



INTESYS

TOGETHER / Supporting
vulnerable children
through integrated early
childhood services

Evaluation Report

Outcomes of the pilots

December 2018



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Introduction

Integration usually originates whenever problems to be tackled are greater than the available resources. So, it becomes natural to look for other responsibilities and capabilities that can “jointly” address the needs of children and families. The opposite led in many cases to specialised services, which are - by their nature - at high risk of separation and institutionalisation.

The issue of integration concerns the entire life cycle. It represents a technical and strategic issue having in mind that it is not necessary to integrate when problems are simple. Integration should however be adopted when the nature and size of problems go beyond individual abilities and require composite expertise to address them.

Integration of responsibilities occurs when different actors (agencies, services, organizations...) share goals, resources and responsibility to achieve shared and expected results. Each of these actors brings their own resources, competences to tackle problems.

The evaluation of the four INTESYS pilot countries always considered that integration is not an end, rather a necessary condition to tackle complex problems. But without integrating responsibilities, it can be only an unjustifiable cost, a means in itself, sometimes an organizational disease.

The role of evaluation in the INTESYS project has been to understand in what ways and to what extent the three-year project has been successful in promoting and engaging partners and stakeholders in integrated activities aimed at improving children’s life. The first step was the collection of information for providing a baseline for each of the four pilot sites. It represented the “starting point”, the initial situation (i.e. the “T0” of the project) that was then followed up at the end. The project considers three different levels of evaluation.

The **first level** aims to “measure” integration in each pilot area. The information gathered refers to the *composition* of the network involved in each pilot site, the *role* of each organization in supporting the provision of the services in the site, the mechanisms that structure and regulate the *connections* among different partners in the network, the *professional* and *non-professional* resources involved.

The **second level** aims to describe and measure integrated processes, performances, activities and their results. Each pilot is described in its on-going process, considering access criteria, interventions provided, professionals’ involvement. This information was gathered during the site visits in each pilot.

A **third level** of evaluation focuses on the outcome of the integrated approaches piloted in each site. The starting question is “outcomes for whom?” and it is aimed at understanding the changes for the “people” (professionals, non-professionals, parents, children) involved in the integrated approaches of the INTESYS activities.

The report is divided into 5 sections. The **first section** gives a brief description of the context of each pilot. The **second section** is devoted to monitoring and evaluation, with a specific focus on measuring outputs, outcomes and impact achieved through the project. After describing the tools used in the pilots, the section:

- highlights the main insights from the site visits in the four countries;
- describes the state of play of integration and the integration dynamics in the pilots;
- summarises the main activities carried out in each country;
- analyses in depth the changes obtained for the involved workforce, parents and children, after the implementation of the integrated activities and the toolkit.

This evaluation therefore aims to understand how successful the four country pilots have been in engaging partners and stakeholders in putting the child at the centre of integrated systems, in favouring integration between professional and non-professional capabilities, in carrying out outcome-oriented decision making.



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The **third section** is devoted to the index of integration, to provide a comprehensive picture of the overall level of integration within the network of partners, both at the beginning and at the end of the integrated journey. The **fourth section** summarises some key indicators that aim to represent the situation at the beginning and at the end of the integrated journey with respect to crucial dimensions of the project. The **fifth section** provides some conclusions that highlight the most notable results of the project, representing a basis to maintain and further develop the “capital” gained through the integrated activities.

I. Context

The four pilot sites are located in Belgium, Italy, Slovenia and Portugal. In each country one or more areas were identified as a specific “learning environment” for the INTESYS project. In **Belgium**, the pilot activities have been implemented in the Brussels area and have covered the French and Flemish communities. In specific, the French pilot has been based in Scharbeek while the Flemish pilot have covered the Brussels area; in **Italy**, the pilot activities have been implemented in a group of six municipalities in the outskirts of Turin. In **Portugal**, the community of practice developed during the programme has involved 6 partners based in Lisbon; in **Slovenia**, the activities have been based in two towns around Ljubljana: Grosuplje and Trebnje.

Table 1. Essential elements of the four pilots

Belgium	Italy
<p>The French pilot has been developed in the Commune of Schaerbeek in Bruxelles together with NGO, local authority, public and private ECEC services. It has involved the Réseau Coordination Enfance – RCE. The goal has been to engage local actors to respond to the social and educational needs of children starting school at the age of 2.5-3 and to produce knowledge on the key difficulties and challenges to overcome.</p> <p>The Flemish pilot considers the decree on preventive family support implemented in 2014. Crucial in the decree is the concept of Huizen van het Kind (House of the Child; HvhK). The goal of this new legislation is to stimulate the integration and coordination of a broad range of family support services. The Flemish INTESYS pilot has aimed to connect with the HvhK in Brussels.</p>	<p>The pilot area is located in a consortium of services called CIDIS that is in charge of managing the social services for six municipalities. The combination of the increase in the need for care and welfare services and their complexity, and the reduction in available public and private resources is creating a situation that is difficult to cope with and it represents the main challenge for the municipalities in the pilot area. In this context, however, a series of interviews conducted at the beginning of the project with a number of subjects representing the local and regional levels, showed the presence of a positive attitude towards cooperation and integration. The existence of a consortium (Cidis) represents an attempt to overcome fragmentation.</p>
Portugal	Slovenia
<p>The Portuguese Pilot has been developed in Lisbon, by a Local Partners Group (LPG) with 6 ECEC centres and a social support service located in 4 parishes: Arroios, Carnide, Marvila and Olivais.</p> <p>The choice for the ECD centres includes all types of organizational natures of the ECD actors in Portugal: public, parastatal, private nonprofit and private for profit. These Local partners have been active participants in the implementation of the pilot, as a Community of Practice, and tested the toolkit as a group in monthly meetings and in their local contexts.</p> <p>The Community of practice goal has been to support each one to achieve what was in their best interest and to promote collaborative reflection and learning that could potentiate change.</p>	<p>The pilot in Slovenia has been implemented in Grosuplje and Trebnje, characterized by a very low enrolment rate of Romani children in preschool’s education.</p> <p>In the Municipality of Grosuplje, the majority of Romani parents is unemployed, and their housing is very bad. All of the settlements have electricity, but not all of the cottages have running water, sewerage system is not regulated. In the Municipality of Trebnje, in Preschool Mavrica Trebnje, 22 Romani children were enrolled (3-6 years old). Families live in the Romani settlement “Vejar”, which is currently one of the best communal equipped settlements in the Trebnje municipality. It has electricity, water, sewerage, wastewater treatment plant, public lighting and paved road.</p>

II. Monitoring and evaluation

This chapter summarizes the main results in the pilot sites. The WP8 has aimed to gather information for understanding how the cross-sector/service cooperation can contribute to better meeting the needs of vulnerable groups. The analysis and measurement were also complemented by a number of site visits aimed to “*observe*” the progress related to professional development and collaboration activities, in terms of changes occurred after their implementation.

1. Methodology adopted for monitoring and evaluation

The evaluation has relied on a quali-quantitative approach, based on observations and self-assessment of pilot participants. In order to build a “baseline” picture of the level of integration in the pilot site, a questionnaire was developed for gathering information about: the network of partners, the level of enforceability of the relationships in the network, the professional abilities and the involvement of non-professional resources. Each project partner (in Belgium, Italy, Portugal, Slovenia) received the questionnaire in advance in order to share it with the pilot partner(s) responsible for the project activities and the toolkit implementation¹.

1.1. Tools

The researchers in the project’s evaluation team developed four main tools for gathering the information needed for building the baseline and measuring changes. Two additional tools were developed for assessing the changes, one for professionals and one for parents.

Pre-visit questionnaire

The pre-visit questionnaire was organized for gathering information about:

1. The composition of the network of partners,
2. The level of enforceability of the relationships in the network,
3. The professional levels and functions involved,
4. The involvement of non-professional resources.

Map of responsibilities and resources (MRR)

The description of the local partners’ role is useful for designing the “map of responsibilities and resources” (MRR). The map aims to describe the role of different organizations involved in the project implementation. In order to analyse this aspect, a map of responsibilities and resources (MRR) was drawn, differentiating:

- organizations that have a strategic role in the project implementation and share this role with other organizations (the so-called “responsibilities”), and
- organizations that, although not involved in the decision-making process concerning the project, are involved in the implementation of the project, for specific activities or phases (the so-called “resources”).

1. In order to avoid mistakes and misunderstanding, we used the following terms:

Project partner: any organization involved in the INTESYS Consortium. The Consortium is composed of King Baudouin Foundation (project coordinator), Universal Education Foundation, ISSA – International Step by Step Association, VBJK - Innovations in the Early Years, Compagnia di San Paolo, Emanuela Zancan Foundation, Calouste Gulbenkian Foundation, Aga Khan Foundation and Step by Step Center for Quality Education.

Pilot partner: any organization that is coordinating the pilot site. In the INTESYS project there are 4 pilot partners: VBJK - Innovations in the Early Years (Belgium), Compagnia di San Paolo (Italy), Aga Khan Foundation (Portugal) and Pedagogski Institute-Step by Step Center for Quality Education (Slovenia). Pilot partners are directly involved in the organization of the pilot site activities and toolkit implementation in collaboration with the local partners;

Local partners: the organizations involved in the toolkit implementation. The local partners are selected by the pilot partners. Specific contexts and characteristics of each pilot site will be taken into account.



The map is a tool designed by Fondazione Zancan in 2005 for deepening the meaning of “responsibility” in the care processes and applied to the implementation of projects². The map is composed of 4: at the centre of the map is the target of the project. Responsibilities are on the upper level, on the left the actual (currently active) responsibilities and on the right the potential (potentially active in the near future) responsibilities. Resources are on the lower level, again they can be actual or potential. In order to draw the map, the first step is to list the organizations involved in the project. After this first step, each organization is allocated to the respective. This will allow to represent the current situation of the project in terms of organizations’ involvement. In the INTESYS project, the map describes the role of each entity around a specific organization. Partners can share “responsibilities” (i.e. being involved at the strategic level) and/or “resources” (i.e. contributing to the provision of services); they can be “actual” (involved now) or “potential” (possibly involved in the near future). During the development of the project it has been possible to see how the combination of roles has changed over time.

Levels of integration

A 5-point scale (from 1=weak, to 5=strong) was used for gathering the point of view of interviewees in regard to their representation of *integration at four levels*:

1. *institutional integration*: when institutions act together, for example in terms of integration or coordination between the educational sector and the social sector;
2. *managerial integration*: when integration pertains to the functioning of services, the integrated management of resources, the joint overcoming of barriers to access;
3. *professional integration*: when professionals belonging to different systems (for example health services and social services) share responsibilities;
4. *community-level integration*: when different resources available in the local communities (e.g. organized volunteering, social-commitment associations, family associations, etc.) are also involved.

SisClass (System of Classification)

The system of classification (SisClass) is a list of services provided by the social, educational and health sectors for children from birth to 6 years old and their families in the area. The list of services clearly shows what services are present/absent and represents a useful tool to work jointly for overcoming the gaps. The integrated system of classification was presented and discussed at the Italian Transatlantic Forum on Inclusive Early Years and in international collaboration contexts³.

Questionnaire for the workforce

The questionnaire for the workforce is divided into two parts. The **first part** is related to the viewpoint of each professional related to his/her organization:

1. level of service coverage,
2. level of ability of the service to identify strengths and capabilities of parents,
3. level of ability of the service to involve parents on the basis of their strengths and capabilities,
4. level of ability of the service to involve other non-professional resources,
5. level of ability of the service to identify needs of the children,
6. level of appropriateness of service responses,
7. level of coordination in the service network,
8. level of information sharing in the service network.

2. Pompei A., Bezze M., Corsi M. e Vecchiato T. (2005), *Due nuovi strumenti per la valutazione del bisogno sociale: la scala di responsabilizzazione e il livello di protezione nello spazio di vita*, in «Studi Zancan», 6, pp. 63-75; Canali C., Vecchiato T. (2010), *Mapping the life space of children living in multiproblematic families*, in «International journal of child and family welfare», 3, 1-2, p. 68.

3. Ezell M., Spath R., Zeira A., Canali C., Fernandez E., Thoburn J., Vecchiato T., *An international classification system for child welfare programs*, Children and Youth Services Review 33 (2011); Bezze M., Canali C., Geron D., Innocenti E., Vecchiato T. (2014), *Orientarsi nei servizi per l'infanzia*, Quaderno TFIEY n. 3.

The **second part** of the questionnaire for the workforce considers the viewpoint of each professional related to his/her knowledge on integration:

1. knowledge about integration,
2. knowledge about how to work in an integrated environment,
3. expected changes in the level of integration,
4. knowledge of the other partners,
5. activities that are the most integrated in this pilot,
6. activities that are the least integrated in this pilot,
7. individual competences in terms of integration.

Questionnaire for parents

The questionnaire for parents considers 8 items, divided in two blocks: one block mainly devoted to the professional work with children (item 1-2-3-4) and a second one mainly devoted to the relationships between professionals and parents (item 5-6-7-8), as indicated in the following list:

1. professionals (teacher, educator, doctor...) consider my child “at the centre” (the child at/as/is my centre)
2. professionals listen to my concerns,
3. professionals are able to identify needs of my child,
4. professionals do their best for supporting me in educating my child,
5. professionals facilitate relationships among parents,
6. professionals know the resources (e.g. services, professionals, charities...) available in the community,
7. professionals are able to provide useful orientation to the available services in the local community,
8. professionals are able to involve me on the basis of my strengths and capabilities.

Tools in the pilot sites

The chart below (Table 2) indicates which tools were used in the evaluation in each site in the pilots. The pilot in Belgium used different tools for assessing the changes, giving its particular nature of a pilot embedded in some ongoing national initiatives (especially the Flemish part). So INTESYS activity supported the ongoing process.

Table 2. Tools per site

Country	Site	Pre-visit quest.	Map of resp. and resources	Levels of integration	SisClass	Quest Professional	Quest Parents
Slovenia	Grosuplje	✓	✓	✓	✓	✓	-
Slovenia	Trebnje	✓	✓	✓	✓	✓	-
Portugal	Lisbon	✓	✓	✓	✓	✓	✓
Belgium	Bruxelles (Flemish)	✓	-	-	-	-	-
Belgium	Bruxelles (French)	✓	-	-	-	-	-
Italy	Cidis	✓	✓	✓	✓	✓	✓

1.2 Site visits

The researchers in the evaluation team and project partners (or delegates) visited the pilot sites and met relevant people in order to further investigate and discuss the information gathered and to build a robust “picture” of the local situation. The visits were an important occasion for gathering subjective as well as objective information and to gather feedbacks from the people involved in the project about the undergoing pilot activities. Table 3 provides the list of visits and their timing along the project.

Table 3. Visits to the pilot sites

Country	Site	I round	II round	III round	Additional date
Slovenia	Grosuplje	16/5/2016	15/3/2017	12/6/2018	
Slovenia	Trebnje	17/5/2016	15/3/2017		
Portugal	Lisbon	31/5/2016	25/9/2017 26/9/2017	17/7/2018 18/7/2018	16/11/2018
Belgium	Bruxelles (Fle)	27/6/2016	11/10/2017	25/9/2018	
Belgium	Bruxelles (Fre)	27/6/2016	12/10/2017	26/9/2018	
Italy	Cidis	5/7/2016	20/1/2017 15/6/2017	15/3/2018 22/5/2018	26/11/2018

1.3. Insights from the 4 country pilots

Each pilot country tested the Toolkit over the “integrated journey”. Each site chose the “modules” to implement, with each module leading to different outputs/outcomes to be pursued and measured (Table 4):

1. changes for the workforce involved in the integrated activities;
2. changes for children and families, in terms of effectiveness reported by parents;
3. changes for children and families, in terms of observable changes in the development of children;
4. changes in terms of improved integration of policy, services and practices in the pilot sites.

Table 4. Modules pursued by each pilot

	WP4	WP5	WP6	WP7
	BE	IT	PT	SI
1 Changes for the workforce involved in the integrated activities	✓	✓	✓	✓
2 Level of reported effectiveness for children and parents		✓	✓	
3 Observable changes in the development of children		✓		
4 Changes in terms of improved integration of policy, services and practices in the pilot sites	✓	✓	✓	✓

The visits to the pilot sites overall highlighted that all partners have been involved in testing the INTESYS Toolkit and finding new roads for integration. The initial evaluation and the subsequent visits highlighted that each country had to face a number of challenges.

In *Belgium*, the Flemish pilot faced challenges connected to the implementation of the Decree on preventive family support (2014) while the French pilot developed a number of projects related to “transition”. In both sites, professionals developed action plans (Flemish) and local projects (French) in order to develop a concept of “shared leadership”, which represents a challenge for both sites, requiring a lot of engagement, time and effort.

In *Italy*, the pilot focused on professional and managerial integration starting from some vulnerable cases in three different settings: pre-primary school, crèche and paediatric ambulatory. The goal was to consider each professional as an “agent of integration” contributing to the wellbeing of the child in connection with the stakeholders working in different domains.

In *Portugal*, the site developed a “community of practice” composed of organizations to reinforce interaction with the community and to promote a closer contact with the other services. This implied the development of a clear pedagogical approach based on participation, inclusion, active learning for a better quality of services, with a specific attention to the relationship between professionals and families.

In *Slovenia*, the two pilot sites, characterized by different experiences in terms of integration of Romani children, developed an integrated journey among partners through regular meetings with stakeholders facing prejudices and stereotypes towards Romani children and families, through integrated and collaborative work.

1.4. State of play of the pilots in the 4 countries

1.4.1. Belgium (WP4)

The pilot in Belgium was coordinated by VBJK and it was focused on initiatives in the context of integrated services in the Brussels area, taking into account the investment made for integrating different services by the Flemish and the French-speaking Communities Commission. The pilots in both regions of Brussels were built on these ongoing experiments and focused mainly on the challenges faced by services.

The **first visit** to the **Flemish site** took place at the day-care centre of the Vrije Universiteit in Jette, recognised and subsidised by the agency Kind en Gezin (June 27 2016). The day-care centre, open to everyone even if the children of students and staff of the Brussels University Association and the Academic Hospital have priority, is located in a green area inside the campus of the University. The visit to the pilot site represented an occasion to understand the role of the Jette day-care centre in the network of services and to gather general information about the dynamics of integration in the local site, understanding the characteristics of the partners and the potentialities and difficulties of cooperation/ integration (from the local partner perspective). It emerged that the House of the Child (HC) was not a proper “house” intended as a physical space but an integration of services coordinated within a local partnership in the area of preventive family support. In addition, it was not only focused on the child but on the whole family. During the meeting, the three main principles of the House of the Child were highlighted (Table 5). From these principles, it was clear that each organization involved in the House of the Child becomes a “gate” to enter services.

Table 5. Principles of the House of the Child

Principles	Description
<i>Local embeddedness</i>	An instrument for local authorities and initiatives to develop preventive family support in which the local differentiation is a priority because it is the only way to respond to local needs; this implies also starting from the existing organizations.
<i>Progressive universalism</i>	HC should be open to all families and every child and parent should have the opportunity to meet other families, to receive support and enrichment; this implies that they should not have any difficulty in reaching the HC and that services should be maximally accessible; this means that HC is not a place for problems but a place where every child and every family is welcome.
<i>Participative</i>	Participation is central and represents an important condition in organizing easily accessible services tailored to the local needs; in specific HC focuses particularly on the reinforcement and the empowerment of families and this implies that the different services recognise and reinforce parents and persons responsible for the upbringing of children in their role; this means also that parents are the “key ambassadors” in working with professionals.

During the visit in Jette, it was clear that some results had already been achieved: meetings, bike tour, shared “phonebook”. But there were many other goals to accomplish, such as: to improve communication with parents, to improve the internal communication with professionals, to increase accessibility, to search for participative trajectories with parents, and to develop joint activities. Some difficulties in the process were highlighted, for example the general definition used by the Decree without providing funding for coordination.

The **second visit** was organized at the Baboes Centrum in Brussel with the coordinator and the chairman of the Huis van het Kind Brussel (October 11, 2017). The state of play of the Huis van het Kind Brussels was presented, with positive and negative elements of the process. The tasks of the overarching organization of the Huis van het Kind Brussels were explained: 1) supporting and sustaining the development of local teams, 2) designing and managing the services for preventive family support and 3) stimulating innovative practices



in the area of family support. The connections between local and national levels were guaranteed by the members of local teams that were also involved in the Board of directors. When the second visit took place, a person had been appointed for coaching the local teams and connecting the local teams with each other and the Board of directors. At that time, there were 6 local teams out of the expected 8.

At the local level, the main concept was the “shared leadership”: in each local team several organizations shared decisions, while maintaining their specific autonomy.

On the same day, a visit to the Solidariteit voor het Gezin – Hopon in Jette was organized. The goal of the meeting was to understand the process of defining the action plan in each local area. It was pointed out that since the last visit, things had changed very slowly. The local team had waited for the overarching Brussels level and this had been very tiring and disengaging for those at the local level who had started to meet regularly some years before. During the meeting they described the work conducted by the core group that was meeting regularly approximately every 2 months (while the network group used to meet approximately twice per year). At that time, the core group was sharing the leadership even if still waiting for some mentorship (coaching).

The Jette team had already worked on an action plan, developed with the support of VBJK and providing 3 goals for the next 5 years.

Once again, the complexity of Brussels with its different government levels emerged: the overarching government, 2 communities (Flemish and French), and the different cities. Communication was recognised as a common topic to be tackled at the overarching level. Internal and external communication was described as an issue related to social marketing, aiming to appear with the “same face” to the families, as one big unity. This process appeared to be very positive because it let people/professionals know each other and also because they believed in such a process: they could see the benefits deriving from working together. It was highlighted that this process was taking more time than expected; also, coaching took a lot of time to start.

In the **third visit** (September 25, 2018) the state of play of the situation and the action plans in different local teams were described, highlighting their goal to improve the connection among local partners. The visit to the local network *HvhK Brussel stad* highlighted the lessons learned since the beginning of the process. The discussion with the local network highlighted many issues that need to be addressed: the access to services of disadvantage families, the outreach activities, and the role of volunteers inside organizations. A specific focus covered the role of the “facilitator” and the difficulty in keeping all partners together with a shared vision, finding a balance between the role of each partner inside the single organization and the network as a whole. Having the “nose on the same direction”, considering the House of the Child as a part of them, sharing a vision, acting as a group and not as a single organization were different ways that partners used for describing the need for coordination. The network was aware that these services are meaningful for families (families approach the network, partners know each other, partners share expertise, families desire to come to the service) but there were still problems to face that require a longer period of piloting.

In the **French community**, the focus of attention was the so-called “warm” transitions, e.g. from home or childcare to preschool, as these transitions create additional barriers for vulnerable children and families. The pilot – located in Schaerbeek – was particularly focused on the issue of a “warm” transition of children with various experiences of socialization and various maternal languages in the reception class for children aged 2.5-3 years and 1st grade of ‘*école maternelle*’ (children aged 3). The pilot was organized in collaboration with “Réseau Coordination Enfance” (RCE, network coordination for childhood) and focused on two levels of integration: vertical transitions intended as partnership between the school system (3-6y) and childcare (0-3y) and horizontal transitions intended as partnership between the school system (3-6y) and out of school services (3-6y). The French-community pilot aimed to create a shared understanding of the social and pedagogical needs of children involved in transitions and to produce knowledge of the key challenges for a smooth transition that can be a very difficult issue in this context.

The **first visit** (June 27, 2016) to the French pilot took place at the “Maisons Communales d’Accueil de l’Enfance” (MCAE) Hirondelles/Arlequins in St. Josse with specific in-depth conversation with the project partner about the development of the pilot activities. The meeting took place in one of the associations that



are involved in the “Réseau Coordination Enfance” (RCE). The main goal of the visit was to get a first overview of the pilot area and to gather general information about the dynamics of integration in the local site, also understanding the role of the partners. The meeting was divided in 2 parts. The first part aimed to collect general information regarding the network, its activities and collaborations and the second aimed to visit also “Atout Couleur”, an association located at walking distance from MCAE Hirondelles/Arlequins. An additional meeting was arranged for the following day in order to discuss the specific goal of the pilot. The RCE network is composed of 9 organizations. During the meeting the focus of the pilot was highlighted: “Schools are parallel worlds” and “everyone is committed to thinking about their own educational pathway”. This led to the significance of “continuity”, for building a common pedagogical framework, collaborating in the provision of education, and reinforcing education inside a wider context. The second meeting on the same day focused on the activities of Atout Couleur, a service for children 0-3 y.o in Schaerbeek, a space where children and parents can meet. From the visit, it emerged that the pilot cannot be a linear process. For this reason the first step involved different professionals (schools and services 0-3, 3-12) about “getting to know, getting together recognized” for building a common project.

The **second visit** (October 12, 2017), was organized in 3 steps: visiting one of the school as “local site” of the pilot, meeting with professionals working in *Les amis d’Aladdin* in Schaerbeek, an Ngo member of the RCE coordination. In the afternoon, a meeting with the pedagogical coordinator of municipal schools in Schaerbeek was organized. The meeting focused on the transferability of new ways of providing services. The École Maternelle of the École 8 in Schaerbeek was one of the “local sites” of the French pilot organized in collaboration with Réseau Coordination Enfance RCE that developed a local project.

The project at École 8 was focused on all children inside a school context that is very difficult: in the school, there are around 50 different nationalities, many Roma children, parents who do not speak French, part of them unemployed, sometimes with no public support. The project aimed to create a shared understanding of the social and pedagogical needs of children involved in transitions and to produce knowledge of the key challenges for a smooth transition. It emerged that transition represented a very difficult issue in École 8. The main problem was that families do not know the “school”: they do not speak the language used in the school, sometimes they do not even know what the “school” is, or they see it as a closed institution. For all these issues, families have many problems in contacting the school (intended as an “institution” in Belgium). École 8, inside the project, tried to develop strategies for reassuring parents about the role of the school in the life of their children, for example by sharing with parents the description of the organization of the day through pictures of the educators/teachers and also of specific activities during the day. In such a context, the training provided by Les Amis d’Aladdin aimed to help teachers to understand the difficulties that parents might encounter. This was highlighted in the visit to Les Amis d’Aladdin, an Ngo member of the RCE coordination. In their view, parents are welcome to join all activities and “familiarization” is one of the elements for transition: it means making the child familiar with the new environment during each transition. Inside the project, their main activity in collaboration with the École 8 is “Atelier Langage”, an activity that aims to increase the knowledge of the language but – at the same time – aims to connect people and cultures. In general, the main strategy is the exchange between professionals and parents in order to reduce the division among different systems.

The meeting with the pedagogical coordinator of municipal schools in Schaerbeek also highlighted that the main challenge was represented by parents: they do not know the language, they do not know the school, they do not know how to approach the school, also in terms of bureaucracy. And also, sometimes, the school is seen by parents as an unknown “monolith” and this implies diffidence and frustration. Another challenge was represented by the relationship between public and private organizations, for example a school and an association. For these reasons, there are some indicators to consider: timing of enrolment of children (the younger they are, the easier their path will be), links between school and family (for example the parental committee), school as a “friend” of parents, level of involvement of the parental committee.

The **third visit** to the site, on September 26, 2018, focused mainly on the positive and negative issues emerged from the pilot activities. The main results relate to better mutual recognition of professionals coming from different sectors, also identifying the barriers to improving the quality of the transition to school for children



and their parents. The contents of the outcome report was discussed trying to highlight the changes that happened after the integrated activities.

1.4.2. Italy (WP5)

The pilot is located in the Piedmont Region and the pilot activities are implemented in a group of six municipalities on the outskirts of Turin covering a population of about 97,000 inhabitants. The six municipalities constituted a consortium called CIDIS, on a geographical area coinciding with the Health District “Orbassano”, one of the nine districts of the Local Health Department TO3. The main goals of the pilot activities included:

- providing integrated training to practitioners and managers of services belonging to different early childhood sectors (health, education, social, cultural etc.) and serving vulnerable children;
- creating a shared understanding and responsibility among local public and private institutions through their active involvement in designing the training activities and in supervising and monitoring the follow-up practices employed in services;
- informing the local and national policies on ECEC.

The Italian pilot was visited on different occasions. At the beginning of the Local Steering Committee (LSC) activities (July 5, 2016), during the integrated activities (January 20, 2017 and June 15, 2017) and on the occasion of the second panel (March 15, 2018 and May 22, 2018). The visits to the pilot highlighted a positive attitude towards cooperation, as emerged from the interviews conducted at the local and regional level. The project was positively considered by the local institutions and regional authorities. This is shown by their presence at the main meetings of the Local Steering Committee (LSC) and the integrated group.

The **first visit**, organized in the occasion of the first Local Steering Committee (5 July 2016), highlighted the role of the consortium of the six municipalities (CIDIS) that should help to overcome fragmentation and provide common framework and shared guidelines, which contributes to the provision of (more) homogeneous services to citizens residing in the different areas.

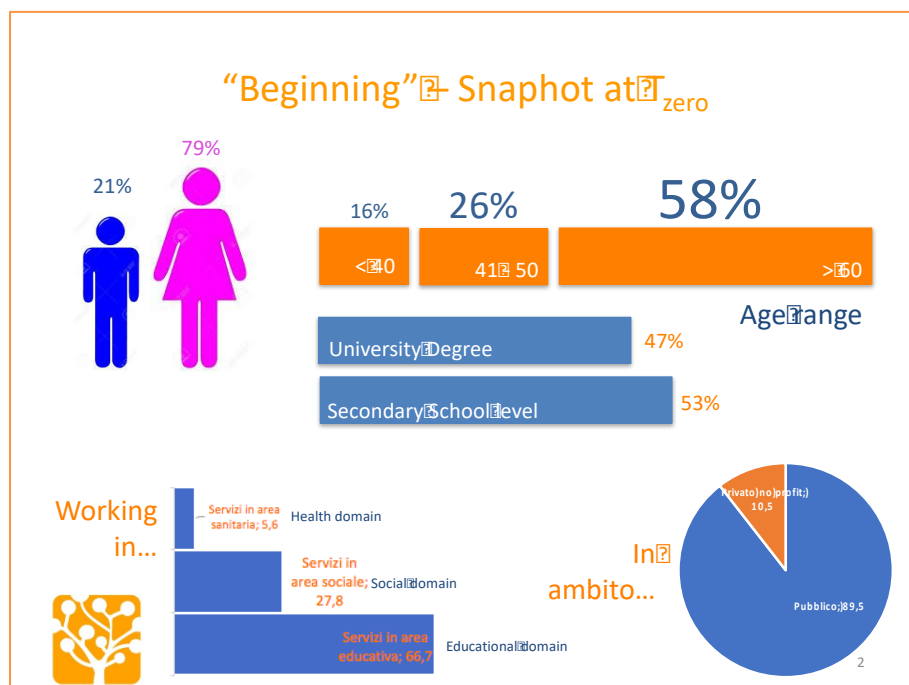
Since the beginning, the project was presented to the local institutions and regional authorities and it was positively considered. The LSC agreed on the development of a local mapping of services for providing a framework of integration for all professionals. The local mapping considered the model developed by Fondazione Zancan in 2005 and subsequent research⁴ and then further discussed and enriched during the Tfiy-Italy⁵. In order to move from a sectoral vision to a unitary way of considering early childhood, it is necessary to start from the needs. Then, it is necessary to connect these needs to the available services. However, in the real world there are many obstacles. Very often, needs are not the main criterion that leads to the decision to start a new service. Often the criterion of competence (of institutions and providers) and the related norms prevail over the needs. In this way, the perspective is reversed: from child-centred to institution-centred (those institutions that should take care of children). This is an “unnatural” way of thinking and working that is against the rights of each child. The Classification System (SisClass) was born as a guide and a map to connect needs with available services. Reading the map with all services together (health, social, educational, cultural...) means considering the needs of the child in his/her life. The classification allows therefore focusing attention on a plurality of aspects characterizing the ability to respond to the needs and also identifying the “full spaces” and the “empty spaces” (that could be covered with more services).

The information gathered regarding the services available to children 0-6 y.o. was discussed during the **second visit**, in the occasion of the third LSC (January 20, 2017). In that meeting, the map and the plans for the integrated training were discussed.

4. Bezze M., Faenzi G., Lippi A., Paganelli L., Pompei A. e Vecchiato T., *La classificazione dei servizi e degli interventi sociali*, in Studi Zancan 2, 2005; Bezze M., Galardi G., Innocenti E., Vecchiato T., *Verso un sistema informativo unitario in Toscana*, Studi Zancan 4, 2012; Ezell M., Spath R., Zeira A., Canali C., Fernandez E., Thoburn J., Vecchiato T., *An international classification system for child welfare programs*, in «Children and Youth Services Review», 33, 10, 2011, pp. 1847-1854.

5. Bezze M., Canali C., Geron D., Innocenti E., Vecchiato T. (2014), *Orientarsi nei servizi per l'infanzia*, Quaderno TFIEY n. 3; Tfiy-Italia (2016), *Investire nell'infanzia è coltivare la vita. Il futuro è nelle nostre mani*. Il Mulino, Bologna.

Fig. 1. Professionals at the initial stage, Italy



Overall, 79% of the professionals interviewed at the initial stage (T_{zero}) were female (Fig. 1). Most of them (84%) were older than 40 years of age, with 58% being older than 60 years. Nearly half of them had a university degree. Two thirds of the respondents worked in the educational domain, one in four in the social domain and a small minority in the health domain. The vast majority (around 90%) were employed in the public sector.

An interesting point was raised by a local politician regarding the map of services. She highlighted that in some

cases, even if services are available, they are not sufficient for covering all the needs. So the map is an important base but it needs more deepening and also an ongoing update. During the visit, some other topics were discussed, especially in regards to the integrated activities and the participants to involve. It was clear from the discussion that the target group of integrated activities was composed of children that show some frailties but are not yet “certified” by formal services.

It is a “grey area” that a timely and coordinated intervention could improve without a subsequent worsening of the situation. The discussion focused also on the composition of the group of professionals to involve in the integrated training. The LSC agreed to involve professionals that are working directly with children and families, but also service managers and policy makers at local and regional levels.

The subsequent visits to the Italian pilot were mainly devoted to following the organization of the integrated activities. At the beginning, the training was opened to all the participants identified by the LSC. In the visit held on 15 June 2017 (**third visit**) the participants were asked to discuss some vulnerable cases identified following a list of frailty conditions (related to the child and the family). They were asked to describe the strengths and difficulties of the child and the family and to identify the “observable factors” that need to be monitored in order to highlight improvements and changes. In addition, they were asked to use two specific tools from the INTESYS Toolkit (the Eco-mapping, Personal eco-map and the MSR Map of subjects and responsibilities). The discussion among professionals coming from different sectors underlined the difficulties but also the richness of using different languages. The exercise was very important for reaching a common awareness among professionals about some common points: a child-centred approach, a specific attention to the role of parents, the role of a shared documentation, a plan for monitoring and evaluating each case based on a shared definition of expected results and “observable factors” to monitor. These points were shared by professionals involved in the integrated journey in three different sites: crèche (0-3), pre-primary school (3-6), and a paediatric ambulatory. They shared specific case studies identified on the basis of a list of frailty conditions and defining common strategies for facing children’s difficulties and overcoming them.

The **fourth visit** (15 March 2018) was the occasion for discussing the results of the integrated activities in the three different settings. It emerged the importance of good relationships established with key adults, between adults (contamination between professionals, between professionals and parents) but also between children

and adults and between children and children. Professionals and parents need to develop an alliance for the wellbeing of their children. The results and the reflexions of each site highlighted the importance of sharing concerns with parents regarding the child's best interest, underlining the child's problems but also his/her potential and strengths. For this reason, it is important to document the journey of children within each service with a professional documentation that can be shared among parties and that highlights both the strengths and weaknesses of the child. A final important observation was related to the composition of different points of view: their composition and integration could be a winning strategy to identify vulnerable situations and monitor them. Participants expressed the proposal of organizing a meeting once a year, that brings together paediatrician-parents-teacher for deepening specific issues in individual or group meetings.

In the **fifth visit** (22 May 2018), all results were presented providing more ideas for a further development of the pilot. As indicated in the Italian report *"The group recognized the importance of working for establishing a relationship of trust with parents. But setting up a relationship of trust requires an ability to listen to them and a dialogue with them. This complex process requires a capacity to communicate that needs to be continuously fine-tuned in order to understand their point of view and take it into account with transparency and trust"*. It was recognized that an integrated network of services and dialogue among services could represent a tool for involving parents, avoiding considering them only as users. This means that the involvement of parents and other family members cannot be considered only in terms of participation in periodic meetings, parties or workshops. The challenge is the promotion of the participation of parents in terms of "sharing the outcomes" and being involved from a "generative perspective". On that occasion, the results of the comparison between two groups of children attending the kindergarten (the target group and a similar group attending a different school inside the same cluster of schools) was discussed. The children of the target group showed better competences than the children in the comparison group.

Another focus was related to the parents: in the kindergarten, the parents provided an overall positive judgment in regards to the service effectiveness and they recognised the ability of teachers to promote initiatives involving different professionals from other sectors.

The overall results of the pilot led to the definition of a set of actions to be improved in the pilot, as indicated in the Italian report:

"Horizontal line. The usage of a form for identifying the risk of frailty/vulnerability and the proposal of meetings between different actors that can compose a multidimensional vision of the child, bringing each one his/her own point of view, leads to the proposal of a project at district level involving paediatricians, teachers, social workers, parents in periodical meetings. These meetings should be preceded by preparatory work among professionals (teachers and paediatricians) to build a joint strategy to be proposed to parents.

Vertical line. Among the innovations that the national system is bringing (new law, its rules etc...) is there space for integrated work, not only with educational staff but also with other professionals such as paediatricians, social workers or others? The law proposes the creation of an "educational coordination" that will integrate the professionals of services 0-3 and services 3-6. In this framework, INTESYS becomes a unique opportunity to find occasions for sharing tools and methods.

Transversal line. It is necessary to strengthen a shared culture on childhood, always recognizing the specific characteristics of each profession, also involving professionals, parents, libraries, third sector actors... in order to reflect together. This action has a wider value and aims to develop the 0-6 culture through common initiatives for different professionals. Integrated events can lead to a useful contamination among different professions (educational, health, social...). This could lead to the construction of a community that shares values and approaches in the best interest of the child".

The big challenge for the Italian pilot is to move from the small scale to a wider scale, in order to understand if the tools used by the professionals can help other groups to improve their interventions and to timely identify children who need support and to "activate" a coordinated strategy of support. The questionnaires administered for understanding the improvement of the workforce showed that professionals recognize a specific improvement in their ability to carry out joint evaluations and this is in tune with the characteristics of the participants involved in the integrated activities. The group is highly experienced with many years of



work and different occasions of training on integration (in Italy this is an issue for those working in the human services that was raised many years ago), therefore the improvement was on their ability to gather together and jointly evaluate the situations.

1.4.3. Portugal (WP6)

The pilot in Portugal is a joint responsibility of the two Portuguese partners: the Calouste Gulbenkian Foundation (CGF) and the Aga Khan Foundation (AFK). The pilot is located in a defined area in the Municipality of Lisbon where AKF has been running a centre since 2009: it is called Olivais Sul ECD Centre. Since the beginning the aim was to support a network of affiliate early childhood centres to provide participative practices, with a particular emphasis on multicultural awareness and intercultural pedagogy. Both the Local steering committee and the Local partners group were very positive about the aims and relevance of the project, with a great level of participation of local partners. Along the project, they met regularly and used the tools proposed by the evaluation protocol.

The **first round** of the site visits (May 31, 2016) was the occasion to meet a number of partners and to better know their context, given that they are located in different areas (or parishes). The interviews with professionals in the Olivais Sul ECD highlighted the characteristics of the centre and the approach used in working with children and families. The composition of the network of partners highlighted the presence of a number of entities, most of them met during the site visit. Their role and perspectives helped to build the baseline of integration in the pilot site. We discussed also the System of Classification.

Each member of the local partner group was interviewed in order to gather information about the background of the organization, their involvement at different levels, the level of participation in integrated activities, the main challenges/difficulties, and possibly the opportunities, for the integration of (early childhood) services in the area. From the interviews, it emerged that the institutional level works better if there is a direct contact with the people working at the central level. *“The degree of involvement is different (...) We need to be faster. We have problems and we need solutions. It depends on the person you find”* [P3]. Privacy emerged as an issue, especially concerning children with special needs going to a health professional: *“they tend to pass the problem and not to work together”* [P1]. *“Health professionals include psychologists; and one is not enough. We have a unit that works with the school for psychiatric and developmental problems but this is not enough”* [P3].

Another issue was related to the importance of timely and appropriate interventions: *“Integration is an opportunity for avoiding the duplication of interventions”* [P4]. Furthermore, having many resources available in the area can be a barrier to empowerment: *“Families have different resources in the community, and in this way we do not empower them and – sometimes – some receive more than what they need and others less”* [P4]. For this reason, *“if services worked together it would be better and you could help more families”* [P4]. Another issue raised during the interview was the importance of parent strengthening: *“Social services should work and help parents in their role of parenting in order to break the cycle (of poverty) but the problem is that we don’t have a long term programme, something that can last and change the way we work. Today there are generations of poverty”* [P4].

Integration is an issue that involves also children: *“They are all integrated in school but not integrated in society. And they have some problems to deal with differences. Every time there is something different, they don’t know how to deal with that. They are all the same. The ones that have those problems i.e. they have no parents, they have no references [...]. That is what is worrying me because they are not ready for the challenges that life is presenting today so they have to deal with differences”* [P5]. Migrant families are considered an opportunity not only a challenge: *“The challenge is to connect with others (...) Migrants have a knowledge that they (the services) don’t have and they will better know the network of services”* [P6] and also *“services are too focused on education and not enough on families and social issues, so it is mainly a cultural and organizational issue and changing the mentality is the first step”* [P6].

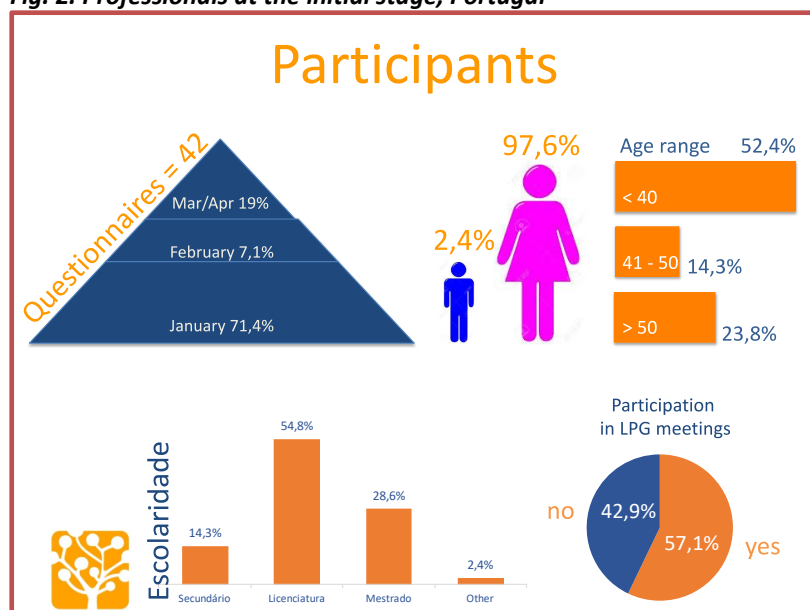
The information gathered during the first visit and the preliminary data have been useful for completing the Baseline Evaluation report.



The **second round** of visits (25-26 September 2017) was aimed at the same group of people already met in the first visit in order to start working with them for understanding how things were changing after the toolkit implementation and the integrated activities had started. The first day of the visit was also an occasion to attend the monthly group meeting (at the Apisal centre). The visit covered three main topics: to give an overview of the other pilot sites, to build the map of services available for children (with a case example), to discuss the levels of integration as represented by the local stakeholders. These topics were covered in the first day, with all partners and with great participation in the discussion. In the second day, the questionnaire for analysing the situation at the beginning and after the integrated activities was discussed for tailoring it to the pilot site activities. The discussion was very important for understanding how to organize the questions for the workforce. The questionnaire for the workforce was translated into Portuguese and then checked by the INTESYS partners before completing the on-line version. In addition, the questionnaire for parents was discussed and the number of parents to involve in the study was decided. The group chose to administer the questionnaire to 20% of the parents (around 120 questionnaires). The INTESYS partners were very supportive in the usage of the tools and they gathered the information taking into consideration the activities of the community of practice.

It was recognised that the monitoring the pilot activities over time could allow a better understanding of the ability to develop and strengthen a network of organizations capable of reinforcing its interaction with the wider community and of promoting a closer connection with the other services focused on child and family issues.

Fig. 2. Professionals at the initial stage, Portugal



Between January and March 2018, 42 professionals completed the on-line questionnaire (Fig. 2). Most of them were female (97.6%), 52.4% younger than 40 years old and 23.8% between 51 and 64 years old. The majority of professionals (83%) had a University degree (“licenciatura” or “mestrado”).

In the **third round** of visits (17-18 July 2018), organized at the Olivais Centre, the results of the first questionnaire were presented to the local partner group and discussed with the representatives of the organization. The discussion was useful for understanding some of the open

questions. At the meeting, each partner reflected about the journey toward integration, highlighting goals, results and impacts of the integrated work, and also the tools used. Strengths and difficulties were also highlighted and discussed during the meeting.

The third round of site visits was also an occasion to discuss the final steps of the pilot activities, in terms of evaluation. Each partner described the main results, the most significant but also the unexpected ones. These considerations, together with the data derived from the questionnaires to professionals and parents were then presented at the national conference held in Lisbon on November 16, 2018.

A specific focus was devoted to the index of integration. The *initial* index of integration had been calculated for each local partner. The *final* index of integration was calculated considering the new partnerships initiated within the INTESYS project: each partner was asked to complete a table at “July 2018”.

The visits have been a very useful tool to collect information about the activities performed by local partners. Month after month partners were able to focus their common goals and find solutions for a better integration. This clearly emerged from the materials they prepared and discussed. The visits show an increased spirit of ownership of the partners that were able to take autonomous decisions and responsibility for designing and managing the contents and strategies of the meetings.

Slovenia (WP7)

The pilot in Slovenia was implemented in two environments with a very low rate of Romani children enrolled in preschool education. These environments, in Grosuplje and Trebnje, host traditional Romani settlements. Pre-schools already established some cooperation with representatives of local institutions, services, organizations, individuals, but only on the level of organizing events (once-twice per year, for the International Roma Day, for example), or when there are any urgent issues.

The aim of the project was to develop a common understanding about the right to education for every child and about the importance of quality education for each and every child. The general objective of the pilot was to increase the enrolment rate of Romani children in pre-school programs, and the specific objectives were:

- to raise awareness about the importance of addressing holistically child’s and family’s needs and providing them with integrated ECEC services, especially when it comes to the most disadvantaged children like Roma;
- to empower all in the pilot including the stakeholders (representatives of Romani community, educators, social workers, health workers, administrators, etc.) for implementation of advocacy activities on the importance of integration of ECEC systems;



- to identify challenges that need to be overcome in order to build an integrated ECEC system and to find ways to overcome them.

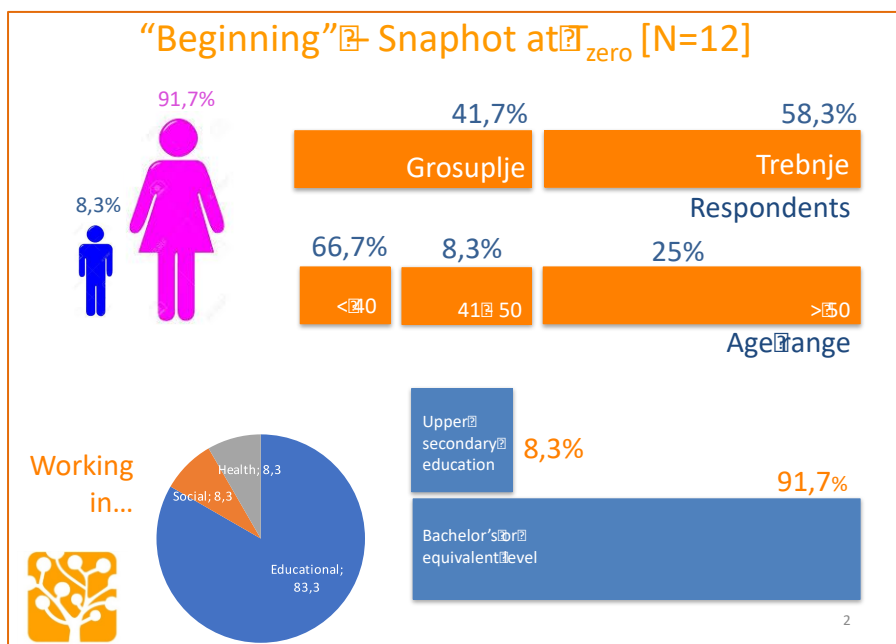
The **first round** of site visits (May 16-17, 2016) was organized in the two sites: Grosuplje and Trebnje. The visits were an occasion to meet a number of partners. These interviews helped to build the baseline of integration in the pilot site. The System of Classification SisClass was also discussed.

At that time, in Grosuplje there were 5 Roma settlements, mostly depending on social assistance, with no Romani children attending the preschool (36 preschool-age children living in the settlements). In most of the interviews it emerged that the majority of the local population does not seem to accept Roma people while it would be important for the Roma community to participate in the community life. It emerged that Romani parents are hard to involve and there are different reasons for not attending the preschool: parents are overprotective with children, children in preschool feel different from their peers (e.g. due to language, difficulties in understanding teachers, etc.), parents do not want their children to be discriminated (as they feel they are). It was clear that a key factor for inclusion is the trust of parents: building trust and getting parents involved as part of the process is crucial for the future. The interviews considered a number of issues connected to integration: overall picture of the level of social inclusion of vulnerable children in the area, involvement of the specific organization in some key activities (such as strategic planning, decision making, service provision, financing and evaluation), level of integration among different actors in institutional, managerial, professional and community-level terms.

In Trebnje there were around 250 inhabitants with a Romani background. Around 10 years ago the Municipality realised that Roma population should not be treated as different, but they should be treated as any other vulnerable group with a similar social situation. So they started integrating in the society with a big role played by the Roma. This helped to promote a process of improved social inclusion and also a preschool in the settlement was organized. For facilitating transportation, the preschool was located there and this helped integration because the preschool was working with children but also with parents, gaining their trust. In general, from the interviews with teachers of the primary school it emerged that those Romani children who attended regularly the preschool had a better performance.

The aim of the **second round** of site visits (March 15, 2017) was to meet the same group of people encountered in the first visit in order to start working with them for understanding how things are changing/can change before and after the toolkit implementation. The attention focused also on the map of services available for children and the levels of integration as described by the local stakeholders. The discussion started from the question: *"If I am a vulnerable child (Roma) what can I receive from you (at home, in the community, other)?"* This was useful for listing services available in both sites. The visits were also the occasion to organize the on-line questionnaire.

Fig. 3. Professionals at the initial stage, Slovenia



Between June and July 2017, 12 professionals completed the on-line questionnaire aimed at analysing their perspective, with 7 respondents from Trebnje and 5 from Grosuplje (Fig. 3). Most of them were female (91.7%), 66.7% younger than 40 years old and 33.3% older than 40 years old. The majority of professionals (91.7%) had a Bachelor's or equivalent education level. Most of the respondents worked in the educational domain, while the others worked in the social and health domains.

The analysis of the question asking the respondents what they believe they are good at, provided further insights into the “beginning” level of the professionals involved. Both in Trebnje and in Grosuplje, professionals assigned higher values on average to their capability of listening to other professionals and to their ability to cooperate with others. Lower scores, especially in Grosuplje, were instead assigned to the possibility of sharing information, the capability of carrying out joint evaluation, the knowledge about the roles and responsibilities of the other professionals. These values not only highlighted the potential for future improvement, but also suggested the areas where integrated work could be more effective in improving integration among professionals at different levels.

In the **third round** of site visits (June 12, 2018), the professionals from the two sites were invited to join the meeting together. On that occasion, an overview of the other pilot sites introduced the meeting. After that, each group described the activities in each local site (participants, goals, actions) and the results reached through the project, highlighting pros and cons in each local site. In general, in Trebnje the local body embedded in the Municipality was a result of the process and this implied a systematic connection among all stakeholders. In Grosuplje a better connection emerged among stakeholders along with the softening of prejudices, with the development of new strategies for working with Roma people. It would be important to continue the work on this for establishing the value of cooperation.

The meeting was also an occasion to highlight the importance of filling in the final questionnaire in order to provide a feedback about the integrated journey.

2. Summary of activities

Slovenia

The activities of the Slovenian pilot included the setting up of a **Local Steering Committee** with the role of identifying key stakeholders and organizations/services to be included in the pilot and to support the pilot implementation. The **mapping of integrated services** represented a useful resource for the local pilots together with the **training** and the material developed based on the Toolkit. The **capacity building activities** were the occasions to develop action plans for a more integrated system and holistic approach for the benefit of Romani children and their families. All activities proposed in the project have been implemented, as indicated in Table 6.

Table 6. Activities in Slovenia



Activity	How many	Where
Local steering committee	6	Grosuplje-Trebnje
Roundtable	2	Grosuplje-Trebnje
Working meeting	18	Grosuplje-Trebnje
Training	2	Grosuplje-Trebnje
Joint evaluation meeting	1	Grosuplje
Final joint roundtable	1	Grosuplje

Portugal

The **Local Steering Committee** of the Portuguese pilot developed the activities identifying the local partners to be involved in the community of practice and facilitating the activities. Its work was reinforced by two **roundtables** with relevant stakeholders and other partners. The outputs of the **mapping of integrated services** represented a resource for the **local pilot** that was developed in terms of capacity building activities (community of practice) in order to strengthen relationships and support the change process beyond the formal **workshops and training** (Table 7).

Table 7. Activities in Portugal

Activity	How many	Where
Local steering committee	5	Lisbon
Roundtable	2	Lisbon
Local Partner group meetings (community of practice)	...	Lisbon
Local piloting by LPG	6	Lisbon
Working meeting for the National Conf.	2	Lisbon
Final National Conference	1	Lisbon

Belgium

In Belgium two pilots were implemented, the Flemish pilot and the French pilot. The activities of the two pilots have undergone different adjustments due to the evolution of the local context. The two pilots implemented a number of activities consistent with the project plan, as indicated in Tables 8-9.

Table 8. Activities in Belgium (French)

Activity	How many	Where
Presentation meeting	3	Schaerbeek
Working meeting (Prés group)	5	Schaerbeek
Parent group meeting	1	Schaerbeek
Intervision meeting	3	Schaerbeek
Steering group meeting	2	Schaerbeek

Table 9. Activities in Belgium (Flemish)

Activity	How many	Where
Focus group	3	Bruxelles
Inspirational session	4	Bruxelles
Advisory committee	2	Bruxelles
Roundtable (1)	1	Bruxelles

(1) a second roundtable is scheduled in February 2019

Italy

The **Local Steering Committee** was the key partner for involving different stakeholders and organizing both the **roundtables** and the **integrated training activities**. The Italian pilot tested tools comparing two groups of children and assessing their wellbeing (Table 10).

Table 10. Activities in Italy

Activity	How many	Where
Focus group	2	Beinasco
Local steering committee	4	Orbassano
Integrated group meeting (extended)	5	Beinasco
Integrated group meeting (small group)	4	Beinasco
Roundtable	2	Torino
Working meeting	3	Torino

The four Pilots

All pilots monitored and evaluated their activities. The main focus have been on changes in the competences of the workforce working in an integrated environment.

Each pilot analyzed and reflected on the achievements obtained after the implementation of the pilot activities, and also could count on external evaluation based on the pre and post-intervention analysis. Both analyses made explicit the lesson learnt and how to improve the integrated process.

An additional activity of all pilots is represented by the dissemination of the results. Each partner decided how to implement this activity also depending on the local and national context.

3. Expected and obtained changes

The expected results involve changes in professionals, service managers, children and parents, bearing in mind that *“effective integration should consider the specifics of each discipline”* and that *“if we confuse the roles we lose the benefit that every profession can offer...”*

The integrated activities provided to practitioners and managers of services belonging to different early childhood sectors aimed to create a shared understanding and responsibility toward children and families, especially those in vulnerable situations. Such an involvement should inform the local and national policies on ECEC. The starting point of the evaluation was the consideration that *integration is not an end, rather a necessary condition to tackle complex problems*. For this reason, the evaluation was organized in different modules aimed to three levels of results:

- changes for the workforce involved in the integrated activities,
- changes for children and families:
 - in terms of effectiveness of integrated actions for children and parents,
 - in terms of observable changes in children development,
- changes in terms of improved integration of policy, services and practices in the pilot sites.

The following sections aim to describe the changes obtained in the pilots according to the modules selected for evaluation. A tailored evaluation was used: each pilot decided the specific modules to use for measuring changes. INTESYS tools have been used for measuring changes, as indicated in the following figure (Fig. 4). Italy, Portugal and Slovenia performed a quali/quantitative evaluation, Belgium performed a qualitative evaluation.

The **Module 1** – Changes in the workforce involved in the integrated activities. The questionnaires were administered to the participants at the beginning and at the end of the integrated activities, according to the pilot timing (Italy, Portugal, Slovenia).

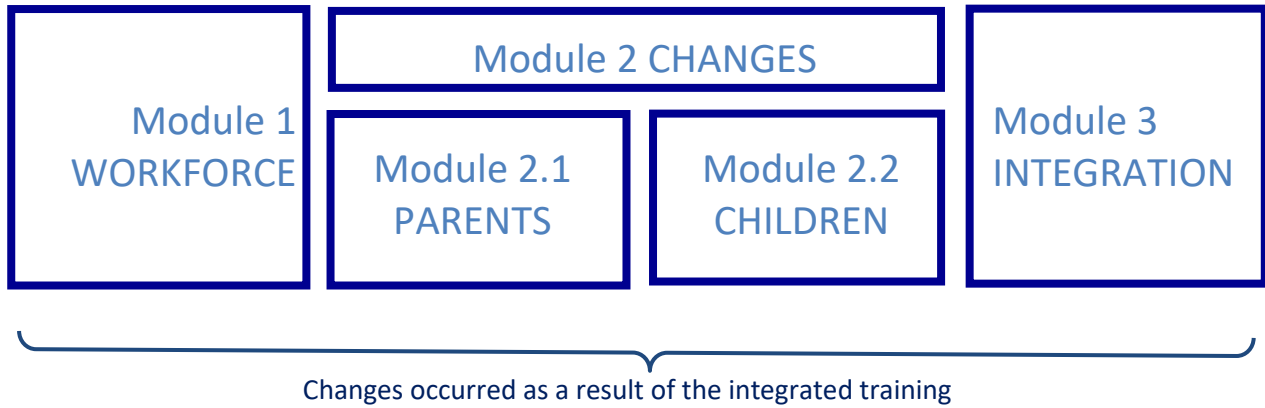
The **Module 2** – Changes for parents of children attending early childhood services after the integrated activities (Italy, Portugal). Changes for children after implementing the integrated activities (Italy).

The **Module 3** – Changes in terms of improved integration of policy, services and practices in the pilot site aimed to evaluate the benefits deriving from the integrated activities. All pilots discussed the results of the integrated activities on the basis of the data gathered (Belgium, Italy, Portugal, Slovenia).

The main questions of the questionnaires for professionals and parents are reported in Annex A-B.



Fig. 4. Evaluation modules in the pilots



4. Changes for the workforce involved in the project

Slovenia

Overall, 12 and 9 professionals answered the questionnaires in the two Slovenian pilots (7 and 6 in Trebnje, 5 and 3 in Grosuplje), respectively at the initial and at the final stage. In particular, as regards the final stage, respondents provided their final perspective on their knowledge about integration, after the integrated activities, between July and September 2018. Despite the different numbers of respondents to the two questionnaires (“initial” i.e. at the beginning, and “final” i.e. after the integrated activities), the results of the second questionnaire can be compared with the answers provided in the first questionnaire. In this way, it is possible to have an idea of whether and how the (self-) evaluation of professionals may differ at the end of the “journey” with respect to the initial situation.

The level of ability to identify and involve the resources of parents and other non-professional actors seems to follow an overall increasing trend (Fig. 5 and Fig. 6).



Fig. 5. Level of ability to identify strengths and capabilities in Trebnje, initial and final

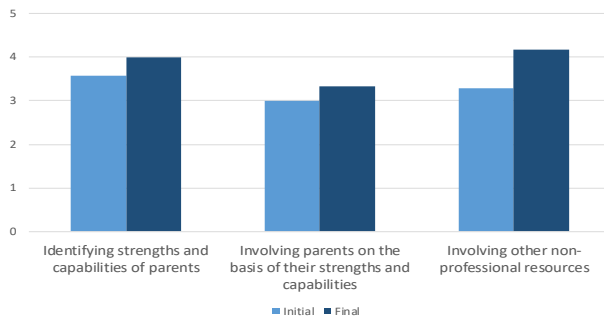
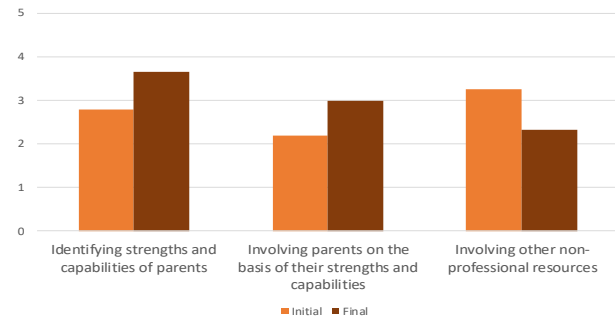


Fig. 6. Level of ability to identify strengths and capabilities in Grosuplje, initial and final



The level of both coordination and information sharing within the network also appears to increase from the initial to the final phase. The average scores attributed to coordination and information sharing by professionals are slightly higher in Trebnje (Fig. 7) and considerably higher in Grosuplje (Fig. 8).

The statements of the professionals involved in the analysis (both the professionals answering the questionnaires and other local stakeholders involved in assessing integration in Slovenia) provide useful insights into the issues analyzed. For instance, some professionals commented on issues related to coordination and information sharing:

“In the continuation we intend to maintain and consolidate inter-institutional cooperation” (Slo 6)

“Activities within INTESYS project contributed a lot. We would like to involve higher number of staff coming from primary school, preschool and other institutions” (Slo 6)

“Faster and better transfer of information, to help find opportunities for collaboration” (Slo 10)

Fig. 7. Level of coordination and information sharing in the network in Trebnje, initial and final

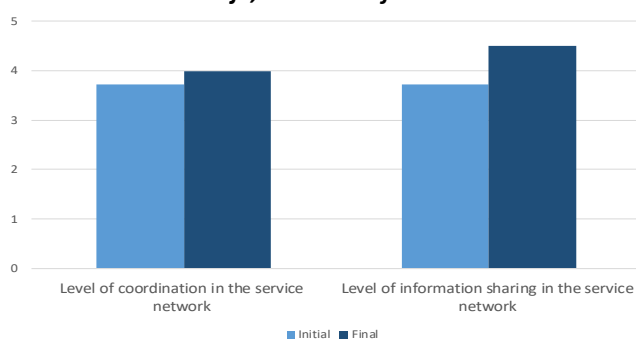
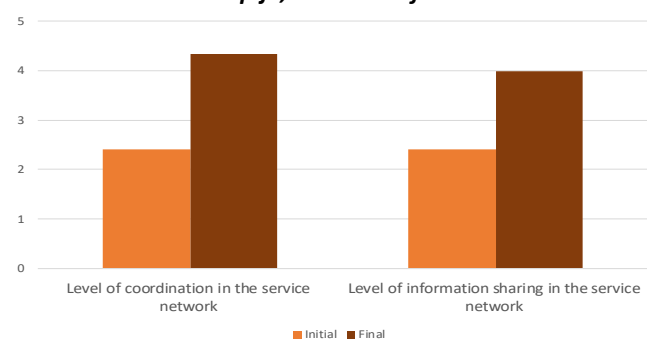


Fig. 8. Level of coordination and information sharing in the network in Grosuplje, initial and final



The level of knowledge about integration also seems to have improved in level. The average scores attributed by professionals to both their level of knowledge about integration and their level of knowledge about how to work in an integrated environment are finally higher in Trebnje (Fig. 9) and in Grosuplje (Fig. 10) with respect to the initial scores. As some professionals reported:

“Better communication brings easier and more profound operation and greater pedagogical optimism about the effectiveness of our work. Just as we set the activities, we will continue to develop them and further develop them” (Slo 4)

“We have repeatedly discussed cases with colleagues and unified the practice of working with Roma library users” (Slo 9)

“In general, there are more links, connections also deepened” (Slo 10)

Fig. 9. Level of knowledge about integration and how to work in an integrated environment in Trebnje, initial and final

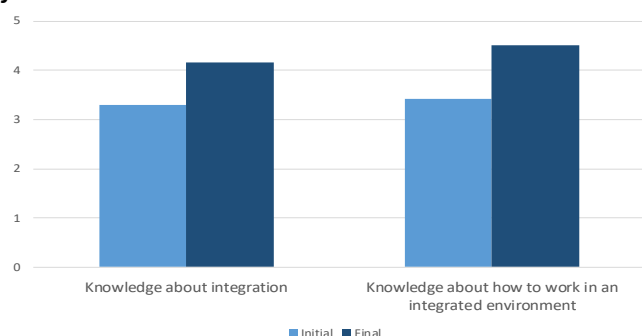
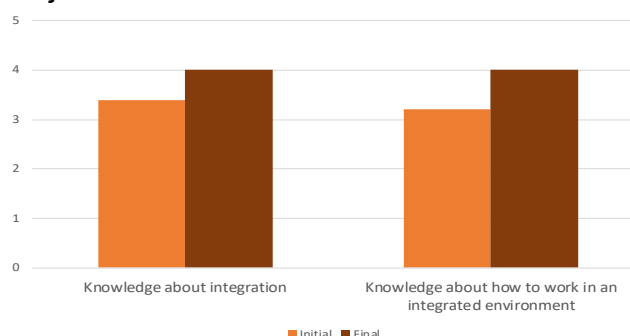


Fig. 10. Level of knowledge about integration and how to work in an integrated environment in Grosuplje, initial and final



Considering their level of competence, professionals in the second questionnaire highlighted on average a higher level as compared to the answers in the first questionnaire, both in Trebnje (Fig. 11) and in Grosuplje (Fig. 12). This can be observed for all the different types of ability (listening to and cooperating with other professionals, carrying out joint actions and evaluation with other professionals) and knowledge (specifically regarding the role played by others). In the words of some professionals:

“Readiness for mutual cooperation and coordination, assistance, involvement of different stakeholders and the ability to find new solutions” (Slo 7)

“Knowledge has deepened, understanding and sensibility towards the Roma group has been preserved (we had it before the project)” (Slo 3)

“We understand each other better, the different tasks, responsibilities of each institution” “The situation of the Roma was looked upon from several angles. We combined our views into a whole” (Slo 10)

Fig. 11. Level of competence of professionals in Trebnje, by type, initial and final

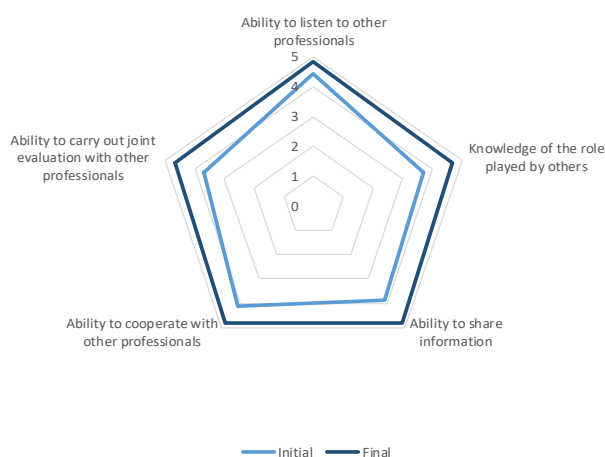
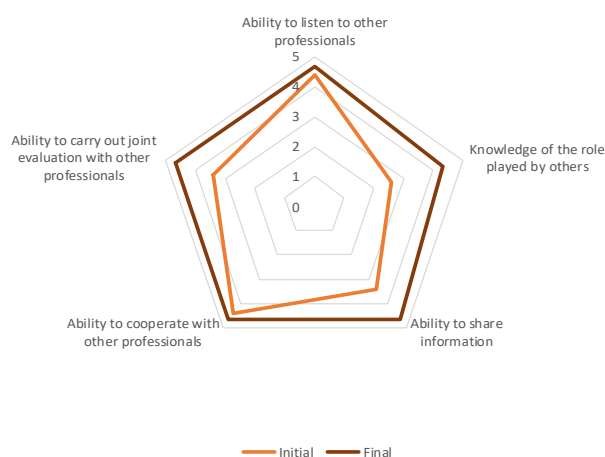


Fig. 12. Level of competence of professionals in Grosuplje, by type, initial and final



Despite some differences in values between the two sites, the overall trend in Slovenia has thus highlighted an increase in the professionals’ level of competence, ability to coordinate and share information, knowledge about integration and about how to work in an integrated environment.

Portugal

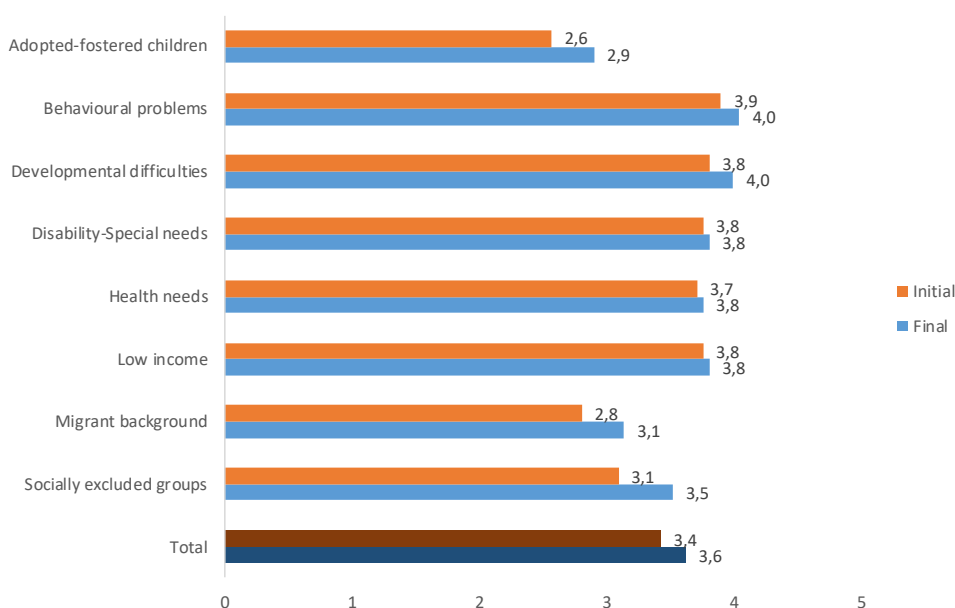
Overall, 34 professionals completed the on-line questionnaire between July and October 2018, after the integrated activities. The respondents provided their final perspective on their knowledge about integration, after the integrated activities. On average, nearly half of the respondents positioned themselves at a medium-high or high level of knowledge about integration. As for their knowledge about how to work in an integrated environment, one in three considered themselves to have a medium-high or high level, while 50% considered themselves at a middle level.

Not all of the 34 respondents had previously participated in the first questionnaire. A comparison of the situation before and after the integrated activities can be performed by considering the same respondents before (“initial” situation) and after (“final” situation) the activities. Overall, 21 professionals participated both in the first questionnaire - “initial”) and in the second questionnaire - “final”).

Considering the answers provided by these 21 respondents to both questionnaires, their perspective before and after the integrated activities can be compared, as presented in the following figures.

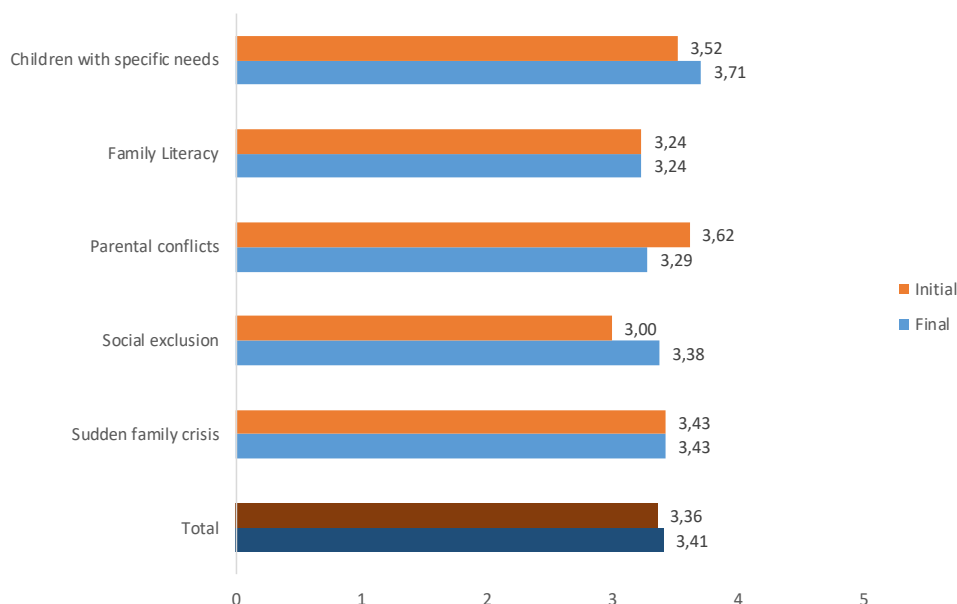
Focusing on their level of ability to identify the needs of children, in the second questionnaire professionals considered themselves more capable of identifying child needs, with reference to all of the analyzed dimensions, with respect to the first questionnaire (Fig. 13).

Fig. 13. Average level of ability of the service to identify the needs of the children in Portugal, by dimension, initial and final



Considering the level of appropriateness of service responses, professionals in the second questionnaire attributed on average higher values for two out of five target types. Overall, the total level of appropriateness is approximately the same before and after the integrated activities (Fig. 14).

Fig. 14. Average level of appropriateness of service responses in Portugal, by target, initial and final

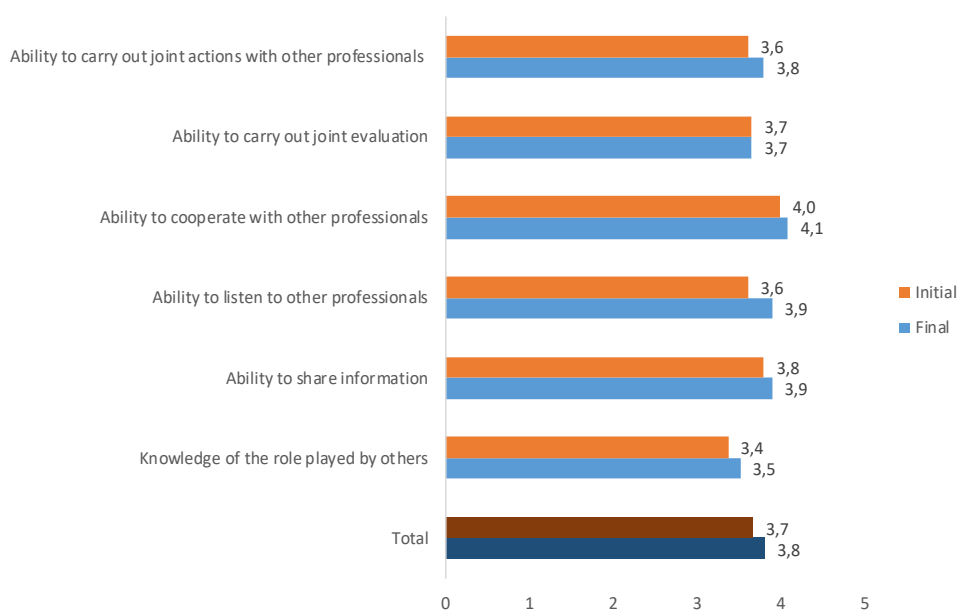


Considering their level of competence, professionals in the second questionnaire highlighted on average a higher level for all types of ability/knowledge, as compared to their answers in the first questionnaire (Fig. 15). On average, professionals seem to appreciate the journey and its results:

“Despite some time management difficulties to participate more effectively at all times in the process, it was a very positive journey as a professional” (Por 13)

“It was a rich journey, which allowed me to know the advantages of effective communication; it also allowed me to watch closely the process of growth of partners ..., which translated into an evolution of practices ...” (Por 16)

Fig. 15. Average level of competence of professionals in Portugal, by type, initial and final





Overall, professionals in Portugal claimed that they had finally improved their level of knowledge about integration and about how to work in an integrated environment (see below, Section IV “Key indicators”). In the words of the professionals:

“I had the opportunity of reflecting on my professional practice as an individual integrated in a context; [there was] also the possibility of internally also questioning the form, the “why” and “how” and what are the impact/consequences in our work that we face” (Por 7)

Italy

Overall, eleven professionals participated both in the first and in the second questionnaire in the Italian pilot. Considering the answers provided by these eleven respondents to both questionnaires, their perspective before the integrated activities (“initial”) and after the integrated activities (“final”) can be compared. Focusing on their level of ability to identify the needs of children, in the second questionnaire professionals considered themselves more capable of identifying child needs, with reference to all of the analyzed dimensions, with respect to the first questionnaire (Fig. 16). Also considering the level of appropriateness of service responses, professionals in the second questionnaire attributed on average higher values for four out of five target types (Fig. 17). For instance, as a professional put it:

“Working continuously with people from very different services has increased our ability to see the same child from different professional points of view” (Ita 3)

“We learned the usefulness of the collective use of the multidimensional vision of the child, which in our services was already at the centre” (Ita 4)

“The project enriched me a lot and it was very significant to compare and listen to the experiences of other participants, the day after the meeting I used to refer everything to my colleagues to make a further comparison” (Ita 5)

“1) greater spirit of observation 2) greater spirit of initiative 3) assessment of the situation from points of view other than mine” (Ita 7)

Fig. 16. Average level of ability of the service to identify the needs of the children in Italy, by dimension, initial and final

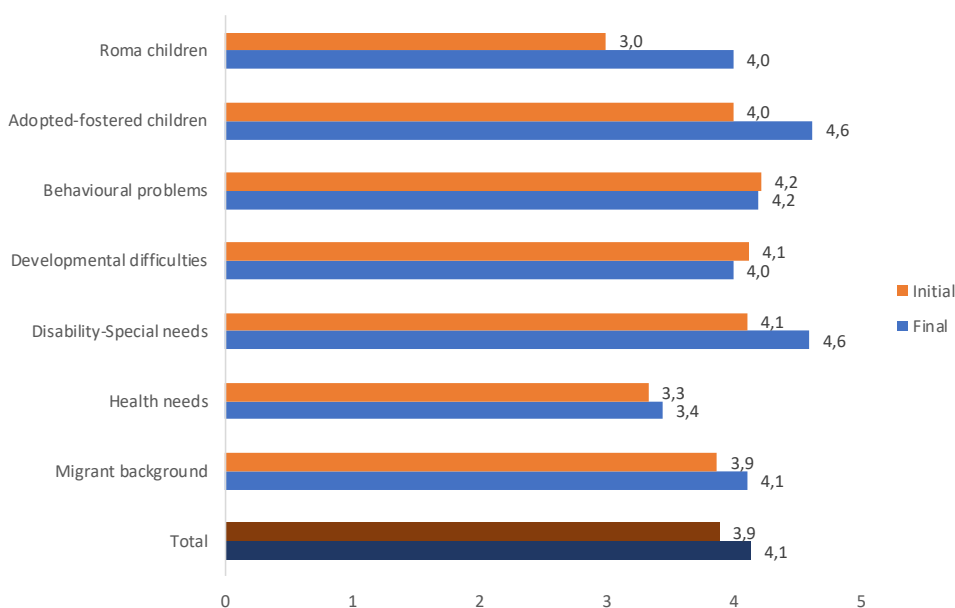
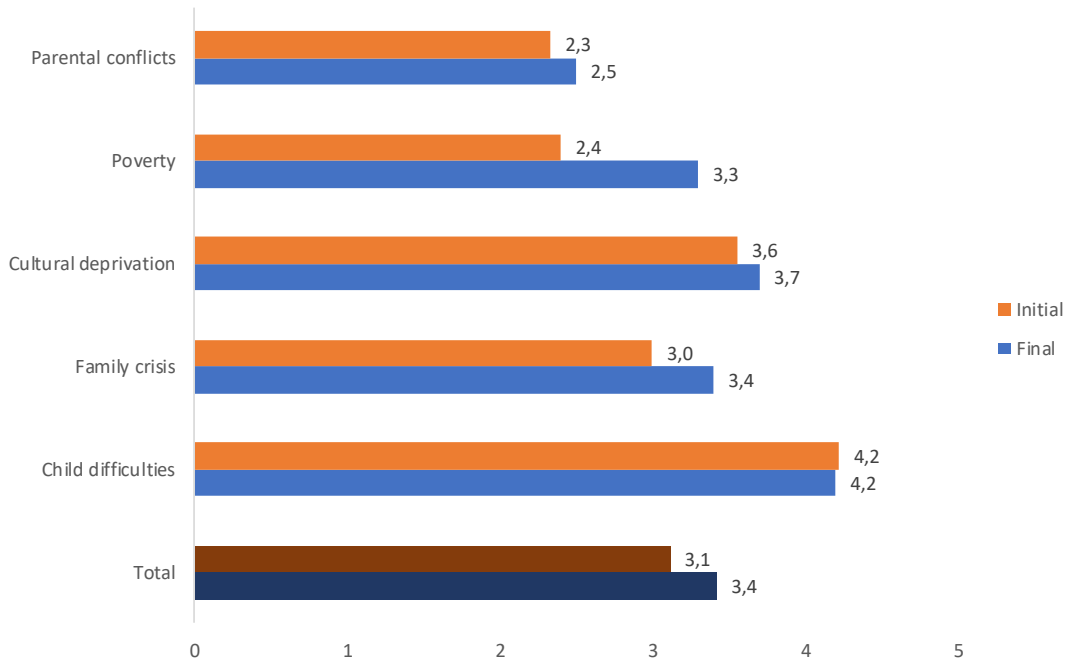


Fig. 17. Average level of appropriateness of service responses in Italy, by target, initial and final

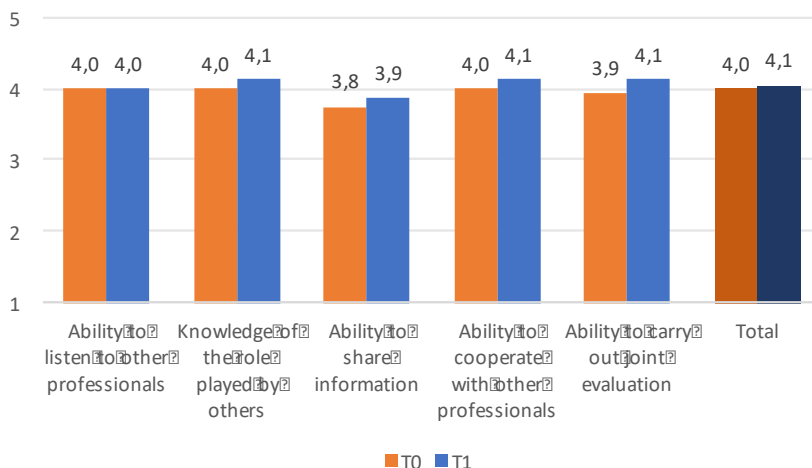


The level of competence, that is the different abilities of professionals to work in integrated context, highlighted an increase on almost all dimensions, as compared to the answers in the first questionnaire (Fig. 18). The increase seems very small but it underlines an improvement in ability/competence that needs to be taken into consideration in the development of the pilot activities.

“Personal relationships have been created between the various participants in the project which may become important in case of future needs” (Ita 2)

“The fact that we have the same code (even in a small group such as the pilot) makes it easier to communicate and share information” (Ita 3)

Fig. 18. Average level of competence of professionals in Italy, by type, initial and final



It is interesting to note – for the Italian group – that integration is a process that started at least 15-20 years ago, which can explain the fact that the scores in Fig. 18 are very similar in the before (T0) and after (T1)



measurements, but is still a challenge for professionals. This was also highlighted by a professional that said *“The journey towards integration seems to me to have started many years ago, since I am working in the social field, it seems to me to be very important in my work to carry out research and development of those resources of the community, which are not institutional, but citizens or members of local associations that can be engaged in the development of integration projects”* [I16].

Overall, professionals in Italy stated that their knowledge about integration and about how to work in an integrated environment had improved throughout the project (see below, Section IV “Key indicators”). Various issues were addressed during the journey:

“Sharing of common methodologies for the development of services and integration” (Ita 6)

“We reflected on the importance of a streamlined but continuous documentation that can follow the child in the growth” (Ita 4)

Belgium (French-speaking community)

Below are some of the reflections on how to act toward integration that came out of the pilot.

“According to the professionals, the main interest for them was probably that *they were able to meet and discover other professionals* who work in institutions they are not familiar with while they look after the same children (2.5-3 years old). Secondly, *they became aware of their own practices* when they had to describe them to other professionals coming from other institutions or when they listened to their colleagues describing what they do. They say they discovered that even if nurseries and nursery schools are different types of organization, they have a lot in common, and the stakes are the same. This produced a *greater homogeneity within the group* and raised awareness and interest of the professionals for the wellbeing of children of 2.5-3 years old in transition to school.

The participants explained that even if little has materialized until now, the question of transition remains, the reflection is open, something has started because the meetings would not have taken place on these issues without the project. What was put in place, even under less than optimal conditions, was positive, and there is a need to go further. *Working together reduced the prejudices and judgments between the sectors*, which makes it possible to move forward in a constructive way. But there is still work to do. It is important to start with the most open, confident people of good will”.

Belgium (Flemish speaking community)

“Integrated work is different from a collaboration in one organization. The concept of workforce is therefore also different. It is about a *collaboration between members of different organizations*. This implies that each member has several perspectives that should be taken into account: the individual perspective, the perspective of the organization, and the perspective of the network. And the persons of the network should be able to equally handle these perspectives. Hence, who will be part of this integrated work should be a well-considered choice: the right person on the right place. The right person is of course the person with the required competences (such as content knowledge, team working, working in a team of diversity) and the correct mandate. Hence, the members should have autonomy in making specific choices, and not always depend on the agreement of the ‘leaders’ of the individual organizations. This can only slow down the process of integration. Next, this person, is responsible for briefing his/her colleagues in the different organizations. There should be a continuity in the organizations, but also in the members, with as few staff changes as needed. For many members in the HvhK, being part of the network is something extra, which is not part of their core package. However, if integrated work is taken seriously, then *being part of the network is not something extra, but is part of the core job”*.



5. Parents and children

The Module 2 is divided in two parts. The *first one* is related to the effectiveness reported by parents of children attending the ECEC service in the pilot site. A specific list of questions was developed for understanding the parents' experience during the pilot. The Italian pilot and the Portuguese pilot administered the questionnaires to the parents attending the activities of two ECEC services included in the pilot.

The questionnaire administered to a group of parents of the children attending the ECEC services in the *Portuguese* pilot aimed to the effectiveness of the services from the parents' perspective. In total, 132 parents responded to the first questionnaire and 112 parents participated in the second questionnaire. Comparing the answers of parents at the beginning with the answers provided after the integrated activities highlights on average higher values in all dimensions. In particular, the overall initial and final means are also statistically significantly different. It is in tune with the increased ability to identify the needs of children that the professionals attributed to themselves. The increased ability of professionals reported by parents refers to both the "parent-focused" and the "child-focused" dimensions of service provision (Fig. 19).

In what regards specifically the ability of professionals to involve parents on the basis of their strengths and capabilities, the statements of Portuguese parents (collected at the final stage) illustrate the different ways in which such involvement may occur:

"They [the professionals] promoted a healthy eating activity and asked me to participate based on my skills and knowledge" (Por 1)

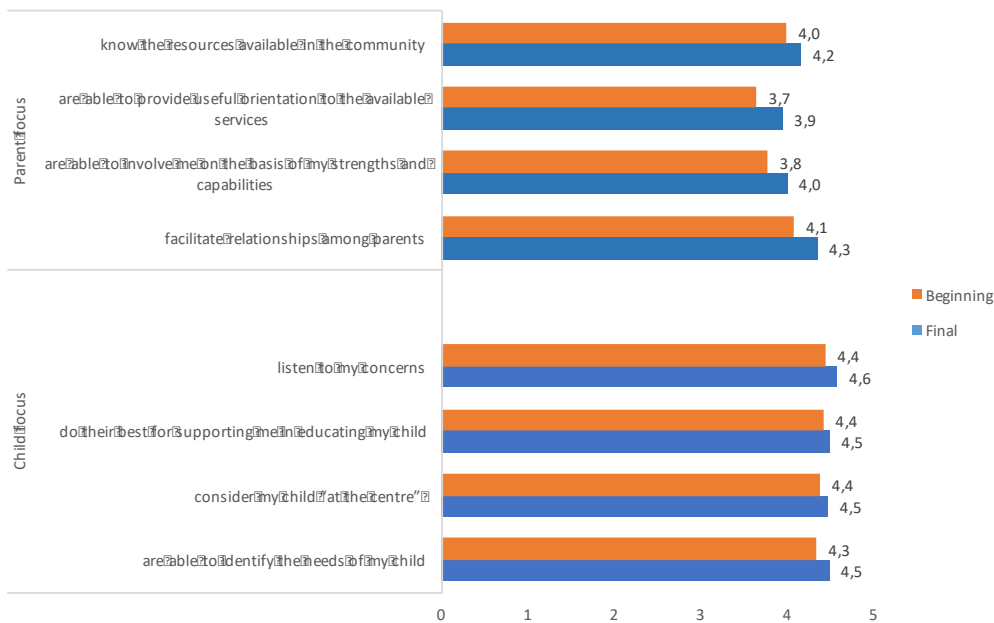
"Organization of extended meetings and more thematic meetings to discuss the academic year, the different problems / initiatives that they intend to carry out throughout the year" (Por 105)

"They [the professionals] involve us in the process of improving the conditions of the room by asking us to participate with the resources and capacities that we can make available" (Por 106)

"Ask opinion on the projects developed by the children from the perspective of the parent" (Por 110)

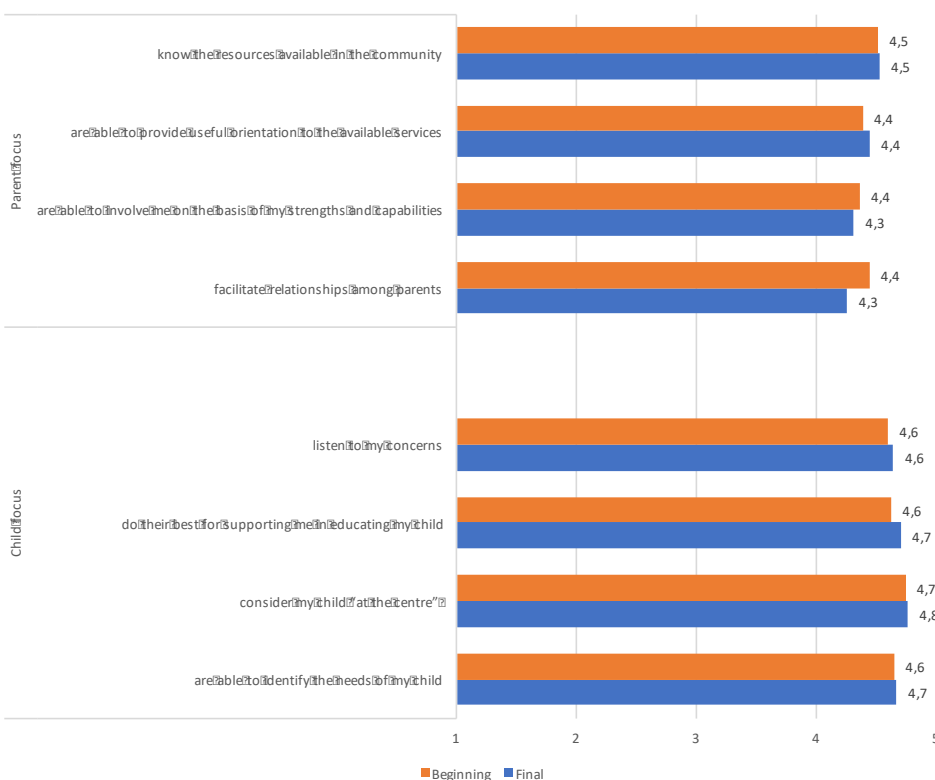


Fig. 19. Average level of ability of professionals in Portugal, by dimension, according to parents initial and final



In the *Italian* kindergarten, the questionnaire for parents was administered at two different times, involving 65 parents in the first questionnaire and 50 parents in the second questionnaire. The comparison between the results of the survey highlights some possible variations in the judgment of the parents. In particular, there seems to be a slightly increasing trend in the reported effectiveness throughout the pilot period, as regards both the “parent-focused” and the “child-focused” dimensions of service provision (Fig. 20).

Fig. 20. Average level of ability of professionals in Italy, by dimension, according to parents, initial and final

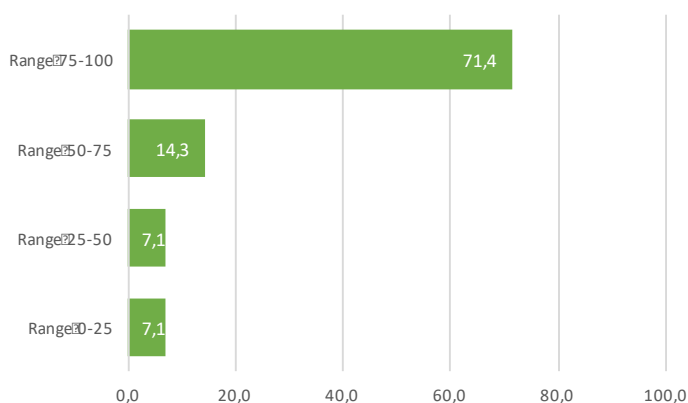


Module 2 also considers the changes for *children*, derived from the actions defined in the integrated group. This part of Module 2 was undertaken by the Italian pilot.

A total of 21 children were considered: three from the pediatrician’s ambulatory, three from the municipal crèche and fifteen from the kindergarten. The analysis of the situation showed a number of vulnerabilities. The description of these vulnerabilities (according to a multidimensional and multidisciplinary perspective) and the goals and expected results were progressively shared during monthly monitoring meetings.

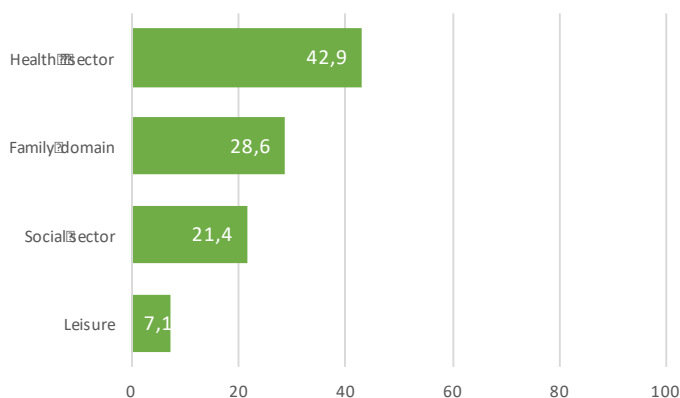
In six months, the monitoring of the cases highlighted that the situations of vulnerability could improve also for the actions undertaken by a number of professionals (or non-professionals). Professionals highlighted that in the majority of cases (71.4%) the expected results had been reached to a great extent (i.e. achievement of 75% to 100% of the expected results); in 14.3% of the cases, the expected results had been reached with a percentage of 50-75% (Fig. 21).

Fig. 21. Percentage of expected results reached after 6 months, for vulnerable children in Italy



The analysis of the actions provided to these children in difficulty in the kindergarten highlighted that in some cases the timely involvement of professionals from different sectors could improve the situation and support the resolution of the problems. Pre-school teachers specified the resources involved in order to improve the situation (Fig. 22): in 43% of the cases, professionals from the health sector were involved and in 21% of the cases, professionals of the social area; in about one third of the cases (29%) a greater/different involvement of the family was sufficient for improving the situation.

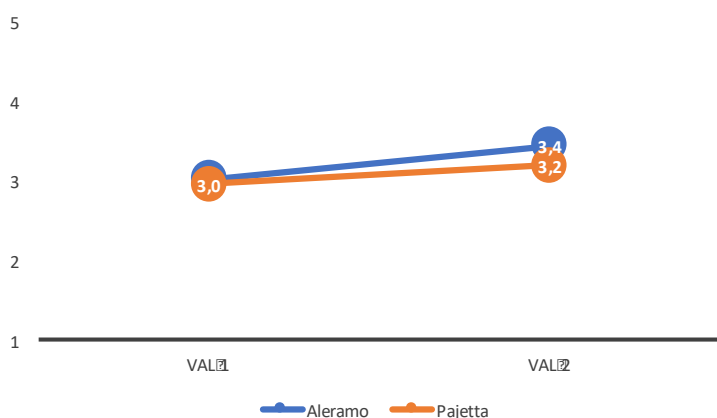
Fig. 22. Involvement of different actors/sectors for vulnerable children in the kindergarten in Italy



In order to understand the changes in competences for vulnerable children attending the kindergarten “Aleramo”, a comparison group was selected. The children in the target group (14 children) were compared with a similar group attending a different school (“Pajetta”) inside the same cluster of schools but with teachers not involved in the pilot (Fig. 23). The children of the 2 groups were compared on 5 domains derived

from observations regularly performed by teachers in both schools (first observation in November 2017 and final observation in May 2018): 1. language domain, 2. expressive domain, 3. motor domain, 4. logical domain, 5. autonomy and socialization domain.

Fig. 23. Difference in competences before and after, for two groups of children in Italy (target group “Aleramo” vs. comparison group “Pajetta”)



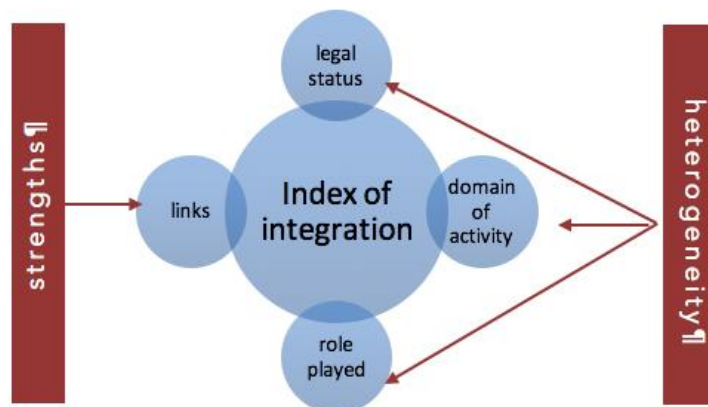
It emerged that, starting from a similar condition for both groups of children, the children who were included in the integrated activities (target group) exhibited a higher level of competences with respect to the other children (comparison group). The difference between the two groups is not statistically significant, given the small number of cases. However, it suggests that similar groups of children (same age, similar difficulties) may have different outcomes, with better results for the group taken into care with integrated actions. A longer observation period and a bigger number of cases could have been more informative for the pilot.

III. The overall index of integration

Based on the information collected on the state of play of integration in each pilot site, an *index of integration* has been built, aimed at concisely providing a comprehensive picture of the overall level of integration within the network of partners, both at the beginning (T_0) and at the end of the integrated journey. The index includes four key dimensions (Fig. 24):

- *legal status of the partners involved* (public at national or local level, non-profit private, for-profit private);
- *domain of activity of the partners* (social field, health, education, employment, justice, ...);
- *role played by the partners within the network* (strategic planning, decision making, service provision, evaluation, financing, ...);
- *strength and duration of the relationship with the partners* (typology of normative mechanisms connecting the partners).

Fig. 24. Factors considered in the index of integration



For every site, a score was thus assigned with respect to each dimension, initially and finally. Therefore, the scores computed at the beginning can be compared with the scores computed at the end of the integrated journey, in order to understand whether any changes have occurred for each site through time.

The overall index of integration

The index is composed of four scores, standardized on a 0-1 scale. A higher score (from the lowest possible value 0, up to the maximum possible value 1) is associated to higher heterogeneity of the network (in terms of the different legal statuses, domains of activity, roles of the partners) and to a higher strength and duration of the relationships within the network. Therefore:

- the score assigned to the *legal-status* dimension increases as different organizations in the network have different legal statuses;
- the score assigned to the *domain* dimension increases as the organizations in the network cover diverse sectors of activity;
- the score assigned to the *role* dimension increases as the organizations in the network play diverse roles;
- the score assigned to the *relationship (links)* dimension increases as the strength and/or the duration of the relationships within the network increase.

The overall integration-index score (itself ranging from 0 to 1) is the average value across the four key-dimension scores. Each dimension therefore enters the overall index with an equal weight, reflecting the decision to weigh equally all of the four dimensions considered in this analysis.

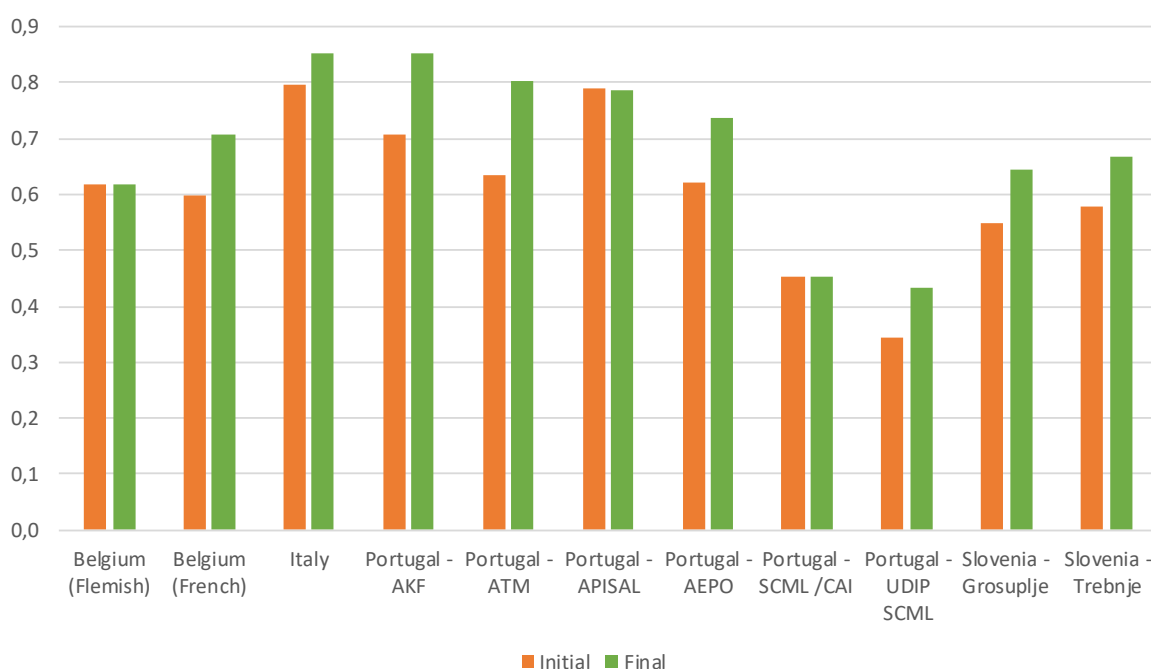
Some variations emerge across the scores attributed to the pilot sites. These differences, however, are mainly related to the different characteristics of the network in each country. More relevant is thus the comparison between the initial and the final scores for each single site. Higher (lower) scores reflect, on average, higher (lower) levels of heterogeneity in the network (partners having different legal statuses, acting in several domains, playing diverse roles) and higher (lower) strength and duration of the relationships between the partners.

Comparing the initial and final situation highlights that the index of integration has increased in most of the pilot sites, and has remained constant in two sites. The highest growth rates in the index value through time (around +25%) have been recorded in the Portuguese ATM and UDIP SCML (Fig. 25). No pilot site has exhibited

a decrease in the value of the index⁶. This implies an overall increase having occurred in the dimensions of the index during the INTESYS project.

Focusing on the final value, the Italian site has recorded the highest index score, slightly above the Portuguese AKF site. Interestingly, the gap between the scores in the different sites has decreased through time: overall, the values of the index have got closer to each other in the final measurement as compared to the initial situation.

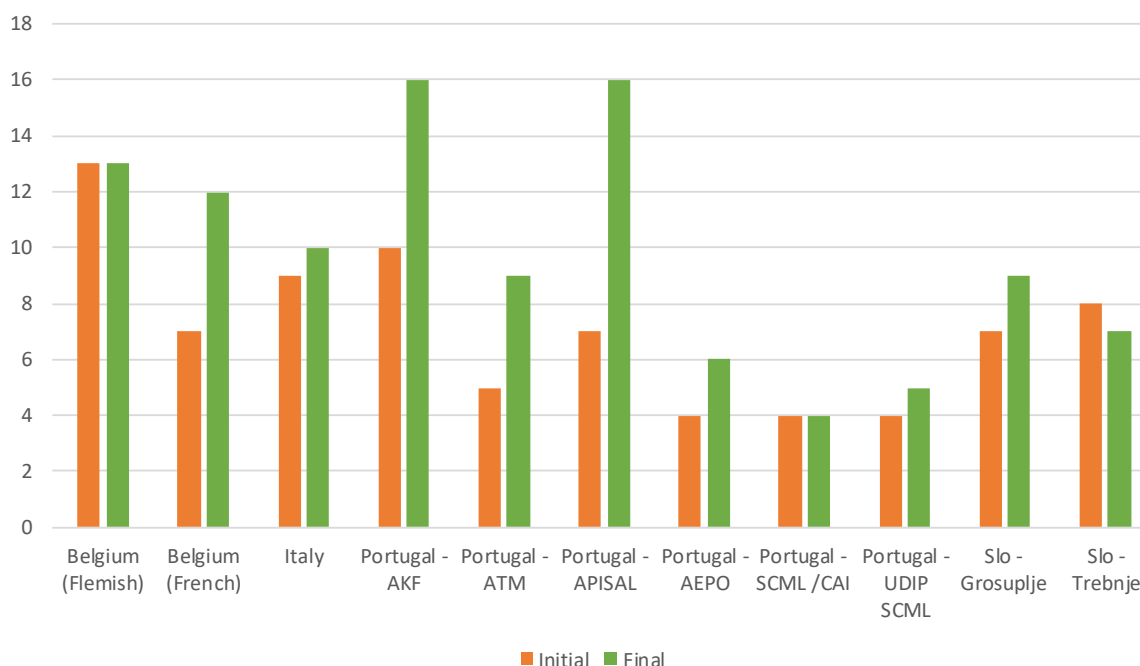
Fig. 25. Index of integration – initial and final, by pilot [the overall index of integration ranges from 0 (minimum possible value) to 1 (maximum possible value)]



A further dimension of interest that the index of integration does not encompass is the size of the network. The number of partners in each network has also overall increased throughout the project (Fig. 26). The number of partners have expanded in most of the pilot sites, while in few sites the number of partners has remained roughly constant (from -1 to +1, with respect to the initial number). The Portuguese APISAL site has recorded the highest increase in the number of network partners (more than doubled) from the initial to the final situation.

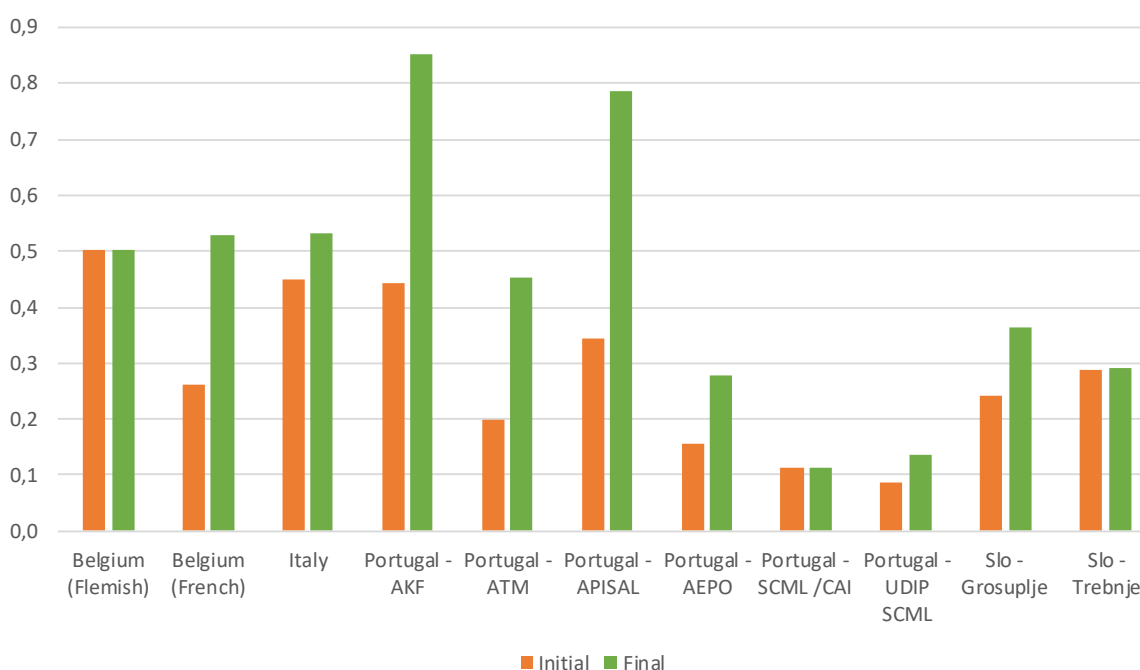
6. Moreover, a further Portuguese site (Colégio Cesário Verde) has also worked towards increasing the size of the partnership during the project: it had no partners at the beginning and one partner at the final stage. This site is not displayed in the graphs, since its initial index value cannot be computed, and the final value does not include the heterogeneity dimensions of the index.

Fig. 26. Number of partners – initial and final, by pilot



A further measure can thus be obtained, that also considers the (variations in the) size of the network, through weighting the index of integration by the number of partners in each network. By doing so, a **weighted index of integration** is obtained (Fig. 27) that takes into account both the strength and heterogeneity of the network and its numerosness. This overall index has increased in nearly all sites (except in Portugal SCML /CAI and in the Flemish Belgian site, where it has remained constant), ranging from lower (around +1% in Trebnje) to much higher growth rates (having more than doubled in the Portuguese ATM and APISAL sites and in the French-speaking Belgian site).

Fig. 27. Weighted index of integration – initial and final, by pilot





Various stakeholders from the pilots commented on the issue of integration in terms of relationships in the reference network/community, also by reflecting on possible ways to develop further the “network” that has been built so far:

“I hope for a successful cooperation with the desire to open the way of cooperation also with the local community” (Slo 2)

“[We can continue the journey] by more interaction with other institutions, finding new possible solutions for work” (Slo 5)

“It seems to me that the journey towards integration started many years ago, since I am working in the social field, it seems to me it is very important in my work to carry out research and development of those resources of the community, which are not institutional, but citizens or members of local associations that can be engaged in the development of integration projects” (Ita 9)

“[We gained] better visibility of our work outwards” (Slo 1)

“The project allowed us to enter into dialogue, to meet and to approach each other. I would have liked to have had more dialogue with the Local Health Department” (Ita 10)

“[The journey resulted in] the creation of a “network” made up of relations and mutual recognition” (Ita 6)

“[Stakeholders] are prepared to continue to work together and cooperate, they understand that it is necessary to continue” (Slo 2)

IV. Key indicators

Some key indicators can well represent the general situation in the pilot sites at the beginning and at the end of the integrated journey, with respect to relevant dimensions of integration. The indicators considered are summarized in Table 11 and then discussed in detail in the following sections.

Table 11. List of the key indicators considered

Key indicator
Number of partners by legal type
Number of partners by domain
Number of partners by role
Index of integration
Average level of knowledge of the workforce about integration
Average level of knowledge about how to work in an integrated environment
Average level of coordination in the service network
Average level of information sharing in the service network

Index of integration

Some of these indicators regard the characteristics of the partnership networks in the pilot sites, by legal type, domain of activity, role played by each partner.

The sum of partners of different types (by legal type, domain, role) does not necessarily coincide with the total number of single partners in each pilot network. The reason is that a single partner may act in more than one domain and may play more than one role, and sometimes may also act at more legal levels (e.g. public organizations operating at both the national and local level), simultaneously.

Considering the legal status of partners, at the final stage the greatest number of partners are private non-profit organizations, followed by public national/regional and local bodies. All numbers increased with respect to the initial stage (Table 12 and Fig. 28).

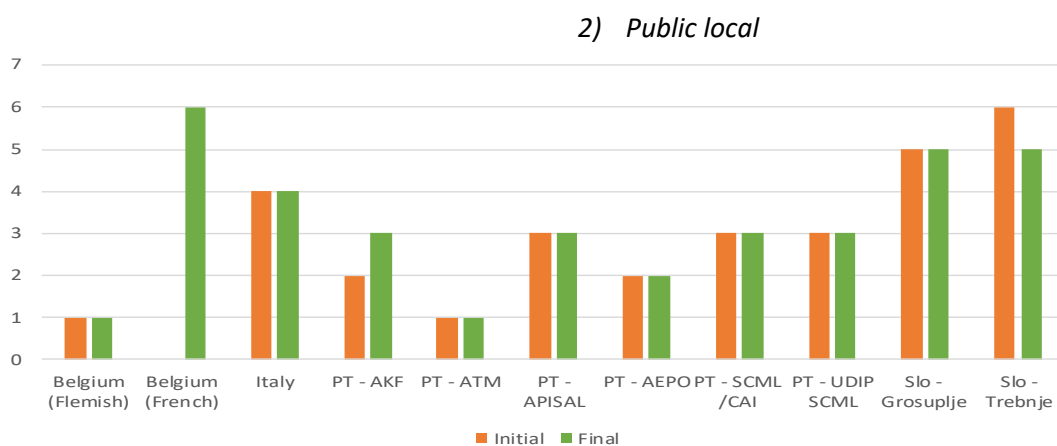
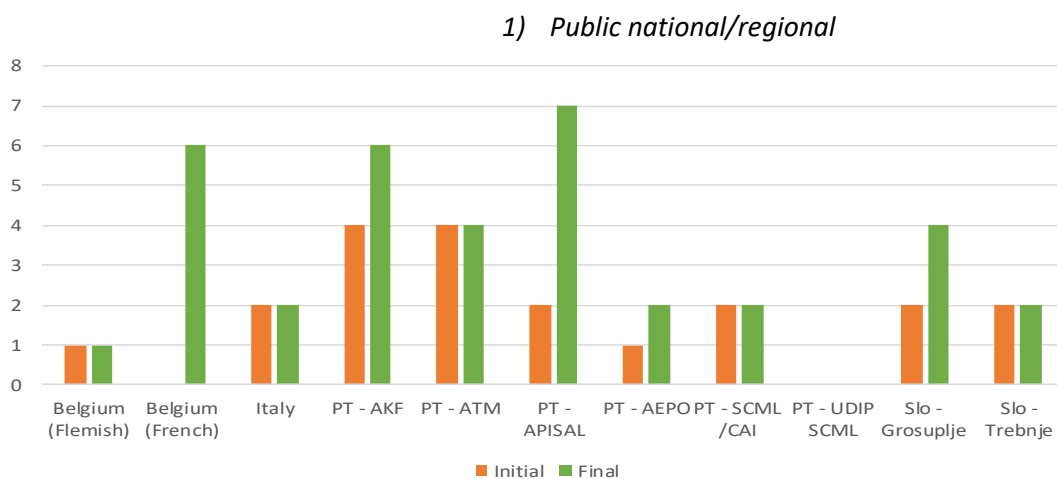
Table 12. Number of partners by legal type – initial and final, total

		Initial	Final	Difference
Public	national/regional	20	36	+16
	local	30	36	+6
Private	non-profit	31	43	+12
	for profit	1	4	+3

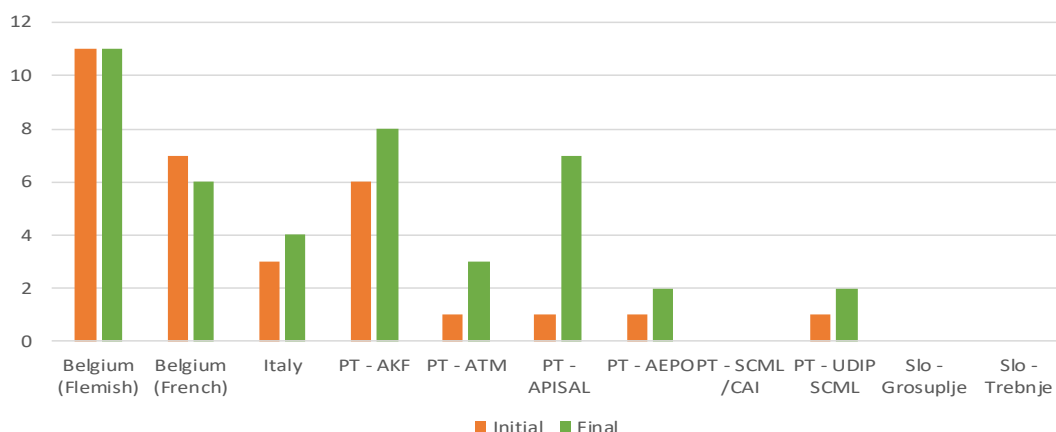
Note 1: a given organization/body may be partner of more than one pilot site (e.g. in Portugal, Slovenia). In this case, that partner enters the summation more times (depending on the number of pilots it is in partnership with), since the focus here is on the number of partnerships and their features, rather than on the identity of each single partner *per se*.

Note 2: The Portuguese site Colégio Cesário Verde, which is not represented in the tables/graphs regarding the index of integration (see footnote above), is instead considered in the statistics on the number of partners by legal type.

Fig. 28. Number of partners by legal type – initial and final, by pilot



3) *Non-profit private*



As regards the domains of activity, at the final stage the social and educational domains exhibit the highest numbers of partners. The final numbers have increased in all domains, with respect to the initial stage (Table 13).

Table 13. Number of partners by domain – initial and final, total

	Initial	Final	Difference
Social	51	68	+17
Health	23	34	+11
Educational	39	64	+25
Employment	13	20	+7
Justice	4	12	+8
Other	15	30	+15

Note 1: a given organization/body may be partner of more than one pilot site (e.g. in Portugal, Slovenia). In this case, that partner enters the summation more times (depending on the number of pilots it is in partnership with), since the focus here is on the number of partnerships and their features, rather than on the identity of each single partner *per se*.

Note 2: Portuguese site Colégio Cesário Verde, which is not represented in the tables/graphs regarding the index of integration (see footnote above), is instead considered in the statistics on the number of partners by domain.

As regards the role played by the partners, at the final stage most partners are involved in service provision, followed by strategic planning. Numbers have increased in nearly all the dimensions considered (except for a small decrease in the “financing” role) at both operational and strategic levels, with respect to the initial stage (Table 14).

Table 14. Number of partners by role – initial and final, total

	Initial	Final	Difference
Strategic planning	34	46	+12
Decision-making	31	46	+15
Service provision	56	71	+15
Evaluation	20	28	+8
Financing	24	20	-4
Other	25	39	+14

Note 1: a given organization/body may be partner of more than one pilot site (e.g. in Portugal, Slovenia). In this case, that partner enters the summation more times (depending on the number of pilots it is in partnership with), since the focus here is on the number of partnerships and their features, rather than on the identity of each single partner *per se*.

Note 2: The Portuguese site Colégio Cesário Verde, which is not represented in the tables/graphs regarding the index of integration (see footnote above), is instead considered in the statistics on the number of partners by role.

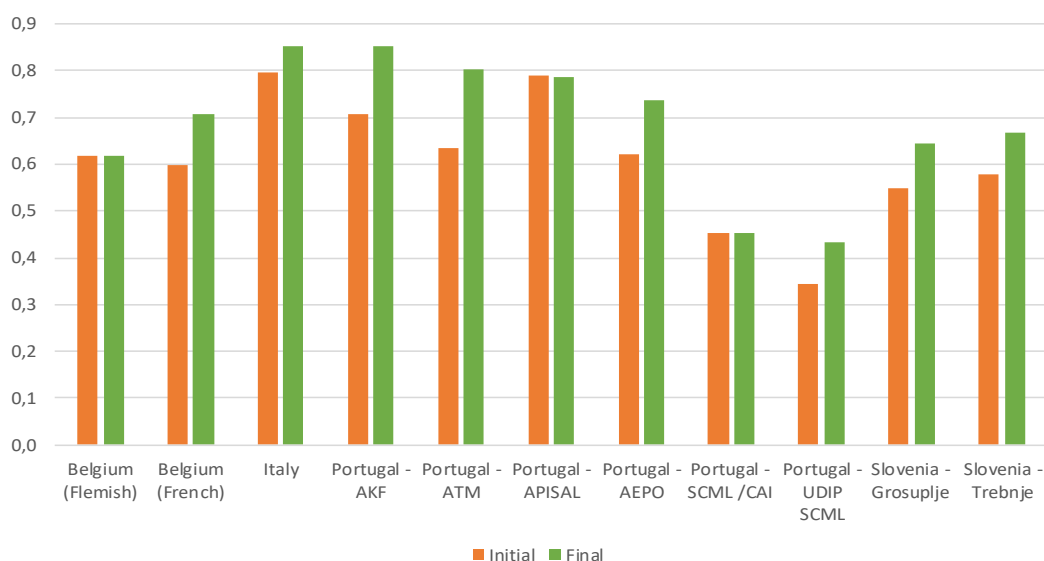
The overall index of integration (already presented and discussed above) has also received a higher score in the final stage than in the initial stage. Most pilot sites have recorded a higher value of the index (possibly ranging from 0 – minimum possible value, to 1 – maximum possible value), while for three sites it has remained

constant (Table 15 and Fig. 29). By computing a (ordinary) mean of all the index values, it turns out that the average index across all the INTESYS pilot sites has increased by 13% from the initial to the final phase of the project⁷.

Table 15. Index of integration – initial and final, by pilot

	Initial	Final	Difference (%)
Belgium (Flemish)	0.62	0.62	0%
Belgium (French)	0.60	0.71	+18%
Italy	0.80	0.85	+7%
Portugal - AKF	0.71	0.85	+20%
Portugal - ATM	0.63	0.80	+27%
Portugal - APISAL	0.79	0.79	0%
Portugal - AEPO	0.62	0.74	+19%
Portugal - SCML /CAI	0.45	0.45	0%
Portugal - UDIP SCML	0.34	0.43	+26%
Slovenia - Grosuplje	0.55	0.65	+18%
Slovenia - Trebnje	0.58	0.67	+16%
Total mean	0.61	0.69	+13%

Fig. 29. Index of integration – initial and final, by pilot

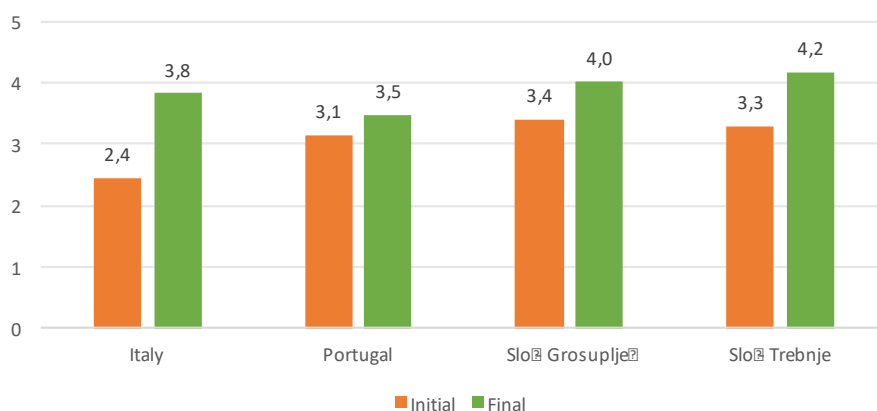


The perspective of the workforce

An important evaluative dimension regards the involvement of the workforce in the integration processes. As for the level of knowledge of the workforce about integration, considering the answers to questionnaires given by professionals in Italy, Portugal and Slovenia (see above), the average level of knowledge about integration has been higher at the end of the integrated journey than it was at the beginning, for professionals in all pilots (Fig. 30). On overall average, the (unweighted) mean value of the workforce's knowledge level across the three countries has shifted from 3.1 in the initial phase to 3.9 in the final phase.

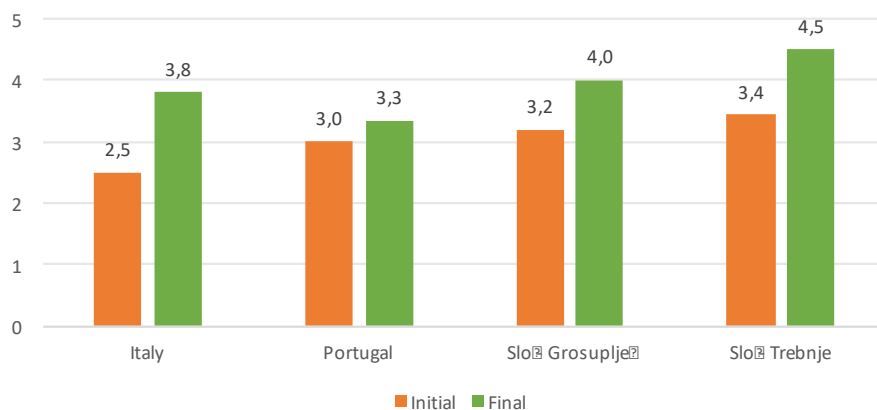
7. As mentioned above, a further Portuguese site (Colégio Cesário Verde), which has increased the size of its partnership (from 0 to 1 partner) during the project, is not represented in the table nor in the graph regarding the index of integration.

Fig. 30. Average level of knowledge of the workforce about integration – initial and final, by pilot



The final average level of knowledge about how to work in an integrated environment has also increased among professionals in all pilots (Fig. 31). On overall average, the (unweighted) mean value across the three countries has shifted from 3.0 in the initial phase to 3.9 in the final phase.

Fig. 31. Average level of knowledge about how to work in an integrated environment – initial and final, by pilot



Final values (on average) higher than the initial values have also been attributed to the level of coordination (Fig. 32) and to the level of information sharing (Fig. 33) in the service network, with the overall mean values shifting from 2.9 to 3.8 and from 2.8 to 3.9, respectively, across the three countries.

Fig. 32. Average level of coordination in the service network – initial and final, by pilot

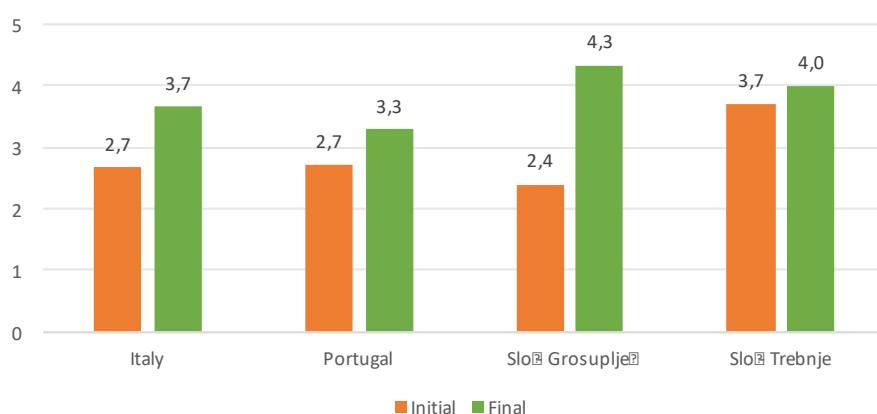
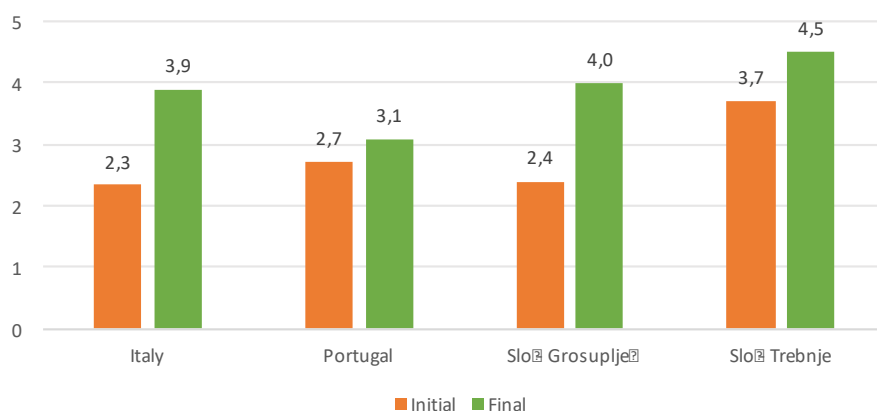


Fig. 33. Average level of information sharing in the service network – initial and final, by pilot



IV. Conclusions

The main challenge was developing an evaluation system that could measure, qualitatively and quantitatively, short-to-medium-term changes regarding different dimensions and levels of integration, while taking into account the differences among the pilot contexts.

Joint work with the pilots

The joint work done together with the INTESYS pilot representatives highlighted that integration is a **journey**, as shown by the dynamics of the integration process in each pilot and by the adjustments that each partner had to face on its way to the final stages of the project.

During the journey, a relationship of **trust** among partners developed and made it possible to talk about integration of services and professionals. This can take a lot of **time** but it is a necessary step for integration. The journey also showed the gradual development of a **shared view** on children and parents, which may imply that some partners had to change their representations and their idea of change (e.g. in Belgium). The level of **involvement** of professionals in the integrated initiatives emerged very clearly, sometimes along with a sense of ownership. It was recognised that the monitoring of the pilot activities over time could allow a better understanding of the ability to develop and strengthen a network of organizations that could reinforce its interactions with the wider community and promote a closer connection with other services focused on children and family issues (e.g. in Portugal).

It also emerged that an integrated network of services and a dialogue among services could represent a tool for involving parents, avoiding considering them only as users (e.g. in Italy). Such a different perspective led to consider migrant families as an opportunity not only as a challenge, becoming a key factor for inclusion. A better connection among stakeholders led also to the softening of prejudices, with the development of new strategies for working with specific targets (e.g. in Slovenia).

All pilots were committed to developing - in the services involved - an approach based on a holistic and systemic vision of the child and their relationships, at the same time urging professionals to adopt a multidisciplinary scientific approach.

The evaluation model



The evaluation model adopted for monitoring the pilot results was composed of different modules to be used according to the activities performed locally, in order to tailor evaluation to the specific features of each pilot site. Such an approach was useful to assess, qualitatively and quantitatively, the changes obtained with the workforce but also, when possible, with the parents and children.

Monitoring and evaluation in the pilots followed a small steps method, adjusting to the pace of families and professionals. The achievement of goals, even small, opened up to new possibilities especially when we move from the idea of “recipients” to the idea of “actors”. We used a “zoom” approach (that stands for “zooming on output and outcome measures”) that allows observing each situation with a higher definition, in its small details and small variations, as it was done by measuring the differences between two groups of similar children in the Italian pilot that were paired for comparison. Using “observable factors” helped to tailor the evaluation and to move towards the measure of outcomes, that represent the best indicator of an effective integration. The same approach was used with professionals, considering their working context, their individual representation of integration and the role of different actors, also taking into account their different features.

In short, the evaluation model has mainly focused on assessing the benefits achieved by different target groups, after integrated activities. The pilots were asked to change their viewpoint (i.e. for a “paradigm shift”), focusing on the changes to be achieved and not only on the processes implemented.

Results to disseminate

The evaluation of pilots provided many useful results that are important to disseminate in each country and across countries.

A first insight that emerged from the monitoring and evaluation process is that ensuring time for the **evaluation of outputs and outcomes** is important to better address the needs of vulnerable groups and improve their life. Reflecting on the changes achieved also proved to be an important group activity, especially when it is based on qualitative and quantitative indicators that reflect step-by-step improvements.

More generally, experiences in the pilots suggested that a sufficient amount of time should be recognized and ensured for joint meetings and activities among professionals from different sectors. One way of doing it could be e.g. by creating multidisciplinary teams in every area, so as to ensure “official” integrated working. The local pilot suggested that opportunities for inter-professional, cross-sectoral meetings and experiences should be promoted. Such opportunities may increase as the size and the heterogeneity of the network of partners grow, as it was the case for most pilot sites during the journey.

Institutions (e.g. municipalities, at the local level) were also recognized to possibly play a key role in supporting integration processes. Similarly to private (non-profit) organizations, the number of (national/regional and local) public actors involved in the pilot networks also increased throughout the project, which suggests a potentially stronger role in all service domains.

Since a shared vision needs to be built, constant **communication** among different actors turned out to be a crucial factor. This factor may have strengthened during the project, in the light of the average increase in the level of coordination and information sharing perceived by the workforce involved in the journey. Moreover, the workforce involved in the journey also highlighted a strengthening ability to carry out joint actions and to listen to other professionals. Working together was highlighted by the pilots as a relevant factor reducing the prejudices and judgments between sectors, making it possible to move forward in a constructive way.

The professionals involved in the journey in the different pilots turned out to improve their knowledge about integration and about how to work in an integrated environment. Experiences in the pilots highlighted the



importance of investing in basic and continuing (education and) training of professionals, in order to increase their ability to (co)operate in a cross-sectoral environment, especially by favouring joint training and opportunities to come together as a team and between teams.

The importance of developing a **participatory approach** involving children and families also emerged from the project. Children and families should be considered not only in their weaknesses but also in their strengths and potentialities: from this perspective, their involvement is a necessary condition for defining and achieving sound and shared expected results. Partnership with parents should be promoted, also with parents in precarious situations and poverty. The involvement of beneficiaries proved to be important e.g. when addressing minority groups: for instance, the “Nothing about Roma without Roma” principle was acknowledged as an important factor in terms of successfulness of the process in Slovenia. Pilot partners highlighted that families should not be seen as “customers” or “clients”, but rather as partners, which in turn requires keeping an open mind towards the families’ needs. In this respect, parents involved in Italy and Portugal acknowledged high (and possibly increasing) ability of professionals to listen to their concerns about the child and to try to support them in educating the child. Outcome for children in Italy also revealed (although further evidence is needed to corroborate the results) opportunities of improvement in the situation of children, especially for vulnerable children, with integrated actions of professionals from different sectors.

To conclude

The future of integration goes in the direction of focusing on the problems and the people who express them. Those who know them live them more intensely than anyone else does. They will have more reasons to deal with them, to accept to do so in an integrated way. The transition from recipients to actors can represent a positive leap forward for integration and participatory practices. In a dynamic environment centred on needs and responsibilities, with both resources and limits around it, those concerned can more easily become a generative universe.

Overall, the evaluation activities have highlighted the most notable characteristics and results of the pilots. At the end of the integrated journey, despite some difficulties, professionals and stakeholders have recognized an increase in collaboration and integration, at different levels; the qualitative and quantitative information collected from the pilot sites reveals an improvement in the workforce’s knowledge and practices after the integrated activities provided in different pilots. The networks of partners so far have been expanded and reinforced in all countries, as suggested by the variations in the index of integration, and links among different services/organizations have been built or strengthened, although there is still room for improvement. Furthermore, the pilots have been able to increasingly involve *non-professionals* (parents) and *professionals* also from different sectors. The joint involvement of professionals and non-professionals can produce new alliances that have the potential for improving the provision of services in all pilots.

The partners using the Toolkit during the integrated activities were able not only to provide useful insights for its development, but also to suggest new tools to be added to the final version. This test in the field represents a useful support for professionals working in these sectors.

From now on, the challenge is to maintain the whole “capital” that INTESYS has produced, to make it a new starting point, to scale it up in the pilot countries and to disseminate it throughout Europe.

Annex A: Questionnaire for the workforce

The questionnaires contained in the Evaluation Protocol Tools are composed of both open-ended and closed-ended questions. Closed-ended questions are mainly rating-scale questions: respondents are asked to give each option a score on a scale of 1 to 5, where 1 means “low” and 5 means “high”. The main quantitative questions that were posed to professionals and parents are presented below.

By using rating-scale questions, *professionals* were asked about their perspective on the following statements concerning their organization, before and after the integrated activities.

1. Level of ability of the service to identify needs/problems of the children (target) before/after

Needs/Problems	Beginning					After				
	low				high	low				high
Behavioural problems	1	2	3	4	5	1	2	3	4	5
Developmental difficulties	1	2	3	4	5	1	2	3	4	5
Disability/Special needs	1	2	3	4	5	1	2	3	4	5
Migrants	1	2	3	4	5	1	2	3	4	5
Health problems	1	2	3	4	5	1	2	3	4	5
Adopted/fostered children	1	2	3	4	5	1	2	3	4	5
Roma children	1	2	3	4	5	1	2	3	4	5
Other, specify: _____	1	2	3	4	5	1	2	3	4	5

2. Level of ability of the service to identify strengths and capabilities of parents

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

3. Level of ability of the service to involve parents on the basis of their strengths and capabilities

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

4. Level of ability of the service to involve other non-professional resources

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

5. Level of appropriateness of service responses

Needs/Problems	Beginning					After				
	low				high	low				high
Difficulties of children	1	2	3	4	5	1	2	3	4	5
Family crisis	1	2	3	4	5	1	2	3	4	5
Cultural deprivation	1	2	3	4	5	1	2	3	4	5
Poverty	1	2	3	4	5	1	2	3	4	5
Parental conflicts	1	2	3	4	5	1	2	3	4	5
Other, specify: _____	1	2	3	4	5	1	2	3	4	5



6. Level of coordination in the service network

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

7. Level of information sharing in the service network

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

Professionals were also asked about their perspective on the following statements concerning themselves, before and after the integrated activities.

1. How much do you know about integration?

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

2. How much do you know about how to work in an integrated environment?

Before	1	2	3	4	5	1=low, 5=high
After	1	2	3	4	5	1=low, 5=high

3. Please rate each of the following competences of yours:

	Beginning					After				
	low				high	low				high
Ability to listen to other professionals	1	2	3	4	5	1	2	3	4	5
Knowledge of the role played by others	1	2	3	4	5	1	2	3	4	5
Ability to share information	1	2	3	4	5	1	2	3	4	5
Ability to cooperate with others	1	2	3	4	5	1	2	3	4	5
Ability to carry out joint evaluation	1	2	3	4	5	1	2	3	4	5



Annex B : Questionnaire for parents

Rating-scale questions were also used to ask *parents* about their own representation of services. Specifically, the parents involved were asked to score the following statements on a scale of 1 to 5 (with 1 being “not at all” and 5 being “a lot”), before and after the integrated activities.

1. *Professionals (teacher, educator, doctor...) consider my child “at the centre” [beginning/after]*

Not at all				A lot
1	2	3	4	5

2. *Professionals listen to my concerns [beginning/after]*

Not at all				A lot
1	2	3	4	5

3. *Professionals are able to identify needs/problems of my child [beginning/after]*

Not at all				A lot
1	2	3	4	5

4. *Professionals do their best for supporting me in educating my child [beginning/after]*

Not at all				A lot
1	2	3	4	5

5. *Professionals facilitate relationships among parents [beginning/after]*

Not at all				A lot
1	2	3	4	5

6. *Professionals know the resources (e.g. services, professionals, charities...) available in the community [beginning/after]*

Not at all				A lot
1	2	3	4	5

7. *Professionals are able to provide useful orientation to the available services in the local community [beginning/after]*

Not at all				A lot
1	2	3	4	5

8. *Professionals are able to involve me on the basis of my strengths and capabilities [beginning/after]*

Not at all				A lot
1	2	3	4	5



Annex C: The levels of integration as represented by the local stakeholders

The literature in the last 20 years has outlined four levels of integration: *institutional, managerial, professional, community level*. A 5-point scale (1=weak, 5=strong) helps to the point of view of stakeholders in regard to the level of integration at four levels: 1. *institutional integration*: when institutions act together, for example in terms of integration or coordination between the educational sector and the social sector; 2. *managerial integration*: when integration pertains to the functioning of services, the integrated management of resources, the joint overcoming of barriers to access; 3. *professional integration*: when professionals belonging to different systems (for example health services and social services) share responsibilities; 4. *community-level integration*: when different resources available in the local communities (e.g. organised volunteering, social-commitment associations, family associations, etc.) are also involved.

Questions for understanding the overall integration level

How would you rate the overall level of coordination/integration of different partners, at each of the following levels?

1. **Institutional** (public institutions acting together, for example in terms of integration/ coordination between educational sector and social sector)

Very weak					Very strong	
1	2	3	4	5		
WHY? Please, describe...						

2. **Managerial** (regarding the functioning of services, the integrated management of resources, the joint overcoming of barriers to access)

Very weak					Very strong	
1	2	3	4	5		
WHY? Please, describe...						

3. **Professional** (professionals belonging to different systems share responsibilities and capabilities)

Very weak					Very strong	
1	2	3	4	5		
WHY? Please, describe...						

4. **Community-level** (involvement of different resources available in the local communities, e.g. organised volunteering, social-commitment associations, family associations)

Very weak					Very strong	
1	2	3	4	5		
WHY? Please, describe...						

My name is _____ from _____