TRANSATLANTIC FORUM ON INCLUSIVE EARLY YEARS
INVESTING IN THE DEVELOPMENT OF YOUNG CHILDREN FROM MIGRANT AND LOW-INCOME FAMILIES

Integration and alignment of services including poor and migrant families with young children

Freya Geinger, Dorien Van Haute, Griet Roets and Michel Vandenbroeck,
Department of Social Welfare Studies, Ghent University, Belgium

With contributions from
Caroline Vermeiren, Peter Raeymaeckers and Danielle Dierckx,
Department of Sociology, Antwerp University, Belgium
Laurent Nisen, Institute of Human and Social Sciences, University of Liège, Belgium

Introduction

Poverty is a complex and multi-faceted problem. Therefore one of the main challenges in combating poverty is the fragmentation of services (Allen, 2003, Provan & Sebastian, 1998). This is not only the case for families in poverty, but fragmentation of services also affects all families. Several dimensions mark this fragmentation:

- **Sectorial** segregation: services often specialise in one single area (education, parent support, child care, financial problems, housing, …). Yet families do not necessarily perceive these areas as separate 'needs'. Especially in the case of families living in poverty, needs related to health, housing, employment etc. are interlinked and hard to separate from educational challenges (Broadhead, Meleady, & Delgado, 2008; Lister, 2004).
- **Age** segregation: in some cases, services for 0 to 3 are distinct from services in the preschool age and the school age; and services that benefit children may be separate from services that benefit parents.
- **Subgroup** or **target group** segregation: some services address specific subgroups, such as single mothers, migrants, families in poverty, families with a child with special needs, … (see Mkandawire, 2005).
- **Policy** segregation: services can be governed at local, regional and state levels, making cooperation between services that are governed on different levels a real challenge (Statham, 2011).
- **Organisational** segregation: in some regions services are separated into government-led provision, NGO's or faith-based organisations and voluntary or community led services and integration may mean collaboration between private and public partners (OECD, 2001).

In response to this segregation, accompanied by broader socio-economical and socio-political drivers (e.g. Rochford, Doherty, & Owens, 2014; Messenger, 2012; Roets, Roose, Schiettecat, & Vandenbroeck, forthcoming), many countries have initiated a countermovement of integration and networking in which care and education, early childhood and family support programmes, special needs and mainstream provision are combined in response to the demands of local communities in contexts of diversity (Vandenbroeck & Lazarri, 2014). Comprehensive programmes are doing better in serving the needs of the child from a holistic perspective (Anthony & Stone, 2010). Public services are therefore expected to work in an integrated way, in order to fight (child) poverty (Anthony, King & Austin, 2011). Although the origins of networking

of social services can be traced back to the 1930's (Freeman, 2004), the policy interest for integration in Europe gained momentum since the 1990's and even more so in the new Millennium (OECD, 2001; European Commission, 2013). There is now a general consensus that partnerships among social, educational, health and other services may lead to more sustainable answers to the needs of poor and migrant families.

In what follows, we discuss some of the main drivers and rationales towards integrated working, followed by an illustration of some types of integrated services in the field of Early Childhood Education and Care (ECEC) in different European countries. Next we highlight issues arising from the literature on integrated working. Finally, we take a closer look at the governance of networks and integration.

Drivers and rationales

Despite the observed general tendency to integrate services, the rationales for this evolution may differ significantly from one country to another, leading inevitably to different understandings of what integration may mean (and to whom it may mean something), as well as to different forms the integration may take. We briefly sketch some of the main rationales, yet it needs to be clear that integration of services not necessarily mean that all these goals are met in daily practice.

One example of diverging rationales comes to the fore when comparing Swedish and English integrated systems. From a socio-political view, integrated centres in Scandinavian countries can be seen as an integral part of the social welfare system (Ahnquist, 2012), in order to better serve local needs of all families in a context of rapidly changing societies (Johansson, 2012; Kekkonen, Montonen & Viitala, 2012; Sehier, 2006). On the other hand, English integrated provision is more often associated with a social investment approach, and can be considered as a way to safeguard and protect families, especially at-risk families with children, associated with legislation driven by critical events such as the tragic death of Victoria Climbié or baby Peter Connelly (Broadhead, Melaedy & Delgado, 2008; Messenger, 2012).

The socio-political drivers or rationales towards integrated working assume there will be increased usefulness, increased efficiency and effectiveness (including cost effectiveness), and include:

- A reduction of complexity of governance and/or improvement of governance by increased coordination of action (Hood, 2012; OECD, 2001)
- Economic efficiency by saving overhead costs (Tsui & Cheung in: Roets, Roose, Schiettecat, & Vandenbroeck, forthcoming). It is assumed that the integration at least does not generate additional costs (OECD, 2001)
- Improving the effectiveness of the programmes they implement by stimulating the use of measures that correspond to shared priorities; helping to adapt programmes to local needs and conditions; taking advantage of the knowledge of the various partners on the local problems and target groups; identifying and drawing on synergies between government programmes and local initiatives that can enhance their mutual impact (OECD, 2001)
- Contributing to service quality e.g. taking advantage of the knowledge of different partners and sharing expertise (OECD, 2001; Oliver, Mooney, & Statham, 2010; Rochford, Doherty & Owens, 2014)

With regard to the improvement of public services, several other drivers can be distinguished in order to better care for families, such as:

- Improving the communication and coordination in order to provide a seamless or continue provision of services (Allen, 2003; Anthony, King, & Austin, 2011; Moore & Fry, 2011; Messenger, 2012; Raeymaekers & Dierckx, 2012; Statham, 2011) aiming at 'closing the gap' and avoiding 'overlaps' (DfE, 2013a; Kalland, 2012; McKeown, Haase & Pratschke, 2014; Rolfgaard, 2012, Moore & Fry, 2011) in order to better serve local needs, with a focus on children 'at risk'. There is for instance robust evidence that children are better off in areas with Sure Start than in comparable areas without (Melhuish, Belsky, Leyland, & Barnes, 2008)
- Responding effectively to complex needs of families, communities and the social problems confronting societies, considering that problems are now more complex and therefore ask for joined-up approaches (Moore & Fry, 2011).
- Increasing accessibility for clients, especially for 'hard to reach' families (Raeymaekers & Dierckx, 2012). It needs to be noted that accessibility also includes clients being able to understand what is offered and its usefulness for them (see background paper of the first meeting of the Transatlantic Forum).
- Strengthening communities and building stronger partnerships at the local level (Moore & Fry, 2011); improving social inclusion and social capital for families (Martin, 2010; Gilchrist In: Broadhead, Meleady, & Delgado, 2008)
- Helping to support key life transitions, e.g. the transition from an early years service to primary school (Rochford, Doherty & Owens, 2014)

In regions with a longstanding tradition of universal services (typically the Scandinavian countries for instance, but also Belgium, The Netherlands etc.), the integration will more often be guided by the concern to ensure seamless transitions between services by existing provision, and by enhancing service quality through combining knowledge and experience.

In regions with a tradition of targeted services and/or with a shortage of universally accessible early years provision (e.g. England in the 1990's and 2000's), the integration seems to be more often driven by critical events that shape the political will for an area-based approach, not necessarily targeting poor families though often geographically located in poorer areas.

From a governance point of view it is therefore important to make a distinction between, on the one hand, a policy that drives the integration of existing services (often with proportionate universalism as a guiding principle) such as in Belgium, The Netherlands, Scandinavia, France, certain German Länder etc.) and, on the other hand, a policy driving the creation of new integrated centres (such as Sure Start in England).

Some examples of integrated working / networking in Europe

In the next section we present some examples of recent developments (roughly since the 1990's) in different EU countries. The aim is not to be comprehensive, but rather to illustrate the diversity of forms that integration of services can take.

Family Centres in the Nordic countries

For an overview on the Scandinavian family centres, see for instance Kekkonen, Montonen, & Viitala (2012).

The Family Centres in Sweden ('familjecentral') offer a complete range of services which are based in the same location, covering maternal healthcare, child healthcare, open early childhood education and care (places where parents and children come together) and preventive work performed by the social services. The centres are universal, meaning intended for *all* families with children and represent a low-risk strategy, as they are aimed at all future and new parents and their children aged 0-5 years (Abrahamsson, Bing & Löfström, 2009; Bing, 2012a). The family centres are led by the Ministry of Health and Social Affairs that includes the National Board of Health and Welfare. A separate field (of public health science) is also created: Child Public Health (CPH) (Bing In Kekkonen, Montonen, & Viitala, 2012).

In Finland, these family centres ('familjecenter') may be more oriented to prevention and aiming at offering both peer and professional support at an early stage, when the own resources of the family are still reasonably sufficient (Linnosmaa, Vaisanen, Siljander & Makela, 2012). The family centre work is organized in a cross-sectoral and co-operative manner and sector-specific legislation concerning services for children and families have been renewed in a family-oriented way (Viitala, Kekkonen & Halme, 2012). The aim of working in a more health-promoting and preventive way is pursued by a multi-professional approach (Backman & Nordstrom, 2012). The Ministry of Social Affairs and Health supports the development of the family centres. This movement is led by the National Institute of Health and Welfare (Viitala, Kekkoken & Halme, 2012).

In Norway, the Family Houses ('familiens hus') offer a complete range of services based under the same roof with a health centre that offers antenatal care, preventive child welfare services, educational-psychological services and open day care for children (Kekkoken, Montonen & Viitala, 2012). The service users may include all children, adolescents and their caretakers, as well as children and families who have distinct concerns, pronounced mental or physical challenges, difficulties or illnesses, and children and adolescents with needs of a legal nature (Nergard, 2012). The family house coordinates municipal services that offer parents and children comprehensive and readily available support as an entity (Adolfsen, Martinussen, Thyrhaug & Vedeler, 2012) and is directed at lowering the threshold of municipal and specialized provision. The availability is increased by concentrating all services at one location and by improving the coordination of services (Morch, 2012). The family houses are directed by the Ministry of Health and Care Services but are also important to others such as the Ministry of Children, Equality and Social Inclusion, that is also committed to child welfare (Thyrhaug, Vedeler, Martinussen, & Adolfsen In Kekkonen, Montonen, & Viitala, 2012).

Sure start, Children's centres and Early Excellence centres in England

Since 1997, Early Excellence Centres were launched in deprived areas in several English cities, inspired by comprehensive centres such as Penn Green and Sheffield Children's Centre (Broadhead, Melaedy & Delgado, 2008). Subsequent legislative changes have altered their labelling and to some extent their functioning in what are now called Sure Start Children's Centres (DfE, 2012a; Whalley, 2007). The network configuration is gradually changing; single centre configurations (one-stop-shops) tend to move towards a configuration of multiple main sites or main sites with satellites (DfE, 2013a).

The Centres incorporate Sure Start local programmes, neighbourhood nurseries, early excellence centres, maintained nursery schools, schools, family centres, community centres, health centres, voluntary and private centres (CES, 2013). Employment, like Jobcentre Plus can also be part of the integrated service provision of the centres (DfE, 2013b). The aim is to serve all young children and families in the centres' catchment area and in particular to improve the most disadvantaged children's chances of later success by reducing inequalities in child development and school readiness (DfE, 2012a, 2012b). This is pursued by supporting the child's personal, social and emotional development, by improving parenting aspirations and skills, through assuring access to high quality early education and also by addressing family health and life chances. The leading department is the Department for Education, responsible for child protection and education (DfE, 2012a).

Réseaux d'écoute, d'appui et d'accompagnement des parents (REAAP) in France

The REAAP, created in 1999 and supported by the Ministry of Social Affairs, Health and Women's Rights, are a partnership or joined-up approach ,rather than an integrated service. Different services of parent support are expected to collaborate and network. Wraparound working (or case management) is also expected (Neyrand, 2012; Roussille & Nosmas, 2004). The practice of REAAP is not standardized and changes considerably from one region to another. REAAP traditionally strive for proportionate universalism (a universal approach combined with prioritizing specific populations), although many recently have a more targeted approach towards families 'at risk' (Martin, 2010). The structure forms a network of proximity based on a generalist approach. The role and the strengths of the parents are reinforced and valorised, whereby parents are seen as actors who are actively engaged in the network (Sehier, 2006).

Familienzentren in Germany

The Familienzentren often include a childcare centre, combined with other services for parents and children including early education, adult education and parent support. It is a cluster of services supported by several other institutions such as schools, cultural-, counselling- and health services, rather than integration under a single roof. Centres are particularly present in Nordrhein-Westfalen, directed by the Ministry of Family, Child, Youth, Culture and Sport (Familienzentrum NRW, n.d.). The conceptual framework of the Familienzentrum is based on the early excellence centre in England (Engelhardt, 2011). The aim of the centre is to improve access for parents so they can find their way around. The idea of network integration is to ensure transfers of knowledge, to improve/encourage structural and resource-oriented collaboration, to formulate an answer that fits the parents' needs, to create an optimal use of existing resources, a longitudinal cost reduction for the social system, bringing together different disciplines and fields in order to create socio-spatial networks (Familienzentren Hannover, 2009).

Huizen van het kind (Children's Houses) in the Flemish Community of Belgium

Since the legislation on preventive family support of 2014, these centres are expected to emerge in all municipalities. A universal and accessible provision, bringing together different services including preventive family support in the pursuit of making an efficient and integrated offer that fits the needs of people and that is adapted to the local reality. This arrangement combines prenatal care, infant consultation schemes, maternal health care, and parent support often including places where parents and children can meet (social support). In areas with high levels of poor and migrant families, these centres closely collaborate with targeted provisions of

support for these families. In the poorest municipalities, they also collaborate with "child poverty coordinators" cherishing the concept of progressive/proportionate universalism (a universal offer with additional services for families with additional needs). The mission of the Children's Houses, according to the legislation is to enhance the broad support and skills of parents, strengthen social networks, and reinforce education opportunities and to enhance the early development (Vlaams Parlement, 2013). In Belgium the Department of Welfare, Public Health and Family initiates the formation of the Children's Houses (Vlaams Parlement, 2013).

Parent and Child Centres (PCC's) in the Netherlands

The Parent and Child Centres, directed by The Ministry for Health, Welfare and Sport, involve multidisciplinary teams sited in neighbourhood-based centres. These centres integrate several professions such as doctors, nurses, midwives, maternity help professionals and educationists. The PCC's perform a gatekeeper function and form the first contact that new parents have with the supporting health and social care system. This innovative centre of integrated care is designed to strengthen and support parenting, to diagnose social and health risks at an early stage and to intervene early regarding problematic situations with developments or parenting of children. If new parents are in need of support in relation to parenthood, medical and psychosocial care and family affairs, they are identified and with the appropriate help provided (Busch, Van Stel, De Leeuw, Melhuish & Schrijvers, 2013).

Issues arising from the literature

Diverse conceptualisations and practices

The movement towards integration and networking is conceptualised by different terms that are used interchangeably but can refer to different kinds of organisational configurations and methods of working more closely together with different professionals (Frost, 2005, Oliver, Mooney, & Statham, 2010, Nolan & Nuttall, 2013; Roets, Roose, Schiettecat & Vandenbroeck, forthcoming; Rose, 2011). Several authors have tried to unravel and define the different terms, such as partnership working (Asthana, Richardson & Halliday, 2002), joined-up working (Warin, 2007), multi-agency working (Atkinson, Jones & Lamont, 2007), interagency working (Statham, 2011), integrated working (Oliver, Mooney & Statham, 2010) (see Nolan & Nuttall, 2013, Statham, 2011; Owens, 2010; Messenger, 2012). Frost (2005) makes a useful distinction and suggests that the *collaboration of services* can be placed on a continuum, bearing different dimensions

- **Cooperation**: services work together toward consistent goals and complementary services, while maintaining their independence.
- **Collaboration**: services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes.
- **Coordination**: services work together in a planned and systematic manner towards shared and agreed goals.
- **Integration**: different services become one organisation in order to enhance service delivery

The integration of services is, thus, only one way of alignment. Furthermore, working in an integrated way can occur at different levels. Moore & Fry (2011) for example, distinguish four levels of integration: government/policy level, regional and local planning level, service delivery

level, and interdisciplinary teamwork level. Graham et al. (2009) discern, in their onion model of integrated service delivery, integration at the following levels: inter-agency governance, strategy, processes and front line delivery. Apart from the service level, Statham (2011) discerns different client levels on which 'interagency working' can occur (different client groups, levels of need and age groups).

This considered, integrated working can be conceptualised as a range of services and professionals working together in the same location, such as the Scandinavian model, or as a configuration of multiple main sites or main sites with satellites, such as the English model. Two more approaches come into picture. The first one is called **wraparound** or **case-management**, meaning services collaborating (not necessarily in structural ways) around the needs of one particular family. It is a common term in for instance The Netherlands or the United States to indicate parent support programmes collaborating with other services to serve the need of a particular "client", most often in the case of multi-problem families where support and care are combined (Colijn & Schamhart, 2012; Walter & Petr, 2011). The "wraparound" model recognizes the limitation of categorical services by linking various services in the delivery of child welfare services (Anthony, King & Austin, 2011). Another is called **area-based** or **place-based** working; an approach that is common in the UK, in which a small, homogenous, socially cohesive geographical territory is targeted, often characterised by common traditions, a local identity, a sense of belonging or common needs and expectations and which has the potential to be a target area for policy implementation. The central aim is usually to reduce the risks of social exclusion for families in disadvantaged areas (Attree, 2004, DfEb, 2014; Smith, 1999). Often in area-based working top down structural reforms imply that the organization and delivery of social services is devolved to the community partnerships (CES, 2013).

In addition to the ambiguous conceptualisations (Frost, 2005), integrated working can still be interpreted and used quite differently in practice (Statham, 2011).

Departments and sectors concerned

Among the regions, different motivations and sectors can be discerned. In England for instance, the Children's Centres are led by the Department for Education. Within their broad commitment to strive for equal opportunities for all children, school readiness is seen as an important aspect (DfE, 2012a, 2013). The Centres are developed from outreach community services, family support, child and family health services, schools, early years provision, Jobcentre Plus, Sure Start local programmes and early excellence centres (CES, 2013, Messenger, 2012, DfE, 2013b).

The task of family houses in Norway, motivated by the Ministry of Health and Care Services, is to contribute to the improvement of health promoting and preventive universal services (Wien, Larssen & Vedeler, 2012). A new discipline appeared, called Child Public Health (CPH). It is based on an interdisciplinary, multi-professional and interdepartmental operation that spans across all sectors of society. In opposition to specialization and fragmentation, CPH develops public health by educating everyone who works with children, youth and the field of healthcare (Bing, 2012b). The focus on health promotion is also present in the other Nordic countries. This is clearly noticeable in the sectors involved. In Sweden these centres grew bottom up but were included in local and regional health plans (Bing, 2012a). They offer healthcare services (relating to prenatal and baby clinics) collocated with the open nursery, maternal healthcare, child healthcare, open

early childhood education and care and provide as part of the preventive work access to social guidance and advice (Bing, 2012a). The Finnish family centres, houses healthcare providers, social workers, (special needs) kindergarten teachers, nutrition therapists, family counsellors cultural officers and co-educators who work together (Backmans & Nordstrom, 2012).

In Germany, every family centre is supported by a network of institutions such as schools, an advisory board, health services and cultural organisations (Familienzentrum Hannover, 2009). A range of professionals from different disciplines such as midwives, teachers, social workers, psychologists are responsible for early intervention, family counselling and health promoting services (Engelhardt, 2011).

In Belgium the Department of Welfare, Public Health and Family was initiating the formation of the Children's Houses (Vlaams Parlement, 2013). Legally seen, every children's house has to include the medical and preventive services of Kind en Gezin (Child and Family)[1] as a minimum set. Yet, integration and collaboration between a broader range of social services is stimulated.

Ages concerned

Overall most Children Centres focus on pre-school children from 0-3, 0-4, 0-5 or 0-6 years old, depending on the age where children have to attend school. The Sure Start Children's Centre for example, was organized with the aim of promoting the well-being of children between 0-3 years, in particular children who live in disadvantaged areas (DfES, 1997 in Barlow et al, 2007). In some countries however, policy about Children's Centres is extended to older children. In Flanders (Belgium), policy about the Children's Houses pursues to cover minors from 0-18 years old and future parents. At the moment however, most of the Children's Houses only include services for young children (0-3 or 0-6) (Vlaams Parlement, 2013).

Most of the centres also incorporate the child's parent/family. In Sweden, for instance the universal organized family centres welcome all future and new parents and their children between the ages of 0-5 years (Abrahamsson, Bing & Löfström, 2009; Bing, 2012a). The underlying thought is that the well-being of children is strongly linked to that of their parents (Kekkonen, Montonen & Viitala, 2012).

Public-private

The integration of social services is not only promoted on different levels, but also involves partnerships between the public, private and civil sector (OECD, 2001). During the last decades, socio-economic changes (e.g. economic crises) and socio-political changes (e.g. New Labour, marketization, social investment strategies) gave rise to a demand for more rationalization, risk-management, evidence-based working, efficiency and effectiveness (Giddens, 1998; Taylor-Gooby, Dean, Munro, & Parker, 1999; Rosanvallon, 1995). Since the 1970's the privatization of social welfare services, which is characterized by selling state-owned enterprises and contracting out public services, evolves as a rapidly growing phenomenon in societies (Haug, 2014, Lloyd & Penn, 2013).

In England, the economic argument that rests on the logic of return on investment, comes in when benefits to individual disadvantaged children and society occur (McKeown, Haase & Pratschke, 2014). Areas reached by the children's centres for example, have seen a significant fall

---

[1] the government agency responsible for preventative health and childcare in Flanders, the Flemish part of Belgium

in child poverty levels, from 30.6% in 2006 to 27,3% in 2011. This indicates a 3.3% percentage points fall compared to 1.1% across England (DfE, 2014b). *"Research shows that the rate of economic return on good early years' investment is significantly higher than for any other stage in the child's life"* (Rochford, Doherty & Owens, 2014). In a reality of working with limited recourses, it is stressed that investing in the early years should be as optimal as possible and should achieve the intended outcomes. In terms of this economic driver, investment in services that produce the best value for money is pursued (Rochford, Doherty & Owens, 2014).

In Sweden, the family centre work is supposed to contribute to the reduction of differences in health and well-being, as part of strategic public health work. This is a way of reducing the growing gap between rich and poor, present in all Nordic countries, by focusing on disease prevention and health promotion. Therefore the family centres imply a universal approach for organizing provision, where it is also possible to identify children who are in need of a greater level of intervention (Bing, 2012a). Sweden has a well-developed safety net and one of the fundamental concepts of its welfare policy is to offer parents good living conditions as a precondition for good parenting (Ahnquist, 2012). Social welfare services and early childhood education and care services are predominantly public matters (Haug, 2014; Lloyd & Penn, 2013). In Norway, public and private partnerships in the ECEC arena have gradually developed through the need of offering enough places for children and the easiest way to accomplish that, was to involve private interests (Haug, 2014).

The growing privatization in some countries creates several challenges. Regarding the equitable provision of services, research indicates that privatization risks to increase inequalities of access for all and to decrease quality (Lloyd & Penn, 2013; Akgunduz & Plantenga, 2014). Especially, when childcare is predominantly seen as a commodity which can be bought and sold. As in every market, childcare markets share an inherent risk for volatility and turnover, which most comes at the expense of vulnerable families. Yet, the amount of risk highly depends on the amount of governmental coordination and regulation embedded within specific socio-political welfare regimes (e.g. socio-democratic, liberal, conservative) (Lloyd & Penn, 2013).

Care-control

The movement towards integrated working, can be seen as the expression of a genuine concern for the improvement of public services in order to better care for all families, including at-risk families. However, integrated working can also be perceived or implemented in order to enhance control over families, especially over families considered at-risk (Jeffs & Smith, 2002; Messenger, 2012; Neyrand, 2012; Allen, 2003).
In several countries the integration of social services goes along with a social investment approach that aims at preventing future social and economic problems (Penn, 2002; Linnosmaa, Vaisanen, Siljander, & Makela, 2012; Gray, 2013; European Commission, 2013).
In this view Lavelle (2014), based on Foucault, argues that Children's Centres, can be experienced by parents as potential spaces of control, where they may be judged and where parenting is made public.

Progressive universalism

Integrated services can be organised in a universal way, in order to support all families with children (e.g. Scandinavian countries), or in a selective/targeted way, in order to give priority to families in need or at-risk (e.g. Sure Start) (Brady & Burroway, 2012; Doherty, 2007). In reaction to this old debate about the way in which public services have to be organised, the principle of 'progressive universalism' is now promoted throughout Europe, as a combination of a universal and targeted approach, to realize high quality in provisions for all families with children, including poor and migrant families (Warren-Adamson, 2001; OECD, 2006). An explicit example of the choice for progressive universalism is the recent legislation on the 'Huizen van het Kind' (Children's Houses) in Flanders: "*a universal service in which a broad basis of services is offered to every child and every family. In addition there is an integrated supplemental offer of services, adapted to the needs of specific families and with particular attention towards the support of vulnerable groups in society*" (see Vlaams Parlement, 2013, article 6: 3, own translation).

Governance of networks and integration[2]

In some regions (e.g. Sweden, Finland, Norway) most services are public and run by municipalities. In other regions (e.g. Belgium, France, England) integrated services are often private, run by charities or NGO's, yet most often also publicly funded. In both cases the governance of these services is a matter of concern for policy makers from an effectiveness and efficiency point of view.

Based on the work of Agranoff (2007), Provan & Kenis (2008), Provan & Milward (2001) and others, a typology of networks and governance structures can be drawn, that sheds some light on the conditions that warrant efficiency and effectiveness of networks.
A first step consist of distinguishing different goals that drive the network:
- **Informational** networks are networks where the partner organisations exchange information on their work, their strategies, their methods and so on, in order to enhance collaboration and gain new knowledge.
- **Development** networks go beyond exchanging information and aim at enhancing the competencies of the partnering organisation, through mutual assistance.
- **Outreaching** networks develop programs, pool clients and create new opportunities for common services
- **Action** networks: here the partnering organizations meet to induce change, most often structured in formal collaboration protocols that shape joint services to families.

Rosenheck et al. (2001) suggest that the level of integration of organisations positively influences a) the accessibility of a large area of services; b) the outcomes on the level of the individual service user; c) the continuity of the support delivered. Provan and colleagues offer some possibilities to analyse this level of integration:
- **Cohesion** or the level of density of a network,, meaning the extent to which the partnering organisations are or feel connected to each other and frequently contact each other
- **Centrality**: the extent to which one or a few partners form a core agency, and reside at the centre of the network, forming a hub or cross-road from where all partners can be contacted and connected

---

[2] This section is based on a paper, prepared for the INCh-research project, funded by Belspo: Vermeiren, C.; Raeymaeckers, P.; Dierckx, D. & Nisen, L. (2014). *Netwerken, samenwerking en kinderarmoede: een theoretisch kader.* (Networking, cooperation and child poverty: a theoretical framework) Antwerp-Liège: INCh

- **Overlapping clusters or cliques**: a cluster consists of a number of partners that work more closely together, exchanging information and clients.

According to Provan and Sebastian (1998) network effectiveness can be explained by intensive integration through network cliques, but integration across a full network is likely to be a poor predictor of network effectiveness. Differences in client outcomes across systems can be explained by focusing on the overlap among cliques or provider agencies through oth reciprocated referrals and case coordination

A central issue in warranting the efficiency of networks is coordination. Provan and Kenis (2008) distinguish three types of coordination:

- **Shared governance networks** or **self-regulated networks**: there is no coordinating body and decisions are made jointly. Partner organisations decide on priorities and take decisions, either in general meetings or in a steering commission. Strengths of shared governance networks are high internal legitimation and active commitment. Weaknesses are sometimes inefficiency, decentralisation and instability.
  Self-regulated networks are effective in contexts where there is mutual trust and respect among the partners. Team building activities can enhance this respect and personal relations among actors also facilitate shared governance.
- **Lead organisation networks**: the steering role is taken up one of the partner organisations. It takes the most important initiatives, regulates the finances and distributes tasks and responsibilities.
- **Administrative organization networks:** one organisation takes the lead, but – in contrast to the lead organisation network – the lead organisation is not a partner of the network, but specially formed to take up this coordinating role. In newer networks with less consensus on the goals to reach, or when a common vision is not yet achieved, this might be a preferred form of governance. Equally, when dedication to the common goal is still weak, more centralised forms of governance are more effective.

An alternative way of looking at network governance is bottom-up versus top-down coordination. In bottom-up structures the coordinator fulfils the role of facilitator, while in top-down networks the coordinator is a commissioner. The literature is inconclusive regarding the relation between bottom-up versus top-down one the one side and efficiency or outcomes on the other.

Efficiency of networks and preferred governance structure seems to be related with the following characteristics
- **Age**: newer networks need more top-down steering than established networks
- **Size**: when networks have more partners, the complexity increases and top-down coordination may be more effective.
- **Diversity**: networks that bring together different disciplines and perspectives value bottom-up coordination that respect the variety of values and cultures of the partner organizations
- **Service delivery**: when the service provided is very complex and multi-faceted, this may create the need for much discretionary space and freedom of movement and decision making for partner organisations. A facilitating role may then be more efficient than a commissioner role.

In sum, there is not a single answer to the question which networks work best. What is considered as effective and efficient will inevitably depend on the goals and the history of the network, as well as on local conditions.

Bibliography

Abrahamsson, A., Bing, V. & Lofstrom, M. (2009). *An evaluation of Family Centres in Region Vastra Gotaland, Sweden*. Summary of the report.

Adolfsen, F. Martinussen M., Thyrhaug, A. M. & Vedeler, G. W. (2012). The Family's House. Organization and professional perspectives. University of Tromso.

Ahnquist, J. (2012). The Swedish strategy for developed parental support at the family centre as an arena for the provision of municipal parental support services. In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). *Family centre in the Nordic countries - a meeting point for children and families.* Copenhagen: Norden.

Agranoff, R. (2007). *Managing within networks. Adding value to public organisations*. Washington D.C.: Georgetown University Press.

Akgunduz, J. E. & Plantenga, J. (2014). Childcare in the Netherlands: Lessons in privatization. *European Early Childhood Education Research Journal, 22*(3), 379-385.

Allen, C. (2003). Desperately seeking fusion: on "joined-up thinking", "holistic practice" and the new economy of welfare professional power. *British Journal of Social Work, 54*(2), 287-306.

Anthony, E., King, B. & Austin, M. (2011). Reducing child poverty by promoting child well-being: identifying best practices in a time of great need. *Children and Youth Services Review 33,* 1999-2009. doi: 10.1016/j.childyouth.2011.05.029

Anthony, E., & Stone, S. (2010). Individual and contextual correlates of adolescent health and well-being. *Families in Society, 91*(3), 225–233.

Asthana, S., Richardson, S., & Halliday, J. (2002). Partnership working in public policy provision: A framework for evaluation. *Social Policy & Administration, 36*(7), 780-795.

Atkinson, M., Jones, M., & Lamont, E. (2007). *Multi-agency working and its implications for practice: A review of the literature.* CfBT Education Trust.

Attree, P. (2004). It was like my little acorn, and it's going to grow into a a big tree': a qualitative study of a community support project. *Health and Social Care in the Community, 12*(2), 55–161.

Backman, H. & Nordstrom, A. (2012). *A picture of future competence needs in family centres.* In Kekkonen, M., Montonen, M. & Viitala, R. (Eds), Family centre in the Nordic countries - a meeting point for children and families. Copenhagen: Norden.

Barlow, J., Kirkpatrick, S., Wood, D., Ball, M., StewardBrown, S., Belsky, J. & Niven, L. (2007). *National evaluation report 2007.* Family and parenting support in sure start local programmes.

Bing, V. (2012a). *Knowledge advancement concerning family centres.* In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). Family centre in the Nordic countries - a meeting point for children and families. Copenhagen: Norden

Bing, V. (2012b). The family centre from a public health perspective. In Adolfsen, F., Martinussen, M., Moltu Thyrhaug, A. & Warvik Vedeler, G. (Eds), *The Family's House. Organization and professional perspectives*. University of Tromso.

Busch, V., Van Stel, H. F., De Leeuw, J., Melhuish, E., & Schrijvers, A. (2013). Multidisciplinary integrated Parent and Child Centres in Amsterdam: a qualitative study. International Journal of Integrated Care, 13, 1-10.Brady, D., & Burroway, R. (2012). Targeting, Universalism, and single-mother poverty: a multilevel analysis across 18 affluent democracies. *Demography, 49*, 719-746.

Broadhead, P., Meleady, C., & Delgado, M. (2008). *Children, Families and Communities: creating and sustaining Integrated services.* United Kingdom: Open University Press.

CES (2013). *Working document. To inform planning work by DCYA and other stakeholders on Area Based Childhood (ABC) Programme.* Ireland: Centre for Effective Services.

Colijn, J. & Schamhart, R. (2012). Greep op wraparound care. Eindrapport onderzoeksprogramma Wraparound care in de Utrechtse Jeugdzorg. Utrecht: Kenniscentrum Sociale Innovatie.

Department for Education (2012a). *Evaluation Of Children's Centres in England (ECCE). Strand 1: First survey of Children's Centre Leaders in the most deprived areas.* Research report.

Department for Education (2012b). *Evaluation of Children's Centres in England (ECCE). Strand 5: Case studies on the costs of centres in the most deprived areas.*

Department for Education (2013a). *Evaluation of Children's Centres in England (ECCE). Strand 2: Baseline survey of families using children's centres in the most disadvantaged areas.*

Department for Education. (2013b). *Sure Start children's centres statutory guidance. For local authorities, commissioners of local health services and Jobcentres Plus*. Online version available at www.education.gov.uk.

Department for Education (2014a). *Payment by Results (PbR) in Children's Centres Evaluation.*

Department for Education (2014b). *Evaluation of Children's centres in England (ECCE). The extent to which centres 'reach' eligible families, their neighbourhood characteristics and levels of use.*

Doherty, G. (2007). Ensuring the best start in life: targeting versus universality in Early Childhood Development. IRPP Choices, 13(8), 1-52.

European Commission. (2013). Commission recommendation. Investing in children: breaking the cycle of disadvantage. . Brussels: Official Journal of the European Union. Retrieved from http://ec.europa.eu/justice/fundamental-rights/files/c_2013_778_en.pdf

Famielenzentren Hannover (2009). *Von der Kindertageseinrichtung zum Famileinzentrum. Konzeption und Dokumentation. Programm Familienzentren Hannover.* Steppat Druck: Hannover.

Familienzentrum NRW (n.d.). Home page http://www.familienzentrum.nrw.deFreeman, C. (2004). *The development of social network analysis*. Vancouver: Empirical press.

Frost, N. (2005). *Professionalism, Partnership and Joined-up Thinking: a research review of front-line working with children and families. Research in Practice.* Totnes: Devon.

Giddens, A. (1998). *The third way: the renewal of social democracy*. Cambridge: Polity Press.

Graham, P., Machin, A. (2009). *Interprofessional Working in the Children's Workforce in Barker, R. Making Sense of Every Child Matters.* Bristol: Policy Press.

Gray, M. (2013). The Swing to Early Intervention and Prevention and Its implications for Social Work. *British Journal of Social Work,* 1-20. doi: 10.1093/bsjw/bct037

Haug, P. (2014). The public-private partnership in ECEC provision in Norway. *European Early Childhood Education Research Journal, 22 (*3), 366-378. doi:10.1080/1350293X.2014.912899

Hood, R. (2012). Complexity and integrated working in children's services. *British Journal of Social Work*, 1-17. doi: 10.1093/bjsw/bcs091 (published online).

Jeffs, T., & Smith , M. K. (2002). *Social exclusion, joined-up thinking and individualisation new labour's connexions strategy.* Retrieved from http://www.infed.org/personaladvisors/conexions-strategy.htm

Johansson, T. (2012). The Swedish Leksand model family preparation as a startingpoint for the family centre. In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). *Family centre in the Nordic countries a meeting point for children and families*. Copenhagen: Norden.

Kalland, M. (2012). The importance of social support and reflective functioning for parenthood. In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). *Family centre in the Nordic countries - a meeting point for children and families* . Copenhagen: Norden.

Kekkonen, M., Montonen, M. & Viitala, R. (2012). Family centre in the Nordic countries - a meeting point for children and families. Copenhagen: Norden.

Lavelle, M. (2014). *'Making a mountain out of a mole hill': the challenges of identifying need in universal services within Sure Start Children's Centres.* Paper presented at EECERA conference, Hersonissos, Crete, 9th September 2014. UK: Plymouth University.

Lloyd, E. & Penn, H. (2012). *Childcare markets. Can they deliver an equitable service*?. Bristol: Policy Press.

Linnosmaa, I, Vaisanen, A. Siljander, E., Makela, J. (2012). Effectiveness and costs of preventive services for children and families. In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). *Family centre in the Nordic countries - a meeting point for children and families*. Copenhagen: Norden.

Lister, R. (2004). *Poverty.* Cambridge: Polity Press.

Martin, C. (2010). The reframing of family policies in France: processes and actors. *Journal of European Social Policy, 20*(5), 410-421.

McKeown, K., Haase, T., & Pratschke, J. (2014). *Evaluation of National Early Years Access Initiative & Siolta Quality Assurance Programme: a study of child outcomes. Summary Report.*

Melhuish, E, Belsky, J, Leyland, A, & Barnes, A. (2008). A quasi-experimental study of effects of fully-established Sure Start local programmes on 3-year-old children and their families. *The Lancet, 372*, 1641-1647.

Messenger, W. (2012). Professional cultures and professional knowledge: owning, loaning and sharing. *European Early Childhood Education Journal, 21*(1), 138-149.

Mkandawire, T. (2005). Targeting and Universalism in Poverty Reduction. *Social Policy and Development Programme Paper, 23,* 1-22. Switzerland: United Nations Research Institute for Social Development.

Moore, T. & Fry, R. (2011). *Place-based approaches to child and family services: A literature review.* Parkville, Victoria: Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health.

Morch, W.T. (2012). Implementing the Family's House in the Municipality. In Adolfsen, F., Martinussen, M., Moltu Thyrhaug, A. & Warvik Vedeler, G. (Eds). *The Family's House. Organization and professional perspectives*. University of Tromso.

Nergard, I. B. (2012). User participation in the Family's House. In Adolfsen, F. Martinussen M., Thyrhaug, A. M. & Vedeler, G. W. (Eds). *The Family's House. Organization and professional perspectives*. University of Tromso.

Neyrand, G. (2012). Soutenir ou contrôller les parents. XXIIe rencontres nationales de périnatalité de Béziers. " Que voulons-nous pour nos enfants?". Retrieved on September 18, from http://www.beziers-perinatalite.fr/textes-2012.html

Engelhardt, H. (2011). *Niedersächsisches Institut für frühkindliche Bildung und Entwicklung (Nifbe). Familienzentrum – Early Excellence-Centre. Fachvortrag Bremerhaven?* Retrieved on October 24, 2014, from http://www.lokale-bildungslandschaften.de/fileadmin/bildungslandschaften/Fachdiskurs/Fachtagungen/110831_Bremerhaven_Early_Excellence.pdf)

Nolan, A. & Nuttall, J. (2013). Integrated children's services: re-thinking research, policy and practice. *Early Years: An International Research Journal, 33*(4), 337-340. doi: 10.1080/09575146.2013.855009

OECD. (2001). *Local Governance and Partnerships. A Summary of the Findings of the OECD Study on Local Partnerships.* Paris: OECD Publishing.

OECD. (2006). *Starting Strong II. Early Childhood Education and Care.* Paris.

Oliver, C., Mooney, A., & Statham, J.. (2010). *Integrated Working: A Review of the Evidence. Thomas Coram Research Unit.* London: Institute of Education.

Owens, S. (2010). *An introductory guide to the key terms and interagency initiatives in use in the Children's Services Committees in Ireland*. Ireland: Centre For Effective Services.

Penn, H. (2002). The World Bank's view of early childhood. *Childhood, 9*(1), 118-132.

Provan, K.G. & Kenis, P. (2008). Modes of network governance: structure, management and effectiveness. *Journal of Public Administration Research and Theory, 18*(2), 229-252.

Provan, K.G. & Milward, H.B. (2001). Do networks really work? A framework for evaluating public-sector organizational networks. *Public Administration review, 61*(4). Pp. 414-423.

Provan, K.G. & Sebastian, J.G. (1998). Networks within networks: service link overlap, organizational cliques, and network effectiveness. *Academy of Management Journal, 41*(4), 453-463.

Raeymaekers, P. & Dierckx, D. (2012). How can we study the integration of networks among human service organizations? Some lessons from organisational sociology. *European Journal of Social Work, 15*(4), 484-502. doi:10.1080/13691457.2012.704871

Rochford, S., Doherty, N., & Owens, S. (2014). *Prevention and Early Intervention in Children and Young People's Services: Ten years of Learning.* Dublin: Centre for Effective Services.

Roets, G., Roose, R., Schiettecat, S., & Vandenbroeck, M. (forthcoming). Reconstructing the foundations of joined-up working: from organisational reform towards a joint engagement of child and family services. *British Journal of Social Work*.

Rolfgaard, A. J. (2012). Danish family policy and the child reform. In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). *Family centre in the Nordic countries - a meeting point for children and families*. Copenhagen: Norden.

Rosanvallon, P. (1995). *La nouvelle question sociale: repenser l'Etat-providence.* Paris: Seuil.

Rose, J. (2011). Dilemmas of Inter-Professional Collaboration: Can they be Resolved? Children & Society, 25(2), 151-163.

Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Stolar, M., Johnsen, M., Randolph, F., In Blasinsky, M. and Goldman, H. (2001). 'Service delivery and community: Social capital, service systems integration, and outcomes among homeless persons with severe mental illness', *Health Services Research, 36*(4), 691-710.

Roussille, & Nosmas, (2004). *Evaluation du Dispositifs des Reseaux d'ecoute, d'appui et d'accompagnement des Parents (REAAP)*.

Sehier, V. (2006). La place des REAAP dans l'évolution des relations parents/professionnels. L'exemple du Pas-de-Calais. *Informations sociales, 5*,133, 90-99.

Smith, G. (1999). *Area-based Initiatives: The rationale and options for area targeting.* London: Centre for Analysis of Social Exclusion.

Statham, J. (2011). *Working together for children. A review of international evidence on interagency working, to inform the development of Children's Services Committees in Ireland.* London: Department of Children and Youth Affairs.

Taylor-Gooby, P., Dean, H., Munro, E., & Parker, G. (1999). Risk and the welfare state. *British Journal of Sociology, 50*(2), 177-194.

Vandenbroeck, M., & Lazzari, A. (2014). Accessibility of early childhood education and care: a state of affairs. *European Early Childhood Education Journal, 22*(3), 327-335. doi: 10.1080/1350293X.2014.912895

Viitala, R., Kekkonen, M. & Halme, N. (2012). Family centres in Finland - a new approach within services for children and families. In Kekkonen, M., Montonen, M. & Viitala, R. (Eds). *Family centre in the Nordic countries - a meeting point for children and families*. Copenhagen: Norden.

Vermeiren, C.; Raeymaeckers, P.; Dierckx, D. & Nisen, L. (2014). *Netwerken, samenwerking en kinderarmoede: een theoretisch kader. (Networking, cooperation and child poverty: a theoretical framework*). Antwerp-Liège: INCh.

Vlaams Parlement. (2013). *Ontwerp van decreet houdende de organisatie van de preventieve gezinsondersteuning* (Decree on the organisation of preventive family support). Namens de Commissie voor Welzijn, Volksgezondheid, Gezin en armoedebeleid, stuk 2131, nr.4. Brussel: Vlaams Parlement.

Whalley, M. (2007). New Forms of Provision, New Ways of Working - the Pen Green Centre. In Whalley, M. (Eds.). *Involving Parents in their Children's Learning.* London: Sage Publications.

Walter, U., & Petr, C. (2011). Best Practices in Wraparound: A Multidimensional View of the Evidence. Social Work, 56 (1), 73-80.

Warin, J. (2007). Joined-up services for young children and their families: papering over the cracks of re-constructing the foundations. Children & Society, 21, 87-97.

Warren-Adamson, C. (2001). Family Centres and their International Role in Social Action: Social Work as informal education. Aldershot: Ashgate.

Wien, I., Larssen, I. & Warvik Vedeler, G. (2012). Establishment of the Family's House. Two practical examples. In Adolfsen, F., Martinussen, M., Moltu Thyrhaug, A. & Warvik Vedeler, G. (Eds), *The Family's House. Organization and professional perspectives* (94103). University of Tromso.

Williams, F. (1999). Good-enough principles for welfare. *Journal of Social Policy, 28*(4), 667-687.