partnership in this inter-agency scheme is reinforced as regards the functionality and the effectiveness basically because of the will of the bodies that support it. This happens because of the importance of unofficial relationships and goals but also because of the institutional weakness of the coordinator to impose itself on other parties.

The domineering position of the University sets it as a regulator of the relationships between the partners, but again it is noted that the particular priorities of other partners significantly affect the degree and the kind of participation in the intervention and, therefore, the collaboration with the other partners.

The general view of the intervention is positive and it has a wide acceptance, mainly because of clearly defined goals. There are, however, some tensions and concerns that are fomented by the organizing culture and the content of individual roles.

The collaborations developed fill an important gap in the field of social care without changing its residual character. The legitimization of the intervention may reinforce the prestige of the actions.

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ITALY

Inter-agency coordination of services for children and families in the Municipality of Reggio Emilia

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1. Background

The reasons of the choice as a successful case

The city of Reggio Emilia is characterized by a medium-sized, urban context where the percentage of foreign citizens is less than 17% out of a total population of 171,491 inhabitants.

This figure that is so clear in its complexity can be interpreted in the light of an institutional and cultural system, which neither hides nor cancels the critical issues but welcomes and valorizes the multiple cultural resources available.

The intercultural landscape is composed of 110 different nationalities and foreign children aged 0-5 in the municipality of Reggio Emilia represent 25% of the total population in the same age range. In 2016 the municipality recorded 1,541 new births and 40% of these children were born to couples where at least one of the two parents was not an Italian citizen. In this framework there are a lot of children who were born and raised with multiple cultural background, foreign children aged 0-6 who access the Reggiano educational system represent 11.9%.

In the different evidence collected during the interviews conducted for the research, transversally arose reference to a sort of historic-genetic heritage of the community that fosters the relation with the others: *“the exercise of breaking down walls and to be able to find integrations is in our DNA”*, stated the pedagogista of the municipal Preschool at the Loris Malaguzzi International Centre.

This DNA is the output of a long-lasting story and finds its fundamental molecules in the concepts of citizenship, participation and right in its broadest and highest meaning. The Councillor to the International City underlines how the identity of this territory, its partisan history made it deeply aware of the value and the strength of the collective action for the community's well-being. Reggio Emilia was able to recognize as value the person by giving at the same time meaning to its full citizenship under which it belongs to and immediately participates in the development of the community.

In the Seventies in Reggio Emilia, like in other countries, it was an era of great cultural ferment, of renewal of all the social, cultural, and educational institutions. In this climate mental hospitals were opened and this became an opportunity to reason on the topic of inclusion since, as the pedagogista underlines,

It created the conditions of cultural exercise, of mental exercise, of possible interpretations (...) the exercise of breaking down the walls so as to be able to find integrations.

Those culturally fruitful years enabled to generate a vision which structured the relation among social, healthcare, educational, and cultural services by nurturing and strengthening the organization with values that characterize it still nowadays. In those years the innovating thought of Loris Malaguzzi in terms of children's citizenship is embraced by the Public Administration that decides to invest in the preschools and in the infant toddler centres.

A courageous and responsible choice of the Reggiano policy-makers that expresses a clear and far-sighted position as for the current legislative proposals, like the “Ius Soli”, which provides citizenship to children born in Italy and has not approved in Parliament yet. Including children, acknowledging them as citizens, holders of rights and co-participants in the development of the community becomes an institutional, educational and political choice. According to this choice, the investment in the educational system has a return in terms of cultural and social assets for the city and valorized in the system.

This is the starting point of a long story that continues to be written every day in Reggio Emilia and that is inspiration for the national and international context of early childhood services. Furthermore, it should be emphasized the original uniqueness of the Reggio Emilia Approach, which interprets in its own educational project learning as an act of participation children can access through “the hundred languages” used to express themselves.

The infant toddler centres and preschools of the Municipality of Reggio Emilia “are not any schools” and contribute to identify this reality as a case study being strongly representative places with multiple ways and meanings through which the concept of inclusion is included. It is linked to the value of participation, fundamental identity indicator of the Reggiano educational project going beyond the concept of integration towards the principle of not excluding anybody.

These institutions overcome the foreign/Italian dichotomous perspective by putting the person at the centre of participation dynamics always supported by paths directly involving children, their families, teachers, and more in general the city.

The infant toddler centres and preschools of the Municipality of Reggio Emilia were born from an act of participation, of solidarity, of co-responsibility made by men and women who, immediately after the Liberation, decided to build a new and different school for their children by professing a powerful trust act for the future. The social management, out of which many Reggiano schools were generated, is expressed even nowadays through the Childhood-City Councils, bodies of democratic participation in every infant toddler centre and preschool, composed of parents, teachers, and citizens.

The Childhood-City Councils are political laboratories where democratic practices are developed to elaborate a cultural thinking about the educational services, but not limited to this. Privileged contexts of meeting, dialogue, and exchange between the city and the school, which are configured as places of cultural socialization. Schools are experienced by all parents like “hub services” where they are aware to find answers, where they are welcomed and listened to, an open approach to solidarity keeps in connection the different educational, social, healthcare, and also cultural services offered by the city.

Out of the evidence collected we can deduce how the intimate dimension of the Council allows to “*turn institutions or services in resources through the people inside the school*”, assigning thus to this body “*a mediation role and function*”² so that parents can experiment relations in a safe context. Starting from the school year 2017/18 we started an experiment: I-Consigli, a web platform designed thanks to the contribution of parents with expertise in collaboration with Reggio Children s.r.l to support and foster remotely the participation dynamics developed during the face-to-face meetings of the Councils.

Even before the big migration phenomena that occurred in a massive and diversified way starting from the Nineties, Reggio Emilia was able to deal with inclusive approaches and experiences that enabled it to generate a political and cultural vision that subsequently gave rise thanks to an ethical approach to the migration phenomenon.

The rationale behind this expression is highlighting how the dimension of the dignity of the person has been always acknowledged and affirmed in the right of citizenship and participation of everyone in the development of the community, above all of the frailest subjects.

In the volume “*Five minds for the future*”, Gardner³ describes Reggio Emilia as an example of ethical community; he supports in different occasions the idea that the city is deeply involved in the educational system and how the community is a unique learning community. Furthermore, there is a deep commitment in favour of children’s and families’ rights, regardless their conditions or origin.

Finally, Reggio Emilia is a city experimenting its own intercultural identity also in being a member in several national and international networks, among which the network “*Intercultural cities*” promoted by the European Council and the national network “*City of the Dialogue*”, composed by intercultural cities inspired by the above mentioned European initiative.

² Source: Pedagogista of Istituzione Preschools and Infant Toddler Centres of the Municipality of Reggio Emilia, coordinator of the Preschool Iqbal Masih

³ Gardner, H. (2005). *Five minds for the future*. Cambridge, MA: Harvard University Press.

It participates also in the programme SPRAR (The Protection System for Asylum Seekers and Refugees), the first public system to welcome asylum seekers and refugees spread out on the whole of the territory, which involves the central and the local institutions from the perspective of sharing responsibilities with the Ministry of Internal Affairs and local authorities.

Sources of funding

The Municipality of Reggio Emilia directly invests resources of its own budget in educational and social policies, benefits of public funds according to the national laws and integrates further resources by receiving EU funds thanks to specific projects. The Infant Toddler Centres and Preschools are funded with municipal resources; the families participate in the expenditures by paying a fee according to their income. Furthermore, the Istituzione can benefit of other resources allocated by the local stakeholders like several foundations and Reggio Children s.r.l, but also by the Region Emilia-Romagna.

Following the recent adoption of the Leg. Decree 65/2017 established a 0-6 integrated system, the Central Government set further resources that shall be directly allocated to the municipalities according to criteria discussed at the State-Region Conference.

For the healthcare services the state law determines the healthcare needs every year, i.e. at the overall level of the resources of the National Healthcare Service (SSN) funded also by the State. The allocation of the resources is proposed by the Ministry of Health and discussed at the State-Region Conference. The Regional Authorities then allocate according to the precise parameters, the financial resources to different companies that use them to grant citizens the essential assistance levels.

Aims

The integrated vision of the person/citizen - every service to individuals, differing in its specificity, refers to and finds its goal and value in acknowledging people of non-Italian origin as citizens who belong to and actively participate in the development of the community. For this reason, all services that do not follow a welfare-based logics focused on the need but move according to the perspective of recognizing the citizenship and the right to people/citizens so as to promote the transformative supporting processes towards a progressive autonomy and emancipation.

This dimension of care validating the complexity of the person and the need of having a time to construct the participative opportunities, finds possibilities in the continuity between infant toddler centres and preschools of getting access to a consistent experience in terms of values and meanings connected with the participation of children and adults in a uniform pedagogical project. This allows pedagogistas to:

(...) reason about taking charge not following a need but so as to grant a right, to foster the interaction because the vision about the need lead services almost in all cases to give in to an economic approach: this is my budget and I can do this... which is a short-term vision because money is never enough... We are so fortunate in our everyday life with children to see such a perspective and to share it with the families and they feel it deeply because this is the feedback we receive during the meetings we have for the transition to the primary school (...) the dimension of complexity that doesn't get lost, that maybe they don't recognize at first or don't know (...) this gives us the individual in his/her entirety because you welcome him/her due to his/her rights and not simply due to his/her needs.⁴

From this perspective the entire system, through the multiple interlocutors, is responsible in a differentiated and integrated way of children and families by fostering a holistic approach since, as the

⁴ Ibidem

Head of the Department of Neonatology of the Hospital Santa Maria Nuova of Reggio Emilia, points out:

The attention of services as taking charge is extremely careful and attentive in dealing not only with the problem of children but also of the family, and of the social context it is to find”; “systemic approach, which is also the approach of the infant toddler centres and preschools of the Municipality of Reggio Emilia.⁵

2. Research methods and data analysis

The research study relies on multiple investigating methods:

- Research and documentary analysis:

We analyzed institutional documents of a different nature useful for the research to rebuild the specific historic-cultural landscape and to identify the key informants to interview.

We took in consideration national, regional, and provincial legislative sources regarding immigration in connection with the services highlighted as meaningful by the research.

To these sources we added demographic data and the distribution of the enrolments of foreign children in the educational services, then the organizational charts of the institutions participating in the research.

- Interviews and analysis of contents

Three focus groups were conducted:

- With a group of pedagogistas⁶
- With a group of teachers with the pedagogista of the preschool Iqbal Masih
- With a group of parents

In addition, 10 individual interviews were conducted with institutional representatives from the different areas: social, educational, healthcare and political (see Table 1).

The guidelines for the interview designed for the research were structured on three key topics which are inter-connected:

- the representations of the respondents on the object of the case study;
- their professional experiences;
- their reflections and evaluations on the working practices where they are involved.

The original comments have been edited and integrated, if necessary, so that the specific issues related to the professional role of everybody can arise.

As for the focus group, it should be specified that we identified the pedagogistas whose preschools and infant toddler centres have the highest rate of children of non-Italian origin to be able to investigate how the intercultural issue is experienced in the different schools by keeping a broader vision on the synergic collaboration among the services.

We deemed useful to have a focus group with the teachers and the pedagogista of the preschool Iqbal Masih⁷, since it is the municipal service with the highest rate of foreign children enrolled, who have many different cultural backgrounds. This helped us to investigate how the values of the

⁵ Source: Pedagogista of Istituzione Preschools and Infant Toddler Centres of the Municipality of Reggio Emilia, coordinator of the Preschool at the International Centre

⁶ Pedagogistas of the Pedagogical coordination staff of the Istituzione Preschools and Infant Toddler Centres of the Municipality of Reggio Emilia

⁷ The preschool Iqbal Masih has 43.6% of foreign children enrolled.

Reggian educational project are daily translated into the school experiences also in relation with a diversified population from the cultural and linguistic point of view.

Then, as planned in the research project, we had a focus group with parents chosen by some of the above-mentioned schools to find out more about their lives and experiences of participation they experimented along with their children in the schools.

The audio-recorded materials were transcribed and made the object of analysis in terms of emerging contents.

3. Logic model

The ethnographic landscape target of the research

The main reasons that in most of the cases underlay the migration phenomenon concern on the one side the survival (refugees and asylum seekers), on the other seeking an improvement of one's own social-economic conditions.

From the beginning of Nineties, the migration phenomenon has been strongly modified and differentiated for both the populations involved and the ways it occurred. If at the beginning there was a migration of a predominantly male population that laid the foundations for a subsequent family reunion, nowadays the entire household moves without any particular project or intent except to leave their country of origin. To this already very delicate and complex framework, we are experiencing nowadays the dramatic situations of the refugees and asylum seekers escaping the conflict zones.

The Municipality of Reggio Emilia and the structure of the Services

The case study is composed of the analysis of inter-agency models implemented by the Municipality, in particular of the educational and social services by interfacing with the AUSL of Reggio Emilia, which is the reference interlocutor for the healthcare services.

For the Health Care System we interviewed the people in charge of the particularly meaningful departments for the research target: neonatology, hospital pediatrics, and family paediatrics. As for the Municipality, we interviewed Istituzione Preschools and Infant Toddler Centres and the Social Services in their interaction with their reference political class and with AUSL. The political references have been identified for their skills in relation with the study in question. Along with the Mayor of Reggio Emilia, and ANCI reference⁸ for intercultural issues, the Councillor to the International City, the Councillor to Education and Knowledge, and the Deputy Mayor, responsible for Social Policies, Work, and Healthcare. The (educational, social, healthcare) offer different opportunities for the families with children aged 0-6 of non-Italian origin, aimed at specific purposes to enhance the services for the citizens.

The Municipality of Reggio Emilia established an *Ufficio Informazioni Stranieri* (Information office for Foreigners), a first help desk dedicated to Italian and Foreign citizens offering a wide range of services: from legal advice regarding immigration to the support to fill in the different forms; information about the paths that can facilitate the search of job, of a house, of any host facilities and services proposed by the different stakeholder located in the area.

Through the social services it is possible to get access to easements that can be characterized by different types of economic and housing support. Such a support is integrated by backing and cultural mediation paths with the aim of constructing, along with and around the migrant family, a proximal network able to back the frail core to achieve a progressive emancipation of the service. A further commitment of the social services concerns the delicate foster issue that involves the unaccompanied minors or temporary removals from families living in highly disadvantaged conditions.

⁸ ANCI (National Association of Italian Municipalities)

The municipal infant toddler centres and preschools grant educational services thanks to which children are provided with the possibility to socialize and learn in rich and stimulating contexts. Moreover, these services represent a support for the families who do not have other resources available that can take care of their children and so appreciate, beyond the normal opening time, the possibility of having available an additional time in the afternoon subject to a further payment of a fee. This is the same for everyone and is added to the regular fee that is commensurate with the economic standing of the household.

Families are comprehensively informed through communications that they receive directly at home when they enroll for the first time their children. These communications are in several languages (Arabic, Chinese, English, French). Parents can be supported while filling in the online enrolment forms by the operators of the School Office and can be also supported by a cultural mediator by prior appointment. Finally, they can send their enrolment form from many stations that are widespread in city public places: libraries, Enrolment Office, city spaces.

However, infant toddler centres cover 44% of the population with 1,631 places for the 3,711 children living in the city with this age. As for the preschools, schooling rate is 90% with 4,477 places for the 4,961 children of this age living in the city.⁹

This opportunity is integrated by two further projects with a particular educational value and are in collaboration with the Interculture Office of the Municipality and the Istituzione Preschools and Infant Toddler Centres: “Mamme a Scuola” (Moms at school) and “Crescere Insieme” (Growing together).

In the project “Crescere Insieme” parents with children younger than 1 year old (who do not attend an infant toddler centre) are given the opportunity to participate in a round of 10 meetings to experiment - children and parents together - the spaces of an infant toddler centre and build up social relations.

The infant toddler centres are public place of the city, spaces equipped and designed for early childhood, meeting places among parents and of exchange between parents and qualified professionals where a culture of childhood is daily elaborated, a culture which is the heritage of city community.

In this initiative, teachers welcome the group of children and parents and assure the continuity of the experience. Some hours are dedicated to some formative meetings engaging some professionals working for the educational, cultural, healthcare services and some citizens-volunteers (psychologists, pedagogistas, educators, atelieristas, cooks). They share some ideas and build up a dialogue so as to further investigate topics regarding education, health, and nutrition.

The project “Mamme a Scuola” was started in 2007 by the Interculture Office as an experience of socialization and learning of the Italian language addressed to foreign women. In the course of the years this offer has been progressively enriched with new meanings that brought to the choice of organizing these meetings inside the working educational services in collaboration with the Istituzione Preschools and Infant Toddler Centres. This configuration allows a double learning experience for both the mother and the child. Not only in terms of language training but also of socialization within a rich educational experience for both of them.

As for the AUSL of Reggio Emilia, it is necessary to underline how and how much the granted service are the outcome of regional healthcare policy that does not impose any obligations of submitting documents concerning the legality of their residency to access these services and furthermore states that the access to healthcare facilities doesn't entail any notifications to the judicial authority. As for this issue, the Region Emilia-Romagna - markedly committed to foster the integration of “the new

⁹ Data about the Public Integrated System related to the school year 2017/2018; the Public Integrated System monitored by the Istituzione links municipal infant toddler centres and preschools, infant toddler centres with a special agreement, state and private preschools belonging to FISM (Italian Federation of Nursery Schools).

citizens from all over the world”¹⁰ - has provided indications to the Healthcare Units since 2009 so that specific signs of reassurance should be hung in the access points to the services. This mandate results operationally in the practices carried out by the healthcare operators as the Head of Pediatrics of the Arcispedale Santa Maria Nuova:

We don't exclude anyone in our healthcare approach, above all in the emergency department, that is to say we don't ask if an immigrant is illegal or not, this is a rule of our Region (...), Lombardy for example asks for the documentation (...), no nurse at the triage counter asks people if they are regular or illegal immigrants; our Region told us not to apply any type of filter.

Besides the usual hospital wards and the family pediatrics, a “Centre for the health of foreign families” works in Reggio Emilia in collaboration with the association Caritas,¹¹ and thanks to constant presence of cultural mediators, addresses foreigners without residence permit not registered in the National Healthcare System by making them available professional pediatricians, gynecologists, obstetricians, and family doctors. Then every fifteen days a social assistant is available and every month a Public Health doctor in the TB clinic.¹²

Inside the Usl (Local Healthcare Unit) and of the Arcispedale Santa Maria Nuova there is a service of linguistic-cultural mediation that by means of specialists offers support to the intercultural understanding and language interpretation if there are patients who don't speak Italian.

Such a service is activated by the practitioner working in the hospital. He gets in touch with the Area managers to ask for the support of the cultural mediator who is a supporting resource for the operators but also a facilitator for the users to get access to the services.

Taking as a reference the evaluation scale of the level of collaboration expressed in the inter-agency practices we note a complex functioning. In this system we can recognize elements related to the coordination, coalition, and collaboration in relation to the differentiated forms of functioning and organization of the work among the different stakeholders. As stated by the Social Services Manager,

There are places which are more structured and also dedicated to the theme of the definition of the priorities... I think of the Zone Plans that is the planning according to which choices are made in terms of resources of social services. Here we have integrated groups between the Direction of the Municipal Services and the Direction of the ASL. Through these groups we consider the priorities, develop the required organizational tools, the investment year by year and then everyone shares these reflections with his service. Then, we meet once again to check situations (...) in everyday life we have dozens of meetings at different levels with different references depending on the themes faced.

Analysis of the Inter-agency Model

Immediately after the Second World War the Municipality of Reggio Emilia, keeping ahead of national and regional laws, chooses to develop policies focused on people's rights - starting from the “weakest” ones. So they build up policies aimed at welcoming and including differences and weaknesses to grant the wellbeing of the entire community: social, healthcare, and educational policies designed so as to be in relation with each other and coordinated. The inspiration and key factor of these coordination and integration strategies of the different policies have always been the municipal infant toddler centres and preschools: labs where to practice citizenship and places of democratic participation.

¹⁰ Source: www.salute.regione.emilia-romagna.it

¹¹The Italian Caritas is a body of CEI (Italian Episcopal Conference, the official assembly of the catholic bishops in Italy) to promote charity.

¹²Clinic dealing with the diagnosis, therapy, and follow-up of active and latent tuberculosis and of the infections caused by non-tuberculous mycobacteria.

The municipal infant toddler centres and preschools were able to embody the value of care and the importance of the relations among people by interpreting child's school attendance as an educational co-responsibility of parents and teachers. The atmosphere of listening, welcoming, and attention characterizing the infant toddler centres and the preschools fosters the encounter among people who - despite the different professional roles, share the condition of being a parent in that context. This supports meetings in a relationship of trust and dialogue that brings people together "beyond the institutions" they represent.

These are places that were able to build up deep relations in osmosis with the city and in synergy with the different institutional stakeholders by putting at the centre children with their rights to citizenship and education. Thanks to this story and knowledge elaborated in the course of the years and daily renewed in welcoming thousands of children and families, the municipal infant toddler centres and preschools of Reggio Emilia have always been a hub prototype able to shape models that we call nowadays inter-agency models and to drive the drawing up of the current regional regulations.

In functioning, the prevailing matrix is the coordination; then issues like the sharing of ideas and resources typical of the coalition but also the belonging to just one system distinguishing the collaboration.

Belonging to just one system is perceived to be a widespread feeling among the professionals even if they report to different agencies; people are aware of the value of the network interdependence and this leads to seek for formal and/or informal forms of collaboration. This structuring is made of organizational habits that partially depend on a cultural system precisely oriented to the ethics of co-participation:

The particularity of Reggio Emilia is that we have a real solidarity-oriented system because services are either services on a network relying on set procedures (...) or we aren't on a formal network but we are all connected through the working practice.¹³

There is also an operational need in terms of sustainability of the service by offering effective supports against poor resources and increasing demands.

Such a complex organization is granted by an orientation in terms of values that characterizes its functioning, as it is described by the Director of the Istituzione Preschools and Infant Toddler Centres when she speaks about the relation among the subjects:

Every one of us has very precise references, nobody is alone in facing these situations (...) we interact with each other (...) so if such a response is given is due to the sharing of a vision and of a city policy that embraces us all even if everyone of us acts in his specific area.

Features recognized and also shared by the Head of Pediatrics, who highlights how the intertwining and the subsidiarity of the services is a structural and identity component:

There is a tradition, a sort of brand, what distinguishes us, I think, is the network, that is to say the healthcare area always collaborates with the social network.

4. Themes for in-depth analyses

Cultural historical framework

This composite organizational structure naturally ready to create a network among the different subjects has a double origin. On one hand, a local history that in the course of time allowed the shared construction of a cultural vision able to give identity and structure to the services. On the other, the need to face an extremely complex and articulated phenomenon like migration, that helped to

¹³ Source: Head of Pediatrics of the Arcispedale Santa Maria Nuova

keep the services despite the organizational resource they have available no matter what the real needs of the users are.

A municipal governance that does not impose instructions to implement but conveys a vision able to support

Support thinking services and that further elaborate operational strategies since rather than a model there is a style putting at the centre the individual, a culture orienting the actions to a certain direction and there is not a charitable culture of respect, of welcoming, of vision, of equality, and of rights of people.¹⁴

From this perspective, the challenge of welcoming people coming from different countries recalls the idea of a global citizenship and of anthropocentric policies aimed

To work according to an intercultural dimension which is nowadays an unavoidable condition to speak to the entire society... and this doesn't mean to design services dedicated to immigrant citizens but accompanying in the construction of a new concept of community capable to valorize the different origins and to share the rules to live together, starting at first by respecting our constitutional rules.¹⁵

Reasons of the success: perception of the facilitating aspects

Political choices: guidelines and consistent actions

The intercultural dimension becomes the interpretation key of a social, rich and diversified context where the multiple levels concerning the services to individuals in their whole, so, as the Mayor states:

The transversality is an unavoidable element and cannot be approached only through the cultural mediators... Essential role but they should be coordinated by a uniform policy.

The Municipality of Reggio Emilia has made the political and institutional choice of developing the intercultural projects inside a Department, unique in Italy, dedicated to the International City, which is to understand as a strategic area, competition and social innovation to elaborate policies for a solidarity economy, social housing, interculture.

This strategic choice allows to the Municipality to monitor, coordinate and support paths developed through an analysis of the territory both in terms of identification and capitalization of the available resources and in terms of interpretation of the needs along with subjects who co-participate at different levels. This mission is described by the municipal official as follows:

I work in an office which is defined within the strategic area of the policies (...) people who work here are in charge of studying, observing the territory and the services it offers, the changes occurring in the city and reasoning how to structure offers that can fill in any gaps or how to increase and enhance the existing possibilities. The office works like a lab where to make experimentations and if it works, these experimentations turn into projects and become almost a structural scaffolding of policies.¹⁶

Political consistency and service structuring

The element that facilitates and supports the collaborative projects offered by the different services is also given by political references giving clear guidelines:

¹⁴ Source: Deputy Mayor

¹⁵ Source: Mayor of Reggio Emilia

¹⁶ Source: Official of the Office for the policies regarding solidarity economy, social housing and interculture of the Municipality of Reggio Emilia

The guidelines upstream are pretty clear so they allow to have immediately an organic structure for the official.¹⁷

It reflects the interdependence created at different levels in the involved services:

This City Council aims to collaborate, the Councillors meet and speak together (...) the positive aspect is that also the political level is aligned with the potential collaborations. They perceive themselves being to service of the city, so this arrangement breathes new life in our work and helps us doubtless to make it more organic.¹⁸

Practices of co-participated projects to improve services

An example of this process shared by the official is an important project whose development summarizes and expresses the organizational model of this service:

Since 2009 with the table "Diritto di parola"¹⁹ (Right to speak) we have started to reflect on what we had available and potentially what could be missing and what we could offer more (...) this table is composed of different associations, cooperatives, and bodies belonging to the rich fabric of the city. We share all together thoughts to create this macrostructure once we collect some clues and ideas.

Supporting the participation as act of construction of citizenship implies the access to meaningful cultural experiences where learning Italian is a virtuous pretext to know services and opportunities that the city is offering.

We promote then a co-participated reflection of the involved public and private stakeholders that contribute in noting the opportunities offered in the territory to understand together how to implement the proposals in terms of effectiveness and efficacy:

At some point we realize that many services propose some experiences, all of them really interesting but that could potentially collaborate to create something even more interesting.²⁰

On the one side this allows to have a wide and precise mapping giving useful indications to prefigure services which are even more proximal to the real needs of the families since it enhances the offers by interweaving different projects from a perspective of tension to the constant improvement. Furthermore, it is possible to have clearer responses to any gaps or lacks in the range of services proposed but also to avoid waste of resources in pursuing essentially similar projects.

Participation as a resource to support motivation and trust among the stakeholders/bodies

This project strategy acts substantially from the social basis so supporting an original participation and the commitment of the involved stakeholders that are not only limited to carry out something but they are engaged in interpreting a co-constructed project in order to grant its strength and functioning.

This practice fosters trust in the municipality, it fuels the motivation of the different stakeholders that participate in creating and supporting an original interpretation of the offer proposed:

¹⁷ Ibidem

¹⁸ Ibidem

¹⁹ Diritto di parola: a social, solidarity, and cultural system composed of associations and school institutions - Centro provinciale per l'Istruzione degli adulti (i.e. the public school), Centro di solidarietà di Reggio Emilia Onlus (Ceis), Centro d'incontro Reggio Est, Città Migrante, Federazione italiana lavoratori e famiglie (Filef), Aps Passaparola, Accademia di Quartiere (Accqua), Cooperativa Dimora d'Abramo and Centro Interculturale Mondinsieme, along with the Municipality of Reggio Emilia - dedicated to the development of the projects of language integration.

²⁰ Source: Ibidem

The meaning is to make the territory feel it as its own (...) exactly when a project is carried out with an intrinsic naturalness... If they feel it as a top-down project, they are all extremely careful.²¹

Trust: a resource validating collaborations among multiple professional roles

The respect and trust occurring among several stakeholders who collaborate but also the possibility of accessing to specific competences that are mutually acknowledged, are facilitating conditions for the operators from different institutions and rich and proximal service opportunities for children and families.

An example is the project “Mamme a Scuola” in collaboration with the Istituzione Preschools and Infant Toddler Centres and the intercultural polices as described by the official who followed this initiative:

We asked for help to the structure capable to take care of the age range we don't interact directly with but only affect since we meet their mothers, so we cooperate with several services to achieve a common goal.

In the first experimentation of these projects, many women who participated brought their own children. This unexpected event was welcomed as an opportunity to rethink the initiative so that it could offer also to children a meaningful learning experience. This highlights how different services are able to pick up integrated opportunities for the household in its whole recognizing those subject who within the system have specific competences. This ecological approach promotes and supports citizenship paths, which apply to all services.

To have clear in mind one's own institutional mandate, to recognize that in order to carry it out in the best way possible and to offer useful supports to children and families, you need to get access to multiple competences. This represents for the professionals the opportunity to cultivate one's own professionalism by interweaving it with other knowledge.

Multi-professionalism as a quality element of the services

The formative dimension of the professionals indirectly qualifies the global quality of the measures applied on the household and on the way the individual operator is carrying out his work autonomously and in relation with the others:

Sharing at professional level supported and supports me even nowadays in proposing some projects, some lines of development in reasoning about the experimentations. So, I couldn't do my work without sharing (...) I cannot have all these competences, it would be impossible and not real to deal with this area of the city, I should be able to relate to the people who are doing it.²²

Institutional mandates and professional identities

An awareness which is applied also to the way of living - through one's own profession - the wideness of the migration phenomenon affecting the daily life of the different services, which is summarized in Dr. Amari's words:

I run a service with an impact on the world of immigrants and on the inclusion without wondering 'what is inclusion'?

This interpretation reminds us the relevant magnitude of the social changes of these past years when the migration flows have so much increased that in the hospital wards you can see every day many of

²¹ Ibidem

²² Ibidem

people coming from foreign countries. However, this shows also an interpretation of this taking in charge linked to how the professional mandate is carried out:

I was compelled to find out a mechanism to use in treating the patients in an effective way otherwise I cannot treat them (...) in my case I consider it as an enrichment (...) I feel obliged in my profession (...) I have to adapt the simplistic standards that our traditional medicine always taught us.

Cultural supports

Also in healthcare services, even if they depend on a regional institution, we can find consistent political, ethically oriented indications that are offered along with the supports to professionals:

Complementing some regional intents that were declared we have some warranties (...) of highest level; also as for the problem of the language barriers we can access 24/24 h, at least on the phone, to many different cultural mediators we can rely on for many years. (...) The cultural mediations are outsourcing services, external agencies grating cultural mediation without any problems.²³

Professional development for the operators: ad hoc and multidisciplinary

In this case the concreteness of the professional experience can have a formative value since it has a meaning derives by its real connotation and is ad hoc, as the Director of the Istituzione Preschools and Infant Toddler Centres highlights:

An important, formative possibility is 'to speak with' a family, with the mother of a foreign child because it is worth thousand times more than the thoughts we share about to welcome them.

This thought is supported and amplified by the Head of Pediatrics who underlines the value of a deeply ad hoc professional development:

'Learning by doing' where all the operators discuss all together of that case... the operators working inside, in the social services, the teachers... and you learn from every single case for the following one.

This allows to pick up the complexity of particularly difficult working practices but also to validate some representations concerning one's own professional experience, as the Head of Pediatrics drastically concluded:

What you need is to work side by side with the people with more experience than yours and see how communication is engaged... above all to elaborate your own 'measure' and when you don't feel it, change place.²⁴

Planning these moments is conceived and shared upstream pursuing the goal and being aware of giving value to the multiple perspectives by listening to learn in a shared way, so that everyone can contribute with one's own critical issues and viewpoints.

To recap, it is possible to identify the support that can facilitate an ad hoc and multi-professional training, based on concrete cases; that can add value to the multiple competences and professional cultures by offering possibilities of growth to the operators, a higher understanding and sharing of the operational choices and globally taking in charge the household. On this basis, the formative occasions are worth and effective if:

The professional development engages all together so that everyone feels to be connected.²⁵

²³ Ibidem

²⁴ Ibidem

²⁵ Ibidem

Multiple perspectives to understand the decisions of other bodies/institutions

Putting together different professional skills is a necessary, but not sufficient condition, if it is not supported by a network and a listening practice that values the individual and the relationships, as the Director of Istituzione Preschools and Infant Toddler Centres states, so:

(...) meetings with other services always construct a different perspective about things at personal and professional level (...) that is to say the dialogue among the services always takes place among people... it is fundamental.

Building up relations to better understand through others' views, perspectives and knowledge in order to understand everyone's difficulties, the most effective strategies and to give relief to the operators from the sense of frustration regarding the choices made by others like for example, as suggested by the Head of Neonatology, the judgments of the Minor's Court. On these occasions the staff of the different services should follow the provisions of an external authority even if someone does not share sometimes the choices imposed. In these cases, the possibility of more deeply understanding legal aspects and sharing them with the working group prevents the feeling of powerlessness of the individual operators.

Obstacles and how they are faced

Legislative mechanisms and speed in social changes; the stability of a culture

The Councillor to the International City summarizes the current situation by highlighting how:

As for the increasing complexity given also by the speed of the people moving in comparison to the capacity of issuing laws but also to the capacity of the services to adapt (...) remaining engaged on the fundamental principles like the value of participation, the right to education to the child and on the educational and also political role of the educational system.

Network as need and a resource

The critical issues to cope with are many, diversified and related to causes of different nature. A migration phenomenon so massive and complex created difficulties in the services whose possibilities are compromised both in terms of economic availability and of human resources because:

In this moment we are working with the same economic resources of five years ago with an increase of foreigners also with particular legal features... this means overloading the staff and offering less... on the one side it triggers the need to be connected (...) but it is really more tiring.²⁶

Volunteering

The network is a winning tool to lighten the load that every service should take charge of. However the public resources would not be sufficient without the possibility of relying on an extremely rich city heritage made of volunteers, as reminded by the Councillor to the International City:

Volunteering is surely a pivot of our activity... if we didn't have the world of volunteers, of the associations of the third sector, the intercultural policies would have great difficulties in developing (...) the particularity of Reggio Emilia is that we don't work in watertight compartments but in a network. And the administration acknowledges the work of the volunteers... we are not running on parallel tracks... we are two hands working to construct together the same road... it should be continuously nurtured and recognized.

Volunteering is a representative part of a solidarity city that

²⁶ Ibidem

(...) was able to manage in the last three years the presence of a high number of refugees and asylum seekers by activating a wide-spread system of welcoming unique in Italy because of its diffusion on the whole of the local territory; because of its attitude in facing the challenge of social cohesion and of welcoming by offering inclusion paths in the neighbourhood and in the community.²⁷

Human resources: organizational changes and stabilization of the staff

The issue of the human resources is a problem deeply affecting social services due to organizational changes linked to the stabilization of the staff and of the workload. This brings to a total turnover, so the risk is to have long response times that compromise the synergies created but also the necessary readiness in coping with certain situations of deep hardship. As the reference person of family pediatricians says:

We need quick answers... you should send the e-mail, you don't know when the social assistant will read it, then maybe she will reply if she hasn't be replaced... if she has been replaced, the whole story is lost.

In these cases the educational institutions not only represent a source of data but also an essential element of continuity and connection among the services around a child and a family.

Sharing information and law regarding privacy policy

Sharing information among professionals working in different services is sometimes difficult due to the law regarding privacy policy: the different professionals of the services agree on the need of sharing more information to support this dimension of a useful network. This helps in identifying very early problematic situations and in facilitating preventive actions.

Mobility of people in the territory

This is strongly linked to dynamics of a migration phenomenon characterized by a high mobility of people. This could represent a problem in terms of early identification of complex cases but also a difficulty in supporting the social construction of a network around the household. In these terms the Social Services Manager comments:

What we are trying to do is connecting the single case within a community where there can be resources, opportunities (...) where we can build up supporting connections also engaging other professionals (...) we strengthened the cultural mediators and constructed projects in every single neighbourhood.

We are particularly concerned with the theme of movement of these families, that is to say the various displacements that don't allow to take roots in the territory, in the neighbourhood (...) we are trying to better monitor the territory (...) and we tried to implement strategies and procedures so as to be extremely prompt and timely with our actions.

Cultural competences and use of the services

Despite the supports offered by the language and cultural mediation, a difficulty arises in promptly using these services:

Many immigrants, sometimes due to the fact they don't know this possibility, sometimes for negligence, sometimes because they come from countries where these services cannot even be imagined and they consider the hospital as the only place to have health care services (...) they don't have the capacity of using in a prompt way the urgent services.²⁸

²⁷ Source: Mayor

²⁸ Source: Head of the Pediatrics Unit at the Hospital Arcispedale Santa Maria Nuova

This critical issue is solved partially in the formal collaboration between the healthcare and social services and then educational services contribute to help acting:

(...) as an informative channel of prevention able to highlight risky situations in a structured way even if they are not in the network.²⁹

A topic arising as a difficult target to reach concerns women, who are often in charge of taking care of children.

They do not often have access to possibilities of socialization in different contexts from the ones of the original culture. For this reason we invested in specific projects like “Crescere Insieme” or “Mamme a scuola” that represent an earlier approach to situations but also the possibility for some families to be in relation with each other and so they can support each other.³⁰

Workload of the collaborators

A relevant obstacle is the conditions of the staff who have to cope with heavy workloads while carrying out the normal activities since, as the Head of Pediatrics says, they are overloaded by contextual factors:

I don't underestimate the efforts and I know that who works with me often makes inhumane efforts (...) they are subject to very strong physical and psycho-physical stress. So the relation with non-included can become a very high provoking factor of conflicts (...) when we treat 0/6-year-old children subject to the risk of non-inclusion, we spend much more energy, our workloads are bigger above all in terms of communication acts that sometimes have a therapeutic value.

Stereotypes and prejudices identifying widespread competences

The operators working in the services represent a further problem if they are subject to prejudices since they can become a cause of

(...) poor relational capacity that creates inconveniences and disservices and the weakest are the ones to suffer.³¹

To these aspects we have to add relational skills that do not always rely on empathic communications, so

Operators should be selected (...) for what we may define talent, feel ... it isn't for everyone (...) for example a nurse who isn't good at an empathic and communicative attitude could be effective in the operating room where all patients sleep, the same person in my department would be a disaster, but we hire nurses from ranking lists, not the ones we want.³²

This difficulty is partially solved with the professional development courses covering:

Communication, psychology ... learning culture of single populations to understand specific behaviour (...) we cannot expect to face them with a Western mindset.³³

²⁹ Ibidem

³⁰ Source: Pedagogista of Istituzione Preschools and Infant Toddler Centres of the Municipality of Reggio Emilia, coordinator of the Preschool at the International Centre

³¹ Source: Head of Neonatology

³² Source: Head of Pediatrics

³³ Source: Head of Neonatology

To better understand different cultures and effective communicative approaches, through the strategic resources of the system, emphasis is placed on a professional's competence and not on their particular role.

We should use as a therapeutic tool the person we find with more competences on that situation, on that topic which is not always the one assigned to you by the organizational chart (...) the sort of fluid concept of network we refer to is this one. A network like a spider web capturing who's there and using him even if not 'labelled' (...) a teacher of a preschool for example is very useful especially in the joining actions (...) here we are using her as a nurse.³⁴

Concerns of the users for the use of the services; the school as privileged access

A further question concerning the operators:

The feeling of frustration because we cannot grant to all cases the attention we realize it could be very useful (...) that cultural gap we cannot fill despite this attention".³⁵

Due to an early taking in charge that has been highlighted several times as a priority in this kind of situations, this is often translated in determined contexts in:

An attitude which is almost like a refusal, a fear about the social services (or others) taking action and this creates obstacles without doubts.³⁶

Taking into consideration this framework mainly depicted by social-healthcare services, the participation opportunity offered to parents in the educational experience is strategic; the Childhood-City Councils in the infant toddler centres and preschools play "a role and a function of mediation".³⁷ In these contexts parent involvement was mentioned:

The parents in the Council (...) had a professional role in their life, someone was a mediator, someone worked in the social sector, someone in the Municipality... they indirectly allowed the school and the families to weave some connecting textures (...) so having as a resource these institutions or services through the people who are at school meant to bring them closer (...) by experimenting in the Council a place where you can reduce distances.³⁸

Meetings among different organizational cultures

In the light of the absolute value of the opportunity of comparison with different professionals, we need to notice as a critical issue/challenge the need to dialogue with different organizational cultures is expressed by the Director of the Istituzione Preschools and Infant Toddler Centres:

The languages are very different because the differences are a value but it depends on the range (...) while in an organization you can also rely on implicit thoughts (...) the different institutions have different languages, organizational cultures, ways of workings, priorities, interpretations of the phenomena.

In the light of this superficial fragmented nature the Director states

We do have a driving culture in our services [that allows us to support] the collaboration on the structure of the intervention that should be defined from time to time.

³⁴ Ibidem

³⁵ Source: Head of Neonatology

³⁶ Ibidem

³⁷ Source: Pedagogista of the Istituzione Preschools and Infant Toddler Centres; research expert

³⁸ Source: Pedagogista of Istituzione Preschools and Infant Toddler Centres, coordinator of the Preschool Iqbal Masih

6. Impact perceived on the nature of services

It is really clear how a such extraordinary situation drives the social-healthcare services to rethink about their structures also in light of institutional mandates that more or less explicit:

It is continuously asked to use the healthcare facilities as social shock absorbers.³⁹

The Head of Pediatrics underlines how for example his Department is strongly affected by this kind of request:

The hospital has a system which so similar to a barrack, so we should have strict rules on who can be hospitalized; in the Department of Pediatrics one of the factors related to the inclusion is the use - sometimes not suitable but useful - of the healthcare services as substitutes of turbulent social settings that otherwise wouldn't find a spot. [There is the possibility of] making the so-called social hospitalizations, i.e. we are told that a child has no heating at home, so he has pharyngitis and we don't send him back home. Otherwise he would develop a pneumonia (...) we are the only service, not only in healthcare but also in the social area, which is open 24 hours a day. Even parishes or charities close at 8 p.m.⁴⁰

This is connected with a deep change in the type of the patients hospitalized since the pediatric wards don't only have children with acute illnesses but also 60% with chronic illnesses. Many of them are associated to disabilities (...), now we also have neuropsychiatric patients. This means that we have situations of psychosis that are clearly higher in immigrant children since they experience a cultural shock when they arrive.⁴¹

The head doctor underlines the importance of the provision:

The capacity of treating patients at home depends a lot also from socio-cultural competences that the family has and from the accesses to the services that the family can have (...) the most economic disadvantaged families consider the hospital, the emergency room of pediatrics a certain response and so they come.

Then there is a fundamental and crosswise component that is useful to interpret the real capacity of offering services and finding a compliance:

Most of the expenses in the healthcare sector for children are for the prevention (...) these segments of population, despite the fact that I would define our proposal as optimal: everybody has a family pediatrician but they have to address to him (...) Everyone is offered the possibility of being vaccinated, everyone has the same opportunities of the Italians but our services in terms of primary treatments have a flaw: there is a part of autonomy, these are not services provided to passive subjects.⁴²

Sharing a uniform pedagogical project allowed to the infant toddler centres and preschools to welcome and elaborate the intercultural phenomenon as a complex dimension of the educational experience involving children and adults.

This leads to the interpretation of a school as a public place welcoming the subjectivities brought by everyone. It supports the identifying dimensions of the educational project like the dimension of listening, welcoming, relation and participation through which we build up belonging to the community. As the Director of the Istituzione underlines:

The infant toddler centres and the preschools don't make specific activities (...) we decided to look at the educational project from the perspective of inclusion of all differences (...) because

³⁹ Source: Head of Pediatrics

⁴⁰ Ibidem

⁴¹ Ibidem

⁴² Ibidem

children ask for communication and relation strategies which are per se inclusive while highlighting the specific activity, the specific difference can have sometimes some paradoxical effects. From this perspective, we choose to welcome the cultures through people and so not to have a special practice but multiple ways of encountering the children, the families in order to encounter multiple subjectivities.

The pedagoga of the preschool Iqbal Masih underlines that this provides an opportunity for wondering what new possible communications could be useful in supporting the relation with the families:

(...) by seeking for the fundamental dynamics in our experience.

To implement the values of the pedagogical project of Reggio there is a cultural inspiration that values diversity and the active participation, as the pedagoga of the preschool at the International Centre highlights:

The idea isn't the welfare-ism, a sort of orthopedic pedagogy... as Malaguzzi said... he always invited us to twist our point of view, to elaborate a different vision, to intertwine another condition.⁴³

For this reason, the Director of the Istituzione Preschools and Infant Toddler Centres explains:

The most innovative aspect of our service is to welcome children and their parents, their family, not as foreigners but as subjects (...) and to speak to the different subjectivities which are made of peculiarities of that person whose culture and origin is one of the aspects (...) everyone of us is the representative of one of the multiple variations of a culture.⁴⁴

This strong pedagogical belief allows contextualization of the multiple cultural belongings of children and parents within a consistent framework of senses constructed around the multiple experiences made in the infant toddler centres and preschools.

7. Impact perceived for children and families

The parents interviewed described the different types of economic support such as, for example, the contributions for the rent or some benefits for school services but also the opportunities related to learning the Italian language. Their knowledge about the projects and the services on the territory seems to be fostered by the clear information they have available through both specific informative materials and the welcoming granted in the different educational, social, and healthcare services they are addressed to. The educational services are clearly perceived by families that are aware of the unity of the system keeping together the infant toddler centres and the preschools.

As the Director of the Istituzione Preschools and Infant Toddler Centres highlights the potential for impact:

Having experiences in an infant toddler centre, in a preschool is per se an important occasion of integration, of learning and of acquisition of abilities and competences for the success not only at school but also at socialization level.

Parents trace the integration among the different services also through formal moments that are particularly useful and appreciated, like for example the meetings that take place in the educational services and involve pediatricians, teachers, and parents and are about topics linked to the health, as a mother of the preschool Michelangelo tells us:

⁴³ Source: Pedagoga of the Preschool at the International Centre

⁴⁴ Source: Director of the Istituzione Preschools and Infant Toddler Centres

We had meetings with teachers and with pediatricians to speak of children, their diet, their nutrition.

The participative dimension embraces parents and children together in different moments that range from the experiences proposed in the morning to the class meetings up to more formal moments like the Childhood-City Councils. This wide palette of participative occasions supports the parental role by validating it in the educational experiences at school as pointed out by a mother of the preschool at the International Centre:

My son was really excited (...) it's wonderful that a mother can tell one of her stories, speak of her country, and that friends listen to this story and he felt to be in the spotlight... it was a beautiful experience.

The educational co-responsibility promotes and fosters participation in educational and political institutions like the Childhood-City Councils, as a father of the preschool Iqbal pointed out:

The school isn't a baby-park where I leave my son and I go to work... I'm also part of what is taught, for this reason I became a member of the Council of my son's school.

The importance of this type of participation was noted by a mother of the preschool Michelangelo:

Being Council members is an invitation to everybody... your son goes to school... you have to understand how it works.

This occurs in an atmosphere open to dialogue, welcoming, and listening:

They give you the floor and you say what you think and the others don't look bad to you.⁴⁵

Every one of us is representative of one of the multiple variations of a culture.⁴⁶

This participation by parents is nurtured by a constellation of multiple experiences that mark the path of a participation constructed in the course of the time, like for example the working days during which you take care of the school and of the opportunities offered to children in a context whose value is acknowledged and understood by parents, as a mother of the preschool Michelangelo underlines with emotion:

Children saw us in the atelier ⁴⁷and they were all very happy because moms organized the party and I think that these are important moments for their growth thanks to the collaboration between school and family.

A rich experience that is reflected also in Paola Cagliari's words:

The feedback we receive from parents, including from foreign families, who came to our schools, was about how they have been always welcomed, supported in their task of education of children and they said they found an inclusive place capable of building up relations among people; so a first door of access to the society.

The cultural and social capital elaborated in the municipal infant toddler centres and preschools feeds and enriches in meanings important projects like "Crescere Insieme" and "Mamme a Scuola". These experiences allow the staff opportunities beyond experience that takes place in other Italian cities in different contexts by normally working educational services:

⁴⁵ Source: Mother of the Preschool at the International Centre

⁴⁶ Source: Director of the Istituzione Preschools and Infant Toddler Centres

⁴⁷"The atelier is the metaphor of the preschool giving value to the expressivity and the creativity of everyone and of all the children. It is a physical place in dialogue and connection with the classrooms. A place of experimentation and research, which underscores the importance of imagination, aesthetics, and the theory of the hundred languages." See: Indications. Preschools and infant toddler centres of the Municipality of Reggio Emilia

[They are able] to co-design with multiple professions around an educational context by creating places able to keep together multiple needs because children's needs cannot be overlapped with mothers.⁴⁸

As the pedagoga of the Pedagogical coordination staff of the Istituzione, coordinator of the infant toddler centre Arcobaleno, underlines: "including these families in very daily, familiar contexts" so as to learn that context but also to recognize themselves within a wider community like the preschool's and the infant toddler centre's. Within the educational services their impact can be greater.

*There is the possibility of constructing a long-lasting story for these relationships... you don't perceive the timing, the extemporaneity of that experience but you may breathe a bit of long-term perspective out of which a story can be generated, a story of a community and of belonging.*⁴⁹

These experiences allow parents to access "contexts and situations that enable them to be welcomed and to feel capable to deal with the services"⁵⁰ and often represents for children an opportunity since the participation in these experiences frequently results in an enrollment in the educational services.

The theory of the 100 languages, that supports and qualifies the Reggio Emilia Approach to education, legitimates the multiple accesses to learning experiences and opportunities of expression and relation to the others where the verbal language is only one possibility.

Having different types of participation provides more opportunities for sharing:

*Working as peers, this helps you feeling to be legitimated to share a contribution, an idea that you shouldn't necessarily translate into words.*⁵¹

8. Finals conclusions

The case study highlights the strategic role of the educational services as an incubator of social integration capable to:

*(...) introduce an experience but they make you feel to be part of something which is not only your story, the community you belong to, but which is already an experience of community, a bit broader one.*⁵²

A system embraces a political vision by marking it by means of an educational philosophy which is recognizable and recognized.

*Reggio is well known for this strict binomial of school and health, this means that they give guarantees in this age range, (...) the Reggian approach is well-known for and we simply plug in.*⁵³

Infant toddler centres and preschools as access doors to the civil society and privileged context to engage parents, who are experimenting a trust that enables them to gradually construct their sense of belonging to the community by means of an active citizenship that starts from early childhood services.

Interpreting these places as a democratic space of participation represents an important feature:

An innovative aspect of participated schools like ours, we can have places where 'you can meet with' and where everyone can express one's own differences and with these differences

⁴⁸ Ibidem

⁴⁹ Source: Pedagoga of Istituzione, coordinator of the infant toddler centre Arcobaleno

⁵⁰ Source: Pedagoga of Istituzione, coordinator of the Preschool at the International Centre

⁵¹ Source: Pedagoga of Istituzione, with an expertise in research

⁵² Source: Pedagoga of Istituzione, coordinator of the infant toddler centre Arcobaleno

⁵³ Source: Head of Pediatrics

*contribute to the construction of a project that is for the children and the families of that preschool, of that infant toddler centre but also of the city.*⁵⁴

Furthermore, the relevance for the ISOTIS study is represented by the extraordinary nature of the system:

*[Reggio] keeps the services in one network by putting at the centre of this network children and their families” so “through your child, with your child, you construct your belonging to this community.*⁵⁵

Childhood-City Councils have as a possibility to construct a multiple, variegated thinking thanks to the direct contribution of the people:

*It is one of the important aspects of the policies of the infant toddler centres and of the preschools, but also of the policies of Reggio and it is not speaking about but speaking with. This means that people sharing the same condition - that is to say being parents - can express their thoughts. I don't want to say that the dialogue is easier but has many possibilities of exchange.*⁵⁶

The deeply rooted and wide-spread assumption that “all children living in Reggio Emilia are part of this community and contribute in developing it along with their families”⁵⁷ created the conditions to be able to think at first and then to create then educational services inside the Loris Malaguzzi International Centre that are composed of a Preschool and a Primary school where the Reggio Emilia Approach is experimented up to the age of 11.

This experimental choice represents a big investment at political, educational, and social level. The school complex is located in an area of the city with high rate of people coming from different cultural backgrounds, where population living here always chose to bring their children to schools far away from this neighbourhood.

Nowadays the school at the International Centre represents a model of integration, excellence, and innovation able to boost the values of the Reggian pedagogical project beyond the perspective of and education 0/6 by underlining how the best investment for the future is in children and in their right to education.

9. Relevant websites

www.municipio.re.it

www.scuolenidi.re.it

www.ausl.re.it

www.provincia.re.it

www.regione.emilia-romagna.it

www.salute.regione.emilia-romagna.it

www.interno.gov.it

www.istruzione.it

www.salute.gov.it

www.indicepa.gov.it

⁵⁴ Source: Director of Istituzione Preschools and Infant Toddler Centres

⁵⁵ Source: Councillor to the International City

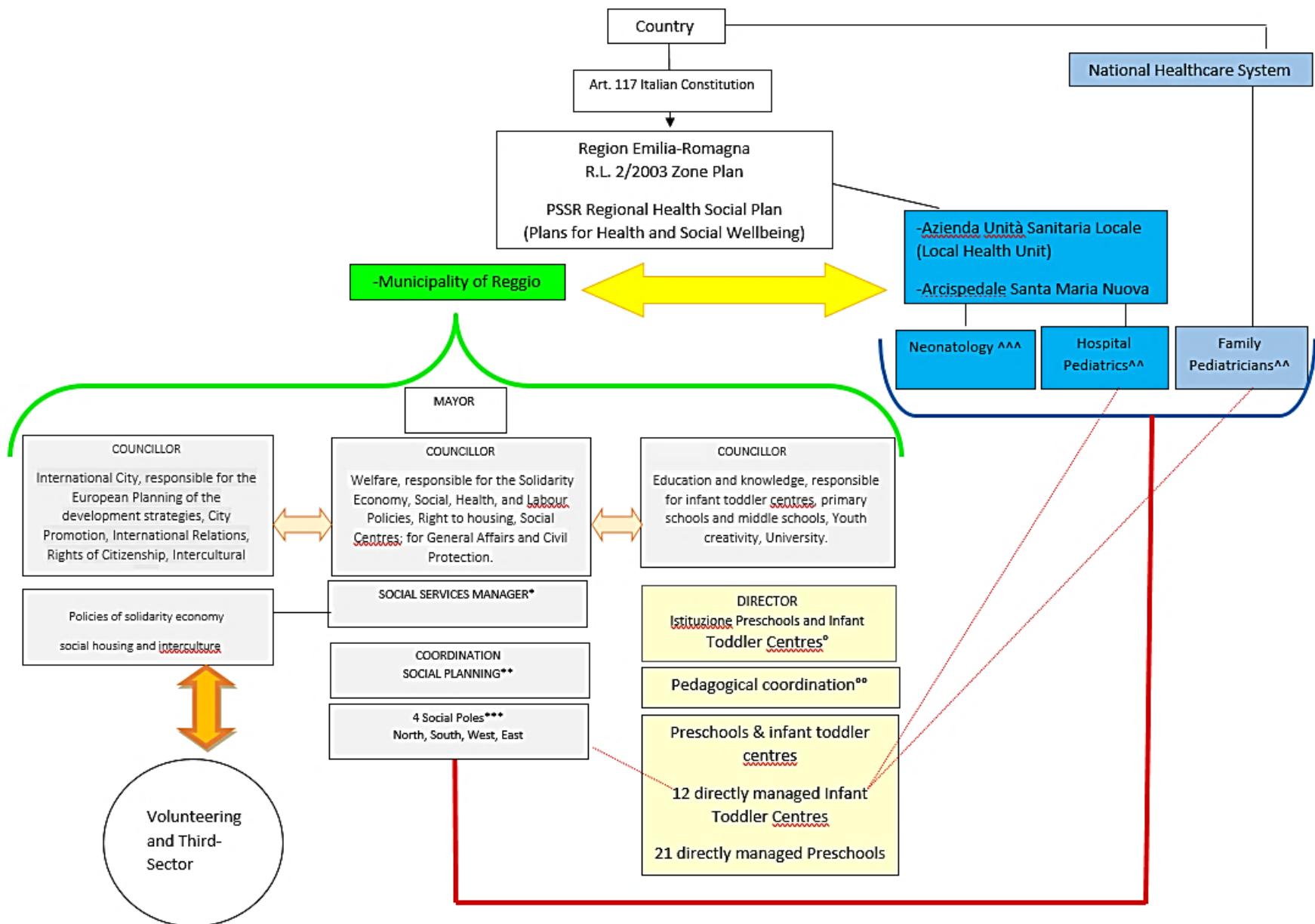
⁵⁶ Source: Director of the Istituzione Preschools and Infant Toddler Centres

⁵⁷ Source: Councillor to the International City

Table 1: Research participants

INTERVIEWS	ROLE	INSTITUTION
Frontline Staff	Director of the Neonatal Unit at the Hospital Arcispedale Santa Maria Nuova	USL
Frontline Staff	Director of the Pediatrics Unit at the Hospital Arcispedale Santa Maria Nuova	USL
Frontline Staff	Contact person for General Pediatricians	USL
Frontline Staff	Social Services Manager	Municipality
Frontline Staff	Manager	Municipality
Frontline Staff	Director Istituzione Preschools and Infant Toddler Centres	Municipality
Policy Maker	Mayor	Municipality
Policy Maker	Councillor to Education and Knowledge	Municipality
Policy Maker	Councillor to International City	Municipality
Policy Maker	Deputy Mayor with delegated powers over Social Policies, Work, and Health	Municipality

Figure 1: Structure of Reggio *(following pages)*



****FUNCTIONS OF THE SOCIAL PLANNING COORDINATION:** coordination of the transversal activities/projects and specifically also of the activities concerning unaccompanied minors, nomads, jail, prostitution; promotion and coordination of the relations with the organizations, the associations, the public and private bodies engaged in the socio-educational and health-social field; valorization of their collaboration and constant update of the area mapping; coordination of working tables; design of the different planning phases linked to the zone plans and other planning levels promoted by the Municipality; transversal investigation and planning activities; authorization, upon agreement with other responsible coordinators of the Pole, for the access or stay in the houses intended to the temporary hospitality of households with severe housing difficulties.

*****FUNCTIONS OF THE SOCIAL POLE:** coordination of all the service activities related to the Pole, like the Desk helping the citizens to access the services and as a place of information, orientation, support for the citizens; management of the team of operators, assignment of workloads and specific projects; participation in the different planning phases linked to the zone plans and other planning levels promoted by the Municipality; transversal investigation and planning activities; authorization, upon agreement with other responsible coordinators of the Pole, for the access or staying intended to the temporary hospitality of households with severe housing difficulties.

°THE ISTITUZIONE PRESCHOOLS AND INFANT TODDLER CENTRES: was established in 2003 as an autonomous managing institution of the Municipality with a pedagogical and administrative responsibility, a real financial budget. The Istituzione, among its objectives, plans, manages, and strengthens all the activities required for the functioning and qualification of the infant toddler centres and the preschools of the Municipality of Reggio Emilia by coordinating all the 0-6 educational policies by means of the Integrated Public System. Through this body the city wanted to protect and innovate the quality and the values of the Reggian educational services.

The constituent bodies appointed by the Mayor are: the President, a Board of Directors, the Director and the Board of Auditors.

°°PEDAGOGICAL COORDINATION TEAM: the pedagogical coordination team is composed of pedagogistas acting as a working team. Every pedagogista coordinates a group of infant toddler centres and preschools thus granting the coherence of the 0-6 educational project. The pedagogical coordination team has the responsibility of the research and innovation - features that deepen and update the founding values of the educational project - and is in charge of elaborating the educational daily guidelines and choices of infant toddler centres and preschools. The pedagogical coordination team plays a cultural and pedagogical connecting role by fostering the educational project at local, national, and international level. They promote and qualify the educational participation along with the Childhood-City Councils, the City Interconsiglio, the Qualification Services, and other resources of the territory school system. Every year, they organize the professional development project for the staff and elaborate it by listening to the arising project priorities in the services and to cultural stimulations offered by the contemporary world.

FAMILY PEDIATRICIANS: Family pediatricians work for the National Health Services and have an agreement with the AUSL of Reggio Emilia. Through periodical check visits (health check), screening, medical visits, therapies required and, if necessary, consultations with clinicians and prescriptions of laboratory tests, the pediatrician works so as to maintain children healthy until they reach the age of 6 or 14 years.

HOSPITAL PEDIATRICS^^:_The Hospital Unit of Pediatrics carries out the following activities: ordinary hospitalization, day hospital, activities of urgent visits for direct access, outpatient activities for the specialty of broncho-pulmonology, gastroenterology, clinic genetics, auxology, infantile surgery, rheumatology.

NEONATOLOGY^^^:_The Neonatology hospitalizes both premature and full-term infants with pathologies.

It is the only one centre of Neonatal Intensive Care Unit (TIN) in the province of Reggio Emilia and, as such, its mission is to welcome all newborns from the entire province in need of an intensive or post-anaesthesia care. It has 18 beds: 6 in the Neonatal Intensive Care Unit and 12 in the Intermediate Care Unit. The hospital stay in the Neonatal Intensive Care Unit is often a very “strong” experience from the emotional and relational point of view, so all the healthcare professionals working in the ward are involved in supporting and giving the responses suitable to the specific requests. The assistance provided is focused on the care of the newborn and his/her family.

THE NETHERLANDS

Inter-agency service coordination to the benefit of disadvantaged young children and their families: the Centres for Youth and Family in Utrecht

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1. Background

The *Centra voor Jeugd en Gezin* (Centres for Youth and Families; hence, CJG) are part of the public youth health care system for 0-18 years. Originally installed for executing the national program of vaccinations, infant and toddler health monitoring through the so called *consultatiebureaus* (well-infant and toddler clinics), the centres gained a more comprehensive role in monitoring child development and child well-being, and in advising parents on child rearing and education, which is reflected in the change of name into Centres for Youth and Families)⁵⁸. The CJGs are located in neighbourhoods, operate in most regions and cities in the Netherlands under the responsibility of the municipal health authority, which are full departments of the municipality council, but they also form a national professional network, with a national centre of expertise (NCJ), that develops its own guidelines, protocols and professional standards. The CJGs are the local partners of youth care, family support and (preschool) education services.

Relevant legislation

Two national laws are most relevant here: The *Wet Publieke Gezondheidszorg* (Act Public Health Care; hence WPG) and the *Jeugdwet* (Youth Act; hence JW), both under the responsibility of a single national ministry, the Ministry of Public Health, Welfare and Sports (VWS). The WPG specifies the basic tasks of the CJGs, which are nationally funded. They include: 1) vaccination, screening, monitoring and early identification of risks within an integral periodical assessment of children's physical, mental, social and cognitive development and wellbeing in the social contexts of family and neighbourhood; 2) education and guidance of parents and eventually referral to specialized care within a framework of prevention, de-medicalization and normalization by focusing on parents' strengths and empowering them; 3) monitoring of and reporting on long term trends in child health and wellbeing, and advising policymakers and local governments on this. The CJGs form a nation-wide universal system, are free of charge, and have a high outreach: 95% to 97% of all parents with newborns are reached. Although outreach to parents with an immigration background or with a low income is reported to be slightly less successful, there are no other social-medical services that also reach out to disadvantaged parents to such a high degree. After the first two years outreach decreases somewhat but still remains high.

At age four, in the Netherlands, the child is introduced to the kindergarten department of primary school. From here on, the CJGs' role is taken over by the school system as a universal service that reaches out to all children, on the one hand, and the school medical service, on the other hand. This school medical service is also part of the public youth health care system and provided by the municipal health authority as well. School medical service involves, next to the final vaccinations at age 11 years, medical examinations and general developmental screening at ages 6 and 11, primary preventative work (e.g., education on health behavior, sexuality, drugs abuse) and, through participation in school- or neighbourhood-based multidisciplinary teams together with representatives of the school and youth care organizations, long-term monitoring of individual children and case management. In this case study, we will mainly focus on services for the youngest children and their families.

The JW specifies the tasks of youth care services, which include preventative activities, more intensive interventions and clinical treatment focusing on family functioning and children's wellbeing, mental health and behavior, and also includes the care for intellectually disabled youngsters and the support to parents who care for handicapped children. These services are provided on demand of the parents in most of the cases, fitting in with the core philosophy of

⁵⁸ Upon conducting the case study, the name of the centres was changed back to *consultatiebureau* ('well-baby and toddler clinic'), however many use the term Centre for Youth and Family (CJG) still.

current youth care (demand instead of supply orientation). Services are also provided upon indication or referral, but parents have to explicitly agree with treatment. The JW specifies the public youth health care and education sectors as natural partners of youth care. The JW was recently profoundly changed, making the municipalities responsible for all youth care services per January 2015 (referred to as the 'transition of youth care'), along with a shift in emphasis from curative to secondary and tertiary preventative work (referred to as the 'transformation of youth care'). This double change in legislation has given rise to the so called *buurt- or wijkteams* ('neighbourhood teams'; hence, BT), which are neighbourhood-based low-threshold multidisciplinary services for parents and children in the 0-18 age range, with referral relationships with a number of organizations in the local-regional context that provide specialized (residential and non-residential) care and clinical treatment. In Utrecht there are two types of BTs: the BTs for youth and the BTs for adults. Whenever children under 19 years of age are involved, the BTs Youth are the relevant service. The transition of the youth care responsibility to the municipalities was paralleled by a major budget cut. A major aim of the transition was also to reduce the macro-costs of youth care.

The complementarity of the BTs with the CJGs is defined as follows. The CJGs provide universal services to all children and parents until age four (after which the school system as universal system takes over and the public health care sector is represented by the school medical service). The CJG service is by many perceived as 'compulsory' (although it is not), likely because of the roots in the medical sector. The BTs provide also a universal service (everyone can make use of it), but mainly *only* on request of the parents when they feel a need for support. There are more services that are currently integrated in the BTs, such as social work and neighbourhood welfare work. Finally, an important component of the complete provision for children and youth, and core partner of CJGs and BTs, is constituted by the daycare-preschool-afterschool care system, the primary school system and the secondary school system, operating under several laws under the responsibility of two ministries, the Ministry of Social Affairs and Employment (SZW) and the Ministry of Education, Culture and Sciences (OCW).

Current case study

The current case study describes the CJGs as main focus of interest, and addresses their collaboration with the BTs and the (early) education system in two disadvantaged neighbourhoods in the city of Utrecht. *Overvecht* is a neighbourhood in the north of the city with a mixed population and mixed housing. There are areas with tall apartment buildings for low-income families and parts with single family houses for middle income families. The areas within Overvecht with mainly cheap apartment buildings are characterized by many social problems (poverty, malfunctioning families, domestic violence, educational underachievement, youth unemployment, street violence and youth delinquency). The population in these areas has overwhelmingly an immigration background (the main ethnic-cultural groups are the Moroccan-Berbers, then the Turkish, then many other nationalities and ethnicities). *Kanaleneiland* is the second neighbourhood included in this case study, located in the middle-west part of the city of Utrecht. Kanaleneiland has also mixed housing and, therefore, a mixed population, though the neighbourhood is overwhelmingly inhabited by people with an immigration background (mainly Moroccan-Berber, but with many more nationalities and ethnicities). Kanaleneiland used to be the worst area of the city of Utrecht in terms of social problems, but nowadays some gentrification takes place and it is Overvecht that is regarded as the most problematic neighbourhood.

The CJGs were selected as case for the following reasons: (1) CJGs represent a *progressive universalist* approach to early child and family support; (2) CJGs, despite the strong roots in the public health care sector, focus in an integrated manner on the whole child; (3) CJGs

have a clear ecological-systems orientation when identifying potential risks for children and when trying to tackle them (focusing on the contexts of the family, neighbourhood, (pre)school, other services, local policy); (4) CJGs work predominantly in a primary or secondary preventative way, try to avoid medicalization and care dependency, and emphasize the 'normalness' of diversity and possible differences in development; (5) CJGs have developed from using a traditional hierarchical expert-client relationship model to using a partnership model in which professional dialogues and empowerment of parents are key strategies; (6) CJGs encompass different services and functions co-located in neighbourhood centres and they are also a central node in a network of collaborating services. In addition to vaccination and physical-medical examination, the CJGs provide health education, screening and signaling of risk factors, monitoring of child wellbeing and development, and home visits to *all* families (early in the child's first year of life) and, occasionally, also prenatally upon indication by the midwife or family GP. These home visits can be repeated several times throughout early childhood if the family circumstances are evaluated as risky for optimal child development.

The schedule of home visits, consultations and child examinations used to be fixed, but in recent years more flexibility was introduced enabling the GJGs to adapt to families' needs, fitting the progressive universalist approach. Number and timing of consultations and examinations is as follows: the first contact is within a few days after birth of the child, when CJG staff visits at home for the heel stick (screening of PKU). The first consultation and examination is at two weeks of age of the newborn child, then and at 1, 2, 3 and 4 months, then at 7, 11, 14 and 18 months, then at 24 and 44 months, shortly before children are introduced to kindergarten (starting at age four in the Netherlands). After that the school medical service takes over and examines all children during primary school at ages 6 and 11 (final vaccination), with one follow-up examination at age 14 during secondary school. This is the backbone of the nation-wide system of CJGs, with some local or regional variations.

Box 1. The *Centrum voor Jeugd en Gezin* in Overvecht.

The Centre for Youth and Family (CJG) in Overvecht has a temporary address for one year. The place where the centre is located is for that reason not easily accessible now. There is no sign on the street. When you near the main building, you can only see a rather small sign behind a window next to the entrance with the name of the CJG in Dutch. The official sign next to the main entrance contains many names, but not that of the CJG. When you enter the building, there is a long list of all the offices located in this building, many of them *not relating* to the CJG. It is not very easy where to locate the CJG.

On the ground floor, inside the building, the list hanging on the wall near the door explains where the offices are located. There is no receptionist who can help you to find the appropriate floor or office. The CJG is on the fifth floor. The name of the centre is on the list, but written in Dutch and lacks a recognizable logo. At the fifth floor entrance to the CJG offices, there are signs in Dutch that indicate the place of each office falling under the CJG. For example, the sign indicates that you will find the CJG for the four to 12-year-olds to the right, the waiting room of the CJG office for the younger children to the left. However, these signs and indications are only in Dutch and there is no receptionist to help you. Only once you are in the waiting room for the CJG, for which you have to pass a closed door first, you will find a reception desk with someone who can refer you further to physician, nurse or psychologist.

There are toys and picture books for children in the waiting room, all in good shape, and information poster for parents, all in Dutch. One exception is a small poster on the wall

translated into Turkish, asking visitors not to bring food and drinks to the waiting room. Someone has added a hand written Arabic phrase, probably a translation of the request. This was the only multicultural evidence as all other information provided was only in Dutch. Non-Dutch speakers and visitors with low literacy cannot easily find where to go as all information is provided in Dutch and there are no receptionists at the entrances. There is some child-friendly decoration in this room (garlands). The atmosphere of the place is peaceful and friendly. The CJG workers are friendly and very willing to help you.

Box 2. The *Centrum voor Jeugd en Gezin* in Kanaleneiland.

The Centre for Youth and Family (CJG) in the neighbourhood Kanaleneiland is located near the public library in a brand new building. At the entrance of the building, you will find a logo and the name of the centre. Therefore, it is easy for parents to find the location of the centre. There is also a sign that shows the direction of the offices of the co-located services in the building. However, all signs are in Dutch. Nothing has been translated into another language and there is no receptionist downstairs at the main entrance who can assist you to find your way. There are posters hanging on the walls with information about the CJG and the co-located neighbourhood dependence of the municipality, called *Wijkbureau*, but also only in Dutch. When you enter the building there are small statues, or big dolls, representing well-known fairy-tale characters, that make the inner space nice, friendly and recognizable for children.

All the offices are on the first floor. When you arrive at the first floor, you can see a sign with the location of each office. The *Wijkbureau* is on the right and there is a reception desk where they can give you information and guide you further. The CJG for children in the zero to four years age range is on the right hand and the CJG for the ages four to eighteen on the left. The CJG for the young children is a colourful, nicely furnished and decorated place. It has a space to leave the baby carriages and pushchairs and there is a waiting room where parents can clean and dress their children. There are toys and books (in Dutch) for children. Moreover, there is an announcement board with many posters and a desk with information leaflets that parents can take home. However, all the documents are in Dutch. The physician's office can be directly seen by parents when they enter the waiting room.

The CJG has twice a week walk-in hours. On Monday, the walk-in is from 12:00 to 12:30. On Thursday, the walk-in is from 15:30 to 16:00. Parents do not have to make an appointment and can just come to the CJG with their questions and meet with one of the nurses or psychologists.

Local policy context

While conducting the case study of the two GJGs in Utrecht it became clear that the counterpart, the *BTs Youth* in the same neighbourhoods, should also be included. The current Utrecht model of service coordination distinguishes between *three tracks*. Track 1 concerns general or universal (primary) prevention, screening and signposting, and is the main task of the CJGs, in collaboration with day care centres, preschools and schools. There are referral relations with the BTs and second line medical services (e.g., speech and hearing diagnostics, hospitals, paediatric specialists). A strong Track 1, with a strong network of organizations around families and children in the neighbourhoods, called the 'front field' in Utrecht, is a major objective of the municipality's youth and public health policy. Track 2 concerns more intensive support and care on demand (or when deemed necessary by care organizations or schools for the wellbeing of the child) and is the primary task of the BTs. Both the CJGs, but especially the BTs collaborate with more specialized social work, mental

health and youth care services whenever necessary, which is Track 3. The main objective is to bring more intensive and specialized support closer to families, into the neighbourhoods, in order to provide multidisciplinary support to children and families who need this. The BTs mark a turning point in the history of Dutch youth care by integrating multiple services in an apparently easy accessible neighbourhood-level front desk service.

The BTs have similar starting points as the CJGs. They also focus on the whole child and the multiple contexts in which the child grows up, in particular the family, (pre)school and neighbourhood. They agree with the idea of 'normalizing', as is reflected in the starting point *Gewoon Opvoeden* ('Normal Parenting') described in the Annual Report 2015 (Lokalis, 2016), indicating that family situations are approached as 'normal' but sometimes in need of advice, guidance or help. They have also adopted a dialogical-partnership-empowerment model of working with parents. A basic difference between the two, corresponding with the three-track policy of the city of Utrecht, is that CJGs see virtually all children and families who are followed-up in long term, whereas the BTs act upon demand and provide finite support or treatment which is ended when the set goals are reached, without systematic long term follow-up.

2. Research methods and analysis

Document analysis

There were several documents available on the national system of CJGs and the recent changes in the Acts WPG and JW. For the CJGs at the national scale, a recent report of a state committee for advice on the basic (nationally funded) tasks and the additional (locally funded) tasks of the CJGs, vis-à-vis the changes in the JW, was available (Commissie Basistakenpakket JGZ, 2013, with several other relevant references). In addition, a national evaluation report of the CJGs by an independent research institute for the year 2012 could be used (Deurloo et al., 2012), as well as the annual progress report by the Inspectorate of Public Health (2017). For the local situation, there were reports of the municipal accounting office on the development of youth care in Utrecht and annual reports of the municipal BT organization *Lokalis*, both depicting the situation around the major transition in youth care in 2015, and a recent quick scan of the development of BTs nationwide (Rekenkamer Utrecht, 2014; Lokalis, 2016; Movisie, 2018).

Interviews

Personal interviews were held with practitioners (youth health physicians and nurses) and policymakers working in the selected CJGs (N=6), and with a representative of the overarching municipal BT organization *Lokalis* (N=1). The interviews were transcribed and thematically coded, following the common template of WP6.

Physical findability and accessibility

The locations of the CJGs and the BTs in the two neighbourhoods were visited and evaluated with respect to how easy it was to find them and to navigate through the buildings to the right desk or room for someone who does not speak or read Dutch and is low educated (this was carried out by Greek master students at Utrecht University). A summary is presented in Boxes 1 and 2.

3. Logic model

The CJGs and BTs are universal provisions, free of charge or, in case of the BTs and further specialized treatment, with the costs being reimbursed by the obligatory family health insurance policy. The CJGs see *virtually all* new-born children and their parents in their work

area for regular vaccinations, medical check-ups and general screening on physical and psychological developmental delays or problematic behaviour of the child, respectively on support needs of the parents. The CJGs receive an automatic notification from the municipality's population register (Gemeentelijke Basisadministratie; GBA) when a child is born. There is contact with the family within a few days to administer the heel stick for early detection of PKU and to screen for severe hearing problems, but also to get a first impression of the financial and psychosocial situation of the family. After two weeks after childbirth, the CJGs contact the family for making an appointment for a full home visit, and for planning the vaccination and medical examination visits at the centre for the next months.

A similar automatic procedure is followed when a new family with young children arrives from abroad to settle in the neighbourhood. There is an automatic notification from the GBA and the CJG sends a letter (as a phone number is not usually known). Due to a change in policy at the municipal and national level, letters are nowadays deliberately only in Dutch. That used to be different (see also Theme 7 below). If parents do not respond to the letter of invitation, because of communication problems or whatsoever, staff of the CJGs will visit the families at home, underscoring the strong commitment of the CJGs to reaching out to all children and families.

The CJGs have the possibility to offer extra services (extra consultations and extra time per consultation for advice and guidance of parents, additional diagnostic assessments of children, extra home visits), whenever needed. There are limits, however. In Utrecht, currently, the extra time for children and/or families in need of support is limited to maximally four extra consultations and two extra home visits (approximately four hours per case). These additional services are not part of the core tasks and, therefore, have to be additionally subsidized by the municipality. If more support is needed or if it is clear that specialized diagnostics or treatment is needed, GJGs will refer parents and children to youth care in the neighbourhood – currently the BTs – or to centres for speech and hearing diagnostics or to some other specialized service (mainly in the medical sector).

A particular case of referral concerns children with a (pending) delay in language development due to lack of exposure to the first language or to Dutch as second language in the family context. CJGs in most municipalities in the Netherlands, including also Utrecht, have been commissioned to refer these children at risk to early day care or preschool (ECEC) centres with language stimulation and educational support programs. Background characteristics, such as parents' education level and the home language are important criteria for referral. Also, the results of a standardized language screening at the periodic examination of the child around age 24 months (sometimes around 18 months, CJG-regions have some autonomy here) can be the basis for referral to these additional services which ask for an income-dependent fee (basically free for the lowest income levels) and offer a program of four half days, 42 weeks per year, until the fourth birthday of the child. Referral to ECEC can also be a measure to relieve the mother a bit ('social indication'). Recently, new national policy has extended the time for preschool education to 16 hours per week.

The CJGs offer also general preventative services to parents, with the specific aim to reach out to particular groups at risk. Activities concern, for example, mother groups (self-help groups for discussing child rearing issues), mothers-and-babies or mothers-and-toddlers groups (for discussing how to provide play and other activities to children, how to deal with difficult child behaviour). Preventative activities can also concern general information sharing on healthy eating habits (currently a priority due to the increasing prevalence of overweight among children) or on creating a language stimulating home environment. A low-costs general preventative activity, subsidized by the municipality of Utrecht, concerns the large-

scale distribution of napkins and play cards with pictures symbolizing principles of healthy eating habits and cognitively stimulating child rearing. Although universal in its set-up, most of these activities are provided mostly, or most intensively, in neighbourhoods with a large share of low-income or migrant families, such as Overvecht and Kanaleneiland.

Both the CJGs and BTs are non-compulsory universal provisions. The CJGs, however, because of the roots in the medical sector with its 'natural' (and widely accepted) authority, and the non-stigmatizing positive orientation on optimizing growth and development, appear to parents either as compulsory or as normal ('everyone goes there'), and reach a very high rate of users among all social and ethnic-cultural groups in society. The BTs provide services on demand, that is, parents have to seek contact and to articulate a specific need or request for help. Contact can be either through the website, by phone or face-to-face at the neighbourhood post of the BT. Referral (for example by the CJG, the preschool, school, school medical service or family GP) is possible, but legally the parents still have to decide themselves to apply for help at the BT. In a minority of cases of, for example, (suspected) child abuse or neglect, or psychiatric problems of the parents, parents are referred to the BT, while at the same time the BTs are informed directly about the referral and will actively approach the parents if they do not seek contact themselves. Eventually, a court order can be issued obliging parents to accept youth care or family support.

Providing services to the general population but on demand is a defining characteristic of the BTs, but could also be a weakness of the system in case parents do not see the importance of the child developing particular skills, or do not feel the need to ask for advice or help, or when they experience a threshold to contact the BTs or do not trust the BTs. This is an important difference with the GJGs that see virtually all children, have talks with their parents and monitor children's wellbeing and development intensively from age 0 to 4, and continue to do that, though less intensively, from age 4 to 11 and beyond through the school medical service. A senior representative of the CJGs comments upon the BTs as follows:

It is going reasonably well, sure. The thing is that staff of the BTs, by far most of them, do not automatically think of prevention. Imagine young children from zero to four years in a nasty situation in an apartment in Overvecht. There are likely many things at stake: psychiatric problems, addiction, poverty ... total misery. Meanwhile there is young infant sitting quietly on the couch, not bothering the parents. The parents will then never say: we are worried about this little child, while we [emphasized; CJGs] know that this child needs all kinds of education and stimulation things (...). The BTs will not discuss this with the parent as long as the parents do not see a problem here.

Based on the annual report of the Utrecht BTs in 2015, the percentage of families with children in the 0-18 years age range serviced by the BTs is on average 3.8%. There are large differences between neighbourhoods, correlating with the average socioeconomic status of the population in these neighbourhoods, but also showing some unexpected differences. For example, in one of the current study sites, Overvecht, the estimated percentage of families serviced by the neighbourhood BTs is double the city average, 6.6%. However, in the other study site, Kanaleneiland, with a comparable disadvantaged population, the percentage is only 3.4%, thus below the city average (Lokalis, 2016), suggesting lower accessibility of the service in this neighbourhood. Most clients contact the BTs on their own initiative (51%), others follow the suggestion of the (pre)school of their child (17%) or of their family GP (2%). Referrals come from the SAVE teams for signalling child abuse and neglect (6%), other youth and family services, foremost the CJGs (6%), the Veilig Thuis (Save at Home) teams

for dealing with domestic violence (2%) or the police (1%). Currently, most of the requests for help are handled by the family workers of the BTs themselves.

The questions, worries or problems that are the reason for parents to seek for help from the BTs, vary widely. They concern difficulties in child rearing, difficult child behaviour, problems in the marital relation, psychological or psychiatric problems of the parents, complex divorce, financial problems and debts, and many more. Basically everything that bothers parents, according to our informant at the overarching municipal BT organization. The simpler questions and problems are handled by the family workers of the BTs. For the more serious or complex questions, parents are referred to specialized second or third line care. Parents know to find their way to the BTs, according to the senior staff representative of the city-level BT organization:

Parents can find us well. And parents are content with the BTs. I think if you look at the collaboration of the BTs with the specialized care organizations, I think this can be better explored. Frequently specialized care is called in, while the BT could do meaningful work there too. Or that BT and specialized care operate together. (...) Our experience is that we are reasonably accessible ['best toegankelijk']. People just walk in. Also with questions that are not per se for us, but rather for the CJGs or the family GP or for a volunteering organization. Our accessibility is rather high ['vrij groot']. We are keen on when other organizations should be involved [in a particular case], such as the CJG. And the other way round too: the CJG brings in the BT.

4. Themes

Theme 1. History.

Short history of the CJGs

The CJGs are built on infrastructure which in the core was laid out more than 100 years ago as a predominantly medical-hygienic public service (Commissie Basistakenpakket JGZ, 2013). Precursors of the current CJGs were mainly in charge of the national vaccination program. In 2003, with the Act Collective Prevention Public Health, the tasks were expanded to more general monitoring of children's health and psychosocial development from age 0 to age 18 years, along with expanded education and guidance of parents. A division was made between core tasks (nationally funded, e.g., vaccinations and medical checks), uniform across the country, and additional tasks (funded by the municipalities, e.g., parenting support), which may differ between municipalities along with local needs and policy. The responsibility for governing the preventative public youth health care system was decentralized to the municipal level. After several evaluations, in 2008, the current Act on Public Health Care (WPG) became operational, leading to the establishment of CJGs. Staff of the CJGs is mixed. For the key physical-medical examinations, physicians with a medical degree in social medicine or public youth health care are employed. They also supervise the other staff. The vaccinations, the other consultations and general screenings are conducted by youth health care nurses. Child psychologists, special educationalists and social workers are employed for family support activities. Several CJGs also employ speech and language therapists.

Several reports indicate overall satisfaction with the public health care services, including (precursors of) the current CJGs. Not only is the outreach very high (95% or more), parents are satisfied (they give the CJGs a clear 'pass', or a 7.5 on a scale from 0-10), find the CJG staff competent and the services offered useful. Criticisms pertain to the thin line between effective preventative services and protection of privacy. Also the, sometimes, low flexibility

regarding appointments is mentioned as a point for improvement (several sources; Commissie Basistakenpakket, 2013). A costs-benefits analysis conducted in 2012, focusing only on the medical part of the CJGs and on long-term outcomes such as savings on health care consumption and prolonged earning capacity of citizens through gained healthy years, revealed a return rate of 1:11 (Dam, 2012).

Recent history of youth care

The BTs are composed of professionals with different disciplinary backgrounds, who used to work for specialized youth care and social work organizations (e.g., social work, family support, youth mental health care, support for children with physical or intellectual disabilities). The exact composition of the BTs may differ per municipality. Some municipalities have chosen for a separate provision for social work and financial support (Movisie, 2018). The professional profile of the BT workers is that of *generalists* with different types of field expertise. The history of the BTs is short, since 2015, but several attempts to transform the youth care sector preceded the 2015 legislation. Earlier attempts to transform the sector all aimed at what now seems to be realized in the BTs since the municipalities were put in charge, established BTs and started to 'hire' services from the specialized youth care organizations only when needed: crossing disciplinary boundaries, concentrating and co-locating multiple services in one organization and at one desk. They bring the services closer to the parents by operating at the neighbourhood level and lowering thresholds to access and use, while working in line with a demand orientation.

Theme 2. Features of success.

Almost complete outreach and continuous follow-up until age 19

The informants of the CJGs mention as main feature of success the high percentage of parents and children from all backgrounds that are reached and relatively intensively followed during the critical first four years of life, with a less intensive but continuing follow-up (via school and the school medical service) through to age 12 (end of primary school) and further to age 19. The informants mention that they get to know the families well, keep and maintain (digital) files, and that they can monitor how children develop over a long period, in principle until children reach the age of 19 years. Although the intensity of contact is highest in the first two years of life, and less but still quite intensive until age four, but much less intensive after that age, the collaboration with the (pre)school through the school medical service, the participation of the CJGs in school-based multidisciplinary teams (also including the BTs) ensures that individual children can be monitored until young adulthood. Our informants of the CJGs mention repeatedly as a success feature their focus on children's general wellbeing and holistic (physical, psychosocial, cognitive) development over such a long period, in the words of the senior social policy advisor of the CJGs:

As an addition to what makes it effective, public youth health care works from the standpoint: how does a child develop, how does a child grow. This is a particular angle through which you are more inclined to discuss things with parents for preventative reasons. You will typically not go extensively into all the debts problems, but, given this situation, how can you ensure the child can develop optimally.

Frequent home visits and extra time for disadvantaged families

The home visits to virtually *all* families early in the first year of life of the new-born, which can be repeated later on for *only those* families who are thought to need extra attention, is also seen as a particular strength of the CJGs. At the age of two months of the new-born, there is extra time at the CJG consultation to discuss with the parents not only the physical condition of the child, but also how they themselves experience parenthood. This activity is called

Samen Starten (Starting Together) and is a key activity of the CJGs, not only in Utrecht but nation-wide. Starting point of the extended conversation is the child, but other topics – the financial situation, parents' own childhood, cultural childrearing traditions – are discussed as well. If the nurse or physician notices suboptimal conditions, a home visit is planned to discuss childrearing issues deeper. Home visits are seen as essential in the case of families with risks.

Multidisciplinarity and partnership model

The BTs are multidisciplinary, with short, direct connections to several more specialized second and third line services, and therefore able to act upon a diverse array of experienced stresses and problems, varying from financial problems (debts) and housing conditions to marital problems and complex divorce, and to behavioural, mental health or school problems of the child. Like the CJGs, the BTs cover the age range from 0 to age 19. Often families have to deal with multiple stresses and problems, which differ by child age. In these cases, multiple forms of support tailored to the families are needed. The starting point is what parents see as most urgent and upon which they are willing to act. Especially in the neighbourhoods Overvecht and Kanaleneiland, helping families to sort out their financial problems is often given the highest priority. The informant of the overarching municipal BT organization puts it as follows in commenting on the type of worries and problems that parents come with:

Very diverse. There are differences between neighbourhoods. The neighbourhoods Vleuten and De Meern [middle class suburban neighbourhoods] have a different top three than Overvecht. Questions about behavioural problems and complications around divorce are more prevalent in the first two. (...) In Overvecht many questions concern debts and housing conditions, or problems of the child at school. (...) If there are many problems in a family and the parents just manage to keep afloat [to survive financially], then there are less questions about rearing the children. Although we [emphasized; BTs] do worry about them.

Theme 3. Why does it work well?

Organization characteristics and engaged professionals

The first factor that explains the success has to do with the way in which the CJGs in Utrecht function as citywide organization. The CJGs, in the view of our informants, are well-organized as a professional organization, with strong line management and standardization, a clear focus on the public task together with a strong sense of the social mission they fulfil, and also with a strong orientation on team work and accessible leadership (despite the hierarchical organization structure). The city of Utrecht is divided in five areas (each encompassing two or more CJGs). Each area has a manager (mostly managing two CJGs). The managers meet every week with the central staff (senior physicians, social policy advisors, general policymakers). Topics of the meetings concern general management, human resources management, and topics from specific content areas. Each manager is responsible for a key topic or content area (e.g., family support, child development, preschool education) and functions as a liaison for other organizations in the neighbourhood or at the city level with similar topics.

At the level of the neighbourhood CJGs, teams frequently meet, 10 times per year, for reflection and professional development. Central staff join these meetings regularly. In general, despite the hierarchical organization structure, leadership is experienced as accessible and seems effective in focusing staff on organization-wide priorities. In addition, a number of times per year staff of all CJGs in the city meet for professional development

activities. The image that emerges from the interviews is that of a socially engaged professional organization, with standardization, line management and differentiation of roles but also with a shared mission, a high service orientation to parents, and a relentless focus on the wellbeing and optimal holistic development of children. Our informants are proud of the GJGs:

I am proud of my colleagues here. We are all very committed and prepared to go for the extra mile if necessary. Not just do what fits in your tasks. I think you need this if you work in a neighbourhood like this. We are prepared to do something extra. (...) Parents are welcome with the strangest questions. (...) I am proud of the collaboration.

Outreach, flexibility and continuity

A second success factor mentioned, is the remarkable outreach of the CJGs and the continuous monitoring of virtually all children until age 19, which is based in the mixture of medical and social work. The CJGs reach out to virtually all parents and children in the 0-4 age range, especially in the first two years of life of the child. CJGs receive an automatic notification from the municipality's population register when a new child is born. To administer the heel stick and screen for hearing problems, families are contacted immediately. Next the CJGs invite the parents for a first full home visit, usually around two weeks after birth of the child. Earlier contact with the parents before the child is born occurs when the CJGs are notified by the family GP or the midwife service that young parents-to-be may need advice and support to prepare for parenthood. Parents come to the GJGs for vaccinations, but also because of their interest in the growth and development of children. The service is perceived as a general (universal) service, with a positive orientation on optimizing safety, growth and development of children, and *not* as a special and possibly stigmatizing service for problematic cases. Parents can ask questions about growth and development, and discuss issues of child rearing and education. The combination of vaccinations, medical-physical check-ups, monitoring of development and the possibility to share uncertainties and questions about child rearing is a unique feature that explains the high outreach.

In the current CJGs, there is flexibility of planning additional home visits and consultations, and in providing additional services to parents, based on indications (from previous consultations or from other organizations) that they may need this, but also to skip consultations when everything goes well. For example, it is possible to do home visits before the child is born or to invite parents to come to the CJG earlier than the official schedule prescribes (related to vaccinations and screening). In this way the available resources for the universalist approach to reach out to all children and families can be – at least partly - redistributed to serve families with support needs more intensely than other families.

Spider in the web

A third success factor is the role of the CJGs as central coordinating service in a local network of other services and volunteering activities. The CJGs are for most parents the main gateway to the wider field of services in the neighbourhood. The CJGs are centres that include as their main activity the well-baby clinics (with public youth health care services, vaccination, screening, monitoring and advice to parents). In differing degrees they include other services as well in one location (e.g., family GP, public library,...) and, beyond their own centre, they function as 'spider in the web' in a network with other formal services (foremost the BTs and the preschool care and education system) and many informal services, including volunteering activities, the free food service ('voedselbank'), free toys service and a number of NGOs for promoting language and literacy development (Voorleesexpress, Taal doet meer). Staff actively help parents to find their way to the multiple formal and informal services, and act as

brokers or liaisons. Important, in the view of our informants, is also the website that parents can use to find information on specific topics relating to child development and child rearing, or to find organizations for further advice and support. At the next consultation, staff can check whether parents indeed found their way to the services. The medical angle strengthens the social-pedagogical angle, according to our informants.

The CJGs play a coordinating and initiating role in the network of local services, including the BTs, and they appear as the driving force towards more inter-agency collaboration. For example, the CJGs initiate four times per year citywide thematic conferences for all professionals working with children and families in Utrecht. It is about professional development, sharing of experiences and expertise, and, importantly, getting familiar with each other. These conferences are well attended and most organizations are represented, especially the preschools, schools and BTs. The CJGs introduce new topics to the field, especially in view of collective actions for primary prevention and development stimulation.

Pro-active approach: ‘progressive universalism’

A fourth key to the success of the CJGs according to the informants is the pro-active approach targeted at families with risks factors for child wellbeing and development. We refer to this as the *progressive universalist approach* of the CJGs. Families, virtually all families in a neighbourhood, are known from two weeks after child birth and they are intensively followed in the first years of life of the child. A telling example of the pro-active approach are the parent-infant groups, meeting once a week to once a month, which are targeted at socially isolated immigrant (and refugee) mothers with infants under 15 months of age. For this activity, the CJGs receive extra subsidy from the municipality. These groups are well attended and the mothers, despite many communication problems, report high satisfaction. The attendance rates, though not perfect, are good. The youth health care nurse of the CJG in Kanaleneiland, who runs mother-baby groups herself, gives further details about the social processes she observes:

It is an open group. Every Friday, one hour. Mother can join with their baby or toddler. The focus is on establishing relations between the mothers. There is a what’s app group of the mothers. Funny is that friendships emerge and that mothers will help each other with babysitting. The hour is also used to discuss worries with me: ‘I am worried that my child doesn’t talk yet’, ‘every night she ends up in my bed’, or ‘I am afraid in my house, there are boys hanging around’. Also marital relation problems, not wanting to become pregnant and other sensitive issues that they don’t dare to bring up at the consultations. It is very low threshold.

Balance between medical expert model and social work partnership model

An interesting, but possibly controversial, fifth success factor mentioned by our informants, is the balance between the medical-professional authority of the CJGs, including the traditional ‘expert-patient’ model, and the new way of working in a dialogical way and striving for partnerships with parents. In addition to the way in which consultations with parents are structured, the current flexibility with regard to planning of (regular and follow-up) appointments with parents as well as the possibility to tailor this to parents’ needs and possibilities, are seen as evidence of the partnership model. One of the informants, senior social policy advisor at the CJGs, explicitly contrasts the Dutch ‘medical’ setting with the ‘social work’ setting she knows from Belgium/Flanders:

In Belgium you will find well-baby clinics and CJGs as well, but there it is more like a social work setting. We have a medical setting. It helps, because of the medical authority, that people accept our advices more readily. Yet, we also strive for

collaboration with parents, we want to engage in dialogues with them to look together at the next step. It is now still a mixture of the newer dialogical partnership model and the old-fashioned expert-model, a historical part of the public youth care sector. The trick is how to balance or integrate the two approaches. To act sometimes as a medical expert with authority without going too far in that regard.

One of the informants in Overvecht mentions a similar struggle of striking a balance between the traditional and newer orientation. Yet, the CJGs seem to have developed a balanced model in this regard, in which professional knowledge (for example on risk factors) as well as the results of the physical and developmental screening, are introduced in dialogues with parents. Parents are asked in an open manner how they themselves feel things are going, while ensuring them that parenting is quite a job for everyone. The CJGs invest in good communication skills of the professionals. Several of our informants mention examples of how they combine and balance the expert-attitude with the partnership-attitude, for example:

I adapt to the parent while talking. The trick is to put on the table what you see. I try to behave in an innocent, naïve way. If the parents shy from what I bring to the table, I say 'oh, does it frighten you?' I do this deliberately, because sometimes it is the only way to make things negotiable in painful, sensitive conversations. I find it hard to say 'your child is molesting', but if I wouldn't dare to say that, I would miss the most important part of the conversation. Sometimes parents are annoyed. That is part of the job.

The BTs have a similar philosophy and are even more strongly partnership-oriented. First, through the principal demand orientation, second by taking the needs and problems perceived by the parents as most urgent as starting point for support activities. Strengthening parents' own abilities to solve particular problems, to regain authoritative control in child rearing – the empowerment model – is distinctive feature of the BTs.

Theme 4: Barriers and how to overcome them.

Outreach is not complete

A first barrier to success mentioned by the informants is that the CJGs do not reach all children and families. A few percent are not seen. The reasons differ. Some families, for example with an anthroposophical view, consciously choose not to engage with the CJGs and to avoid vaccination. A few families resist every contact with neighbourhood services. In Kanaleneiland, for example, this concerns three, four families. Note that the staff of the CJG seems to know quite exactly how many families are not reached and who these families are.

Changing professional identity and attitude is difficult

A second barrier mentioned relates to the change in approach from an expert model to a partnership model. Being part of the public health sector, coming from a medical-hygienic tradition, the development of the relationships with parents from a hierarchical expert model to a more egalitarian dialogic partnership model is quite remarkable, but not always without difficulties. This also holds for the BTs, because of the pre-transformation background of child and family workers in second and third line social work or youth care services. One of the informants at the central CJG organization expresses this as follows:

Many staff have been trained in a traditional way for previous functions, particularly when they came from third line services or from youth care. They have a more directive attitude. They are now requested to adopt the Utrecht approach and to conduct their work in a different way. They succeed, but it is like a big container ship

that you want to change course. It happens, but to change the course of the whole ship takes more. Yet, we persistently try to follow the new course.

The BTs, originating in specialized second and third line youth care, family support and social work services, face similar problems with regard to the changing role of the professionals in a more integrated, universal and client-centred system. Our informant of the overarching BT organization in Utrecht thinks that this change of professionalism will take several years.

Difficult neighbourhoods, low attractiveness of the work

A third barrier relates to the type of neighbourhoods in which the CJGs of this case study are working. Working in neighbourhoods with extreme forms of poverty and deprivation is a challenge, and even within the flexible and progressive-universalist approach of the CJGs, it remains often difficult to provide all the services to disadvantaged families that they need. Especially problems with communication and understanding are undermining. The extra time for consultation allowed in the case of parents who do not speak Dutch helps then only a bit. It requires a lot of inventiveness of the GJG staff and the use of non-verbal communication forms to get the parents to understand what is recommended. In the words of one of the informants:

We can work with an interpreter, but then you are hanging on the phone. An interpreter doesn't help much, thus I show the parents concrete objects and pictures. A picture of what a child needs. And we hope that we will have enough time at the next consultation. I find it hard. I have the idea that in Zuilen [another neighbourhood, less disadvantaged, with a smaller immigrant and a bigger native low-income population] almost 70% of what I say is understood, but in Overvecht I think it is 35% that is picked-up. The effectiveness of the consultations is here much less. You are already behind at the start. (...).

Related to this is that working in deprived areas is challenging and not very attractive. Medical staff (both doctors and nurses) are difficult to hire. Job vacancies – there are a few at the CJGs in Utrecht - are not easily filled.

Status of preventative work is not clear

A fourth barrier concerns the status of preventative work, how much priority this should be given. Preventative work is especially an issue in the collaboration between CJGs and BTs. The recent changes in relevant legislation require close collaboration of the CJGs with the BTs. The past years were characterized by exploring how this collaboration could be best organized. The professional traditions clearly differ between CJGs and BTs. The universalist orientation of the CJGs, with a strong emphasis on prevention and permanent monitoring, is to a certain degree incompatible with the demand orientation of the BTs. Primary prevention of health problems (currently in particular overweight), family problems and pending developmental delays (e.g., in Dutch language skills), and proactive stimulation of holistic child development to optimize children's educational and societal opportunities, are at odds with an approach that entails acting upon request or indication, when problems have already become manifest and reached a certain level of severity. Although the BTs, as part of the *transition* and *transformation* of Dutch youth care, clearly have been given a role in universal prevention at the neighbourhood level, our informants indicate that this is still the least developed function of the BTs. Collaboration in the form of frequent face-to-face meetings is as such going reasonably well, but usually limited to case management. The informants of the CJGs express that higher ambitions are needed, whereas the informant of the BTs thinks that prevention is a main task of Track 1 in Utrecht's three-track policy, thus mainly for the CJGs.

In reflecting on the – narrower – focus on case management meetings, a representative of the central CJG staff, comments:

[Case management] brings you in contact. Case management conferences take place in several neighbourhoods. But you won't win the war with case management conferences only, so to speak. (...) We are currently attempting together with the BTs if we can move further ahead. (...) We want to become more pro-active, together with the BTs.

The senior staff representative of the overarching BT organization in Utrecht complements this comment and illustrates the difference in priority:

However, I think that we, as the BTs, are less concerned with this [pro-active prevention]. We see it as a task for Track 1 services, thus mainly for the CJGs, how to implement preventative tasks. Of course, if within the CJG a mother-baby group is running and they ask the BT to come and to tell something, we will do that, but on an incidental basis. We contribute to prevention in this way, but it is not our primary task.

Collaboration between the main tracks is not optimal yet

A fifth barrier is the difficulties in collaboration and coordination, including less optimal feedback loops, in the current CJG-BT system in Utrecht. The BTs work mainly, as a principle, on demand. This principle is related to the focus on empowering parents to regain control and to take up their role as main socializing agents of their child. Although the CJGs subscribe to the idea of empowering parents, their ultimate priority lies with the child and his or her opportunities to develop. If the CJGs think that a family or child needs support, they can advise parents to seek contact with the BTs for further advice and, possibly, treatment. If parents are hesitant to follow up on the advice, CJGs can invite a family worker of the BT to attend a conference with the parent at the CJG to establish contact, which occasionally happens. The informants of the CJGs express several comments pertaining to this dualism in the role division (and professional views) between CJGs and BTs, emphasizing the fundamental difference between seeing all children and families over quite a long period vs. seeing only families with an articulated help request for a finite period of support or treatment.

The involvement of multiple services, which happens occasionally, is for parents not always understandable. Sometimes they miss the overview of who is doing what or is responsible for what. There may also be tensions between the services because of the different approaches and professional traditions. The informants of the CJGs emphasize the importance of sharing information about who does what with a family, especially when there are multiple problems and language barriers. They criticize a too radical empowerment approach, which can easily boil down to leaning backwards in their view. One of the informants of Overvecht suggests a solution, which puts the CJGs in a role as the agency in charge of long-term coordination and monitoring:

I like the intermediate solution. I have that now with a family. They have many worries, but have never been really helped. Our CJG can now take a more coordinating role. The BT is client and demand oriented. I see a change here, because when a family has multiple problems, they don't have a concrete question anymore. And they have less power to solve these problems. There you need more [directive, pro-active] support.

The collaboration between CJGs and BTs is not optimal yet, mainly because of the fact that the BTs are quite new, but maybe partly also because of difference in service models and

professional attitudes. Collaborative relationships have been established and each BT has appointed a contact person to liaise with the neighbourhood CJG, but contact is perceived as incidental – based on a particular case – and not yet as systematic. The informants from CJGs emphasize the importance of a multidisciplinary team approach to child and family related issues in a particular neighbourhood, often referred to in the interviews as ‘three parties conference’ (‘driegesprek’) of CJG, BT and the parents, but also observe that this idea of a *team* around a child or family has not yet gained firm ground. Meeting face-to-face on a regular basis, not just incidentally and not confined to case-management, and stable contacts (avoiding too many changes in staff) are seen by our informants of the CJGs as conditions to improve the collaboration further. One of our informants pleads for co-location of the CJGs and BTs:

Like we have the CJG and the library in one building, I think: put the BT also in this building. Like we have the neighbourhood welfare service next door. Then you meet informally during lunch time. You must meet each other in your daily work, in live. You can't solve everything by email or phone, and moreover you experience a higher threshold to contact them, compared to when you run into someone in the corridor.

Theme 5. Perceived impact on the nature of services.

The current roles of CJGs and BTs and their collaboration, under auspices of the three-track policy of the municipality of Utrecht, has already had a number of impacts, according to our informants. The palette of many specialized, fragmented and sometimes overlapping services (mostly in the second and third line) has become more coherent and has been brought closer to the families and the neighbourhoods. The three-track policy – universal prevention and progressively extra support for those who need this, combined with more intensive support on demand by the BTs and additional specialized and more intensive support if needed – is welcomed by all informants. The role of CJGs in the long-term monitoring of children and families is positively appraised and complements the finite, mostly short-term actions of the BTs. There are clear points for improvement (e.g., stronger emphasis on collective prevention, long term monitoring and collaboration beyond casework), but, overall, informants believe that the current structure is appropriate to reach out to many families and to provide extra support to those who need it.

The continuity in the monitoring of children by the CGJs and the related school medical service up to age 19, supported by a digital case file system (currently only for children until age 11, related to the last vaccination), is another impact mentioned by the informants. Information on the pre- and perinatal situation or on specific risk factors at home, in the apartment building or the neighbourhood, is registered in this case file and enables the CJGs to monitor particular families and children even more closely at the next consultations and examinations, and to plan timely interventions whenever needed. This information can also underpin collaboration with preschools and schools, or with the family GPs.

The multidisciplinary BTs have as an advantage that they can provide multiple services to a child or a family, in relation to the multiple risks that sometimes jeopardize children's and parents' wellbeing. In this sense, they *complement* the expertise of the CJGs, especially in the area of social work, mental health and specialized intensive treatments.

Theme 6. Perceived impact for children and families.

The informants of the CJGs and BTs report high client satisfaction. Several national and local studies on the CJGs and their precursors confirm this picture (Commissie Basistakenpakket,

2013; Inspectie Volksgezondheid, 2017). Likewise, despite the turbulent starting phase, the annual report of the BTs over 2015 report average satisfaction scores of parents of 7.6 (2016) on a scale from 0-10. The precursors of the CJGs have been subjected to effect evaluations, however focusing mostly on the medical aspects of the work. Several positive results have been found in terms of health gains, reduced childhood morbidity and mortality. The costs-benefits analysis that was based on these results shows a very favourable return rate (see Theme 1: history). The CJGs play an important role in introducing children at risk of language and other delays to good quality preschools, with possibly long-term impact and favourable economic returns as well. Low-threshold activities, such as the mother-infant groups, are well-received by parents and function as multicultural meeting places for mothers who might otherwise be socially isolated, as one of the informants of the CJGs explains:

It is very low-threshold and accessible. Lately, mothers made a poster and wrote yellow stickers or dictated me to write them to be pasted on the poster. The mothers expressed that the mother-baby groups are a safe place, a neutral place. You don't have to be a Muslima or a Christian. You don't have to be rich or poor. Everyone is welcome. You only have to be a mother. They find it very pleasant to come here. (...) Also because they get to know other mothers. There is lot of loneliness in this neighbourhood. And also if you do have relatives here, the social control can be too strict. I know that some mothers experience social control by relatives sometimes as oppressive. They feel relieved in the group. They don't have to worry when a tress of hair pops up from under the scarf. They can laugh about it together. (...)

Theme 7. Inclusiveness, language policy.

The CJGs offer their services principally in Dutch language, following changes in the political context since the rise of populist-nationalist political parties after the year 2000. Until ten years ago, information was always translated in the main immigrant languages (mainly Turkish, Arabic, Chinese and English), but as the multicultural model of national Dutch policy shifted towards an assimilationist model after the year 2000, the policy of the CJGs (and their precursors) shifted as well. One of the informants puts it as follows:

This was an enormous change. When I started at the CJG, I had leaflets in Turkish, Moroccan-Arabic, Chinese and several more languages. With the call for more integration, the city decided that Dutch should be the main language of communication. This went too far. (...) Nowadays, we can use interpreters. That is very good, because our job would otherwise be too difficult. But our website, for example, is fully in Dutch. You can use Google translate, but that has its limitations. We do our best. Use our hands and feet to make things clear.

The CJG staff can make use of interpreters and the interpreter hotline (telephonic service), whenever needed. Moreover, the website includes a translation function in many languages and provides essential information through an oral reading function in several immigrant languages. Interestingly, despite official national and local policy, the CJGs show an independent professional position in this regard and they refer to scientific evidence regarding bilingual development. While agreeing with the importance that non-Dutch speaking children learn Dutch as soon as possible, the CJGs stuck to their policy to advise parents with little command of Dutch to use their heritage language at home (in spite of official guidelines). And nowadays, the value of growing up bilingually is positively emphasized. According to the senior social policy advisor of the CJGs:

Across all political debates, the advice to parents has remained to use the language in which they are most proficient when interacting with the child. We do add, however, that it is the parent's responsibility to bring the child in contact with Dutch language, for instance by enrolling the child in a Dutch day care centre or preschool. (...) We also emphasize that parents should function as a role model to their children by showing during outdoor activities such as shopping that they are interested in learning Dutch themselves and that they themselves try to speak Dutch.

Another interesting sign of the independent (social-medical) professionalism of the CJGs is that the CJGs accept *all* children and their families, also if they have no legal permit to stay, as in the case of rejected asylum seekers or illegal immigrants, and that they help these children and families to find suitable preschool education and other forms of support. This is clearly expressed by another informant of the CJGs:

(...) You can make rules whatever you want, but real situations are always different. Then you see children and parents without a social security ID [burger service nummer; BSN] – illegal children, so to say - at your office. We don't want to miss these children. (...) If a mother comes in and asks if I can have a look at her child, I always say yes. I ask cautiously which information I can put in the file. If the parents are afraid that the information will be shared with authorities, I reassure them that the file is fully confidential. And I can just add that, by law, all children in the Netherlands have the right to be inoculated and medically checked.

5. Concluding statement

The city of Utrecht is, according to the informants, together with the city of Amsterdam that follows a similar approach, a national front-runner in the transition and transformation of progressive universal support services to children and families. Especially the transition of the traditional, predominantly medical expertise approach of the (forerunners of the) CJGs into a mixed medical-social work partnership approach is characteristic, with typical features as flexibility of services, home visits and extra time for children and families who need this, the more so the higher the needs – which we referred to as *progressive universalism*. The three-track policy of Utrecht is a model for other municipalities, despite the several obstacles that are still there in joining different professional traditions and identities in one coordinated system. Our informants are aware of these characteristics of the Utrecht model. In the words of one of the informants:

(...) I deliberately chose to work for the municipality of Utrecht. Before I was working at an old-fashioned non-governmental medical organization [Kruisvereniging] which was hired by a municipality to do the public health job. I noticed all kinds of problems among the children and families I saw, but I couldn't do anything with it. Too expensive, too much time. Then I heard about Utrecht and the plan to invest substantially in a social-medical public youth health care system and I thought: This is the place to be. Of course, many things can be improved, but I am proud to work for the city of Utrecht.

The main characteristics of the Utrecht three-track approach are summarized below:

- Almost all children and families are reached in Track 1, by the CJGs until age four, by the (pre)school system and school medical services after age four.
- Almost all children and families are followed (intensively at first, less intensively later on) until the child reaches the age of 18, using a digital case file system.

- The CJGs, working in the first track, the 'frontfield', are enabled by extra funding from the municipality to provide flexible and tailored services to families in accordance with the child's or family's needs, the more so, the more complex the needs of the children and families are, but only up to a certain limit.
- The CJGs are a universal service that can provide progressively extra support when deemed necessary, without being perceived as stigmatizing. They use evidence-based approaches and methods, in particular parent self-groups and home visitation.
- The CJGs have an accurate overview of most other support activities (formal as well as informal) in the neighbourhood and function as 'spider in the web' of the network of services; they refer, coordinate and promote coherence of the network.
- The first track (CJGs, schools) is complemented by a second track that provides a broad array of child and family support services on demand through multidisciplinary teams working in the neighbourhood.
- Both tracks are complemented by a third track of specialized second and third line services for more serious and persistent problems (varying from specific learning disabilities, intellectual impairment to psychiatric diseases).

There are several drawbacks and still unresolved issues. Most have to do with the relatively recent development in part of the Utrecht system, the establishment of the BTs.

- The services the CJGs in the 'frontfield' can provide to children and parents are limited by time and financial constraints, especially after severe budget cuts during the economic crisis.
- The collaboration within the system between CJGs and BTs is not optimal yet, partly due to the fact that the BTs were only recently established, partly because of different views and approaches, but all parties involved are working to develop this further.
- Working in a preventative way is not clearly prioritized in the Utrecht system at the moment and the roles of CJGs and BTs in this regard are not sufficiently clearly specified.
- Due to national and local policy changes, the inclusiveness of the system is insufficient at the moment, especially with regard to language and cultural barriers.
- The demand orientation of the BTs has as a risk that the use of services is socially selective.

NORWAY

Family Centre with a focus on language

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References

1. Background

The program is a pedagogical short-term service free of charge. It is located within a family centre, comprising multiple services including a health clinic. The target group of the program is children from 3-6 years, without ECEC placement. The program especially targets children with minority background, and seeks to improve the children's linguistic and social competence. In addition to working directly with the children, the program provides parents with language training, and skills to improve their opportunities in the Norwegian society. The other aim of the service is to recruit the children into ECEC.

Reasons for selection as successful

Selection was based on the following criteria:

- The program has been considered effective by several prominent Norwegian practitioners.
- It is currently a part of an evaluation study, conducted by the Regional Centre for Child and Youth Mental Health and Child Welfare, at The University of Tromsø.
- It has been operational for more than eight years.
- There have been several reports of client satisfaction and impact of the family centres, i.e., the type of centre running the program. All of them report promising results.

One study examined the effect of establishing a family centre in a district where inter-agency cooperation was poor. The study showed that, while not providing significant changes in work environment, the creations of the centre lead to significantly improved inter-agency cooperation, improved esteem of unit leaders, reduced levels of work conflict, and higher ratings of service quality by practitioners (Martinussen, Kaiser, Adolfsen, Patras, & Richardsen, 2017).

Aims of the program

The primary aim of the program aligns with an aim stated by the local policy makers, which is for all children to be fluent in Norwegian before entering primary school. This is because inadequate language skills at the age of six (first grade) predicts subsequent risk for academic failure.

The program contributes to this aim by being a viable alternative for culturally and linguistically diverse children who are not attending early childhood education and care (ECEC), thereby missing out on an opportunity to learn and practise Norwegian. In addition, it also includes a family group for parents and children to facilitate social interactions and networks, and a "Norwegian language café" for the parents to help them practice Norwegian.

By providing these services, the program aims to help culturally and linguistically diverse families to understand routines, social norms, interaction and play associated with the Norwegian educational system, to build confidence among parents in the ECEC system, in addition to the practical language appropriation. This way, the children and families are prepared to profit from the educational facilities from the very beginning.

The family centre as a whole aims to provide better terms for families at psychosocial risk, by providing a coordinated service, consisting of contributions from several different agencies.

2. Research methods and analysis

Documentary analysis

- Several administrative documents were found in the archives of the municipality and the district that describe the intervention and the family centre model, as well as client satisfaction.
- The University of Tromsø has written several reports on the service and the family centre model, available at www.familienshus.uit.no
- Mental Health Intervention Spectrum, Barry (2007).
- Review of the family centres and their enterprises, Bulling (2017)

Interviews/focus groups

We conducted four interviews, with two leaders (program director and director of the family centre) and with two front-line service providers. One administrative official in the local government declined to be interviewed due to time constraint. The program officer and the two front-line service providers comprised the full staff working specifically with the program.

3. Logic model

Target group and types of support/service offered

While the family centre as a whole offers a wide range of services, the intervention in question offers an alternative to ECEC for the children three days a week, a family group for the children and parents, and a language café for the parents.

Partner agencies involved

The main agencies involved, are the municipality (at a superior level), the local district (at a managing level), and several professional groups, including a health clinic, special needs education teachers, physiotherapists, occupational therapists and preschool teachers.

Length of time inter-agency working has been evident

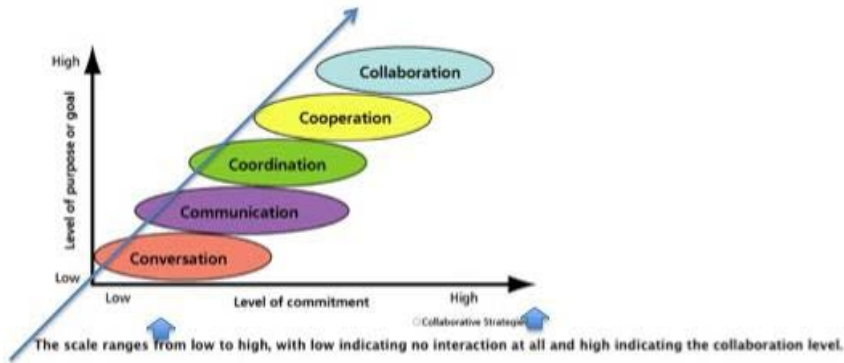
The program has been operational for eight years. Through this period, the program has been characterized by inter-agency cooperation. For the past three years, it has been co-located in a family centre with services and programs directed at families within the local authority.

Sources of funding

As with most services in Norway, the program is entirely state funded. The local authorities within the municipality, assign funding to the program anchored in an established subsidy granted to services working to improve language understanding among minority children under the age of five. At the municipal level, funding is earmarked initiatives working with minority children, and these funds are distributed by the district.

Level of collaboration referring to existing scale

As the program is located within a single location comprising multiple agencies, it is working with agencies both within the building and outside, being a interdisciplinary as well as inter-agency service, collaboration takes place on all levels.



Source: Level of Collaboration Scale

<https://www.teamsciencetoolkit.cancer.gov/public/TSResourceMeasure.aspx?tid=2&rid=467>

Typologies of inter-agency working

There is a wide variety of levels of inter-agency collaboration in this program. Decision-making groups exist on several levels, from groups coordinating budgeting, to coordination of user services. Helpers take part in both formal and informal consultations, e.g., staff from the ECEC division consults with the health centre regarding child health on certain issues. On a regular basis, the different partners (e.g., child welfare, health clinic) engage in inter-agency meetings, where different topics are discussed.

Inputs into partnership

As the partners in the service are so tightly linked, discussions of individual inputs are of little value, but the pedagogic unit puts in the most staff time, as they run the ECEC component on a day-to-day basis. In addition to this, the other partners from within the family centre contribute staff time, materials and budgeting as needed.

Inter-agency Activities

The different services coordinate their budgets, striving to establish a cost-effective service. They have formal and informal meetings, sharing information and competence, and they participate in joint professional development.

4. Themes

Theme 1. History

The formation of family houses has been a recent priority in Norway, and is based on a growing base of research, both from Norway and Sweden. Health clinics have been a unique Norwegian service for many years, providing both pre-, peri- and post-natal care, check-ups for 0 - 4 year olds, as well as services providing contraception and support to youth. The idea of creating a joint services house is therefore not a new concept in most districts, but the inter-agency aspect is more innovative; gathering different services and professionals in the same building, aiming for an inter-agency work environment.

A common talking point among the interviewees is the fact that the service used to be situated in a separate location from the other communal services that had already been gathered in this family centre. When the service moved into the same building, the degree of

cooperation improved drastically. From that point on, each new professional recruited in to the cooperation has been broadening its inter-agency reach.

Theme 2. Features of success

The interviewees emphasize the inter-agency structure in itself being a success. They emphasize the availability of colleagues from different occupational backgrounds, providing different skill sets and perspectives. They also emphasize the efficacy of having immediate access to colleagues with a supplementary skill set.

Absolutely! One hundred percent yes. [would recommend the inter-agency approach] And that is because of the access to different professional groups and different approaches to helping. If I didn't believe in it, I would not be working here. I am not saying this because I work here myself. Had that been the case, I could have been working someplace else. I am certain, as I stated earlier, that when inter-agency working functions properly, it is the best way to go. (Director of Family Centre)

Inter-agency work makes the service better by providing a diversified view of the matter, different competence, different methods and different solutions. It is also about us, the professional groups being there, working together and having an attitude of solving issues together. Therefore, I believe that we are quicker and come up with better solutions. (Program director)

Theme 3. Why does it work well? Perceptions of facilitators

Views on inter-agency work

There are two different views on what the term implies; the first is the success-criteria pointed out above regarding complementary skill sets. This is also emphasized as a reason for the success, as experienced by the interviewees, but also further elaborated upon. One leader (program director) emphasises an academic range as a strength of inter-agency work. (S)he points out the strength of different professional groups joining in with different perspectives, and weights the value of viewing a problem from both a vocational and an academic perspective.

The leader also points to language skills and cultural competence among the staff as strengths. This points to a duality of factors facilitating success, which becomes further evident below, that while a structure of multi-disciplinary staff is a facilitator, so are the personal characteristics of the staff:

Here, we both have vocationally and academically trained individuals, and I think that is a great synergy. And the fact that they all originate in the ECEC field, and are solidly anchored in the ECEC field and quality of Norwegian ECEC, and then they have shaped it into their own, in addition to them having the academic aspects of teaching. And the whole of - these didactic - all of the learning models that only they know. And then they are good with language and then they are very good with culture. Because you have to be able to interpret the culture, and you have to know about the language, and you are supposed to transform and distribute. And all this they know - both academically and vocationally, I think they are very competent; a great group. (Program director)

Second, practitioners, on the other hand, emphasise cooperation as a function of different backgrounds. They point out that they all share a lot, but have some differing contributions, depending on their training.

(...) I can have a kind of Norwegian course together with a physical therapist, for example, and be using the body and movement and such to learn Norwegian language. Things like that. And also the matter of understanding a situation, what is happening, why are they reacting...? The challenges of the families we meet, seen from different occupational perspectives, so that the situation can be understood in another way. That applies to both a health perspective on the situation, and - yes. So inter-agency work like that is only enhancing, in my opinion, regarding how one solve situations and learn more. (Language practitioner)

Autonomy

The administrative leader emphasizes staff autonomy as a facilitator of success. Very explicitly, (s)he presents a philosophy of leadership where the needs of the users (i.e., families attending the program) is the stated goal, and where achieving those goals requires her/him to provide the program with great autonomy and opportunity to use their expertise. (S)he is also explicit about her/his trust in the program staff's ability to come up with good ideas, and her/his loyalty to their judgements. Thus, (s)he presents her/himself as a leader whose job is to support the staff, rather than direct them, yet with a clear differentiation of roles and responsibilities. The leadership style may be considered authoritative, rather than authoritarian or laissez faire.

I work towards the service having it's autonomy. As little over-steering as possible, a large degree of expert assessments, that they are able to do what they like the most and that the service is shaped by the user's needs, not by what I as a leader may think it should be, that they see what the problem is, and solve the needs that exist. (Program director)

Remember that this is a highly operational group that I have working at this service, so they are often very able to get to the solution themselves. So they present the solution to me, and then I anchor that solution at a leadership-level, then I support it further in our leader group, if that is purposeful, mind you. (Program director)

Positive inter-agency identity

Practitioners underscore two interconnected aspects of inter-agency cooperation. First, it is the experience of delivering high-quality services in cooperation with other staff members. This facilitates in itself the mode of work. Next, these experiences lead to stronger personal relationships with other staff members, which in turn encourages this mode:

I think that we have become a lot more conscious - one gets some pleasant experiences and good examples, both showing that it is more effective, but also showing that the families, the concrete families, get better help. And one gets to know each other, and the other helpers. And so I think that one choose that the next time as well, that this is the way to work. (Director of Family Centre)

One practitioner experienced inter-agency work as challenging when lacking a joint reference and relation between the actors, but has gained a new perspective after experiencing it from the inside. This emphasizes the need for interpersonal trust as a foundation for collaboration:

When I was working as a pedagogic leader in an ordinary ECEC centre I had no experience with the different professional groups that I am currently meeting, so when a public health nurse called to express concerns about the language development of a child that had been to a check-up for four year olds, whereby this child had not been able to perform well enough. And so the public health nurse calls "Yes, I would like to speak to the pedagogical leader", "Yes, that is me", "OK, we have had a check-up for four year olds, and there lacks such and such", "yes, we are fully aware of the situation, and are working on it" - maybe I had a more, what should I call it, there was no personality to it; it felt like a very foreign person was to tell me about some shortcomings of a child, as if I didn't already know, it is very impersonal. (Pedagogic practitioner)

The experience of the advantages of inter-agency cooperation is also present without the interpersonal dimension, as being merely a function of getting familiar with the opportunities:

But after I stopped working in ordinary kindergarten, and started working in the family centre with the children´s service, I have changed my view completely, and I have probably changed my identity in relation to the different professions as well, I have a whole other way of cooperating with them now, then I had earlier. And that colours me as a professional, and now I have a completely different way of being, when I meet with the different professions. (Pedagogic practitioner)

Formal arenas for cooperation between the actors

The practitioners describe formal arenas for cooperation as a facilitating factor, although they differ in their experience of whether this is, in fact, taking place. For one practitioner, the value of formal arenas for cooperation is expressed through a concern for their absence. (S)he reflects on this while referring to the formal arenas for the leaders:

No, it is probably often the case that it is our leaders that have meetings and that have set routines when it comes to talking to each other. The rest of us often don't have that opportunity. From time to time, we are invited to a staff meeting where the leaders wish for us to describe something about the services at the family centre, why we have them and who these services are tailored to, so that their co-workers get to hear about them. (Pedagogic practitioner)

(S)he describes the opportunities for cooperation at formal arenas like this:

Formally, it often happens that [talks between actors] are about which services we have, and who, in a way, the users of this service are, it happens that we do that. And it also happens that we can set up some "academic stations" where we discuss themes that are often present when working with families. So it might be that the health centre comes upon the same cases that we do, but that they solve them a bit differently. Therefore, we might highlight cases like that; combine with some information about what kind of services we offer, and what we can, for example, offer this family, a kind of mix. It can be solutions like this, or it could be, as I mentioned, that we are all invited to watch a documentary, and then each owns responsibility to

make up the time, meet up, and then we discuss it. We also have, what should I call it, a kind of academic meeting that is arranged. It may be an internal or external speaker that presents a theme that touches everyone, in all divisions, in different ways, opening for, a kind of, discussion around the theme. (Pedagogic practitioner)

Another practitioner contrasts this statement, and highlights a number of formal and informal arenas:

Yes, we have those [meetings] and in some different ways. We have meetings internally, and there we have different professionals. So we meet, and we discuss solutions to different challenges, and then we meet in relation to more project-related meetings, with actors from outside the house, but also inside the house. (...) There you have - we have team meetings, and we have manager meetings, the people from family services (among others) are represented there. So then there are pedagogic personnel and special teachers, mostly personnel with a pedagogic background really, so it is probably not that interdisciplinary, but there are different perspectives in. We have speech therapists as well. Physical therapists are represented at the service, so they join in on meetings as well, they have their own divisional meetings, and we meet from time to time across agencies here at the house. That, however, is more concerning specific tasks; there are no joint meetings, that would be the manager meetings. And then there are different inter-agency coalitions, which lead us to meet with for example NAV [the Norwegian Labour and Welfare Organization]. We meet with those who work with the youth in the district, the street team, child services and such. (Language practitioner)

A possible explanation for the differing points of view may be the fact that the practitioner that had a clear share of formal meeting places, had more formal responsibility in the system as well. The higher up in the hierarchy, the more inter-agency meeting points they feel they have. This may reflect that these meetings are of value to everyone working in the service.

Informal meeting places

Whereas the practitioners have differing views on the possibilities of formal cooperation, there are fewer deviations in their view on informal meetups, and the importance of these. Notably, these excerpts emphasise the opportunities is having more informal arrangements that allow staff to meet and just form a foundation for exchanges:

From time to time, we encourage each other to meet up on other arenas that are not directly regarding a meeting, but can be - for example, we have "Drops og dokumentar" [candy and documentary], where we choose a documentary that we wish to show in a room, and so everyone decides for themselves whether they would like to participate. And if they want to participate, then - after the documentary - then we have a discussion, but then we might end up with us also going "hey, since you're here anyway, I'm wondering about something.." so you get to talk a bit about those things. Yes. And then there are a few moments here and there where one can meet up, but there are no formal meeting points or times, if I can say it like that, where we meet up once a month to just to get updates: "What have we got? What have you got? Are there specific families that we need to talk a bit about...?" Yes, remind one another about about what kind of service we have and where we can cooperate and what we can cooperate about, or what we miss, or yes. Formally we don't have them, but it might be happening a bit more spontaneously and on more informal arenas, for example at the cafeteria where we have our lunch. (Pedagogic practitioner)

Yes, well - as we are working together here at this house, it often happens that I may walk over to a person of a different occupation and ask them questions on a general basis. And then there are the situations where you need consent of course, if you are wondering about something- you need consent to be able to discuss a situation, a specific situation, and then you can discuss it with others as well. But it is often the case that I can go to a physical therapist's office and ask "what are your thoughts on this?" A more general kind of request. I think that is a very, very good thing to be able to do. And the same goes for the public health nurse. (Language practitioner)

In sum, these examples both emphasize the need for informal communication among the staff from different agencies, as well as illustrate a number of strategies for facilitating this.

Establishing clear procedures for confidentiality and information sharing

One strategy the service uses as a facilitator for improving inter-agency communication is by having clear procedures for information sharing. One of the practitioners brings up the question of confidentiality, and how this can be managed. Different agencies and professional groups may be under different legislative requirements and codes of conduct regarding confidentiality:

Often, there is the issue of the confidentiality, which we all are so regulated by, but the solution there, is to receive consent. Almost always, we get consent, we get consent to work across professions, as long as we ask. So that is one, when you ask about obstacles, not that they hide behind it, but it is not that hard, the part about consent, (...). (Director of Family Centre)

Internally, the service has solved this by implementing a clear procedure:

Yes, it can be solved. And here, in this centre, we have solved it by making a joint consent form. When families, or for example ECEC services together with families ask for help here - before, we had one form for physiotherapy when that is needed, one for the health centre, and so on. We don't have that anymore, we have one, and there are, I think, three columns for different consent signatures, as well. So that when a request lands at the service, the users have already given their consent. It is my job to process them, and I have never seen anyone who has not signed... everyone gives consent. And then there are also other services that have already been involved, that consent to information sharing. It can be child protective services, it can be ECEC, that are involved. And also between the divisions of the family centre, and then there is the bit about the laws, right. So the health centre, physical therapists, pedagogic personnel - that one can share across agencies. So that has made the case management easier for us as well, and then the duty to consent is no longer an obstacle. (Director of Family Centre)

Co-location

As for one of the more structural facilitators, the interviewees expressed appreciation of the fact that the program is located together with other services:

The advantage is that the house in which this service is located, is an inter-agency based house. So it is a house packed with communal services, a family centre, where we have the health centre in the floor right above we have physiotherapy for children from zero through 18, have psychologists and family consultants, special education

help for the children under school age, thereby all children at preschool age, and several other services; an open ECEC centre, homework help service, and such. We are broadly interdisciplinary; there are seventy five practitioners here, nurses, public health nurses, pedagogic practitioners, physiotherapists, anthropologists, and so on. And because this service is a concrete arena, as is the open kindergarten that we share our premises, and so it is an arena that is used a lot in inter-agency work.

The physiotherapists bring their users, families, down here, recruit into the services, but are also using the arena, because there is a lot of space, kitchen and a lot of floor space and such. Those that recruit the far most users to this service are the health centre in the floor above. Their routine is to try to recruit into ECEC services, the children that are not entered into ECEC, it is relevant in their four year old check-up. And if that is not working, then this is the next service, so then they take them by the hand and lead them down here. (Director of Family Centre)

One additional advantage of the co-location is the referral of potential users between agencies. Both physically, in terms of being in the same building, but also psychologically, in terms of practitioners across agencies being constantly aware of each other's presence when working with families:

Because, when you were talking about cooperating actors, it is the personnel who work here that are a part of the cooperating actors or departments, but we also have those on the outside, who work on recruiting families into the service. There, we have the health centre, and there we have the department for physiotherapy and work training as well, also working on recruiting families that may benefit from our service. Department for special needs education may also be involved, in relation to recruiting the child to the service, and the department for family health is probably also inside. So they always have it [the service] in mind, when meeting with families with children between three and six years that are in the family, if they do not have ECEC placement. So we are often mentioned, and then they talk about that service. So there, we have some cooperation with recruitment, and especially if they need some information and those kinds of things, so we are invited, we in the [service] are invited in - "you can bring along some pamphlets, and you can tell them a bit about the service", and then we get to meet the families. (Pedagogic practitioner)

An important feature of the family house structure is that the health centre operates as a signpost, directing the families with different needs to the right services:

The health centre is the most central. Because we work in an all-round pedagogic way, which means that we do not work with a specific group, we work with everyone. And then we have to target it a bit, based on the needs that we meet. If there is a child with special teaching help, then we have to adapt and target it that way. But first, we have to meet them on a general level, and then it is the health centre that meets them, and then, after a while, we have to help them further along in the system, if there is a need for that. So they are often the ones I meet or talk about a lot. (Pedagogic practitioner)

Through active use of the co-location, one can achieve a quite short response time. In addition, the leader thinks that this contributes to one being able to be mindful of resources spent in the help one provides, meaning that one can prevent an overuse of services (read more about the LEON-principle in the country specific part of the report):

Yes. And that we can get closer to the “one door in” policy that we try to achieve. If they have arrived here, at this big house, then we can help them along at a lower - the LEON-principle, lowest effective care level, really, effective level, we can help each other easily that way. This means the users do not get to be excessive consumers of services. We can plan better. (Program director)

Because the program previously was located elsewhere, the interviewees have experience of the disadvantages of not sharing location with other agencies:

This service has not always been located in this house, because we have not had facilities approved for kindergarten services until nearly three years ago. So we borrowed a sections of a kindergarten further down in the district, and from the day we moved into the family centre, we achieved closer inter-agency cooperation, and we weren't far away before, we were two tram stops away, but it is the “just down the stairs” that makes it possible for the health centre to bring their families and show the premises as part of recruitment, but also to use the space. That is crucial. Because inter-agency work, when it functions properly, it is the best way to work with these families. And then it is very laborious when it does not work, but that isn't what we are talking about here. So we are very lucky with the way we are organized, it is about that what you want to see connected, you have to organize in a connected way. I believe firmly in that, and I have felt that since the day we moved in. (Director of Family Centre)

Theme 4. Barriers and how to overcome them

Contextual barriers and political climate

Funding/resources

This particular program is not legally mandated, and is thus under constant financial pressure. While not directly a barrier to inter-agency cooperation, these concerns underscore that the legal status of programs and services may be crucial for continuation, but also that trends and policies matter:

The main challenge is that services like this aren't legally mandated, so now, for example, when we are working at the budget for [major city] for the upcoming year, then you are never completely certain that these services will be allowed to continue, because there is no law regulating this, this is not something that a district is obligated to have. But it is getting there, more and more, from a political viewpoint, the focus on prevention and early input and those “positive words”, and I feel like I hear that more and more for each year that passes. And then there's the fact that there is not always correspondence between that and the money that goes with it, but the focus on early intervention, especially in [big city], with the [another early intervention programme] and other priority areas that are emerging, I feel like that is a clear voice. So I hope that continues, because we know a lot about early intervention and its importance. (Director of Family Centre)

While describing that the uncertainty is shrinking, there is still a wish for more resources:

Yes, naturally [changes improving the service] - but that is in regard to economy. It is about - longer opening hours, for example, I could imagine that, I would love to have more resources, so there are a lot of things that could be done to improve the service. (Language practitioner)

Interestingly, inter-agency budget work may also be a facilitator. One leader points to how the demand for a joint framework and understanding, leads to more openness and flow of information:

[On budgeting] Openness and information, here in this house at least, between the departments, because they have, we work after the same understanding of economy and the same economic limits, and we are operational on the budgeting issue, all of us in the same way. (Program director)

Another leader points to how the service from time to time suffers under budget remunerations made to other services, but also how they, from time to time, can benefit from the fact that other services are dependent on them. The leader describes a trinity in the childhood services; the family centre, the ECEC services and the child protective services:

Well yes, because it shouldn't. [inter-agency work limiting budget decisions] But of course, we know that it does - and that is only from this service. I run a department that is not legally mandated, and that means everyone is fighting for the same budget money. So, I have some arguments that are a lot weaker than those of my colleagues, but then they grow stronger when talking about what the politicians emphasize, regarding early intervention. Of course, it should not be like that, but we have a pool that is to be distributed. But we are in the process of putting together the budget now, and then there are three major divisions in the childhood and youth services in our district, and that is us in the family centre, the ECC service, and the child protective service. The two others are dependent on their cooperation with us, both on what we do ahead of time, strictly preventative, but also the cooperation regarding children and families where there is concern. So I know that there are a lot of resources there, and they are across the services, and the other departments are dependent on that. So it is often not we that have to economize the most. (Director of Family Centre)

Communication across professions

While communication across agencies and professions is described as a strength above, there are both informal and formal obstacles to this. Notably, the informal ones are mentioned first, primarily regarding time and opportunity:

Our challenge, for the most part, is in regard to time. To be able to have time to talk to each other, to meet up more often and air the things we need to discuss, but at the same time, my experience is that a lot of the actors are very open to having discussions with me, I don't need to call to check whether they are in the office, and to check whether I can enter. What I do is to turn up outside their office, when there are two or three children I need to talk about, and then I see whether they are available - knock on their door, and "can I come in?", "sure, come in". And so, they are open to us taking some spontaneous trips, both upstairs and downstairs, but we don't always find each other, we are at a few different places, especially the health centre, which is called out of the building a lot, but at the same time is located inside the building, so it isn't always easy, you know. And if there are major, long-lasting leave-of-absences, that we aren't informed about it, so then you get to wonder "well, there was no one there for another week". (Pedagogic practitioner)

One interviewee explains how even the stairs in a co-located house can be an obstacle for communication:

For some strange reason, the stairwell is a big problem. To me it's not a problem - but for some, it apparently is. I don't experience it as an obstacle, but we can hear many people sighing over that stairwell. And that makes me think that we have the building that we have, it is not us that decided on this building, it is not us who have planned out this building, and the stairwell is what it is, then you have to make the most out of it, rather than getting hung up about that stairwell. The physical outline of the building can be a menace, I don't experience it as one, but I hear that other departments with other backgrounds and employees sometimes use it as a thing, that it may be a bit difficult. (Pedagogic practitioner)

The second obstacle relating to communication is the lack of integrated digital platforms and systems allowing agencies and professions to interact efficiently:

Systems, we do not have joint systems. That is our biggest barrier, in my opinion. Not everyone uses the same system, which can be a big problem for us, when we need to gather information, or need access to information. I know that the department of physiotherapy and the health centre have one system, I think it is called Winmap, and they have access to each other, and can write notes, but we at the family service do not have access to it, but everyone in this house are meant to use a Outlook-system to enter, plans and meetings - so that it is possible to go into a calendar and book each other, rather than showing up in the hallways, you know, or calling them up, or e-mailing to see if they have the time. (Pedagogic practitioner)

Different actors may have different mandates, tasks and regulations

The interviewees describe some challenges due to differences in mandate and regulations, yet this primarily relates to NAV (The Norwegian Labour and Welfare Administration), the provider of all social welfare and financial aid. While many of the families using the program are reliant on support from NAV, there has seemingly been no real attempts to build align these actors. Notably, several of the interviewees see the potential in this:

Yes, it happens that we have some trouble with NAV. There, we have a long way to go. We have had different cooperative ventures with NAV, and a lot of the families we have here are in contact with NAV, that also applies to the major part of the users we have at the adult education division, which is quite extended, consisting of even more people than the ones that are parents here at the service. There, we have a great potential for cooperation. And then it's very dependent on the person who you meet there. But of course, I also have great respect for the legal system and the great economy that is connected to the social service. Because they are a bureaucracy, a propos social welfare, because there are great sums of money, and they are to be allocated and there is always a resolution. And so I have a lot of respect for that as well, but because NAV has got so many of the same priority areas that we have, and a lot of families with children as well, we have great potential there. (Director of Family Centre)

Another leader expands on how it can be challenging to be working with NAV:

There is a difference between economic contributions and being involved in developing services together with the people, or the users, because that service is

often created, and it has got [a certain] value, when it is created. But other than that, NAV can be a pure transaction, where you get economy. It is a rights based service. So it can be that kind of things - what kind of service it is in regard to, for who, and a bit why, and that we did it in a logical and good order. Certain ones need to be able to be especially important at times, and then you have to communicate that, give each other notice, so that one is able to talk about it and make the right priorities.
(Program director)

Cultural/professional obstacles

Person-dependence

Several of the interviewees emphasize that successful inter-agency cooperation is highly person dependent, and hence person dependency is a significant obstacle. Both success and continuity requires staff with the right attitudes, as well as a need for practitioners who feel a connection and engagement in the service. In the words of one interviewee, the person dependence makes it difficult to transfer the success of one inter-agency cooperation to another:

It is often so, in services like this one, that the criteria of success are very person-dependent. That makes it difficult to transfer it to other services. But attitude, definitely, pedagogic and learning through doing activities and such things, more than formal teaching. That one should meet people as whole and grown-up individuals. But there is nothing innovative about that. (Language practitioner)

Yes. My impression is that we have engaged co-workers who are highly educated, have a lot of competence and are very qualified. Always striving towards having this service and who are engaged in developing it and who are ahead of schedule. And I think that is the success criteria. That there are employees here who feel ownership to the service (Program director)

Conflict between professions and different professional identities

The person dependence is also reflected in the fact that different professions can have diverging views on inter-agency work, which may be rooted in conflicts between professions. This may be because of the previous experiences of people from this type of cooperation:

Well, inter-agency work may show the trust of different professions, or mistrust, or lack of trust to each other. And that is the experience of the individual co-worker on inter-agency work earlier that is having an impact. So here, I think a lot about individual - group - system, and there, the experiences of the individual are very important. (Program director)

Some professions are more accustomed to, or more comfortable with, inter-agency work. Some professions, like the educational, have traditionally worked with others, while some, like health services, has done less so. Yet again, this is person dependent, and conditional on the attitudes and experiences of the professionals involved:

It has been more difficult for us to develop into an inter-agency based service together with the health centre than together with the pedagogic personnel. It is a big difference. It is completely different now, we have seen a generational change at our health centre, and a new leader and a lot has happened. But if I go back a little in our history there is a major difference, and that is very interesting! Physical therapists as well, they are very good at inter-agency thinking. There, I think there is a big difference between the professions, some are very energetic and wants to think like

that, and have a lot of tradition for it as well, while others may be more settled in their profession. (Director of Family Centre)

The differences between the professions may stem from a different understanding of the service:

Yes, I haven't experienced it like that - it may be that with different understanding of what this service is supposed to be, for example. Maybe, if you come from a health based background, you will be thinking that "yes, but maybe this service is supposed to be for...", yes, that you have a differing understanding about which profile is to be chosen, what the goal is. (Language Practitioner)

Commitment obstacles

Anchoring

For inter-agency work to be functioning well, it is important to have a good organizational structure, a leadership that facilitates the work form, and anchoring in the district. Notably, this organizational anchoring also seems to be person dependent. But it also requires strategic anchoring in political processes, and a leader who is able to manoeuvre at a political/policy level. One leader exemplifies the importance of a facilitating leadership:

Yes. It is [openness to cooperation] But it is, of course, easier now, when we are working a lot more inter-agency based, and also have got the health centre to join in, be a lot more invested, it has a new leader who is very interested. And it is much easier to be open about it now, completely different from two years ago, a lot easier now than it was then. (Director of the Family Centre)

One way that the service has gone to achieve this, is by having leaders involved from the development stage:

The entire leadership group has been that [involved from the start]. And I think that has been part of the key to why we work so well in an inter-agency way now, that it is so solidly anchored. Quite decisive, I believe. (Director of Family Centre)

The leader is the link between the service and the policy actors, emphasizing that political anchoring has been essential in the development of the service:

And it is politically well anchored, and then it is my job as a leader to join in and secure good operating parameters, because the content is so expertly made by this group. (Program director)

This is especially due to political priority areas:

Yes - the district has established four areas to priorities, and inter-agency work is one of them, one that all services are to work by. And then early intervention is one, and from there, we are starting to flourish. (Director of Family Centre)

Theme 5. Perceived impact on the nature of services

Responsivity by need

The interviewees see a clear need for the service they provide in the community, and also reflect on 'bottom-up' influences, how the services are shaped by the users' needs:

Yes, I think that it is the case in our district, that we have a lot of children and parents who are coming in with a international influence, creating diversity. And then we as a district have to take responsibility for that, and then there are employees who has seen and experienced, who understand what should be done and are pushing that forward, and then I am thinking that it is from the needs of today, that that is necessary. I think that is very, very nice, because we don't make something we believe that the people need, but it is the people who tell us what their need is, and then we can be ready to welcome that, and to create services. (Program director)

Greater efficiency through reduction in duplication

One advantage of the inter-agency cooperation in this service is the increased efficiency due to the immediate access to other agencies:

Yes, I see that very clearly, that it secures a much more inter-agency based approach to things. And that inter-agency approach creates quicker results for users, a better flow in the service, and more efficiency, which I like. (Program director)

Possible causes for this described by a leader are that the right kind of help is quickly identified, and they are not given help that is redundant:

[Recommend] Yes, absolutely - because we get a better view on things, and we get different kinds of help, and we find the right help or support much quicker. Or the right contribution, or the right service, and it doesn't only need to be help. Because we want our citizens to be active and self-sufficient, and to be able to cooperate well with the system, and the services. (Program director)

The co-location especially contributes to giving fast and effective support to the users:

Yes. What we see now, is that when we began it was difficult to recruit people. But now, we know them throughout, we can see that "ah, you're having a baby, yes, you'll be in Friday, ok", "Ah, you have started to have homework, come by in the afternoon" We can follow-up more, and we don't lose them. (Language practitioner)

Greater focus on prevention and early intervention

The previously mentioned anchoring in district and leadership is especially related to the focus on prevention and early intervention by the district. The program is, as one interviewee points out, a model for the integration of the district's four areas of commitment:

And I think it [the way of working in the service] is quite 'modern', and that it is also a political area that leads to us being rewarded for innovative thinking and for creating new services, by strengthening the competence of this [user] group, both language and integration into the Norwegian society. (Program director)

Yes - the district has established four areas to priorities, and inter-agency work is one of them, one that all services are to work by. And then early intervention is one, and from there, we are starting to flourish. (Director of Family Centre)

The extended value of inter-agency work

Several of the interviewees point out that inter-agency work, in their field, has an extended value in creating solutions through partnership and dialogue:

Absolutely! One hundred percent yes. [would recommend the inter-agency approach] And that is because of the access to different occupational groups and different approaches to helping. If I didn't believe in it, I would not be working here. I am not saying this because I work here myself. Had that been the case, I could have been working someplace else. I am certain that when inter-agency working functions properly it is the best way to go. (Director of Family Centre)

Inter-agency work makes the service better by providing a diversified view of the matter, different competence, different methods and different solutions. It is also about us, the occupational groups situated there, working together and having an attitude of solving issues together. Therefore, I believe that we there faster and come up with better solutions. (Program director)

Theme 6. Perceived impact for children and families

Stability for users

It is useful to be able to systematize the number of - and which - actors that are connected to a case, ensuring that families get the right follow-up and the best support possible:

That is because there are many actors involved in many families, and it can be many faces to keep up with. But if you regularly meet the same people, I think that can create good results over time. And if you able to reduce the number of faces then it can be easier for the parents to relate. And then we can share information internally, and maybe remove a few links, so that there aren't too many people involved in one family. (Pedagogic practitioner)

Impact for family

One important part of the inter-agency work is to be sensitive to the priorities given to the needs of a family as a whole:

One example is if we come across a family where NAV has planned that they are to spend time on getting into the workforce, and then all the other professional groups involved have decided that they want the family to do an effort that takes from that time, then we undermine the possibility for that family to become self-supporting. That is not good. (Program director)

Impact for children

One of the main aims for the service is to lead children from the service, and into regular ECEC services. One practitioner describes how they sometimes go to great lengths to help the family enrol into ECEC:

We support the family the entire way. Everything from maybe helping them apply for an ECEC slot, to following up on them being able to respond when they get an offer, because if they don't, they are automatically turned down, and they lose the slot. So we have to help with that, and when we have done that, we get consent from the parents to call the relevant ECEC centre and inform them a bit about how the

cooperation with the parents has been, and how we perceive the child and what we have been working with, in regard to the individual child. (...) Sometimes they may wish for us to accompany them into the specific centre, if they are very insecure and are very worried or something, if it is a big centre with strange people, that can be scary to some. (Pedagogic practitioner)

Theme 7. Country specific theme

The LEON-principle (Lowest Effective Level of Care) is the official Norwegian translation of the WHO principles of primary health care. The principle entails that intervention and health promoting work should be initiated in as close connection with the home environment as possible. It also implies that services should seek to utilize the possibilities and resources that exist in the home environment and social networks.

In Norway, the principle is incorporated as both a communal and a county municipal obligation, in legislation and in public inquiries. It especially has a strong case in the rehabilitative counselling services in Norway (The Norwegian Directorate of Health, 2018). In recent years, the principle has also been an important argument in the health service for providing treatment and continuous observation in the municipal health service to a larger extent, and less in the specialist health services. This relates to the goal of increased focus on early intervention and basic care that is an important part of the reasoning behind the service in this report.

5. Concluding statement

How does this example reflect other work in your country?

Health centres for children prior to school age are universally accessible in Norway. To some extent, these are part of inter-agency cooperation, e.g., with the practical-pedagogical services, the family care/welfare centre and the physical therapy services. Thus, a transition to more integrated services or to more extensive inter-agency cooperation is potentially possible. Family centres, like the one framing the program investigated here, also quite commonly include health centres, though public figures are not available to document the extent of this.

Early and holistic interventions, and prevention, has political tailwind in Norway. The model underlying the program investigated here is therefore potentially a way forward for enacting such ambitions. Yet, currently, this program, and the family house where it is situated, is at the forefront of this type of cooperation, and is not representative of inter-agency cooperation in Norway.

What is, as far as we see it, representative of the program investigated here, is the budget constraint. Decentralized budgeting is always a challenge for prioritizing programs and services not legally mandated or earmarked, as municipalities have multiple mandatory responsibilities to meet. Moreover, the challenges of cooperating with NAV are notorious. The NAV system is known to be very independent and to lack willingness to align their mandate with other services.

If unusual why? If identifiable in a number of locations, why?

The program investigated here is unusual in being a very closely integrated cooperation between a large number of agencies and professions. It also provides an unusually seamless integration of services provided by different agencies. Thus, the level of inter-agency

cooperation described here is not to be found many places in Norway, while most of the agencies involved are.

Way forward

We see the model of inter-agency cooperation investigated here as promising for the future development of a holistic early intervention model for Norway and internationally. There are currently several studies supporting the benefit of family centres (Gamst & Martinussen 2011; Kouvonen et al., 2012). The decentralization policies currently implemented in Norway provide a systemic change that, in combination with the strong emphasis on a holistic approach to early intervention, may lay a foundation for an expansion of this model. However, the person-dependency of this program's success provides a considerable challenge in the scaling up of such a model.

Specific relevance for ISOTIS

The program investigated here, and its model for inter-agency cooperation, provides several perspectives of specific relevance for ISOTIS. The first is the aim of the service; the program takes an inter-agency approach to empower families, and especially families of non-Norwegian origin, through a combination of a) facilitating ECEC use for children, to improve language skills and to provide skills important to succeed at school, while also b) providing parents with skills (language and otherwise) to integrate into the labour market. Second, a political discourse of early intervention and inter-agency cooperation is facilitating, and public funding of such a program does, potentially, provide both long term stability and sufficient funds to run the program. Third, the modus operandi of the program seems to be a good model of providing the ISOTIS target groups with a low threshold integrated promising service.

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POLAND

The Action Base of Integrated Activity (Baza Akcji Zintegrowanej Animacji; BAZA) - Local Support System for children and youth at risk of social exclusion, Warsaw

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1. Introduction

Objective of the report

The objective of this report is to present how inter-agency work mechanisms of organizations involved in the Action Base of Integrated Activity project (BAZA) operate in practice. Project *The Action Base of Integrated Activity* (Baza Akcji Zintegrowanej Animacji; BAZA) concerns an integrated set of actions that have been planned to provide children and young adults at risk of social exclusion with a developmentally supportive environment. The project operates locally, more specifically in one local community in Warsaw, and combines different types of actions, such as educational, preventive, care, social etc. The BAZA project's goal is to complement the available support services in the neighbourhood and increase their outreach by introducing innovative methods of work with the beneficiaries and organizations. The BAZA project creates a space for the exchange of experiences among professionals from public and non-public organizations, collects different data and resources which may enhance the effectiveness of services primarily directed to children and young adults, but also to their families. The project has been elaborated by public and non-public organizations in response to the tender of the Social Support and Projects Bureau in Warsaw, nevertheless the core BAZA consortium involves only non-public organizations.

The implementation of the project has been financed by the city of Warsaw, however the organizations involved in it contribute to the BAZA project e.g., by providing space for events or their own ICT tools.

Information about the BAZA project is available on the websites of the consortium organizations, for example the leader of the consortium (Qzmianom; <http://www.qzmianom.org/?page=Strona&id=78>) and the city of Warsaw (<http://www.mapanaprawa.pl/projekt/401/baza-baza-akcji-zintegrowanej-animacji>). Moreover some videos concerning different events organized by BAZA are available on YouTube (e.g., https://www.youtube.com/watch?v=ch7g_Y0FRs0).

Reasons for selection as 'successful'

Using the criteria set by the research team, there were three main reasons for selecting the BAZA project as an example of successful inter-agency work among institutions providing support to children and families in a difficult life situation.

- Firstly, several experts from the fields of education and social support found the project valuable, pointing to its comprehensive approach, good communication mechanisms within the consortium and with partner institutions, but most of all highlighting the fact that the consortium is a learning community open to new ideas, continuously developing and adjusting their actions according to the feedback from the field.
- Secondly, practitioners of partner organizations indicated receiving positive feedback from the children and families who were engaged in different actions offered by the BAZA project.
- Thirdly, the project which was initially planned for two years of operation was positively evaluated by the city and its financing was prolonged for additional two years. Moreover, the coordinators of the consortium view the organizational structure of Local Support Systems as enhancing the effectiveness of services.

NGOs in Poland do not have a habit of solving problems in co-operation. Usually there is unhealthy competition between organizations, for money or for prestige. Here we managed to gather together organizations whose competences complement one another, smoothly and efficiently. (Coordinator)

2. Methodology

The general objective of the study is to explore the characteristics of inter-agency work among the BAZA consortium organizations and its partner institutions (for a demonstrative model of the BAZA consortium and its partner organizations see Figure 1). The main questions addressed in the study concern the social context of the provision of services, the features of success and challenges to overcome for greater integration, and the impact of the services on the professionals and beneficiaries.

In order to explore the case various existing resources and new data have been analyzed. The materials reviewed were: web sites of the institutions involved in the BAZA consortium, partner organizations and the city, internal documentation of the consortium, for example the contract of the consortium, as well as grey literature, such as the mini projects by BAZA. Additionally, video materials published on YouTube, disseminating the work of the consortium and member organizations have been taken into consideration.

Eight semi-structured interviews with stakeholders were conducted. Seven were held in person and one was by telephone. The interviews were conducted with six coordinators of the project: the leader of the consortium, the Director of the Social Support and Projects Bureau in Warsaw, three leaders of the member organizations of the consortium, the pedagogical supervisor of a partner institution (primary school) and two front-line providers (one from a member organization and one from a partner organization). The interviews were audio recorded and transcribed. All of the interviewees were informed in detail about the study's objectives and signed informed consent forms. Data collection and analysis took place between December 2017 and February 2018. In the study the descriptive strategy for data analysis has been employed (Yin, 2015 p. 164).

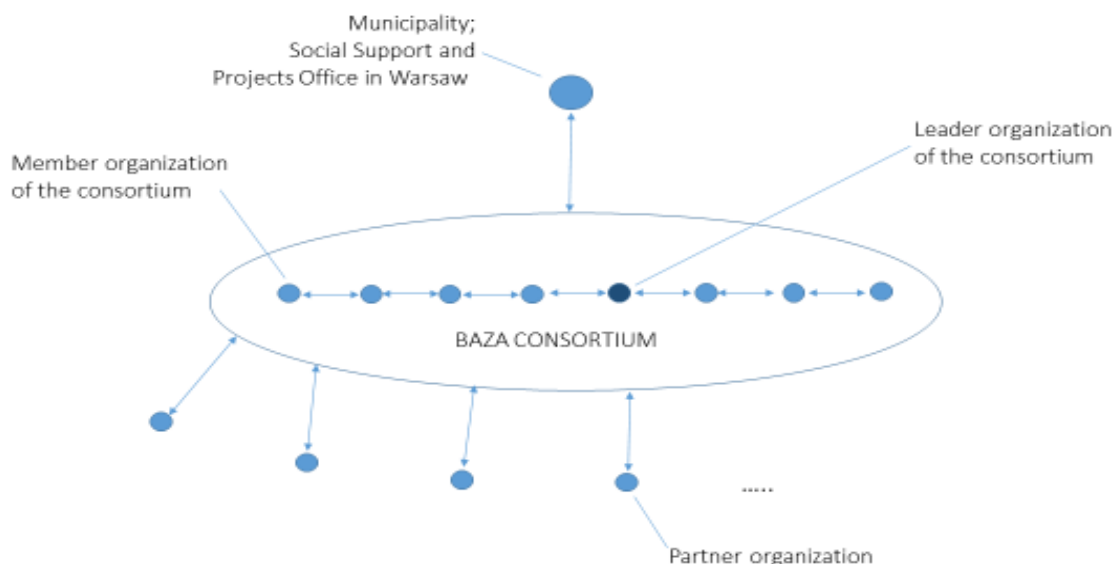


Figure 1. Demonstrative model of BAZA consortium and its partner organizations

3. Characteristics of the BAZA consortium

Target population

The main target group for the services of the BAZA project is children and young adults from 7 to 18 years of age living in one Warsaw neighbourhood, an area identified by the Social

Support and Projects Bureau in Warsaw as accumulating social problems concerning children (for more information see the Theme1. History). To a lesser extent, the consortium offers actions for whole families, more specifically families of the target children and young adults, the local community and professionals of educational organizations who work in the area.

Partner agencies involved

There are eight non-public organizations in the BAZA consortium. The leader of the consortium is an association whose main objective is to encourage children, youth and adults to recognize and develop their individual potential. Its activities, primarily courses and workshops in the areas of education and psychotherapy, are targeted at people in a difficult socio-economic situation. Additionally, the association provides support to other institutions in project management and monitoring. Other organizations involved in the BAZA project provide various types of services, such as after-school care, extracurricular activities, specialist counselling (psychiatrists, speech therapists, psychologists, family assistants, lawyers etc.), and street work. Additionally, the consortium works with several partner organizations, for example schools (primary and lower secondary), a sports centre, a cultural centre, a Social welfare department, a psycho-pedagogical counselling centre, an artistic association and local authorities. The main area of operation of all the consortium and partner organizations is the neighbourhood.

Types of support/service offered

What the BAZA project offers to children and young adults comprises different types of support which may be divided into those organized in and out of schools. The participation of pupils in all the activities requires written consent of parents/ legal guardians. During out-of-school actions, organized by local after-school centres and clubs, the participants are encouraged to get involved in *Mini Projects*, in which experienced instructors support them in changing their environment by doing creative work, for example making a video, a sculpture or a theatre play for the local community. Additionally, they may participate in individual general tutorial classes, where experienced volunteers support them in doing homework or preparing for tests. Young adults may also use a wide range of extracurricular activities organized by local sports and youth clubs, such as theatre classes, bowling, swimming or other kinds of sport. Moreover, all pupils may use individual consultations with specialists, such as speech therapists, psychologist, pedagogues and psychiatrists. Both schools and after-school centres offer workshops on different aspects of lifelong learning competences.

For children and young adults who are not willing to participate in institutionally organized events and support there are activities provided by a group of street workers, who support the development of *Mini Projects*, accompany children and young adults in day-to-day after-school activities (usually organized in the yards or the local park) and organize trips. Within schools pupils are offered subject tutorial classes (most frequently students request for Polish, Math and English). To encourage pupils to participate, they are allowed to decide who their tutor will be (their school teacher or a teacher from a different school). Additionally, if the classes take place in the afternoons, the participants are offered a snack.

The BAZA project provides four types of services for parents. Firstly, the *Super Parent* workshops on parental skills, focusing on the communication between parents and children. Secondly, parents may use individual consultations with specialists, such as psychologists and therapists. Thirdly, there are support groups, where parental experiences may be discussed among parents, but also with a specialist. Lastly, parents may take part in the monthly meetings called *Parental Café's*, arranged in one of the local café, where they meet to have a coffee together and chat in an informal context. Moreover, families in the most difficult life situation may get support from the Family Assistant, a specialist who collaborates with the family in order to overcome their problems by providing psychological, social and

legal support (directly and/or non-directly by referring the families to specialists), encouraging social activity, supporting in searching for and keeping a job, motivating for the participation in parental support groups and for the cooperation with local providers of social assistance and educare services.

Volunteers are important members of the project; therefore a special training programme has been created for them. The consortium provides a wide range of free-of-charge in-service training, including individual on-the-job mentoring and workshops, for example concerning project work, street work or pedagogical therapy. Additionally, volunteers may participate in supervisions of the teams working on different activities within the BAZA project, for example in the parental support group. In order to support the children's and young adults' developmental and educational environment, the BAZA project offers support for teachers, such as workshops on e.g., the prevention of addictions or effective ways of motivating students. As regards the local community, some regular events are organized for them, such as board games evenings.

Level of collaboration

The engagement of the BAZA project professionals in inter-agency work varies depending on the organizational level. Referring to the relationship characteristics determined in the *Levels of Collaboration Survey* the commitment of the project coordinators from the member organizations may be defined as *collaboration*. More specific, their understanding of the value of shared vision and purpose of the consortium are high and their day-to-day work is characterized by mutual trust, shared decision making and frequent communication. As to the front-line providers, their engagement in the project as a whole and in inter-agency work is less apparent. Depending on the type of the organization and the field of practitioners' expertise, at this organizational level the inter-agency work may be defined as *coordination*, meaning that practitioners share information and resources, know each other's responsibilities, make some decisions together and communicate on day-to-day basis, or *communication*, which is characterized by the exchange of information by means of formal channels of communication, some knowledge on the colleagues' responsibilities and independent decision making (for more information see the Theme 2 and 3).

Length of time inter-agency work

The formal collaboration of the organizations involved in the BAZA project started in 2013, when the first two-year project was initiated. Its completion was followed by the evaluation period and the elaboration of a new project proposal, which lasted 10 months in total. Then the new BAZA project was conducted and it finished at the end of 2017.

Inputs into partnership

The scope of services provided by the BAZA project, as well as the responsibility of organizations for the implementation of particular services were agreed on by all members of the consortium at the project preparation stage. Each of the organizations was responsible for providing detailed information on the services which they were to arrange. The costs, required materials and equipment necessary to provide the services (including the input expected from other partners, for example space on their premises) were discussed and accepted by all of the partners. Even though the operation of particular services was supervised by different organizations, all of the services were available for the whole consortium. For instance, one organization in the consortium organized specialist consultations with a psychiatrist, hence it received the entire budget for this purpose; however, all of the organizations might refer their beneficiaries to this organization for psychiatric support. Another example concerned the accounts, which were kept by one of the partners. In that sense, the consortium provided services to beneficiaries, but also members of the consortium provided services to one

another. To sum up, each of the organizations declared their input and expectations at the initial phase of the operation of the consortium and it was approved by all its members.

Inter-agency Activities

In order to ensure the cohesion of the services a common vision of the project as a whole was elaborated and accepted by the BAZA project consortium at the preparatory stage.

Additionally, monthly meetings of all coordinators were planned for the whole project in order to exchange information on the project and, if necessary, make adjustments in its operation.

The organizations agreed on using the ICT platform *Monitoring BAZA (BAZA Monitorująca)* for sharing information concerning the activities and services provided within the project. *Monitoring Baza* is a tool developed by one of the consortium organizations within a previous project and is currently supervised by the City of Warsaw. The platform allows all Local Support Systems consortiums to share information on the services (schedule, location, content and available places), but also some basic information on the children and young adults' involvement, for example the type of activities in which they participate. Importantly, the access to the platform is granted only to authorized professionals and the parents must provide their consent before the data concerning their children are uploaded. Additionally, one of the organizations was responsible for the project's web-page, and another one for the Facebook profile. In order to optimize the accountancy procedures, the consortium decided to use the same financial and reporting system, developed by one of the partners for their own organization.

For the purposes of in-service training of the project coordinators, monthly supervisions moderated by an external expert were scheduled through the whole project. For front-line providers some joint regular events (every six months) were designed, such as picnics or location-based games.

4. History

The legal regulation of the Polish Parliament of March 12, 2004 about Social Assistance with its subsequent amendments, states that social support is to be organized on the national, regional and municipality level in cooperation with organisations such as foundations, associations, the Catholic Church, other churches and religious groups, employers and both natural and legal persons.

Across the country, local authorities fulfil this obligation in accordance with the specific community contexts (needs, expectations, available infrastructure etc.). The social policy of the municipality of Warsaw toward families has been formulated in the Program *Family* (Program "Rodzina"). The program is designed for the years 2010-2020. Its main objective is to strengthen family bonds, with a special focus on the support to families with children at risk of social marginalization. The implementation of this aim has been planned through the Local Support Systems (LSSs), which are consortia of non-public organizations (NGOs) operating locally and implementing projects developed in cooperation with the local public institutions (schools, sports centres etc.). The idea for creating LSSs is to build teams of specialists who support each other, exchange knowledge and skills, but most of all complement each other in order to create holistic support to families in difficult life situation, especially to enhance the children's social skills and school achievements. Moreover, LSSs are to encourage the involvement of public and non-public organizations, as well as the local community in common actions. Importantly, all LSSs gather and analyze data (in compliance with the legal regulations concerning data protection and management) according to the rules established by the city.

The neighbourhoods in which the LSSs are established are determined by the city on the basis of statistical data concerning the number of:

- families requiring support in regard to child care and upbringing;
- families in the neighbourhood using the services of Social Welfare Centres;
- family members who have been victims of physical violence;
- children in the family directed to foster care;
- children in the family who receive family benefits;
- people in the family who do not receive the alimony ordered by the court.

Every three years a map reflecting *Accumulation of Social Problems Concerning Children in Warsaw* is elaborated. Apart from reflecting the intensity of family problems the map includes the information on schools and after-school centres operating in the particular areas (Figure 2. presents the map *Accumulation of Social Problems Concerning Children in Warsaw* in 2015).

The city opens a tender for LSS projects which are to operate in 25% of the neighbourhoods where the highest rate of family difficulties was diagnosed.

On the basis of the results ... we select the schools (in the areas) with the greatest problems. The consortia are directed to the schools where about 50% children have problems, and the other 50% are the classmates of these children. Afterwards LSSs are working with a whole class ... (Municipality coordinator)

Local NGOs initiate inter-agency work between themselves and the targeted schools in order to elaborate the proposals of projects meeting the needs of the local community. The proposals should also meet the municipality requirements, for example involve the optimal number of organizations (from 3 to 6) including street-work organization, after-school centre and schools. Importantly, the organizations should have different areas of specialization. The condition for obtaining city funding for the initiative is the positive evaluation of the proposal. The first LSS established in Warsaw was the BAZA project in 2013.

5. Themes – BAZA features of success and challenges to overcome. Perceptions of facilitators.

Several features of the inter-agency work of the BAZA consortium seem to be relevant in regard to its successful operation. Importantly, the consortium was built on the basis of a mixture of top-down and bottom-up premises. The city determined the organizational framework of the consortium, namely the number and the scope of eligible organizations and the overarching goal of the services:

...increasing development opportunities of children living in at risk (of social marginalization) neighbourhoods"... (Municipality coordinator)

The specific programme, the composition of the consortium and partner organizations were established at the local level. This approach enhanced using the full potential of all the stakeholders. The city contributed the available data on social support for the families and the financial resources, expressed the openness and support for inter-agency work, and provided the legal basis for forming the consortium. The local organizations involved their knowledge on the local needs and resources, their experience and professional expertise, but also infrastructure (most of the activities organized by the BAZA project take place in the centres involved in the consortium or partner organizations).

Accumulation of Social Problems Concerning Children in Warsaw in 2015

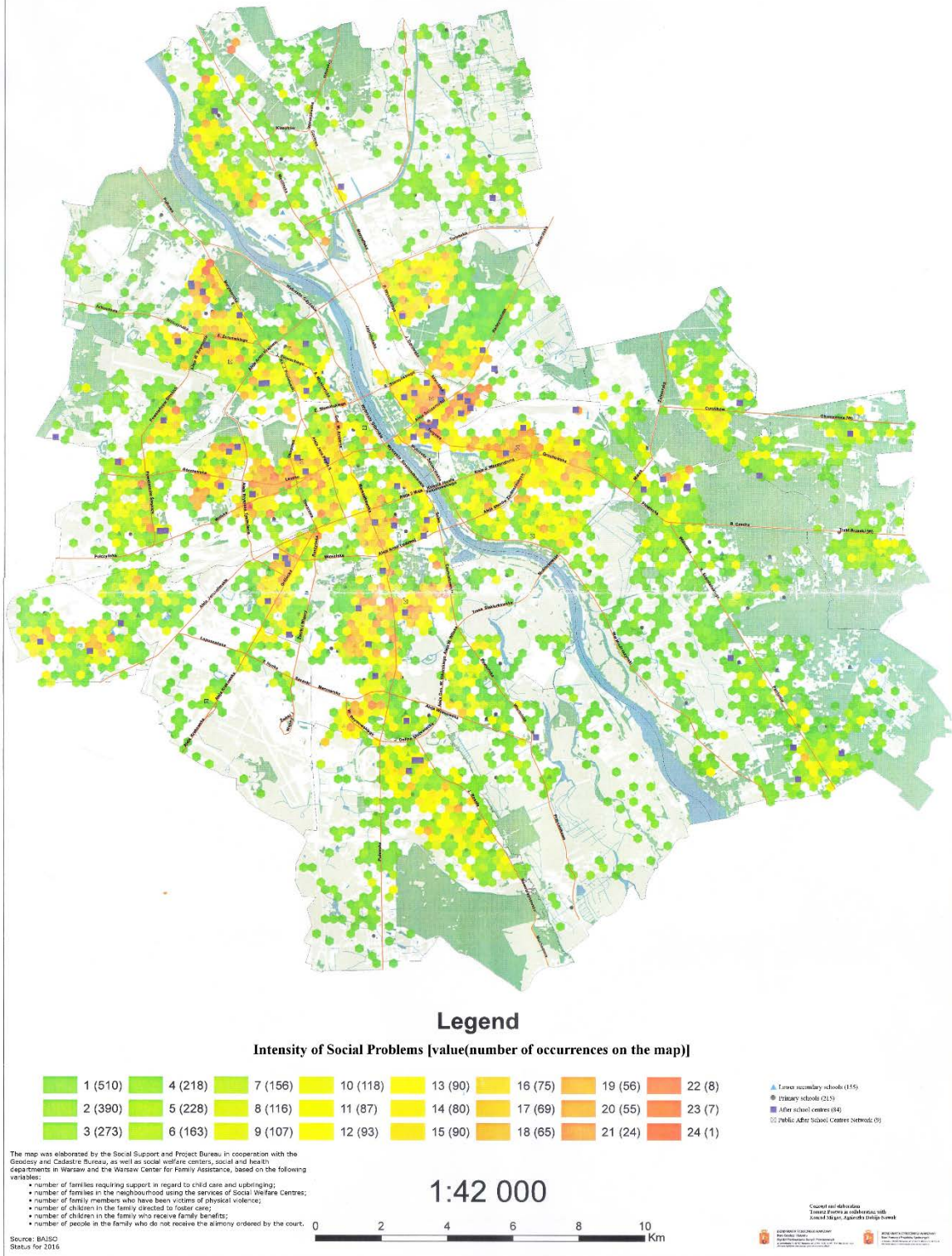


Figure 2. Accumulation of Social Problems Concerning Children in Warsaw in 2015

Theme 1. Purpose and recognition of need for partnership working

In the case of the BAZA project, the need for partnership work was defined by the municipality.

When I started work 5 years ago, NGOs competed for funding, for experience, never shared ideas for fear of competition. When the municipality set the criteria for obtaining the financing, the organizations were forced to open up...
(Municipality coordinator)

Even though the process of establishing inter-agency work was a challenging experience, all coordinators regarded this mode of work as valuable and worth the effort.

After a year the same people talked to each other, respected each other, worked together. This showed that it was a good solution. We realized that if they had worked on their own, they would have got some results, but working together they created some added value, and at the same time they specialized in their fields ... (Municipality coordinator)

This model is good for people who are active. You have to open to other organizations. It was difficult at first, but now I'm quite happy that the municipality kind of forced us to co-operate with each other ... (Coordinator)

The coordinators also agreed that the success of their work was highly dependent on the great effort which preceded the elaboration of the project proposal. One of them stated:

Before the project we met regularly for 4 months to get to know each other, to make sure we wanted to work together, to get to know each other's work, to check what each of us could contribute ...

In this initial phase of the partnership, the organizations agreed on the principles, which underpinned the project. These values referred to the purpose of forming the consortium, as well as their contribution. Firstly, all services offered by the BAZA project were to be aimed at solving specific social problems. Secondly, the organization of the BAZA project was to enhance the mutual support of the consortium members. Thirdly, each organization was to build on their own experiences and resources, also by combining and complementing the BAZA project's actions with other projects in which the organizations were involved. The shared understanding and the agreement on the basic values framed the further work of the BAZA project.

The importance of inter-agency work was also evident in the interviews with front-line providers, even though their specific knowledge about the structure of the consortium and the available support was rather limited.

Each organization includes a coordinator, who actively participates in the work of the consortium, but the practitioners are mostly focused on their tasks, not on the consortium as such. (Coordinator)

Strengthening the partnership of front-line providers has been mentioned by the BAZA project's coordinators as one of the challenges which they plan to respond to in the next project. Additionally, they all mentioned that the effectiveness of services would have been enhanced by closer partnership with schools (Partner organizations).

I think our goals are different. The school has only one goal – to educate. They have clear procedures. If a child has a problem they try to solve it on their own, and if the child is absent from school they call the parents. If the child has bad grades the school does not call me for help... (Coordinator)

Importantly, the opinion on the level of schools' engagement in the BAZA project varied among coordinators, of whom some were rather positive about it.

Theme 2. Communication and commitment to joint working among professionals at all levels

Communication among the BAZA project professionals involved both online and face-to-face contacts and took place during regular meetings and ad hoc conversations. The intensity of the contacts varied substantially among the representatives at different levels of the organizations.

Through the whole project, the coordinators of BAZA's member organizations met every two weeks. All of the interviewees were convinced that frequent face-to-face contacts were the key for establishing inter-agency work, the effectiveness of which has to be built on personal relations, respect, trust, appreciation and the knowledge of each other's expertise and accomplishments. The coordinators claimed that frequent contacts allowed to create a complex, suitable, and most of all flexible range of services.

We meet every two weeks, one is the coordinators' meeting, mostly about organizational matters, and the other is the supervision, where we focus more on professional matters. Now that we are finishing the second project we have already worked out the procedures how to respond and seek mutual help. It is important to be in touch by email, to improve the use of the platform, to seek and give advice via the Internet ... (Coordinator)

My advice is get to know each other and maintain good relations (Coordinator)

Communication among front-line providers was less intense and had an ad hoc character.

Sometimes the teachers and organization workers exchange phone numbers, but most of the time I am the contact person for the activity within the organization... (Coordinator)

Nevertheless, the importance of tightening the relations among practitioners was recognized by the consortium coordinators and several whole consortium events were organized.

Within the activity of the BAZA project every 6 months we organize an event for all practitioners from various organizations. Last semester it was an outdoor game... (Coordinator)

... these meetings are not just for presentation but for exchanging experiences, but it is more like taking a look at each other than exchanging good practices. I don't think we've got space for that yet ... (Coordinator)

The commitment of the BAZA project coordinators to the inter-agency work is evident and reflected in frequent and regular communication, but most of all in the shared understanding of the purpose of the project, and the sense of belongingness to the consortium, which is not considered a threat for the organizational identity, but rather a shared framework of work.

Our organization has been around for 25 years and our structure is extremely open to the co-operation with different organizations in the country and abroad. We are accustomed to sharing our experiences and learning from others. That enriched our identity with a broader view of the problems which we tackle within the BAZA project. Each partner makes sure that they do not lose their identity

and contribute their best effort to the BAZA project. I think that's what it's all about. (Coordinator)

The commitment of front-line providers to the inter-agency work is less evident. Both of the interviewed practitioners were very positive and well informed about the BAZA project's actions in which they were personally involved (extracurricular courses in Math organized at school; a mini project conducted with disabled children). In the case of the activities outside the field of their specialization they turned to the coordinators of the project in their organizations for information. Importantly, the coordinators involved the practitioners in planning the support for the pupils with whom they worked. Figure 3 presents a demonstrative model of the level of engagement in inter-agency work among the coordinators and the front-line providers.

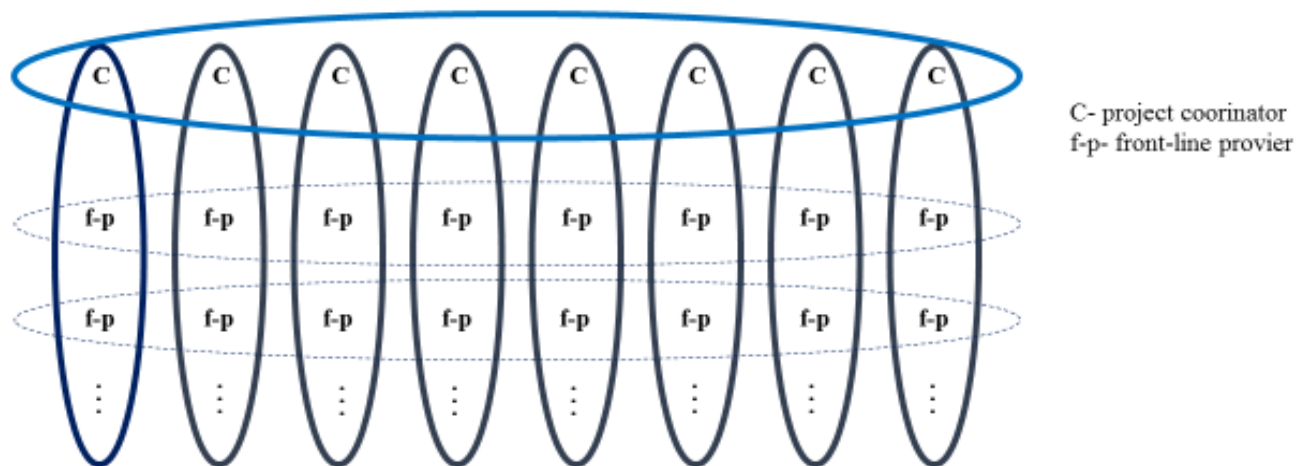


Figure 3. Demonstrative model of the level of professionals engagement in inter-agency working

Theme 3. Leadership/management

It is evident from the interviews that the key-figures of the project were the coordinators of the BAZA consortium, who acted as an intermediary between the supervising institution, i.e. the city, and the partner organizations as well as front-line providers within their organizations. Importantly, all of the coordinators were also practitioners having contact with beneficiaries on day-to-day basis; therefore, they had a good understanding of the needs and of the conditions of front-line providers' work.

The coordinators from particular organizations created a sound support group and I think that we understand, we see the problems at the level of the district and the city, but we also see the problems within our organizations. (Coordinator)

All of the coordinators were very positive about the support they had received from the consortium. They mentioned several specific situations when other coordinators had provided them with valuable advice, for instance on how to approach an external institution with which the organization wanted to initiate partnership. Moreover, the consortium organizations could rely on the organizational and on some occasions financial support of other partners, even

though there were no formal procedures concerning sharing the resources other than the BAZA project's resources.

We give each other a lot of support in the concrete things we can do. When I have a real problem, like I'm looking for people [to employ] or things are falling apart, I go to the BAZA project meeting and I get sensible solutions and ideas what to do and what to avoid ... (Coordinator)

Some time ago there was this situation, we were making the budget for the picnic and we could not include the food for the kids because there isn't such a category and the accountants do not accept it. ...it turned out that one of the organizations had some spare money and they could give it to us. That's the added value. We are not closed about the BAZA. It does not mean that what comes from the BAZA is only for the BAZA, and if it doesn't come from the BAZA I do not contribute... (Coordinator)

Even though there was a formal leader of the project (the coordinator of one of the consortium organizations), decisions about the project were taken in a democratic process. Interviewees were convinced that thanks to this approach inter-agency work of the consortium as a whole was enhanced.

... people meet and work together, and they learn from each other, exchange practical remarks, have better and better ideas ... (Municipality coordinator)

One may say that the consortium leader's role was to intervene when organizations could not cope with their obligations, or faced some extraordinary obstacles.

I remember this situation: the organization conducted tutorial classes. Due to their structure, few people and frequent changes they could not organize the recruitment and conduct all the hours, and at the end of the year they had 100-150 hours left. How can you spend it? The leader took over this action, negotiated with the city and they agreed to move these hours to another organization. (Coordinator)

Theme 4. Joint/inter-professional training

Apart from the limited partnership of front line providers (within the consortium and with partner organizations), the lack of or limited possibilities for joint training was mentioned by the coordinators as the second most important challenge, which occurred in the project. Even though all coordinators expressed their appreciation for inter-professional training as valuable in terms of practitioners' professional growth and establishing personal relations among specialists, this line of action has not been sufficiently covered.

Now, in the second project, we don't have this. In the first BAZA project there was training on new methods, for instance the course conducted by ... was about project work, and the course ... about the tool "the monitoring BAZA", or another, e.g., how to support professionals in preventing violence or the one about controlling parental love. It is motivating, something like a carrot for the professionals. They can see that it is not that they only give to children, but they also get something. (Coordinator)

The coordinators pointed out two main reasons for this state of affairs. Firstly, an organizational barrier was identified. Even though there was free-of-charge training available to practitioners (provided by the city and other bodies) it was not accessible

for most of the professionals due to the time restrictions. More specifically, on many occasions training was organized at the time when practitioners were with children and there was no possibility to substitute them. The other barrier concerned insufficient financial supplies, as there were no paid hours for the training included in the contracts within the project. Nevertheless, coordinators organized different forms of support for front-line providers within their own organizations, such as individual consultations or whole staff meetings, less frequently workshops with external specialists.

...less training but more consultations and mutual support ... (Coordinator)

Theme 5. Assessment of children's needs

The most valuable information on children's needs was provided by the member organizations of the consortium which had operated in the neighbourhood for many years. In the process of project elaboration, professionals exchanged their experiences concerning the services and the perceived gaps in the consortium's work with reference to the goals set by the city and the consortium itself. The next step was the adjustment of the project proposal to the needs, resources and suggestions of the partner institutions. Lastly, when the proposal of the holistic support was defined, new services, filling the gaps in the project proposal were planned, for example one of the organizations launched the Family Assistance programme (an individual support programme for the whole family).

As the services provided by the BAZA project were organized primarily for children and young adults enrolled in particular schools (for more information see the Theme 1. History), the assessment of pupils' needs, especially in terms of strictly educational support, relied on the opinion of school pedagogues and teachers.

The school appoints the students; a parent must consent to the child's participation in extra classes and activities. It's important that the children like going to these classes, and the parents talk about it. At this point there are no problems with the parents' consent. (Coordinator)

Importantly, school staff was not only involved in the selection of students who were to participate in the support activities conducted by the BAZA project, but also in the process of planning the support program.

Our co-operation involved discussing the cases of particular students, deciding on the additional support and creating a joint plan of action. (Coordinator)

Apart from the activities dedicated to children at risk of marginalization, the BAZA project organized whole class activities for all the children from the schools involved. Due to the well-established cooperation and trust among the organizations and schools (their cooperation began several years before the implementation of the project), from the very beginning of the project activities took place as part of the obligatory classes, which ensured high participation of pupils. Coordinators agreed that the shared activities which went beyond typical school classes were extremely important for both groups in order to understand each other's perspective.

Theme 6. Information sharing

One of the most important innovations of the BAZA project was the use of the data sharing platform *Monitoring Base* (one of the obligatory requirements of the municipality). This ICT tool was used by the consortium to share the information on the services, as well as participants' involvement. The platform was considered highly valuable by all of the

interviewees because of its potential to facilitate the process of communication among the organizations.

It helps to communicate, but not directly. For example: in class I see that a child has some problems, for instance he needs a speech therapist. I talk to the school, define what I can do, check with the Monitoring Base if he is in some after-school place or some language school and I don't have to call the other organizations, but I check in the system if my partner works with his family. Each child had this kind of file; of course every child's parent has to consent.
(Coordinator)

Nonetheless, several challenges concerning the platform were identified by the coordinators. All of them reported having more or less severe problems with the technical operation of the platform, such as frequent stalling, and one of the coordinators mentioned that due to the development of the platform (increasing the amount and type of collected data) its interface became unclear. Apart from strictly technical issues, some other problems were mentioned. Coordinators claimed that not all of the professionals who had access to the platform (authorization was required) had been properly trained how to use it, which resulted in 'making a mess' on the platform. Moreover, due to the lack of uniform procedures of reporting information among organizations, on some occasions it was extremely challenging to collect comparable information, for example concerning the children's attendance, as some school used percentages, and the others used numbers of lessons to report their presence. Additionally, one of the coordinators mentioned that the platform did not use its full potential:

... The Monitoring Base works as a certain system, one can get numerical data – how many children, how many actions etc., which can be useful... but if I wanted to follow the activities of a group of children from a particular centre or school, there would be a problem...

However, the same coordinator mentioned that additional functionalities could be added only if the whole platform was upgraded. Another ICT tool was a financial and reporting system shared by one of the BAZA organizations with the consortium.

The system comprises the budgets of all the organizations and their current expenditures. Each of them can decide if they enter their expenditures all the time and monitor them constantly to know how much they have spent, or if they prefer to keep their own accounts and in December produce a joint report along with all the documents. That is the project monitoring system contributed to the consortium by our organization. (Coordinator)

In general, all coordinators agreed that sharing information within the BAZA project was quite sufficient, but what could be improved were the procedures of sharing information between the consortium and the partner organizations.

Theme 7. Finances

The main source of financing of the BAZA services was the city of Warsaw. However, the important contributors were all of the organizations of the consortium as well as the partner institutions (public organizations financed by the local authorities), which provided space and most of the necessary equipment. The budget of the project was elaborated and accepted by all the BAZA organizations in the initial phase, i.e. the preparation of the proposal. The share of each organization depended on the type and amount of the services they provided. When the project was granted less resources than requested, all of the organizations of the BAZA project as a community decided which services were to be cut and why, which shows that the

consortium was jointly responsible for the budget, and at the same time each of the organizations managed its own finances.

This gives autonomy to the organization, but it also requires you to disclose the expenditures. That is how we know who employs who, what they spent the money on. As to the money for all the organizations, we decide together, so if we have a sum of money for instance for remedial classes for the whole BAZA, we consult each other how much should go to whom, according to the needs.
(Coordinator)

Even though the BAZA was a project, which means it was time restricted, one of its objectives was to establish sustainable cooperation of public and non-public organizations working on behalf of specific groups of families.

LSSs are about building relations, not only about financing the operation of organizations...(Municipality coordinator)

The city supervisor of the LSSs referred to the breaks between the successive cycles of the project (and its financing, consequently) as an indicator of the 'consortium survival' ('wskaźnik przetrwałości konsorcjum'). Importantly, non-public organizations are entitled to make profit and raise funds, hence the lack of the city funding does not necessarily mean cutting all the services; however, coordinators stated that a great number of them were to be suspended due to the lack of resources. The city used the period between the successive cycles of the project for the evaluation of the effects, up-dating the goals and working on the optimum framework for LSS consortia.

Theme 8. Impact of inter-agency working on the nature of services

The impact of inter-agency work on the nature and scope of the services provided by the organizations assembled in the BAZA project may be defined as dynamic and progressive. This process of tightening the bonds among the organizations as well as the professionals themselves may be divided into three stages. In the first stage, which took place during the first cycle of the project, the main focus was on elaborating and establishing the basis for inter-agency work among the local organizations. This period was characterized by frequent meetings among project coordinators, and exchanging experiences and knowledge.

At the beginning we talked a lot about what we were facing within the Consortium. It took a few months before people decided that OK ... now we know that your method is different, you are working with a different group of beneficiaries. It was really useful and it enabled us to go on to plan other activities. I think it worked. Then the next step was the openness to share our practice ... We tried to create a structure within the Consortium, in which everybody has a field they control, we call it the common ground, which they dedicate to all the organizations. (Coordinator)

The coordinators claimed that close relations between the organizations made it possible to avoid the overlap of services for beneficiaries and sharing some overheads. Due to the fact that the coordinators expressed high appreciation of the frequent face-to-face contacts (organizational meetings and supervisions), time and resources for these activities were allocated in the budget of the subsequent cycles of the project. Frequent meetings were considered crucial to enhance using the full potential of inter-agency work, and to plan and implement the optimal range of services. Additionally, the framework of the project established by the city involved reducing the reporting procedures.

The BAZA project produces one joint report, the LSS member organizations don't. (Coordinator)

Over time it turned out that some organizations were not engaged in the cooperation as intensely as expected by other facilitators. If it concerned the organizations involved as the members of the consortium, they were not taken into consideration when forming the consortium for the subsequent cycle of the project. As regards partner organizations, some additional time was planned to involve them in the elaboration of the next proposal. The second cycle of the project, and the next stage of inter-agency process, involved greater focus on the content value of the services and on the further exploration of the BAZA organizations' potential contribution to the whole consortium.

Now we can work out the common professional standards ... We know that the basis is the humanistic approach – the person is the subject, not the object. This enables us to co-operate. In the BAZA project we can teach each other various practical methods and techniques, but so far we have had other things to work out and we haven't got round to that yet. (Coordinator)

At that stage the limitations concerning the partnership of consortium and partner organizations became apparent. The improvement of inter-agency work was also noticed by the municipality coordinator, who stated:

After the first project they [i.e. the consortium] improved their operation – they incorporated thorough data collection, greater mutual support, analyzing the results.

Currently, the third cycle of the BAZA inter-agency project is being prepared. The city is evaluating the project and formulating the goals and requirements for the new LSS consortia. The main focus of the new cycle of the project is to be on the evaluation of children outcomes. The city would like to establish a set of indicators which would allow for more evidence-based evaluation of the effectiveness of the services provided by the consortia. The BAZA coordinators are actively involved in this process. Moreover, they are considering a new specific goal for the next cycle of the project.

Now we are in a different place in terms of co-operation. It is very clear now what we can offer to one another ... the next step is for instance teaching each other (Coordinator)

Theme 9. Perceived impact for families and children

The BAZA's services offer a holistic approach to family support. Nevertheless, it was easier for coordinators talking about the effectiveness of their work to refer to specific actions undertaken with the families than to the effectiveness of the BAZA project in general.

I see it more like gradually solving the most pressing problems and opening up to thinking that they are possible to solve, in the direct surroundings and in their life. These are the families who have lots of problems, for instance debt, they manage to make some arrangements, like installments, and pay off something ... Or they got a flat and then it is easier to think about paying off the debt, getting a job. It is good that if one problem is solved, the person gets motivated to work on other things, like parenting problems. (Coordinator)

All the coordinators emphasized that the crucial aspect of effective support were the close relations and trust between the professionals and the families. Not formal, but professional

and close connections enhance the families' motivation and personal engagement in the activities which may lead to improving their situation. Moreover, the coordinators stated that an important area of the support for the families regards the reinforcement of the parents' personal potential and their confidence in their parental competences.

As to the children, the interviewees regarded the regular and keen participation in the activities as having the potential to reduce the social and educational inequalities. In that sense BAZA achieved a great success, as all of the services' targets concerning the outreach were met. Importantly, children share their positive attitude with not only professionals, but also their families.

The children are keen to participate in these classes, and the parents talk about it and pass the information about the tutorial classes. (Coordinator)

As the BAZA project's activities take place in the room next to the one I work in I have heard from the children many times that they like the activities and they are keen to take part. (Front-line provider)

Even though there had been no systemic evaluation of children's outcomes, the coordinators and front-line providers were convinced of the value of the BAZA's services for the improvement of their social and educational competences.

The kids can take part in many activities after school, their free time is organized. We want them to spend their free time in a productive way, maybe someone will discover their interests. Sometimes the children are proud of what they had done and talk about it. I can see that the whole groups take part in various after-school classes. (Coordinator)

Theme 10. Innovativeness of the project

Asked about the innovativeness of the BAZA project the coordinators pointed out several features, which in general referred to three aspects of the project. Firstly, close cooperation of the organizations with different fields of specialization was pointed out. Secondly, formulating the goals of the project on the basis of the diagnoses of the situation of the local families with children.

The BAZA project is based on an accurate diagnosis of the needs of the local community. The project comprises the global environment of the family, which is a novelty, and the children, and it integrates the different partner organizations doing prevention, education, therapy. (Coordinator)

I'm sure that a global project like this has never been done yet, involving public institutions, businesses and NGOs and addressing the needs of the young people and children who are marginalized or at risk of social marginalization. (Coordinator)

Lastly, the framework of the project itself enhanced initiating and tightening inter-agency work.

For many years we had worked without any emphasis on the development and mutual support, and since the BAZA was formed we can say that we have "networked" as an organization, we now know what different organizations do and where to get help, what we can count on in other organizations. (Coordinator)

According to the coordinators, the innovative component of the project which was crucial in supporting inter-agency work was supervisions with an external moderator. Interviewees stated that supervisions, lasting up to three hours every second week throughout the project, stimulated their critical and reflective approach to practice, and facilitated the exchange of experiences. Moreover, at the supervisions the coordinators gained good understanding of the services provided by other organizations involved in the consortium, but also their partners. The coordinators requested that the next cycle of the project retain the number of supervisions and the possibility to finance them from the project's budget.

6. Lessons learnt from BAZA

The analysis of the characteristics of the BAZA project indicated several features which enhanced its effective operation as well as some barriers for greater integration.

Features of successful inter-agency work

1. Inter-agency working requires active engagement of all stakeholders;
2. Building inter-agency work structure is a dynamic and lasting process;
3. It is necessary to designate a person/group of people (key-figure/s) in each of the consortium organizations who is/are in constant contact with one another;
4. Frequent and systematic face-to-face contacts and especially supervisions are important for building trustful and open relations among the professionals;
5. Using ICT tools may significantly improve day-to-day contacts among providers as well as sharing information;
6. Consortia of organizations should be formed accordingly to the needs of particular communities;
7. Tightening inter-agency work should not restrain professionals specialization;
8. BAZA is a unique and continuously developing structure; however, its framework has a potential for transferability.

Barriers to be overcome for the further integration of services.

1. Limited trust of public institutions e.g., schools in the skills and expert knowledge of the professionals engaged in non-public organizations;
2. Financial uncertainty as a result of the time-limited financing of services;
3. Reliance on volunteers, resulting in their limited involvement and high turnover;
4. Different views on evaluation and monitoring procedures
5. Limited cooperation among front line providers, lack of mechanisms encouraging the exchange of experiences, shared reflection and joint training.

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PORTUGAL

Geração Tecla. E6G. Translation: Tecla Generation Project. Choices 6th generation (C6G)

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Summary

This case study describes and explains the inter-agency working developed by the Portuguese project named *Geração Tecla*. E6G (“Tecla Generation. C6G”). This project was eligible to receive funding from Programa Escolhas (“Choices Programme”) – a nationwide programme focused on promoting the social inclusion of children and young people from deprived socioeconomic contexts, particularly descendants of immigrants and ethnic minorities. *Geração Tecla* is aimed at children and young people from the social neighbourhood called Santa Tecla, located in the city of Braga, which includes a large Roma community. The project is designed to match the specific needs of the people to whom it is aimed and places a strong emphasis on school support to increase academic success.

The project builds on the theory drawn from the inter-agency partnerships as a valuable instrument to overcome weaknesses of the national policy to support Roma children and families. It acknowledges the importance of working with service users to identify needs and ways to meet them. The “bottom up” approach can be seen as a key principle here.

The main topic of this study was selected to cover the most significant issues about inter-agency working and two research questions are explored: 1) How does successful inter-agency working look like in the scope of services for young children and families? and 2) What contributes to an effective inter-agency working in Portugal?

Methods used include a combination of qualitative data collected through interviews with educators, project managers, community facilitators, programme coordinators and existing quantitative and qualitative data based on internal and external assessment reports, direct observations, official videos and online publications.

The results showed that partnerships have been created as part of a central government strategy to support the delivery of programs at the local level but the project *Geração Tecla* had a significant overall positive effect on child outcomes and their families. However, we found that the informal working relationships contributed strongly to maximize appropriate activities that match needs, and were more efficient in delivery and in achieving more effective outcomes.

Geração Tecla influenced the municipality and stakeholders beyond the initial scope of the project. Based on the findings, we conclude that the project brings together local government, neighbourhood leaders, voluntary, private and public organizations and recognizes the value of including all perspectives in order to empowerment Roma community.

Introduction

This study examines the project *Geração Tecla*. E6G (“Tecla Generation. C6G”) as an example of good inter-agency working practices.

Section 1 begins by providing an introductory snapshot of the *Geração Tecla* project; secondly, we describe how it meets the criteria for innovative approaches to inter-agency working; and thirdly, some contextual background regarding inter-agency working in Portugal and Choices Program. We then present the research design, data material and methods for this case study.

In Section 2 the *Geração Tecla* project is described in greater detail as a foundation for the analyses of the case.

Section 3 presents the findings of our analyses in order to determine how *Geração Tecla* project can contribute as an innovative approach to inter-agency coordination of services for children and families and we also consider possible future avenues to explore.

Section 1 – Description of the case study

Brief description of Geração Tecla. E6G

Geração Tecla. E6G (“Tecla Generation. C6G”) was found eligible for financing from Programa Escolhas (“Choices Programme”) – a nationwide programme focused on promoting the social inclusion of children and young people from deprived socioeconomic contexts, particularly descendants of immigrants and ethnic minorities. *Geração Tecla. E6G* is aimed at children and young people from the Santa Tecla⁵⁹ neighbourhood located in Braga⁶⁰ which includes a large Roma community with whom a lot of their work is primarily done. This project places a strong emphasis on school support to increase academic success.

“Geração Tecla.E6G” was built on a previous project, the “Colorir o Sábado” (“To paint Saturday”) which was deployed during the period 2007-2012 and financed by the Portuguese Red Cross of Braga. Since 2013, two generations of *Geração Tecla* (E5G and E6G) were financed by the Choices Programme. In turn, Choices Program is funded by 3 main sources: the Directorate General of Education, the Social Security Institute and is co-financed by the European Social Fund / Portugal 2020 and Regional Operational Programmes of Lisbon and Algarve.

Box 1: Name of the case study and its links to websites

Name:

Projeto Geração Tecla (PT); Tecla Generation Project (EN)

<http://geracaotecla.blogspot.pt/>

<https://pt-pt.facebook.com/geracaoteclae5g/>

Links to relevant websites:

Alto Comissariado para as Migrações (ACM) - <http://www.acm.gov.pt/acm;>

<https://www.facebook.com/ACMigracoes/>

Choices Programme: <https://www.facebook.com/programa.escolhas.3/>

<https://www.programaescolhas.pt/projetos-e6g>

Red Cross: : <http://redcrossyouthbraga.blogspot.pt/2016/07/geracao-tecla.html>

The following objectives lie at the core of the “Geração Tecla.E6G” approach to inter-agency collaboration:

- To seek complementarity through the joint articulation of resources and calling core partners to take responsibility to address shared objectives.
- To promote networking between stakeholders at national, regional and local levels, in the field of employment, education, child protection, digital literacy and social inclusion.

Geração Tecla E6G consortium was developed in collaboration with different institutions and its composition took into account the features of the project. However, this model is

⁵⁹ The Council of Braga has five low-income neighborhoods with 467 houses. Santa Tecla neighborhood was built in 1979, has 182 houses, divided into 8 buildings, where 161 families live, with a total of 498 people. 41% of the residents are from Roma communities (Bragahabit, 2018).

⁶⁰ Braga is a city and a municipality in the north western of Portugal. The municipality has a resident population of 181,182 (in 2016), representing the seventh largest municipality in Portugal. Its area is 183.40 km².

responsive to the specific requirements of the Choices Programme provided in the article 8 of the Normative Order, n. 19 - A/2015. Choices considers the partnership approach to be the right one for the solution to support social inclusion projects at local level and highlighted the main issues that should be approached by partners while preparing a consortium. In this sense, the entities participating in a consortium remain independent, but the consortium must undertake some obligations:

- At least four institutions have to be involved;
- The consortium is a contractual relation between partners so a consortium agreement must be written. It identifies the promoter and partner institutions, the duration of the project, the responsibilities and contributions of each of these institutions, as regards the financial, human and material resources which are indispensable to address project goals; it defines roles and responsibilities, as well as the decision-making process within the consortium.
- The consortium needs to ensure the administrative and financial management resources of the project.
- The consortium is responsible for the design, implementation, monitoring and evaluation of the intervention proposal, as well as the preparation of its budget.
- Is also incumbent upon the consortium to approve the detailed activities plan, as well as the evaluation reports of the project.
- The project manager entity must ensure that consortium meetings take place at least every two months, with the presence of representatives of all institutions, and the elaboration of meeting minutes with the issues addressed and the decisions taken.

Beyond the basic characteristics (in accordance with the stipulations of Choices Programme), Geração Tecla consortium identify areas that need attention in order to reinforce collaborative work. Therefore, partners share a strategic vision about inclusive education, pursue compatible targets, and are all equal members in a predetermined organisational structure.

Geração Tecla consortium is composed by twelve formal and informal relevant partners. Between formal partners the purpose of this relationship is to work toward shared goals through a division of activities that all parties agree on. Informal partner organizations join forces to achieve shared goals around community improvement. In the first case, there is a formal written agreement signed by all the partners provided by the Choices Programme normative law. In the second case, there is an informal agreement that is negotiated taking into account the specific children and families' needs.

In this sense, Geração Tecla.E6G contributes to a bottom-up approach which recognizes that local people, groups and communities can have a better knowledge of local problems that need to be addressed, as well as a greater sense of ownership and commitment to the success of the project. To consolidate this approach, the project set up a group of eighteen volunteers and established an informal working relationship with some relevant local actors of the private sector.

Geração Tecla.E6G was found to be promising in terms of innovation in inter-agency collaboration. It provided a contextual framework to analyse partnerships and inter-agency working. It captures principles of collaboration within their everyday practice concerning socially disadvantaged children.

Reasons for case selection as successful and criteria

The case was chosen as it offers a broad insight into inter-agency working. The assumption behind the Geração Tecla Project is that an innovative approach to collaborative work might have sustainable effects on: 1) a positive impact on outcomes for children and their families;

The case represents, as such, an example of how to build close working relationships; Geração Tecla can act as an example of whether partnership working is actually improving the lives of children and young people from vulnerable contexts. 2) and at the same time makes a more constructive contribution to policy debates about the desirability of inter-agency working because it combines top-down and bottom-up approaches; Some researchers argue that the shift toward increasing coordination of services for children and their families may be both politically and theoretically undesirable (Frost, 2005). This combination of approaches (top-down and bottom-up) and levels (micro, meso and macro) was intended to result in ownership to all partners at all levels, as reflected in the organisation of the Choices Programme, whose participants were trained to work together in partnership through professional and organisational boundaries.

Which criteria does Geração Tecla E6G meet and why?

The criteria for inclusion are met as the project resulted in change at different levels, indicating promising implementation. Geração Tecla meets the following criteria:

- a. Nominated as good by practitioners, policy makers or experts

The national and international recognition of the Choices as an efficient public policy in its fields reinforced by the 15 years of action, during which was referenced and received prizes. The Choices Programme is portrayed as a good practice in the context of the integration of immigrants, as well as within the broader policies of prevention of crime and juvenile delinquency, which also shows its social value. An example of this international recognition has been the winning prize of the Juvenile Justice without Borders International Award, in its third edition, 2014 to Programa Escolhas. As said by Pedro Calado (High Commissioner for Migration, 2014) in his acceptance speech: *“The focus on early prevention, on localism, and in the ability to promote resilience are basic principles of Programa Escolhas since its origin. This award recognises the added value of this intervention, giving us - above all - even more determination to continue this path”*. Sequentially, the government of Colombia highlight the selection of Choices Program as a best practice in the World Report “Buenas prácticas Internacionales en prevención de delincuencia juvenil”, presented in Bogotá (Colombia) in the “Foro Internacional de Buenas Prácticas e Prevención de Delincuencia Juvenil”, promoted by the International Juvenile Justice without Borders Observatory. The results of this report aim to the adaptation of Choices Program methodology to the Colombian context through the national government.

One can also identify the selection of Choices Program by the European Commission in the Small Business Act Database, as a recognized organization in terms of youth entrepreneurship. Finally, it is important to refer the invitation by the European Commission to integrate Choices Program in the SIRIUS Network – Network for European Policies on Education of Children and Young People with a Migrant Background that gathers organizations from more than 30 European countries (info at: <https://www.programaescolhas.pt/distincoes>).

- b. There is collaboration with a university for evaluation

The evaluation of approved projects is considered a crucial element of the Choices Programme. According to the article 29 of the Normative Order, n. 19 - A/2015, which defines the methodology for evaluation and monitoring of projects, the internal evaluation is the responsibility of the technical team of the Choices Programme and has as reference the execution of the activities, the objectives and the expected results. This level of evaluation combines different modalities of visits. The evaluation team can do:

- formal visits with the presence of the executive manager of the project and the consortium partners;

- informal visits in the planning and organization on project activities with the target group;
- and visits without prior scheduling, usually designated by surprise visits.

There are two rounds of visits to the project site in order to observe and following up on the activities carried out by the project. The second round of visits require working meetings with the technical teams of the projects, in order to provide technical support and recommendations according to their needs. It should be noted that in almost every visit an analysis of the technical and financial dossiers is carried out, as well as the verification of the records of the paper work.

Every two years, an external academic research centre produces an external evaluation, under the responsibility of an independent entity contracted by Choices, to evaluate the program as a whole. In 2014, last Choices evaluation was carried out by the Research Centre for Portuguese Speaking Peoples and Cultures of the Portuguese Catholic University, Lisbon. The 5th External Evaluation took as its central priority the internal and external validation of the Choices, seeking to systematize data related to its 13 years of existence (2001-2014) and in order to highlight the most relevant and distinctive aspects of the Choices. The evaluation covered the analysis of the 110 projects funded by the 5th Generation of the Choices Program (2013-2015), with a special focus on the case study of 12 projects, in order to highlight the main lines of intervention, the local network of actors, monitoring practices, training and evaluation, constraints and strengthens of each project.

Available at <https://www.programaescolhas.pt/avaliacoes>

- c. It has been operational for at least two years

According to the Presidency of the Council of Ministers throughout its successive renewals, the Program Choice was consolidated as a public policy of great merit and scope. It has been distinguished due to its capacity of intervention, innovation, efficiency in the pursuit of its objectives and efficient use of the resources allocated to its management. Over the successive generations, the number of projects to be financed has increased, as well as the number of participants and results obtained, achieving progressively higher school success rates.

As has been referenced Geração Tecla has been financed by Choices Programme since 2013, which means that this case is an example of continuity. In accordance to Choices, the development of children and young people is framed using a positive approach to the social inclusion, focusing on the problems, but also on the opportunities, with an investment on their full development and on the implementation of positive experiences and interactions. This inspired Geração Tecla to improve its performance along the last six years. As the 5th evaluation report said, all the projects within Choices “remain focused on promoting the social inclusion of children and young people from vulnerable socio-economic contexts, showing strong and significant continuity lines, including its own updating effort and the introduction of changes to get continuous improvement”.

At the organizational level, Geração Tecla has evolved in order to strengthen the relationship with the residents of the neighbourhood of Santa Tecla but also with the local community around Santa Tecla.

The data collected under the 5th external evaluation allow to record not only the evolution in terms of the number of partners involved, but above all, the visible quality regarding their involvement and their participation in the projects, according to logics of effective sharing and co-responsibility. For instance, private corporations prevail in its financial support to Geração Tecla events.

Another reason pointed out by the 5th external evaluation report is that the way in which management and coordination teams were able to accept and incorporate the results of

successive external evaluations, together with an attentive attitude, close to the contexts and the actors, allowing to adjust the intervention model and the philosophy of action.

d. There are blogs reporting client satisfaction

Currently, Geração Tecla maintains a Facebook page to share information with a large audience and to connect people within and outside the community neighbourhood of Santa Tecla. Between 2010 and 2012, the team of the project reported all activities in the Blog at <http://geracaotecla.blogspot.com>. After this period, Geração Tecla is an active member on Facebook. They post almost daily news feed which includes status updates, comments, photos and videos. According to Facebook statistics, Geração Tecla has 1518 followers and 1518 likes (updated in April 2018). Available at: <https://www.facebook.com/geracaoteclae5g/> ISOTIS, UC team has been actively following Geração Tecla page on Facebook, what made possible to recognize their efforts in order to:

- describe the project, activities and awareness campaigns to support Roma participation in education and employment;
- increase the flow of local news and information, specifically about Santa Tecla neighbourhood;
- provide a virtual place where residents can use digital tools and share news and information about their community;
- strengthen credible professional news sources (e.g., following High Commission for Migration news and events);
- provide platforms for civic engagement and action (e.g., activities developed with local corporations or other organizations are publicized);
- maximize Facebook reach to a larger audience;
- give voice and supporting an ongoing effort to deliver timely, reliable news about the community activities;
- become an expert and resourceful brand in content about roma issues in Braga (e.g., the Secretary of State for Citizenship and Equality of Portugal is actively engaged with Geração Tecla Facebook page).

Geração Tecla Facebook is an effective tool for communication and dissemination of the project activity. For example, on 8th of April, concerning the celebrations of the International Romani Day, the project launched a local awareness raising campaign meant to draw public attention to a number of negative stereotypes about Roma people.

The informal project partners collaborated to produce a photographic exhibition and an awareness video with persons from the community. The public photographic exhibition PareSer (pun intended with the verbs To Seem and To Be – “Seems to Be”) was held in a café in the centre of the city of Braga and 20 pictures have been posted in Facebook page each day since the International Romani Day. Available at: <https://www.facebook.com/geracaoteclae5g/>. According to Facebook Statistics this campaign reached 3,2 K views. The post video “Take a step forward for equality”, available at <https://www.facebook.com/geracaoteclae5g/videos/1655113817929767/> with subtitles in English. According to Facebook Statistics this campaign reached 657 views.

The Context

Since the last quarter of the twentieth century, Portuguese policymakers have been enthusiastic to acknowledge the scope of new public policies, which emphasizes the need to value the potentialities, specificities and resources of each territory, as well as processes of articulation and coordination between different territorial levels, between different partners and between different levels of decision making. This is related to the notion of Governance. It was felt that the state should promote the development of territorial social policies engaging

public and private sector. The second half of the nineties of the last century witnessed the multiplication of territorialized social policies based on participatory structures at local level and disseminated along the territory. Policy formulation and decision-making were connected with a perspective that considers participative planning, partnership, the combination of the Central Public Administration with the local authorities and of these with the institutions of the third sector the main core of the policy process. This changing pattern of state intervention can be analysed as an enabling state (L'État Animateur, Donzelot, 1994). Portuguese society has witnessed a growing significance of non-state actors in different fields of social policy in order to solve social problems as poverty, unemployment, social exclusion, school failure, child abuse, etc. The Choices Programme is an example of this changed that contributes to a new era of social public policies.

The Choices Programme⁶¹ is a nationwide programme focused on promoting the social inclusion of children and young people aged 6 to 30 years old, who reside in the most vulnerable socioeconomically contexts, specifically:

- i. Those in a situation of school truancy, failure and early school leavers;
- ii. Those that are not in education, employment or training (NEET);
- iii. Those who have pre-delinquent behaviors or those who are in conflict with the Law;
- iv. Those that are in a situation of parental neglect or maltreatment;
- v. The parents or legal tutors, teachers and other community based technicians that can be targeted as secondary participants.

It is regulated by the Presidency of the Council of Ministers, depending directly on the Assistant Secretary of State and Deputy Minister of Parliamentary Affairs, and is developed by the High Commission for Migration⁶². The Programme aims to fight against early school leaving by promoting non-formal education, vocational training, community participation, digital inclusion and empowerment. The projects are locally designed and implemented through local consortia of partners that mobilize local organizations. These partners are responsible for the delivery of daily activities in the communities, defined from within five main measures:

- i. School inclusion and non-formal education;
- ii. Vocational training and employability;
- iii. Community and civic participation;
- iv. Digital inclusion; and
- v. Entrepreneurship and empowerment.

The dynamics of each Choices project is subordinated to a set of general principles set out successively within the 6 generations of the Program and which are currently (Normative Order, n. 19 - A/2015) correspond to the following: (i) strategic planning; (ii) partnerships; (iii) participation, (iv) intercultural dialogue, (v) mediation; (vi) social innovation, (vii) entrepreneurship. It was established in 2001, and comprises six phases of development – 6 generations: the first phase from 2001 to 2003, called the "Programme for the Prevention of Crime and Integration" for youth from the most troubled districts of Lisbon, Porto and Setúbal, which benefited 6,712 people. After this first phase, in 2004 the Programme was renewed for three more years, becoming a social inclusion programme, where local institutions gathered in local consortiums were invited to submit project proposals targeting children and young people at risk, especially those living in the most vulnerable communities in Portugal. 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'.

⁶¹ The Choices Programme (www.programaescolhas.pt)

⁶² High Commission for Migration (www.acm.gov.pt) is a public institute with administrative and financial powers, and pursue his activity under the Presidency of the Council of Ministers.

This second phase between 2004 and 2007, was called "Choices – 2nd Generation" (E2G), and was implemented nationwide and redirected towards promoting inclusion, which included 87 projects, 412 institutions, 394 facilitators, and benefited 43,200 people; the third phase (3th Generation) lasted from 2007 to 2009, and continued the partnership model adopted in E2G, comprising 120 projects, 71 municipalities, 776 institutions, 480 facilitators, and benefiting a total 81,695 people; the fourth phase, (called “ 4th Generation”) started in 2010 and ended in 2012, including 134 projects. In its 5th intervention phase (5th Generation), which ran until December 2015, the Programme financed 142 social inclusion projects.

Currently, in its 6th intervention phase (6th Generation, 2016-2018), which will run until December 2018, the Programme is currently financing 192 social inclusion projects in vulnerable communities across the country, involving around 75.000 participants. The Programme counts with 1800 formal and informal partners, including, different levels of government institutions, social partners, entrepreneurs, NGOs, education and scientific sector, representatives of the civil society and many more (e.g., Youth associations, Associations of immigrants and Roma communities, public and private companies, foundations, universities, cooperatives, sports and cultural associations, local development associations, parish councils, municipalities, clusters of schools, employment centres, security forces).

All partners have a direct or indirect interest, or a role in the project. The number of partners has increased since 2001, as shown in Figure 1.

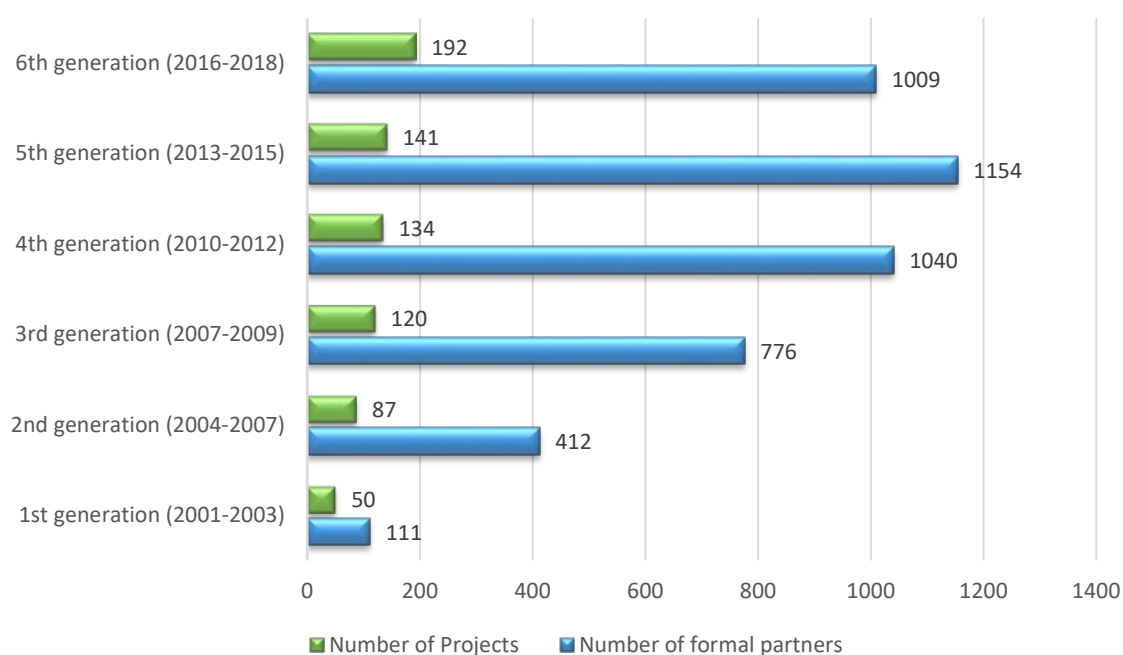


Figure 1. Number of Choices projects and formal partners between 2001 and 2018

The Consortium of any Choices project is based on a formal commitment that has been established by a number of partners signing a contract. Bound by this contract, the partners share a strategy and implement their coordinated working programme for a period of 3 years. Figure 2 shows the most relevant formal partners in the 6th generation of Choices Programme.

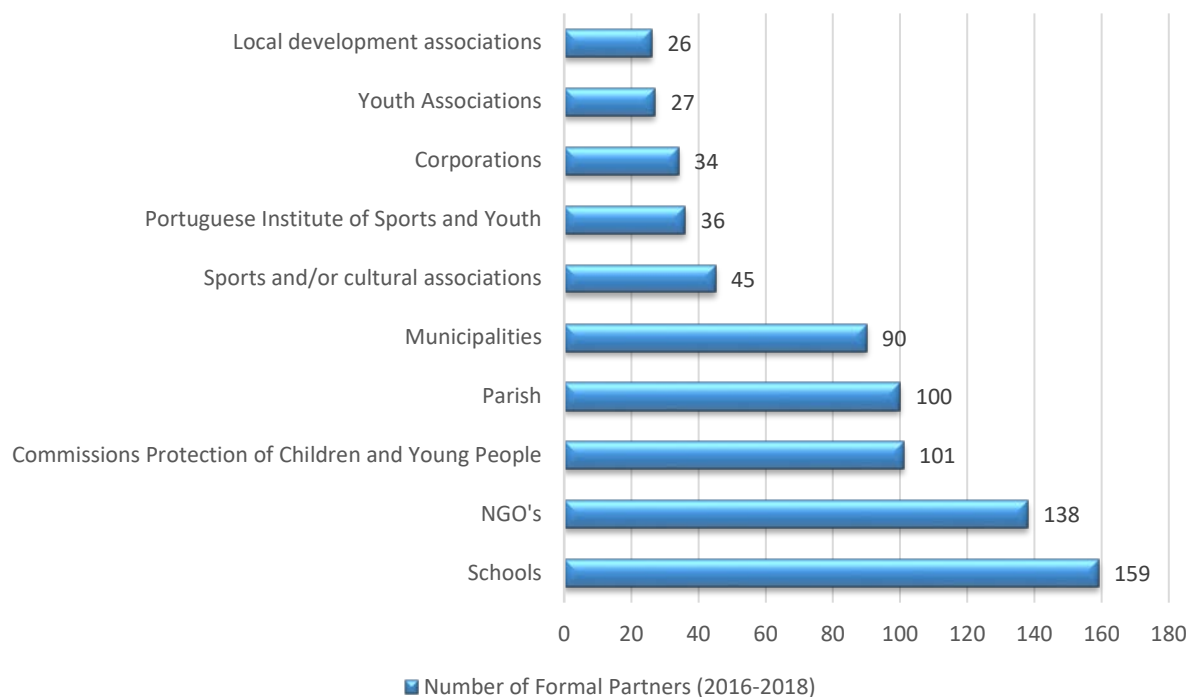


Figure 2. Choices formal partners between 2016-2018

Brief description of the Case Study Method

This case study is similar to what Willig (2008) refers as an instrumental case because it constitutes an example of a more general phenomenon. As many other projects in Portugal, Geração Tecla is experiencing inter-agency working, being a suitable case for analysis. Further, this project provides an opportunity to study successful inter-agency working involving services for young children and their families, and to explore what is required in terms of communication, coordination, case management, financial resources, and policy measures. The Portuguese government increasingly shares public goals, engaging entities outside the government. So, to study inter-agency working we need to acknowledge the role of public, private, for-profit and not-for-profit actors. This case considers the collaborations between sectors and stakeholders that represent the relationship between top-down and bottom-up approaches in the development of partnerships.

This case study is not limited to a single source of information. It benefits from having multiple sources of evidence. Methods used include a combination of qualitative data collected through interviews and video logs with educators, project managers, community facilitators, programme coordinators and existing quantitative, and qualitative data based on internal and external assessment reports, direct observations, official videos and online publications.

Data collection

The main data collection methods conducted in this case study are:

Focus group conducted with 4 participants:

- 1 regional coordinator of the technical team of Choices Programme
- 1 member of the regional technical team of Choices Programme
- 1 executive manager of Geração Tecla
- 1 executive assistant of the Braga Red Cross Board.

A semi-structured interview guide was applied during this focus group interview. Answers were summarized during the interview, and not audio-recorded. The focus group was

conducted in Geração Tecla facilities and it took about an hour and half. The main themes were related to the research question: 1) How and why Choices Programme and Geração Tecla contributes to an effective inter-agency working?

A total of three interviews were conducted via telephone. The interviewees, who participated in Geração Tecla with different roles were:

- 1 ICT teacher at Geração Tecla and at public school
- 1 Community Facilitator and monitor at Geração Tecla
- 1 stakeholder from private sector

Video logs were compiled by participants to capture relational interactions between educators and children and young people, and to trace the Geração Tecla mission, purpose, principles and the importance of inter-agency working. This video presenting the community activities was screened in the Leiden Expert meeting (June, 2017). It is available at:

<https://www.facebook.com/geracaoteclae5g/videos/1387213624719789/> Additional publicly available data is presented in Table 1.

Table 1. *Public data: reports, videos and news*

Data	Title	Available at
Law	Resolution of the Council of Ministers nº 101/2015 Normative Dispatch No. 19 - A / 2015, published in Diário da República, 2nd Series nº 199, October 12, 2015	https://app.box.com/s/7wizobp7f2lywhlm28oxyibwc33ov72c https://app.box.com/s/l9gibo02k846291pyd3wsk055b5wtl22
Academic research	Calado, P. et al (2014). Ten years of "CHOICES" in Portugal: four generations, a real resilient opportunity. International Journal of Emergency and Mental Health. 2014;16(2):328-36.	https://www.ncbi.nlm.nih.gov/pubmed/25585487
Reports	1. External evaluation report of the Choices Program 5 th generation (2013-2015). 2. Activities Reports since 2010 to 2013 3.	https://www.programaescolhas.pt/avaliacoes
Vídeos	1. Vice-President of the municipality visits Santa Tecla neighbourhood 2. "My House, my neighbourhood" 3. Requalification Project of the Santa Tecla neighbourhood 4. (Re)Write our neighbourhood	https://www.youtube.com/watch?v=b-49ns8hSSg http://portocanal.sapo.pt/minha_casa_meu_bairro/YWHt03EFohbGLIATOUOp https://www.youtube.com/watch?time_continue=2&v=Mlj84ppKJs8 https://www.youtube.com/watch?v=weCm02xTPEc

News and magazine	1. Municipality of Braga moves forward with the requalification of the neighbourhood of Santa Tecla	http://www.construir.pt/2017/04/10/cam-ara-de-braga-avanca-com-requalificacao-do-bairro-de-santa-tecla/
	2. "Partnerships"	https://issuu.com/programaescolhas/docs/revista_escolhas_n.41

Contact and consent

Initial contact was made via email with the High Commissioner for Migration, Choices Programme Director and with the Regional Coordinator of Choices Programme to inform about ISOTIS mission and main research goals. Permission was asked to contact one of the local projects which could best represent inter-agency working among Choices Programme.

Later, follow-up telephone calls were made in order to agree on dates for data collection. Prior to the interviews, local project coordinators were fully informed about the study's aims, purposes, procedures of data collection and measures of data protection, and asked to participate through staff. Participants were sent a copy of the ethical approval and the semi-structured interview guide before the date of their interviews. Before the beginning of the interviews, informants were reminded that the interviews were being recorded.

Analytical approach

Portugal's protection system is centralized and guided by the principles of a welfare state. Over the last 20 years, important measures have been taken to improve policy decision making at sub-national levels. 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 inter-agency collaboration from the ecological perspective. The theme of 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, inter-agency collaboration is supported by government initiatives for improving provision in education. The most recent Portuguese government report about inter-agency collaboration suggests that to achieve strong inter-agency collaboration we must ensure an adequate combination of evaluative, instrumental and political dimensions (Godinho, 2012). We propose two main concerns: 1) to assess inter-agency collaboration practices and 2) to assess inter-agency collaboration impacts produced at micro and meso levels. In order to achieve these main goals we propose the integrated governance model, as illustrated in Figure 3.

The term alludes primarily to networks related to service production and delivery. But it could also relate to policy decisions, planning and content of policies. The term is both related to access, the potential influence of third sector actors towards the government, but also to autonomy, to the degree to which such actors have autonomy from the government (Christensen, 2015:14).

We propose to focus on the following subdomains: Governance – focus on visioning, strategic planning, policy and practice changes; Management - inter-agency protocols for information sharing and case coordination; Inter-agency collaboration impact - adjust plans based on outcomes; Community impact- the programme reached a wide range of children and families.

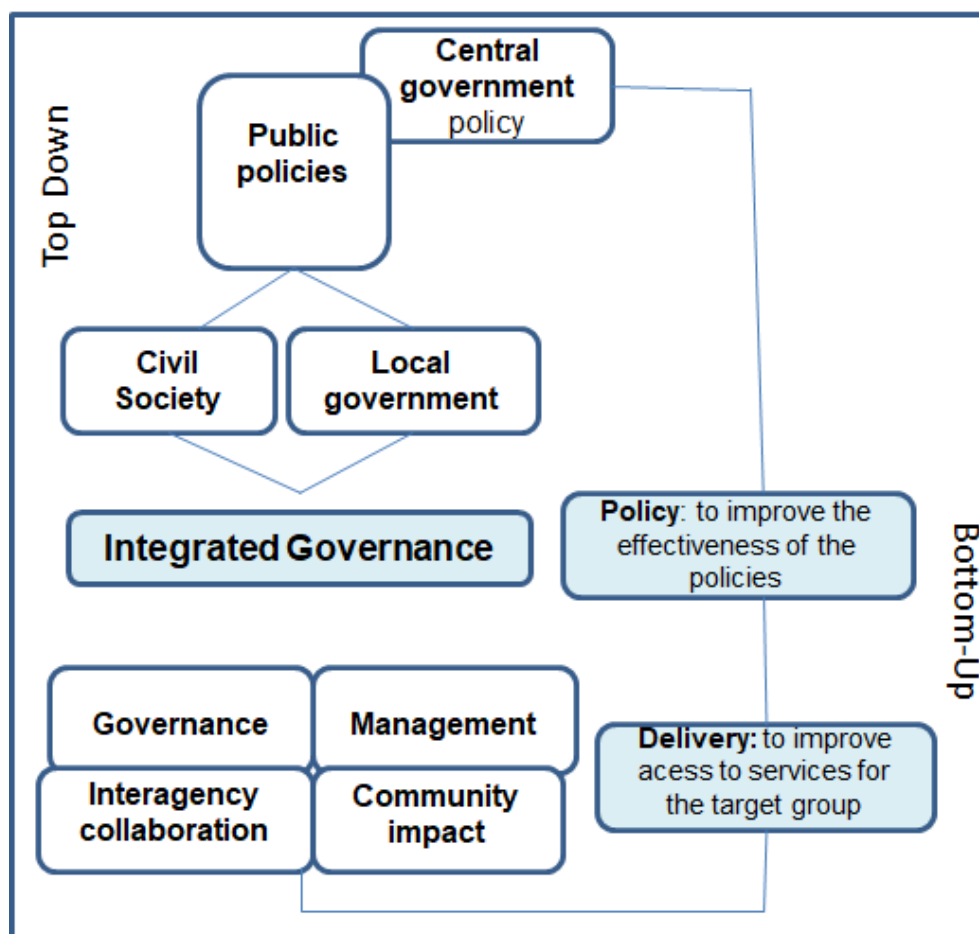


Figure 3. *Integrated governance.*

Section 2 - The Geração Tecla project

In this section, the Geração Tecla project is described in greater detail as a frame for the analyses of the case. Geração Tecla project started in 2010 with Choices Programme aiming to continue the intervention led by the Red Cross of Braga. Currently, the project embraces three measures: school inclusion and non-formal education, digital inclusion and vocational training and employability.

At micro level, the project works directly with children from the Santa Tecla neighbourhood to promote academic success, and with parents and schools to promote the communication between teachers, children and their families, helping them to solve school issues. During free time, the project organizes activities related to music, dance and sports. In order to achieve digital literacy, children and their parents are invited to attend ICT classes in the Geração Tecla facilities.

Summarizing the annual activities of Geração Tecla, in 2017, the project:

- assisted 160 children and young;
- followed systematically 83 children;
- supported 75 parents and children relatives;
- developed a network with 82 volunteers, teachers, operational assistants, social intervention staff in the areas of education, health, justice and social support;
- developed activities that reached 449 children;
- organized 1901 activities: 898 sessions to promote school and professional inclusion, 322 educational, artistic, sports and civic sessions and 228 sessions to promote digital literacy.

- awarded 20 children for school merit;
- organized an international seminar “Rights, Education and Social Inclusion: the Roma minority as a paradigm”;
- developed an awareness campaign for the deconstruction of stereotypes.

At the moment of the study, the team of the project included 4 professionals, 12 formal and informal partners and 18 volunteers. The project promotes networking between stakeholders at local levels, in the field of education, child protection, justice and digital inclusion. Its core partners are:

- Portuguese Red Cross,
- *Braga city council*,
- Commission for Protection of Children and Young People of Braga,
- Local schools,
- *The Portuguese Institute of Sports and Youth*
- Policy department.

Section 3 - Findings

This section presents the findings of our analyses in order to determine how Geração Tecla project can contribute as an innovative approach to inter-agency coordination of services for children and families. Suggestions for future analysis are also addressed.

Working Together

Geração Tecla takes part of a central government strategy to support the delivery of programmes at the local level. Local government agencies have historically functioned as institutions using vertical lines of communication, top-down decision making, differentiation of tasks, hierarchical supervision, and formal rules and regulation. As such, it is not uncommon for professionals and administrators to be predisposed to a “chain of command” rather than a shared way of thinking and doing. Professionals and organizations often are highly motivated to form partnerships, but face challenges due to the structure, confusion about roles, or expectations regarding outcomes.

Research on inter-agency collaboration strongly supports the notion that there is a wide range of links that develop between agencies and within organizations. Collaborative efforts can range in a continuum of low to high integration. The level of integration is determined by the intensity of partnership process, structure and purpose (Gajda; 2004). Typically, an increased level of collaboration is viewed as essential for success (Godinho, 2012; Christensen, Hayes & Karré; 2015).

As previously stated (brief description of Geração Tecla), since 2004, the Choices Programme requires the organization of a consortium of formal partners for each project that considers local needs. It is argued that working together is more effective than working in isolation.

Working with social exclusion phenomena requires integrated and shared actions between the different actors of the society. (Regional coordinator of Choices Programme).

Work in partnership has been a relevant factor in promoting social inclusion because local actors can identify the needs that local people feel. (Regional coordinator of Choices Programme).

In general, it became apparent that all participants viewed partnership working as a positive phenomenon. However, considering Frost typologies and based on the extent of involvement or connection between different organisations, we can say that we have found two levels of partnership working:

Cooperation is the weakest form of partnership when services work together towards consistent goals but maintain their independence;

Coordination, when the services work together in a planned and systematic way with agreed shared goals, 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;

Taking in account the number of formal partners of the Choices Programme over the years (Figure 1), the level of collaboration between local government actors is increasing. Agencies are gaining knowledge about each other and there is an increasing need for alliances to address the complex issues of our society. However, in general, informality and adaptability tend to characterize the functioning and overall management and evaluation model of local partners.

Everything is quite easy when we know each other and when we can pick up the phone. (Project manager).

Is quite easy to interact with school because I am going there almost every day. (ICT teacher).

All participants suggested that organisational climate is the primary predictor of positive service outcomes. It is important to say that the change in emphasis towards inter-agency partnerships recognizes the value of including all perspectives, including from those who need and use the services. The goal is to provide more relevant and appropriate services that match needs, a more efficient delivery and to achieve more effective outcomes.

Our activities pay close attention to the main interests of our children and youth. We have lots of activities that were proposed by the residents. (Project manager)

I think we are very sensitive to the local context and Roma culture. (Project manager)

Geração Tecla informal partners play an important role because they can participate and invest in activities which bring value to the project goals. For example, a local corporation supports the mission of rewarding children's school merit by assigning a gift card to about 20 children (among around 100 children followed by the Red Cross). The criteria considered for this award were school attendance, adequate behavior, school results, participation in activities to support the study and participation in non-formal education activities.

If informal partners share the same values and principles of the project, this cooperation is good for both sides.

Our company enjoys a lot to support the Santa Tecla children. On the other hand it is gratifying to work with the Red Cross because it is a noble institution with a very important mission in Braga. (Corporation member)

In the scope of social responsibility activities, I consider that the fact that the local corporations contributed financially helped to stimulate activities with the children that we support. (Executive assistant of Red Cross).

Geração Tecla formal partners developed a relationship based on the principles of a good partnership. It is effective because the partners share a strategic vision, pursue compatible targets, and are all equal members in a predetermined organisational structure.

I have the same concerns as an ICT teacher at school and as an ICT teacher in the project. I follow the children at school and then here in the neighbourhood. (ICT teacher)

It would be very important for us if the reconstruction of the neighbourhood would start. (Community facilitator).

The municipality is going to finance the reconstruction work at Santa Tecla neighbourhood, that is necessary not only for residents but for all city. (Vice-president of the municipality, video).

A response that brings together local government, neighbourhood leaders and voluntary organisations to maximise the opportunities of any moves towards greater devolution and empowerment express strong feelings of neighbourhood identity and belonging.

Is partnership working actually improving the lives of children and young people?

When residents see local authorities, teachers, “the city” with concern about their safety, issues around children and learning, health, just as an example, they reinforce their motivations to empower themselves. (Executive assistant Red Cross)

The permanence of the project and professionals in the neighbourhood

The proximity with professionals ends up promoting other lateral contacts which are related to the need to solve problems or clarify doubts about social benefits. As the project manager said, residents request help to read and interpret documents, and make questions related to the children’s health and school, among others. Residents enjoy the presence of these professionals in the neighbourhoods, since they can be a source of help and often serve as intermediaries in the relationships with institutions.

The importance of trust and interpersonal knowledge/relationship

The number of children which attends Geração Tecla activities is increasing over the time. The permanence of Roma users, involving several generations, reflects their preference in placing children in their spaces.

As the community facilitator put it, when “David” ask me to join the Red Cross I told him no! Absolutely no! But he didn’t give me a break and each day insisted with me, saying that I would be an important element. Now, I am very proud of been a volunteer, then a community facilitator and now a monitor.

Geração Tecla is a small project embraced and funded by a national public policy which contributes to promote school integration of roma children in the small santa Tecla neighbourhood. In this case, participants were very clear about the critical factors that “shadows” their work: financial uncertainty, Choices Programme reorganisation or its closure, local needs at odds with national priorities, different agency policies, procedures and systems, professional stereotyping, lack of explicit commitment to inter-agency working and; and the reluctance of some important local actors to engage.

Roma community in Santa Tecla is very collaborative with Geração Tecla in order to motivate their children to academic achievement, learn technological skills and occupy their leisure times with music, dance and sports.

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1. Background

The case chosen as an exemplar of successful inter-agency working in England is St Stephen's school and children's centre in the London Borough of Newham.

<http://www.st-stephens-primary.org.uk/>

<http://www.st-stephens-nurserychildrenscentre.org.uk/index.html>

The agencies involved are education (nursery and primary, from ages three up to 11), day care, primary health care (health visitors), antenatal health care (midwifery), family support, speech and language therapy, adult learning, parenting classes, and family sport/leisure sessions. All services are offered from one site. There are two entrances (for the primary school, and the nursery school and children's centre) but once inside buildings are connected. The midwifery service is accessed through the children's centre but also has a separate 'out of hours' entrance for access when the centre is closed.

Funding is from the Local Authority, Newham Council, for the education and children's centre services except for midwifery, which is funded through the local National Health Service Trust. The day care is a fee-paying provision, with some support available for parents through tax credits, plus (at the time of writing) a national provision of 15 hours a week free for every three- and four-year-old.

Based on the agreed ISOTIS criteria, it was selected as an example of successful inter-agency working because of three of the criteria which were required for inclusion:

1. It has been operational for at least 10 years; The primary school and nursery school were established in 1951 and the children's centre in 2007.
2. There is documentary evidence of evaluation from the UK Government's Office for Standards in Education, Children's Services and Skills (Ofsted) that the quality of the services provided is outstanding for all aspects of the service provision;

The most recent Ofsted inspections have all rated the provisions as 'Outstanding' (the best on a scale from 1 to 4).

Extended day care most recently in 2015 <https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/102704>

The maintained nursery school most recently in 2014 <https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/102704>

The Primary School most recently in 2011 <https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/102748>

The Children's Centre most recently in 2011 <https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/22887>

A quote from the children's centre report provides some reasons behind high ratings:

St Stephen's children's centre is outstanding. It is regarded highly within the community. Inspired leadership has implemented very successfully the vision that a local school federation can be the focal point for an exceptionally wide range of education, health and welfare services for the whole community. Innovative approaches have resulted in the provision of a midwifery group practice. This joint initiative with health, the local authority, school and the centre has broken down barriers between health and education. By bringing health and education together the centre provides easy access to services user may not otherwise reach. This, together with excellent care, guidance and support, makes a significant difference to users' lives. All are empowered to change their individual and family circumstances for the better.

3. There are blogs from parents reporting a high level of satisfaction <http://www.st-stephens-nurserychildrenscentre.org.uk/parent-comments.html>.

For example:

You would not recognise me from the person I was a few years ago. I almost live here. I am no longer isolated. The centre has helped me so much, giving me confidence. I have achieved more than I could ever believe and I am now working.

There has been great improvement in my sons understanding, language development and overall development since starting nursery.

I am highly impressed about St. Stephen's Nursery and the staff are very encouraging. Sincerely am so happy to be one of the parents in St. Stephen's Nursery.

We have been very impressed with my daughter's progress. She has developed very well and her confidence has increased. Thank you for all you have done for her.

2. Research methods and analysis

Documentary analysis

This included all the official OFSTED reports regarding the service, a video about the midwifery service made by a national news agency (previously available on the centre's website), Local Authority publications, and newspaper articles documenting recent impact of the service on children's achievement.

Interviews

Twelve interviews were conducted with: two Local Authority managers who have roles in oversight of the service and commissioning programmes; four managers working within the school and centre; one manager of a service that is 'bought in' to the centre; two practitioners delivering services; and three parents. Quotes from interviews indicate their role but not individual identities (note that participants identified as 'Managers' were also practitioners, but their role within the service focussed primarily on management). All but one of the interviews was face-to-face, with one conducted by telephone. They were conducted in November 2017.

Observations

Informal observation was made of notice-boards and interactions within the centre.

3. Logic model

Theoretical underpinnings

The concept of integrated working between agencies was highlighted in UK government agendas in the late 1990s, when a Labour government was elected (1997 to 2010). A Comprehensive Spending Review on services for children under eight in 1998 noted that investment in early years provision from pre-birth could reduce the impact of poverty on children's development (Melhuish & Hall, 2007). Initially known as Sure Start Local Programmes, the Sure Start children's centres were designed to improve and integrate a range of services for young children and their families in the most disadvantaged neighbourhoods. The underlying rationale for the introduction of children's centres was to support all children and families living in particular disadvantaged areas by providing a wide range of services that worked together, ideally as a 'one-stop-shop', and tailored to local conditions and needs. Children's centres were intended to target provision to support the most vulnerable families with the greatest needs.

Target population

The St Stephen's primary school, nursery school and children's centre offer a wide range of facilities and resources for children aged between birth and 11 years and their families living in the local area. It is situated within one of the 10% most deprived areas in the country. The area is culturally rich with the large majority of families come from diverse minority ethnic groups. Most are from Pakistani, Bengali, Indian, Tamil and East European backgrounds. At the last report, 98% of pupils in the primary school did not have English as their first language, with 38 languages represented. The area has a mix of housing types, including a significant number of flats. Unemployment rates and the number of workless families on benefits are higher than the national average. The proportion of the school children eligible for free school meals (a marker of poverty) was 11%. The birth rate in the local area is exceptionally high.

Partner agencies involved

Primary and nursery education; child care; health including midwifery; family support; employment; speech and language; parent education; leisure and adult employment.

Types of support/service offered

The Primary school provides education for children from Reception (age 5) through to Year 6 (age 11). The work of the children's centre is guided by the local authority's '*Best Start in Life Offer*' (see Image 1) launched in 2015

(<http://www.rebeccacheetham.newham.sch.uk/documents/childrens-centre/events/Newham-mag-1.pdf>).

Newham's *Best Start in Life* has five promises: 15 hours of free eligible childcare, with this increasing to 30 hours when the Government's proposals are rolled out; Stay and Play sessions every week; programmes, workshops and sessions offering evidence-based advice and guidance to improve parenting capacity; regular employment advice sessions and help to get into work; and a range of family health and development sessions including: antenatal support; the transition to parenthood; the early weeks of life; perinatal wellbeing; breastfeeding initiation; health weight and nutrition; managing minor ailments and reducing accidents; and supporting speech and language development (Newham Mag, 2017),

The centre provides the full core offer including childcare, family support, child and family health services and an employment and training service. Specifically, there is a three class maintained nursery school that provides education for children aged three to four years (one of these classes has implemented the new provision of 30 hours per week for working parents), a fee paying day care nursery that provides full day care (8 a.m. to 6 p.m.) for children aged one to five years, for 48 weeks a year, a midwifery group practice open every day of the year, and a range of children's services for parents and young children. These include: health services, family support, child health advisory clinic, adult learning and parenting classes, courses for adults (with crèche provision), a childminding network, sessions promoting physical activity for parents and mother and baby play sessions.



Image 1. Centre noticeboard describing the 'Newham Best Start in Life' offer.

As described by one of the managers, the parents can be confident that they have access to a range of services to address family well-being:

I suppose the terminology one-stop-shop covers it. The parents know that once they step into the centre there are a range of services available to them – health, midwifery, classes so they can access further education, crèches attached to that, more overarching health and fitness/healthy living approach. We are trying to address the healthy side for them so we do lots of exercise classes, cooking activity, they might develop their understanding about how it is to live more healthily.
(Manager)

Level of Collaboration

While all services offered to children and families are co-located within the school and children's centre, described by Bertram and colleagues (2002) as centre-based activity, the level of collaboration varies depending on the agency. All would fall within Tomlinson's (2003) definition of 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. For some of the services the extent of collaboration is unified at the highest level (Frost et al., 2005), with collaboration and integration. Specifically, the primary school, maintained nursery school and children's centre became federated in April 2010, a federation having a single governing body as set out in the UK Government's Education Act of 2002. All relevant staff are employed by the local authority and the overall management lies with the school's head-teacher. The federation members have a common vision and leadership. As one front-line professional described it:

There is one head teacher, who oversees everything. We've got two deputy head teachers who are federated so they oversee everything. Then you have assistant head teachers that run the children's centre and the maintained nursery. So leadership is pretty much one across the board. (Practitioner)

The extent of inter-agency working within the federation would be defined as the highest level (5 - collaboration) by the five-stage *Levels of Collaboration Scale* (Frey et al, 2006; see Figure 1). There are also services offered from the children's centre that are not part of the

federation, provided by staff who are not directly managed by the federation managers, but whose managers work closely with St Stephen's at the next level of inter-agency working (4 – coalition) with shared ideas but with members who do not belong to a shared system (Frey et al., 2006). These include the Midwifery clinic, open 365 days of the year to provide support for pregnant women up to (but not including) delivery, and adult education classes such as English for speakers of other languages (ESOL).

Five Levels of Collaboration and Their Characteristics					
	Networking 1	Cooperation 2	Coordination 3	Coalition 4	Collaboration 5
Relationship	+ Aware of organization	+ Provide information to each other	+ Share information and resources	+ Share ideas	+ Members belong to one system
Characteristics	+ Loosely defined roles	+ Somewhat defined roles	+ Defined roles	+ Frequent and prioritized communication	+ Frequent communication is characterized by mutual trust
	+ All decisions are made independently	+ Formal communication	+ Frequent communication	+ All members have a vote in decision making	+ Consensus is reached on all decisions
	+ All decisions are made independently	+ All decisions are made independently	+ Some shared decision making		

Figure 1. Levels of Collaboration, Frey et al., 2006.

Finally, there are services provided by agencies that work at the third level, co-ordination, providing professionals who come to the centre to work with families and children, such as Speech and Language therapists, with shared decision making about what is provided but with separate management and governance.

4. Themes

Theme 1. History. Why this collaboration between agencies emerged?

The nursery school and primary school has been serving the local community for many decades, since 1951 and some agencies (such as adult learning) have had a long collaboration with the schools, since the 1990s, providing literacy and numeracy support to parents.

As part of the national government's focus on improving chances for disadvantaged children and families, the Sure Start children's centre model of provision was developed from the area-based Sure Start Local Programme model of service delivery (Anning & Ball, 2008). Children's centres were described in the *Ten Year Childcare Strategy* (HM Treasury, 2004) as providing integrated service delivery by providing easy access to community health services, parenting and family support, outreach services, integrated early education and childcare, and links to training and employment opportunities for families with young children. They were conceived as a key strategy for improving outcomes for young children, reducing inequalities, and helping to bring an end to child poverty (Bouchal & Norris, 2014). The target was to have 3,500 centres by 2010, one 'in each community' (Eisenstadt, 2011). A good model was seen to be one where the children's centre could be co-located with a primary school, a location that families were familiar with. This was also expected to facilitate transitions from the centre to the school; but to be successful there needed to be close liaison from the outset between the school's head teacher and the centre manager, both sharing a vision of the importance of integrated services (Anning & Ball, 2008).

St Stephen's children's centre was established by the London Borough of Newham on the same site as St Stephen's primary school and nursery school in 2007, as part of the Sure Start programme. The move from co-location to a tighter relationship as a federation between the children's centre, the nursery and primary schools took place in 2010.

Theme 2. Features of success.

All interviewees supported the idea that St Stephen's had been selected as an example of successful inter-agency working. One clear aspect of success was the strong leadership from the head teacher and deputies, and the manner by which this leadership enabled a cohesive understanding of the aims and expectations of the services offered at the centre.

St Stephen's prides itself on being accessible and informative for the community. It has a leadership team and a governing body whose determination to enable the children to leave with the best results that they can and has been evidenced now nationally. (Local Authority)

Successful centres are where they are linked to schools and there is direct leadership and management to support those services. There is rigour within the school system. (Manager)

Success was also reflected in the extent to which local families could be reached early in their children's lives, attributed by one local authority professional in particular to the co-location of the midwifery unit:

They have probably the strongest partnership with midwifery out of all the children's centres because they are co-located and they are the only centre set up to do so, that was quite some time ago as part of a joint project with health at the time. So that worked very well and gives them a significant advantage in terms of getting families in; they are in from day one while they are still pregnant. (Local Authority)

The importance of this continuity of care from birth onwards was reflected in comments made by managers and practitioners within St Stephen's:

I think one of the biggest successes really is that we've got a midwifery unit here on-site so we've got two rooms with eight midwives based here. We're tapping in to the children and the families really early, pre-birth. I think we are quite unique as a children's centre having midwifery. (Manager)

From the beginning there are children's centre services for baby play and toddler group. They will be able to come into nursery from the age of three, if they come to day care they can come from the age of one, and then move on to the primary school reception. So they are here from birth, from new-born right up to toddler, right up until year six. (Practitioner)

Another local authority professional remarked that the success was related to a common expectation for the children from an early age right through primary school:

They are very focussed on performance indicators from an early age. And I think it sets them apart. They have a 'golden thread of expectation' from two year olds right through to when the children leave at age 11 around attendance and engagement and early reading, writing, numeracy. Some nursery heads would balk at that but it sets the framework for an all-through system. (Local Authority)

The seamless and comprehensive nature of the service provision was also highlighted:

On my first visit there the head teacher was very keen to demonstrate that it was not just about education, that it was about care and community and it was very difficult actually to distinguish between the services that were on offer through the nursery and the children's centre and to a lesser extent the school. (Local Authority)

A parent also commented on this aspect of the provision

It's nice, it's connected. Even before the time your child can start in the nursery or school. The time I go pregnant, I joined the antenatal class and then after I had the baby they had the breastfeeding sessions as well. You get tips on how to be a new

parent, they train you, how to hold the baby, how to feed the baby from the beginning so you don't feel alone. They are there to help you. (Parent)

Theme 3. Why does it work well? Perceptions of facilitators.

Strong leadership and management

It is worth looking in more detail about which aspects of strong leadership, identified by a number of interviewees, enabled the smooth working of inter-agency collaboration.

Leadership is pretty much one across the board. (Practitioner)

Primarily, the strength and success of the management was facilitated by the nature of the federation, which provides a clear structure for both leadership and management, highlighted by a local authority manager.

The legalities are that it is a formal hard federation, that would have been approved by the Secretary of State, with a single governing body and a single leadership team. It works very well for them. The formal construct has really helped. (Local Authority)

This was also reflected in comments made by the managers within the centre:

Inter-agency working comes down to the issue of management and making sure that the coordinated working, those efforts are there and they are tight. The systems and procedures are there to make sure that whoever is coming through our centre that we are on top of what they are doing. We have a say in how they manage our parents. (Manager)

I think importantly that we (the school) manage the other service, so almost line manage those whether it be these parental support activities or social care or health or any of those, we make sure that they are all to time and all doing what they need to be doing, we chase that up and we manage that and we keep a very close eye on that so that everything moves forward at the pace that we would expect. (Manager)

There was a clear understanding of management and lines of responsibility. This allowed for joint understanding of expectations and clear information sharing about ways that the staff could be supported, in their supervision and by training opportunities.

We follow the same system in the children's centre as the school in terms of appraisals and targets so each of the children's centre members has an appraisal with their line manager and through that then targets are set. (Practitioner)

Touching on our leadership team, the support they provide for us at work and for our well-being is much appreciated. We wouldn't have had the continuous professional development or the training or the level of understanding if it wasn't for them to guide us through what we need to do. We take lead on it but just the support given from up there, it has been very helpful. Going back to the excellence, that is what makes a difference. (Practitioner)

Joint planning and training

The federation also meant that there was clarity between professionals from different agencies about the focus of the work, through joint meetings and joint planning, and some opportunities for joint training:

We have an annual School Development Plan (SDP) meeting at the beginning of term with the school, the children's centre, the nursery, the day care, we all get together and we draw up a plan for the year on how to develop. The whole federation comes together, for the SDP. (Practitioner)

Every week we have an inset meeting where nursery officers and nursery nurses get together with some of the teachers at the school, like an in-house inset training. It could be on OFSTED, it could be on first aid, it could be on just planning.
(Practitioner)

The joint training facilitated the possibility for staff to experience roles that would, under other circumstances, not have been part of their job.

All staff here are trained to offer the sessions for parents, they have all these different activities and sessions run by them. they have all through the training, done safeguarding, health and safety, food safety, so they have all got various training so they can run these sessions by themselves. (Manager)

Nursery nurses from the (maintained) nursery are able to come and help in the day care when we are short staffed. We work as a team regardless of different areas. Everybody has in-house training. We do regular continuous professional developments, first aid, safeguarding, child protection, promoting positive behaviour and similar courses. (Practitioner)

Trust and respect between partners

The importance of trust and respect between professionals was highlighted as essential for inter-agency collaboration, in particular for those who worked in the centre but were not part of the federation.

For inter-agency working we need to value each other, respect each other, and also talk to each other when there are issues. (Manager)

You need to respect each other, my staff coming here need to be respected like any other staff working full-time on the premises. That pays off and if that isn't there, if those values don't exist then inter-agency working won't be good. We have worked in places where it is a complaint culture, then that can lower the morale of my staff. For inter-agency working we need to value each other, respect each other, and also talk to each other when there are issues. (Manager)

Good communication

Trust and respect, and successful collaboration between agencies were perceived to be more likely if there was effective communication. This was most likely for staff working as part of the federation.

We have a strong leadership team and we all meet regularly and we all feed into that, things that happen in the primary school get fed into the children's centre and for example there might be a suggestion of doing a home visit on a particular child if there was a concern, so it's about communication. (Manager)

It was also emphasised for agencies that were not part of the formal federation:

For inter-agency working we need to value each other, respect each other, and also talk to each other when there are issues. (Manager)

Health visitors come in so we do have interaction all the time, so it's not like my colleagues who don't have health visitors in their centres, we have them sitting here every Thursday. If there are any concerns they know where to call us, they may have seen the mother at home. (Manager)

The children's centre manager and I are on the phone all the time. We have less time to see each other personally but we have e-mail, phones, mobile phones, things get

sorted very quickly. So I contact her, and anything about my staff, such as turning up late she will contact me. So the staff know we are talking and that is very important in partnership working, effective, good communication. (Manager)

Co-location of agencies and services

Co-location was at the heart of the original Sure Start children's centre model of service delivery and it was noted that one key aspect of this was that it facilitated communication, and also helped service delivery to be both timely and appropriate, while limiting as much as possible extra paperwork.

It (co-location) builds more of a sense of a team. Where they are not co-located that is a lot harder, you don't spend as much time together, you are still sat in your silo whereas actually sharing a building means you can just walk across and say 'look I've got this case'. It saves a lot of time, it cuts down on referrals and paperwork and e-mails and phone calls so it certainly makes a big difference. (Local Authority)

The health visitors are here every Thursday, the midwives every day, so we have a really great rapport. So anybody can go and have a quick conversation with them. (Practitioner)

It also facilitated the knowledge that practitioners have of the different services, enabling them to ensure that children and parents can be told about relevant support or activities.

Being in one building definitely helps. The teachers and Head Teacher come over [to the children's centre] and ask about when services are running. So in the holidays, on the trips, it is nice to see that they are involved, they are interested in what goes on this side. (Practitioner)

The co-location was perceived as of great benefit for engaging parents:

The fact that we can say 'if you come here on Tuesday afternoon we have ESOL running, if you want to have a bit of exercise we run Zumba on a Friday, if you need to come and see the Health Visitor, come here on a Thursday. Parents like to know that they can come to one place, they don't want to be scattered all over the borough, going here and there. (Practitioner)

This was supported by comments from the parents, who were more aware of what was available than of any differentiation in terms of the extent to which services officially integrated or more loosely connected:

It's very easy, once you are in the centre you have midwives, support groups, health visitors, very easy access so anything you are concerned about and you can't book one to one through the health centre just come here, speak to one of the staff, they will tell you the days. (Parent)

It is good to have all these professionals together. (Parent)

I think that is really good, in one place you get everything so you don't have to look for other sites or where to get the service and it is close to houses, one of the bonus points. After nursery you can go to the school here. (Parent)

Using and sharing of information

One important aspect of communication in the planning and delivery of connected services is the capacity to share information about children and families. It is also relevant to understanding the needs of the local community so that the most appropriate service can be made available.

If you put on programmes which you think will be good without needs analysis, then that is not a good model. (Manager)

St Stephen's is tailor made to this community. Whatever we do, whatever balance we do, it's from data that we have got from our community as to what the need is locally. (Manager)

We do user surveys and we also get information from the local authority (about the number of local births). (Manager)

However, data sharing between agencies was possible only in a limited way. Since the health visitors had become employees of the Local Authority (rather than an NHS trust) it became possible for specific children's centre managers to access their data system.

Having in-house health visitors, the RIO health system for the collection of data it is now technically local authority data. (Local Authority)

Although based full-time in the centre, midwifery data was not shared, either with the children's centre family support workers, the health visitors or the primary school. Any exchange of information took place through conversations and then, if required, through more formal safeguarding meetings. It was noted by the Local Authority managers that one of their priorities was developing a system that could more easily facilitate sharing information, particularly regarding births, and children who might be vulnerable but that this would require a system where families provided consent for sharing between agencies. This is discussed under Theme 4, barriers.

Theme 4. Barriers and how to overcome them. Is anything holding the services back from greater integration?

Contextual barriers/political climate

The principal contextual barrier was financial, which constrained the extent to which agencies and services could be integrated within one building, seen as the optimal way to promote inter-agency working, principally through facilitating communication. This was succinctly described by Local Authority managers.

The biggest constraint is space and capital funding to get works done. Co-location is important. You need office space so that different agencies can sit down together rather than e-mails and phone calls, which only takes you so far. (Local Authority)

What we are finding is people are generally looking for buildings they can move into which aren't going to cost them a lot. So whereas most places you are going to have to set up a new building or build an extension that's not always quit so easy because you don't have lots of capital money for those projects any more. (Local Authority)

It was also reflected in comments from managers within St Stephen's:

What would help is more money and space, actually space. If we could build a few more training rooms and areas where we could have more parents in that would be great. That's what is needed. Because we could put on a lot more services but we just haven't got the physical space to do it. (Manager)

Organisational challenges

There were several organisational barriers to greater integration of services. A number of professionals remarked on the challenges of involving social workers, who were organised in teams that did not reflect local geographical boundaries or local schools. This meant that St. Stephen's staff needed to work with many different social workers, depending on who had been allocated the family, and there was a high level of staff turnover with Social Care:

I think it's the way that they structure social care, if all the children in the borough are in schools, if the schools are allocated particular SWs that would be a better way of structuring it. They can have children at different schools all over the place. And they are run too thin and they can't fulfil their remit of their work. (Manager)

With social care, the problem we have at the moment is that a lot of social workers are leaving which could be disruptive for families; they have one social worker, then there is another one, and then another one. (Manager)

It was noted that it was more difficult to work with professionals who were not employed by the local authority, which applied in particular to social workers. There had been attempts by the local authority to employ social workers to be linked to specific centres but there had not been any applicants. When professionals were not employed by the centre the managers noted that there were issues with accountability and control, and lack of shared targets:

Speech and language is a big issue for us here, occupational therapy, educational psychology, social work. If they were actually employed by the children's centre, you could have accountability but when they come in from health or somewhere else then they have their own targets and their own ways of doing things. (Manager)

Unable to share data

Good collaboration between agencies was hampered by data sharing issues. One remit of children's centres is to provide support and services to all families with children in the local area from birth up to the age of five. The Local Authority receives lists of new births from the NHS trust but was not able to share them with the centre unless the family was already known to them:

We are only able to share new births with children's centres if those families had already signed up to the centre during the new birth visit. With transfers in, registration forms lost or not completed properly or other things, centres are getting only parts of new birth list, people that they already know, not that helpful. We are able to tell them 'you have got another 200 but I can't tell you who they are, so just go and knock on all the doors until you find them!' (Local Authority)

The same applied to families where a child has been identified as in need of care and protection, limiting the extent to which the centre or school could work with Social Services:

Social work will not share data. At the moment social workers should be informing the children's centre if there is an under five on the Child Protection Register; that happens sometimes. Even if I can get that list to the centre, at the moment, all the centre can do is contact the social worker to say 'that family is not known to us, can you try and get them to register with us or visit the centre'. They can't contact that family directly. (Local Authority)

It's about social care really for me. I feel that we are quite good with health and we are working very closely with health and even some of the IT systems, we are beginning to join them up, but not with social care. (Manager)

Cultural/professional obstacles

Different ways of working were mentioned in relation to developing a common strategy for supporting families. The approach of the St Stephen's children's centre and school was strongly focussed on supporting families by way of building relationships with parents and helping them to be more confident. In the past it had been noted that the health visitors, who came regularly but were at that time not employed by the Centre, worked in a more didactic manner:

We have worked really had to break barriers because health visitors often have different ways of working with the families, so there is a lot of time invested in just trying to dissolve those barriers. We often remind them this is how we work with the children, we build relationships, we talk to parents about playing with their children. They tend to be directive, 'you do this' and 'you don't do that'. (Manager)

We wanted the health visitors to work in the toddler group; they wanted a separate room and we said we really want you to be in where the parents are and engaging with them, if you run a session independently parents tend not to come. (Manager)

Expectations too great

Due in large part to the success of St Stephen's, several interviewees raised concerns that their way of working was being perceived as the best way forward, able to address a range of family difficulties that were not part of their remit, or because other services with which they were not collaborating so closely were not working efficiently.

I feel that we are trying to mop up a lot of stuff that is perhaps not, even though we are a children's centre and we have a wide role and we will always try to commit to that role, I feel that we are mopping up a lot of stuff that shouldn't really be our remit, especially housing for example, the problems have been created in a way by certain policies and things that have happened. (Manager)

We've been told many times by the Local Authority when we try and do referrals to social work that the centre is doing absolutely all the early intervention work and the family doesn't meet threshold. We do have to be careful not to go beyond our remit because a lot of the work is very highly complex and it is really social care. (Manager)

There needs to be clarity about where our job finishes and somebody else's job begins. (Manager)

It was also noted that, due to the close working between agencies within one location, families may perceive the centre as their main or only, source of support, which could lead to dependency and be a barrier to them accessing appropriate services elsewhere.

Not everything can be here, for parents. When we met with the parents, one of them did say it would be great if we could have a library. It is important for our parents to move out of the centre as well. (Practitioner)

You have to be careful about creating a dependency on the centre, a lot of our parents start to become a little bit, you need to be thinking about moving out of the centre as well. (Practitioner)

Theme 5: Perceived impact on the nature of services

Provision accessible and appropriate

Through the close collaboration between agencies, the situation within the community and the careful collection of information about the local community, it was thought that the services were meeting the needs of the local families.

I think the needs of the local community is well known to the management. It comes across very nicely that they are actually trying to put on courses for which there is a local need. (Manager)

On safeguarding issues, we are able to capture families than needs help. They may open up to the midwife, their children might open up to the teachers in the nursery. We work hand in hand and we have a regular multidisciplinary meeting in the school. (Manager)

We have more chance to mix with the community. It will increase attendance because we are right here in the heart of the community. They can approach us; they know where we are. They can actually knock on our door and ask about issues without an appointment, we have drop-ins to point them to the right thing. (Manager)

Smooth referral system

Linked closely with the awareness of local needs was the perception that, once an issue had been identified, then appropriate action could take place, either offering support within the range of services available within St Stephen's or by making a referral.

We refer to the health visitors if we pick up on any concerns about their health. We would come to the family support worker first and say 'can we bring in someone to have a look, and then take it from there?' So they will come in and do a couple of observations. Then if they are also concerned, then we suggest bring in the parents and have a conversation (Practitioner)

Everybody in the federation knows me quite well. So anybody can go and have a quick conversation. I might say to the health visitor 'Oh just a quick question', there was a mum saying something about the optician, that the one she was using, her son was all over the place, was there a more child friendly one, and she said 'Oh yes, you can go to the GP, they will refer on'. (Practitioner)

We work closely together with the children's centre, if we need to make any referrals we find that our families might need support and we will go to anyone in the team who could help us. (Practitioner)

Enhanced work satisfaction

One of the most striking and consistent aspects of the interviews with professionals working at St. Stephen's was how rewarding they found their work, demonstrated in enthusiasm, low staff turn-over and low levels of staff absence for sickness.

I don't have a lot of sickness with the team, a sign that everybody is happy. The sickness rate for my centre is zero, when they talk about managing sickness I tell my boss I don't know how to manage it because I have not got anybody to manage, not for over a year, so that is a good sign that things are working well, we enjoy coming to work. (Manager)

They tend to stay, we don't get very many [staff] leaving us, and some are travelling quite a distance to come. The impact their work has, from where they see a parent literally not saying a word of English to, one parent was like that and after two programmes she was standing outside and recruiting new parents, still not that much language but had that confidence. (Manager)

I think the passion the people that we work with, the passion that they have got is amazing because the work that we do, we could be in parents' lives for years, the way we work consistently, constantly with them and we have seen some extremely positive outcomes for some of the families. (Practitioner)

Expanded role

It was also noted that their roles were more varied and rewarding through exposure to other professionals, and through being within the community.

They [school] do have first aid but they do call us if anything happens that demands medical care, they will call us to quickly come, we provide first aid. That is one of the differences, one of the things that makes us up-to-date with our skills which is important. (Manager)

This centre is completely different to the day care I worked in 10 years ago, a private nursery. The educational part, from the routine to the services, to the indoor and

outdoor play, I wouldn't compare it at all. The professionalism in the centre is way beyond what I have seen in private day care. (Practitioner)

We feel very lucky, we are very supported here and everybody gets on and I do love my job, I love what I do, It's varied, it's interesting and you never know what you are going to get the next day. (Practitioner)

A lot of what we do is preventive, you know mental health like postnatal depression, the staff have picked up how to spot the signs, then they will sensitively talk to parents and then draw them in. A lot of it is about them [the staff] having a huge range of skills and experience so they are able to pick things up at a very early stage and then know how to work with the parent. (Manager)

Theme 6. Perceived impact for children and families.

Family, more effective take up services

The nature of the centre, with close collaboration and communication between professionals, was said to be beneficial for parents who would then be able to access support early, even before the birth of a child, and could be confident that their 'story' need not be told multiple times, which was possible through the good verbal and informal communication even though the data held by any agency about a family could not necessarily be shared.

So, if they are able to tell the teacher they are pregnant or they want a pregnancy test that is where it starts. They can say 'pop in to the midwives' then they can ask questions. We tell them how to register (the pregnancy), about food, preparing yourself for pregnancy and that is where our care starts. (Manager)

With proper inter-agency working the family only needs to tell their story once. They then are more likely to stay engaged because they feel listened to; they know the professional is working with a team around them. (Local Authority)

Comments from parents supported this, noting that attending one service could lead to other types of support in a seamless manner.

If you are in toddler group if there is toilet training going on, 'bin the bottle', other small sessions, 'five a day', 'fruit smoothie's, anything extra session during that time, they come in toddler group or stay and play, they come with leaflets and say "if any parents wants to join in at the same time, if your child is settled here in this room then you can come and join in." (Parent)

Whole family strengthening

Many comments focussed on the way that the range of services available in one place could strengthen the family in ways that were likely to complement work that took place directly with their children, within the nursery or primary schools. This was noted in particular for families new to the area, many of whom did not have English as their first language.

Many parents are very quiet and have probably have just come into the country, and just moved into their house. They don't know their neighbours, they have no friends, no family and accessing the services that the children's centre provide, they make friends and you see them coming in together, so they exchange numbers, and they say 'shall we go to toddler group together' they all pop in together. It's nice to see that they are able to make friends outside of their homes. (Practitioner)

By having a range of services parents are able to benefit in addition to the children. Some parents did an access course, won an award, went to West London and some had never been on underground before, so parenting activities help parents to explore and benefit from the wider community. (Manager)

Parents also emphasised the impact that St Stephen's had on their own well-being and that of extended family members, expanding their social networks and enabling them to gain the confidence to take up other opportunities within the local neighbourhood.

So this centre is not always just about children, it's about parents, carers, grandparents. We have stay and play and they specifically say in leaflet 'parents, carers, grandparents, anyone with adult responsibility welcome' so it's a very welcoming centre for all of our community. (Parent)

You go for a very nice long walk with centre staff, you sit for a little while, talk, discuss, meeting other parents, socialise, in different parks. You are walking with your buggy, out of your house, and getting all this additional support and information. You are familiarising with all the services and the parks which you might not go by yourself. (Parent)

When my child was young I took every opportunity to come here, every single day I came, toddler group, stay and play, stroller and strider, swimming. There are various opportunities, it depends how confident you are yourself. But the longer you stay at the centre the more you have the opportunity to be confident with the language, joining in courses, using all the services instead of just sending your child to a nursery. (Parent)

Impact for children, academic achievement

While support for parents is very important in terms of providing an environment that will facilitate children's development, the eventual aim of both the original Sure Start children's centre model of service delivery, and of primary education, is to help children, and particularly those from disadvantaged backgrounds. The overarching aim is for them to achieve the skills necessary to be able to benefit from their education, and to reduce the gap in achievement between more and less advantaged children. This is clearly the focus of St Stephen's and it is worth repeating here the comment made by one local authority manager.

They are very focussed on performance indicators from an early age. And I think it sets them apart, there might be one other centre that does something similar. But they have a 'golden thread of expectation' from two year olds right through to when the children leave at age 11 around attendance and engagement and early reading, writing, numeracy. (Local Authority)

The expectation that children would achieve was reflected by managers within St Stephen's, with awareness that the youngest children were likely to be performing at a lower level than would be found in less disadvantaged locations.

Coming in at attainments well below national averages, our children achieve highly by the time they are 11 and their reading and writing, we are well above the national averages. because of the work that goes on here at the school, the good quality early intervention that they get the children's centre, and the clear expectations and guidance in terms of nursery and school readiness, and then rigour, robust systematic teaching throughout the rest of the school. (Manager)

There is a 'no excuse' culture here as well. If there is a family or a child who is not achieving, we will dig a bit deeper. We will find out what it is that the child isn't able to do and what the reasons behind it are and we tackle those on an individual basis. (Manager)

Emphasising the importance of linking services for parents and for children, the supportive aspects of the parent activities were thought to be able to help the children, as well as parents, to be more independent and focussed on attainment.

At the children's centre you are staring on bottles and pushchairs and those kind of things. When it comes to learning we often see very similar traits of lacking

independence and children not able to do things for themselves. So we continue the parental programmes, head teacher Q & As, parent workshops and curriculum evenings and careers evenings to get our children to aspire higher and try to be everything that you can be no matter where you live or where you are from, that's our absolute aspiration here. (Manager)

The confidence that the provision available within St Stephen's school and children's centre could promote academic achievement was supported most effectively by the fact that, in November 2017, they were rated as the top achieving primary school in England according to league tables of national examination scores (standardised assessment tasks – SATS) achieving more highly even than fee paying independent schools. This achievement was widely reported in the press:

“An East End state school in one of the poorest parts of England has beaten every private school to come top in the Sunday Times league tables, published today. The 11-year-olds at St Stephen's School Primary School in East Ham — where nearly all the pupils speak English as a second language and most are from Indian, Pakistani or Bangladeshi backgrounds — were the best at reading, spelling and doing their sums. It is the first time that a state primary school has topped the tables.”

<https://www.thetimes.co.uk/article/best-uk-schools-guide-lgh8sfr8f>

Almost every child at St Stephen's in Newham has English as a second language and a fifth are on free school meals, yet the school has returned record-breaking results.

<https://www.thetimes.co.uk/article/best-uk-schools-guide-state-primary-school-of-the-year-f226bv5qr>

St Stephen's Primary School ranked first in the Sunday Times league tables yesterday for its 2016 SATS results - the first time a non-independent or private school has taken the top spot. The head teacher praised her “amazing staff” and said the school's vision of ensuring “every child blossoms into a confident, respectful, modern British citizen prepared to be an aspirational contributor in the global community” was key to its success.

<http://www.newhamrecorder.co.uk/news/education/http-www-newhamrecorder-co-uk-news-education-east-ham-primary-school-tops-uk-education-league-tables-1-5287439-1-5287439>

5. Concluding statement

This model of inter-agency working, with services starting in pregnancy and going through until children complete primary school at age 11, is indeed highly successful despite the barriers that were noted. The strong leadership and management were consistently mentioned as main reasons for the success of the inter-agency connections, enabled through legislation that allowed for the federation between agencies to be formed. However, the political support for this style of provision for children and families in disadvantaged areas is not as strong as it was when the ideas were developed, in the 1990s and 2000s. Despite being popular and highly used, there has been a gradual reduction in the number of children's centres (Morton, 2013) with cuts varying between local authorities, with closures as high as 70% in some areas (Smith et al., 2018). Answering a parliamentary question, the Department for Education reported that more than 350 Sure Start children's centres had closed in England since 2010 and that spending on the centres in the 2015-16 financial year was 47% less in real terms than in 2010 with more cuts planned (Walker, 2017). Awareness of the possibility that there could be budget cuts affecting their work was evident at St Stephen's, but also a strong desire to continue.

I would hate to see the demise of the children's centre or the breakdown of the multi-agency working. We have become established now and it's effective, I really believe that it has a massive impact. (Manager)

Among children's centres this particular example was possibly unique in the inclusion of midwifery care within the same building as all the other children's centre and school services. While this appears to be an excellent model or working, it is not likely that many more centres will receive sufficient investment in the short-term to replicate St Stephen's. However, given political will and sufficient investment it could contribute substantially to the well-being and success of parents and children who are experiencing disadvantage.

The central goal of the ISOTIS project is to contribute to policy and practice development by identifying ways to combat educational inequalities, examining approaches within education and support services that help to create equal opportunities and inclusive societies, as a means of preventing early disadvantage. This case study of successful inter-agency working is located in an area of substantial deprivation, home to families with many cultural backgrounds, most of whom with a languages other than English as their primary language. Those factors notwithstanding, it has demonstrated positive impacts for services provision, the service providers, the parents and most importantly the children. The model of working demonstrated by St Stephen's School and children's centre is one that should be applicable throughout Europe.

Many factors can be identified that have facilitated strong and effective collaboration between all the agencies involved, outweighing the barriers that St Stephen's faces. In particular, the close working between educational services and other aspects of support for parents and children is worth highlighting, within one community location and with strong overall leadership. This example should be of great interest to other locations where there are plans to bring agencies together more closely, to effectively support young children and their families.

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