

Integrated Working, Accessibility and Parental Involvement in Early Childhood Education and Care Services

IAS | Focus group report Overarching themes

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Increasing Accessibility of
Integrated ECEC Services

1	Introduction.....	1
1.1	IAS.....	1
1.2	Focus groups.....	1
2	Integrated working	3
2.1	What is needed for integrated working	4
2.2	Family centred service practices	6
2.3	Challenges.....	8
2.4	added value in ECEC-services	8
2.5	Added value for families.....	9
2.6	Take away lessons on integrated working:	10
3	Accessibility	11
3.1	Criteria for Accessibility in ECEC- services	12
3.2	Progressive universalism	15
4	Involvement.....	17
4.1	Involvement in service development	18
4.2	Involvement in service delivery.....	19
4.3	Involvement in service evaluation.....	19
4.4	The added value of involvement	20
4.5	Take away lessons	20
5	Summary.....	21

1 INTRODUCTION

1.1 IAS

IAS is an Erasmus+ project concerning increasing accessibility of integrated ECEC-services to support all families with young children. The project brought researchers, policy makers and practitioners from five countries together; Belgium, Finland, Poland, Slovenia and Norway. Each partner country put together a team to represent their country in the different activities. The aim of IAS was to exchange ideas and inspiring practices between policy, practice and research on improving accessibility of integrated services for these families with young children.

Each partner country organised a three day visit inviting the participants to take part in study visits to the ECEC-services with following discussions and workshops. Due to Covid- 19 the plans to visit Slovenia and Norway was altered and made into digital workshops. The last project meeting was also a digital meeting as it was still not possible to meet in person. Each partner country have analysed relevant documents on practice and policy presented in country reports. Also, each partner country held focus group interviews to explore perspectives on accessibility of integrated ECEC-services from important stakeholders in the five countries¹. This report draws on the focus groups and project meetings to present overarching themes from the project on three main topics, integrated working, accessibility and Involvement.

1.2 FOCUS GROUPS

We chose to use focus groups to gain insight into accessibility in integrated ECEC-services in the partner countries because this method enables participants to explore topics related to their own practice (Barbour & Flick, 2007). Focus groups allow participants to take a prominent position, and participants often report that taking part helped them gain new insights (Halkier, 2016), thus fitting the aims of this project.

The focus groups were conducted over a period of eleven months from the 14th of February 2020 to 20th January 2021. Due to the restrictions following the Covid-19 pandemic some of the Focus groups organised using a digital platform. All together there were 17 Focus groups led by participants in the project. The focus groups was with parents, professionals and managers, lasting from 1 hour to 3,5 hours. Slovenia also made a survey that was sent out to managers at kindergartens and welfare centres.

	Focus groups	Survey	Parents	Professionals	Managers
Belgium	4		27*	17	
Finland	4			22	
Poland	2			15	
Slovenia	5	3	101	7	6
Norway	2			5	4

*In Belgium children were present in two (out of three) interviews with parents, and one grandmother attended.

¹ All focus group reports per country can be found on the IAS-platform

Topic guide

The following topics and questions guided the conversations with the managers and professionals in the focus groups in the different countries. This topic guide was used in all focus groups in the 5 IAS-countries. But, as the context is different in each country, IAS-partners were free to add additional questions.

Managers

Integrated work

- What is the added value of integrated working from your perspective?
- What is done to promote integrated work?
- How is integrated working presented in the public policies on ECEC?
- What is the role of NGO's in integrated working around children and families?

Accessibility

- What is important to address regarding accessibility in ECEC?

Involving families

- What could be the added value of involving families in developing ECEC services?

Professionals

Integrated work

- Can you give examples of integrated working in your practice?
- What is the added value of integrated working from your perspective?
- What is essential for integrated practices to develop?
- What are the main challenges regarding integrated working in your practice?

Accessibility

- How do you work to increase accessibility in the services you work in?
- Can you give examples of thresholds that create challenges for accessing the services?

Involving families

- Are the families involved in developing the services and activities, if so how is this done?

2 INTEGRATED WORKING

In this part we first briefly touch upon the framework of integrated working. Next we present some overarching results that came out of the focus groups in the 5 IAS-countries.

In early childhood education and care (ECEC), children and families have a variety of services taking care of child's development, well-being, nutrition, health, social security, family support, child protection and education. Although formal services play a major role, also third sector, NGOs and private stakeholders in the community provide them. The main role of ECEC is to ensure every child's rights, the best conditions and support to reach their unique potential regardless of their background, socio-economic status, religion, gender, race or views of the world. To achieve this jointly by various services/programmes, integrated working is seen as a solution.

Integrated working is a broad concept and often interchangeably used with other nearby terms like networking, collaboration, cooperative work, interagency working, integrated approaches, integrated networks, a comprehensive multidimensional early years model, cooperative networks, interdisciplinary work, comprehensive approach, multidimensional approach, inter-agency or multi-agency working, joined up working. In the research literature integrated working is defined as

“A form of professional cooperation within some kind of network or partnership; providing a range of different supportive services; with families participating and respecting parents as first educators and their children; with guaranteed access for all”. This can happen either horizontally or vertically” (Ionescu et al., 2019).

Levels of integration has been formulated according to degree of shared goals, visions, values, communication practices, inter-agency practices, accessibility to services integration of management and funding.

Fragmentation of programs/services refers to situation, where each program/service has its own goals, vision and values. Funding is provided from separate funds and all services communicate separately. Cooperation among services is isolated.

In cooperation, some joint planning in informal networks takes place and some goals are shared, but both funding and planning is conducted separated and no jointly actions are taken to respond to the needs of community, children and families.

In collaboration, different services and programs do share values and vision; they do joint planning, but the focus is more on co-operative working practices than on benefits of children, families and communities. Access to services requires a good understanding of the system and navigation skills which most disadvantage families do not have.

In the coordination, a shared vision is to connect different services and programs, as well as joint planning and a common culture. There is an open dialogue between professionals, families and communities. Also delivery and funding of services are conducted jointly. Formal networks have agreed some kind of governance and decision-making processes, which promotes actions.

In the state of integration, shared vision, values and culture are agreed upon in a formal way. The focus is on achieving outcomes for children and families. There is one agency coordinating and leading the programs/services and there is pooled funding. It is easy access to services and professionals form teams around the child. There is a higher level of coordination within a network of services, with a governance structure. This state can

be concretized in the integrated services centres delivering multiple services under one roof (Ionescu et al., 2019).

	Institutional independence	Consistent/ Shared goals	Joint planning	Joint service delivery	Lead partner	One leading agency
Cooperation (in a network of services)	•	•				
Collaboration in the network	•	•	•			
Coordination within the network	•	•	•	•	•	
Full integration of services (including under one roof)		•	•	•	•	•

Vertical integration refers to the structural and conceptual coordination of services and management. Horizontal integration refers to the collaboration of different services and departments and improves the seamless functioning of different service sectors. Whether it is an “under one roof” service or a coordinated service network with shared responsibility, single service becomes part of the integrated system and the network, in which the individual partner becomes an entry point for the service network. Integration is promoted by enabling cooperation in order to achieve common goals set by the system. Collaboration gives everyone the opportunity to take advantage of a broader perspective and assess the situation of, for example, a family.

Integrated working is assumed to have a **win-win-win situation**, as clearly described in Table 1 (based on INTESYS toolkit).

Table 1. Assumed added value of integrated work

For families and children	Higher accessibility, easier to find what you need Services better linked to needs and diversity of issues More community cohesion Smoother transitions from one service to another Shared ownership and strengthened partnerships
For professionals and organisations	Combining strength and capacities in dealing with challenges Co-learning and professional development Higher efficiency
For the policy level	Less overlap, gaps and fragmentation Better use of scarce resources

2.1 WHAT IS NEEDED FOR INTEGRATED WORKING

The focus group reports revealed that the level and type of integrated working varied in the IAS - countries. Countries with universal provision of early childhood services (Finland, Norway), integrated working was seen as a way to promote well-being of families through propositional

universalism, i.e. by providing the needed extra support in universal services, like regular health checks, in ECEC-services or open meeting places. However, in some IAS-countries (Poland, Slovenia) integrative working was an issue of targeted services, like child welfare services or prevention of child abuse. All countries agreed on the need for more extensive and structured integrated working.

By integrated working participants in the focus groups meant professional cooperation within specific types of networks or partnerships. Working together with other professionals increased the possibility to provide various types of support services to families. It also guaranteed access to all services provided for children and families. Effective cooperation does not leave an employee to work on an island by himself/herself, but makes it possible to complete the intended supportive task together, in collaboration with other professionals. This was seen especially beneficial to the professionals, who relates to the family. In all focus group reports the participation of parents/guardians as the first educators and their children, was seen as an important principle. Cooperation does not go always fluently, but also negative experiences can be overcome and learned about (Belgium, Finland, Poland, Norway, Poland, Slovenia).

NEEDED PRECONDITIONS FOR INTEGRATED WORKING

In all the focus groups reports the needed preconditions are mentioned to have high quality integrated working in ECEC, which is accessible to all families.

SHARED VISION

In integrated working a consensus about shared vision and a focus on the needs of the families, children and young people is central. Apart from practitioners it is essential that policy level takes responsibility to set a clear frame for this vision. Daring to question each other's services based on the needs / experiences of the families vis-à-vis partners, while respecting each other's functioning.

JOINT LEADERSHIP

Time for leadership is necessary to build a shared vision (Belgium). Vision construction is related to joint management, which requires a **different kind of leadership with specific skills** - connecting both the perspective of different partners as well as parents and children. Leadership means ability to deal with two aspects: **talking and communicating about vision** but also **being able to take action**. In the shared visioning focus is on long term effects instead of quick wins (Belgium).

MANAGEMENT OF INTEGRATED WORKING

Management of cooperation between the municipality, the wider joint municipal authority, region, NGOs, parishes and other stakeholders is crucial. There is a need for managers to build collaborative structures, get acquainted with operating cultures of partnering organisations and have a good knowledge about the everyday life circumstances of families and professionals alike. **Horizontal steering** is needed both in the network based integrative structure, in which services are located in different facilities and in the physical child and family centre service hubs (one stop shops).

In order to establish integrative working models, **network meetings with all involved partners** are needed in the community, bringing together a wide range of actors. In addition, **family centre teams** take care of operating tasks in the community. For example, in Finland reserving sufficient time, facilitating discussion sessions and enabling participation in joint preparation were some key factors for the success.

The focus group reports also reveal that managers need to **familiarize with operating cultures** of partner organisations. For example, the supervisor of the municipality's child and family services has

to have a clear understanding of what tasks different professionals in NGOs can be responsible for (Finland). The cooperation is most often continuous and the data accumulates in the longstanding institutional cooperative processes within specific working groups, departments or projects. This helps to build a permanent framework for cooperation and cooperation (Finland).

Connecting with employees and **getting acquainted** with the daily lives of families and employees alike, managers could recognise the needs, benefits and challenges of the service coordination. And, managers need to create the prerequisites for employees to collaborate.

PARTNERSHIP AGREEMENTS AND COMMITMENT

Formal agreements and mandates for cooperation are important. *It makes a difference if it is decided that a service is supposed to participate. When a service is committed to participating in delivering two parent training courses a year it makes it easy for me. I don't have to convince them that it is important. I can just call and ask who is doing it, this spring. It makes the collective activities an important part of their work, or else it becomes something it is difficult to find time for (Norway).*

But it is not only formal cooperation. **Cooperation agreements** are often signed between institutions or municipalities. And not always leading to the wanted collaboration. So, not only formal documents bring about commitment. It is also important that people **want** to start cooperation, that the professionals on the workforce see and feel the added value of integrated working. **The cooperation should be a real action**, bringing results, and not only the next signed document, a meeting that needs to be organized so that everything in the papers is correct. (Slovenia) *"We were supposed to make a formal agreement on how to collaborate with the NGO's in the municipality. It became very complicated. The municipality is all about regulations, insurance, police certificates and so on" (Norway).*

In inter-institutional cooperation the greatest benefits are often undertaken informally, resulting from **personal knowledge** of people working in a given institution. It is noteworthy that employees for the good of the cause take the initiative of cooperation, especially when an action requires quick steps.

So, both formal agreements as well as personal commitment are important to make integrated working work, and leading to an added value for all children and families.

STEERING DOCUMENTS AND ACTION PLANS

The focus group reports show that horizontal integration is promoted by agreeing shared goals, means and resources in relation to different kind of steering documents and action plans. In Finland for example, The Welfare Plan for Children and Adolescents is prepared in extensive cooperation by the municipalities. In Slovenia, the Proposal for Key Principles of the Quality Framework for Preschool Education addresses the changes needed to redirect the focus on children and families. The framework supports enhanced cooperation between services and departments based on a common understanding of their roles and responsibilities. *"Stakeholders in the Early Childhood Education System have a clear and common understanding of their role and responsibilities and are aware that they have to work with partner organisations" (Norway).*

2.2 FAMILY CENTRED SERVICE PRACTICES

Family centred service practices were not explicitly defined in the focus group reports. However, every country reported several ways of enhancing well-being of families, increasing accessibility of

services and strengthening preventive family support. Family centred service practices refer to approaches, actions and principles, by which it is easier to reach families and children and provide them need-based services.

CONTINUOUS COMMUNICATION

In providing information on integrated services, professionals emphasised that the availability of services was promoted by **information on practices**. The services provided information on their own activities and each other's activities. However, some services said that communication between the various organisations is still insufficiently effective. They believe that everyone dealing with the family or child should meet more regularly, exchange information, find better ways to help them together and learn from each other (Slovenia).

FAMILY GUIDANCE

In the Northern countries (Norway, Finland), family centres have an open meeting place. The focus group reports showed that in guiding a specific family, the family worker in the open meeting place can be the 'bridge' between several organisations. If families have specific questions, the family workers can contact other services and take care of a 'smooth transition' between the different organisations. The family worker assesses which organisation or service could provide the needed help; the child health clinic, home-help service, general practitioner or specialised medical care. It can of course also be the other way; a social welfare service counsellor can guide a family to the open meeting place of families (Finland). So, professionals can refer to the different support 'services' that are under the same roof.

OUTREACH SERVICES

Reaching out to other organisations where families already go to, is also an important task for the professionals. The focus group reports revealed that health or social service professionals from family centres or ECEC-services regularly visit open meeting places provided by organisations and parishes. And, employees of different services and NGOs also visited each other's activities. In Finland, working in pairs is used as a working method for organising parents' evenings, small presentations and guidance on how to care for a baby and child. The employees could also visit the family's home in pairs, always with the family's consent (Norway, Finland).

PREVENTION OF EXCLUSION

Open meeting place workers could engage in even closer cooperation in a situation where there is reason to suspect that the family will not get proper assistance, i.e. "they will fall between the service network's cracks". In those cases the aim is to build operating models that meet the family's various needs. Employees are committed to work in accordance with agreed cooperative principles (Finland).

EXTENDED ACCESSIBILITY

In most cases the integration of services is perceived positively and may increase the accessibility of these services to a larger number of people. It is important that integrative working is a real response to needs of diverse social groups and people, and not only, for example seniors or families with various problems. *"The psychiatric nurse in the team is very accessible. The threshold is so low that I can be in a consultation with a family and something comes up, and I can go look for her right away. She is often available to join the consultation and if necessary set up a date for a new meeting shortly after. It works really well"* (Norway).¹

QUALITY SERVICE PROVISION

In addition, the focus group reports show that working with other professionals can improve the quality of work of the integrated services. An integrated approach also benefits in terms of efficient and cost-effective service delivery. Children and their families benefit from a space offering a variety of services and activities in one place. The inclusion of the widest possible range of organisations and offered services means that their needs are most likely to be met directly or through a referral (Slovenia).

The vulnerable population groups benefit the most from comprehensive service delivery and integrated working as they are disadvantaged in many areas and have complex needs. The integration of services presents a unique opportunity to solve the complex social issues faced by vulnerable group (Belgium). *“A woman I had been talking to over time started telling me things about how her ex was treating her. What she told me were signs of psychological abuse. This is not my area of expertise so I asked for permission to call the women’s shelter. I knew them and had their number readily accessible[...] .I called Wednesday, and Friday we had a meeting. It was so quick, and I was so thankful for that. The expectation is that those kinds of things take weeks” (Norway).*

2.3 CHALLENGES

PRIORITISATION

Sometimes, cooperation is very difficult, due to a completely different point of view, different ideas, or a proposed method of solving a given situation. In hectic work life, time is scarce. *“Integrated working is so easy to downgrade when things become hectic. You don’t go to that meeting or you feel you do not have time to meet up and talk. Then you are on the wrong track. It should not be an option to opt-out (Norway).*

This shows that a shared vision, competent staff, leadership, and structural aspects (such as time to meet) are needed.

EMPLOYEE TURNOVER AND LACK OF STAFF

In some services mentioned in the focus group reports, there is a high level of job turnover. Professionals tend to change frequently, especially in social services, but also in other organisations. This creates challenges for building a sustainable cooperation. As an employee, it can be difficult to find networks operating in the area when the structures, names and partners of the networks are changing all the time. As mentioned in the focus group reports of Poland and Finland, a professional can attend a single meeting, find good partners, but the next meeting she meets different participants.

Related to this, a main obstacle for the cooperation is the lack of staff within childcare centres. Considering that employees are one of the most important parts of assuring quality, providing management with information, direct interaction with professionals offering similar services, families, communities and last but not least children. This barrier can significantly contribute to the decline of integrated work. Disadvantages also include one-way communication by Social Welfare Centres, which do not provide feedback to childcare centres (Slovenia). Besides scarce staff ratio, not having a mandate to participate may cause an obstacle.

2.4 ADDED VALUE OF INTEGRATED WORKING FOR ECEC SERVICES

- Enable the exchange of information between professionals.

- Increase cooperation and collaboration between providers and decision makers, which leads to improved service quality and satisfaction.
- Reduce the cost burden of providing support and care by reducing the number of visits, less costly measures and no need for the duplication of services.
- Can lead to an earlier detection of the diverse needs of vulnerable groups, allowing for more focused measures.
- Can improve access to services, as a single service becomes part of the integrated system and an entry point for the service network.
- Integrative systems are of great importance for people in a vulnerable situation.

2.5 ADDED VALUE FOR FAMILIES

FAMILY CENTRED PRACTICES

- A shared goal is a positive impact for families and children.
- Wherever families end up, they are helped.
- One gate –principle from which to connect to what is needed.
- Tailored help to the family.
- Child as a starting point.
- Collaborate with relevant actors towards clear goals.

FORUM AND SAFE SPACE WITH AND FOR FAMILIES.

- Parents' ability to make choices and have a given space
- A safe space is created for all partners who work together.
- Sometimes families must be able to start all over again, have a choice.
- Professional attitude.
- Family needs are the focus.
- Openness to diversity of perspectives and a coordinated approach.

DIALOGUE AND DOING

- Tuning in and getting to know each other is the first step.
- At some point, actions must be taken towards families, encouraging their participation.
- Working together for all families with respect for each other's individuality .
- Desire to go that extra step further.
- Interact with everyone in the partnership around the table.
- Equal partnership.

PLAY AREA FOR THE CHILD

- Play with other children.
- Learn to be social, learn to make friends, learn to share, being less shy and scare.
- Lots of toys.
- Let off steam/ enjoy themselves/having fun.
- Prepare for school (instead of childcare)Importance of immigrant child's opportunity to learn second language.

COMMUNAL SPACE FOR PARENTS

- Peaceful place, find some rest, cosiness.
- Meet other mothers.
- Receive information and possibility to ask questions.
- Play intentionally with their child (otherwise they would work in the house).
- Provides a structure during the week.
- Out of isolation, “stay at home for too long is limiting”.
- Immigrant people: Importance of learning a language.
- learn to know other places in trips and outdoor activities.
- Professionals provide help with documents, papers, bills or appointments.

2.6 TAKE AWAY LESSONS ON INTEGRATED WORKING

- Integrated working holds the potential to improve services quality.
- Professionals commitment to shared cultural values and vision promotes integrative working.
- Organisational policies make integrated working easier to prioritise.
- Integrative management is a prerequisite for integrative working.
- Integrative structures create space and place for employees’ horizontal cooperation.
- Collaboration with local NGO’s varies, being often limited.
- It is important that the integrated services are perceived as providing relevant support from the families perspectives.

3 ACCESSIBILITY

Accessibility of services is one of the main quality areas mentioned in the European Quality Framework (2014). It states that:

1. Provisions should be available and affordable to all families and their children;
2. Provisions should encourage participation, strengthens social inclusion, and embraces diversity

Enhancing accessibility for all families, especially those who are most in need of qualitative services, which are vulnerable families and children like migrant children, poor families,... is a huge challenge in many countries.

In the literature **five crucial criteria** for increasing the accessibility for all children and families, are mentioned:

AVAILABILITY: as families living in poverty are often less mobile than more affluent families, it is crucial that high quality services are to be found in those neighbourhoods where vulnerable families reside. This is not to say that those provisions should be targeted towards families “at risk”. On the contrary, research shows that policies based on a (children’s) rights perspective and progressive universal services tend to be more effective than policies based on a needs (or risk) framework.

AFFORDABILITY: in situations where public funding is available, provision is usually free or parents’ fees are determined according to income, so services are more affordable especially for low-income families. In systems where children’s entitlement to a place is not guaranteed, access to publicly subsidised provisions (in ECEC provisions for example) might be restricted and families may encounter additional ‘costs’ such as giving up their privacy or experience negative social and psychological consequences of an intervention e.g. being labelled as “in need”. For this reason, structural provision addressing the overall population - either free from costs or based on income-related fees – tends to have a higher equalising potential than those arrangements where entitlement is targeted towards “the poor”.

ACCESSIBILITY: as language barriers, knowledge of bureaucratic procedures, waiting lists, or priorities set by the management may implicitly exclude children from vulnerable families, access policies of services and provisions should be carefully planned – especially at the local level. This planning starts from an analysis of the barriers that prevent children and families from disadvantaged backgrounds accessing the provisions. It might also entail reaching out to families whose presence tends to be less visible in the local community in order to strengthen trust between marginalised groups and the different types of services. It’s often about ‘hard to reach services’, not ‘hard to reach families’. **Out-reach work** is an important way of making services for families and children useful and desirable. They are the first step toward building bridges of trust between marginalised groups and those services. Linking this work to the activities of locally established voluntary organisations with well-developed and high-trust relationship with vulnerable groups can be effective.

USEFULNESS: as unequal enrolment is often a result of the reciprocal relationships between policies, characteristics of families and services, all services making part of in the integrated approach should be perceived as useful by potential users. This means that families should

experience the services as supportive and attuned to their demands and needs. Firstly, this refers to practical issues, such as opening hours, which recognise that vulnerable families are more often employed in low-skilled, low-paid, jobs with irregular hours. Second, it means that the ways in which the provisions of services are run must make sense to different parents and local communities. For this reason, the management of the services should include democratic decision-making structures that allow the differing needs of families to be expressed and to be taken systematically into account in order to tailor the provision to the demands of local communities. Services that – starting from these premises – develop policy-making capacity and actively participate in local consultation processes (policy advocacy) are found to be the most effective in engaging with disadvantaged communities.

COMPREHENSIBILITY: the extent to which the meaning of services for families and children is matched with the meanings that parents attribute to such services.

This implies that the values, beliefs and educational practices of the provision need to be negotiated with families and local communities. Services that involve parents and e.g., local migrant communities in democratic decision-making processes and that are committed to the recruitment and training of personnel from minority groups are found to be more successful in fostering participation of families from diverse backgrounds. In this sense, there is evidence to suggest that integrated working combining care and education, early childhood and family support programmes, special needs and mainstream provision within the framework of inter-agency collaboration might be the most effective in answering the demands of local communities in contexts of diversity.

Next to these 5 indicators of accessibility, a distinction can be made between: accessibility before and behind the door. For integrated services it's important to examine possible thresholds before the door for families who are not reached yet (such as fees, waiting lists). But also, thresholds exist when families enter already the services – thresholds behind the door: do they feel welcome, is there a participative approach.

3.1 CRITERIA FOR ACCESSIBILITY IN ECEC- SERVICES

In the focus groups in the IAS-countries following aspects of accessibility are mentioned. We order them by the 5 crucial criteria:

AVAILABILITY

- **Opening hours.**
As stated by the Finish colleagues: especially for families with young children and the sleep-wake rhythms of children, sufficient opening hours are needed. Some families prefer morning activities, others prefer to arrive in the afternoon. The needs of different families must be taken into account in the planning of the opening hours: it is essential that each family can participate according to their own schedule.

Also in Norway sufficient opening hours were mentioned: *“They were traveling long distances, and we were only open at a specific time. Between 1.00 and 3.30 on Mondays, and if they had a physiotherapy session, then they did not attend.”*
- No waiting lists, sufficient **capacity.**
“It's full every day now. We have waiting lists. Yesterday someone came that really needed to come in. I went outside and talked to them for a little while, but I could not let them in due to the Covid restrictions. It was difficult to turn them away when they finally found the

courage to come. To meet the families with a 'no', that is the opposite of what we should be." (Norway)

Also in the Slovenian focus groups the waiting lists were mentioned as a problem related to the accessibility.

- The same opening hours as other services.
- No requirement to make an **appointment**.

AFFORDABILITY

- **Free of charge.**
For example in Poland, most services targeted at families with problems are free of charge. Also, specifically for Poland is the 500+ program: families can spend this fund for e.g., the ECEC-fee.

ACCESSIBILITY

- At the same **location**, or proximity to other services.
- **Central location**, easy to reach by public transport or on walking distance.
- In Flanders, **integrated services** within local networks was mentioned as positive for the accessibility. Especially, the connection between material and non-material support. Also in Finland the integration between different services is mentioned: ECEC, parishes, NGO's, family centres. The collaboration between different services, especially when they are located at the same place, lowers the thresholds for families.
- In the Slovenian focus groups **outreach** activities are mentioned. For example, there are educational workshops for Roma children in their settlement organised by ECEC centres. Due to this there has been more attendance in the ECEC centres in recent years. The ECEC centres still continue to actively gain the trust of parents, which is crucial for the children and families to attend the educational system.
- Also, in Finland there are outreach activities, such as a mobile day care bus which goes to sparsely populated areas.
- In Flanders not only outreaching was mentioned, also in-sourced services has a positive influence on the accessibility of services. For example social services in a child care setting, inviting employment services in child care settings, a library in a child care setting.

USEFULNESS

- **Activities** (Flanders, Finland, Slovenia).
For example in an ECEC centre in Slovenia creative movement workshops are organized for children who are not included in kindergarten and whose parents would like to know what happens in the ECEC centres. Based on these experiences, families can decide to enroll their children in childcare.
- In the Slovenian focus groups the professionalization and competences of the staff are mentioned: they should be sensitive, react appropriately, starting from a **dialogue** with families living in vulnerable positions. The person offering professional help should have a positive attitude, show empathy, be respectful in order to boost his or her feelings and make sure the families are heard and seen. The families should feel that they can share their worries with someone and that this person will be able to help them with their problems.

- In the Finish focus groups, the **cultural sensitivity** of employees and adjustment of activities to suit the needs of visitors are mentioned as essential factors for lowering threshold for participation in open meeting places. This enhances the appreciation of multiculturalism and diversity and the mutual respect of families for each other.
- Next, the **trust** in the professionals is mentioned. Meeting the same familiar employee at the meeting place helps the parent build trust in the employee. As trust grows, the parent's threshold for bringing up issues they are concerned about lowers. This is in line with the Flemish focus groups in which the **familiarity** and trustworthiness are mentioned: always the same professionals gives confidence to the families to come to the services and to participate.
- Both in Flanders and Slovenia monitoring and evaluation are mentioned. As an integrated service it is important to monitor: Who do we reach? Who do we miss out? What are possible thresholds? These are also important questions for local policy makers.

COMPREHENSIBILITY

- **Transparent**, families know what is available (Slovenia).
- **Visibility.**
"The first thing is to make sure people know about the centre. That the services are known in the local community it is located in. We saw that just now, when a mom came in who said she had been passing several times but did not find the courage to go in because she was not quite sure what kind of place it was. She came in the first day we got the new signs up" (Norway).
- Small scale, familiar, knowing each other, friendly atmosphere, cosiness, **positive encounter.**
"Everything in XXX (family centre), is my family."; "KOALA is smaller, and I prefer that. We know each other, it's familiar" (Flanders).
"All families are welcomed at the meeting place. Genuine encounters are important. Employees for example also welcome the children by remembering their names and speaking with the child" (Finland).
- **The professionals** working in the integrated ECEC services play a crucial role. They provide support to the families, they are the trust persons in the services, and they can be the bridge to other services.

In Finland working with **volunteers** is mentioned in the focus groups. Volunteers implement activities, act as examples and help others. Volunteers can lead peer groups or organise a childcare service.

"Well, the parish has quite a lot of volunteers. There is a group for mothers to help them relax which is run completely by volunteers. [...] Then we have Sunday school instructors, who run the lessons independently and [...] the group I head has volunteer-grandmas."

In addition to the five criteria from the European Quality Framework, the participants in the focus groups were concerned with how the services were promoted and how that related to accessibility.

PROMOTION

In many countries **mouth to ear** promotion is mentioned as one of the ways of referral.

“A mother who tells to another mother about her experience works better than any translated flyer” (Flanders).

Also in the Slovenian focus groups it is stated that much of the information about the ECEC centre, life and work in it, is spread through word of mouth from family to family, and thus ECEC centres try to raise the quality of their work.

Next, also personal recommendations and **referrals by professionals** from other organisations, home visits, personally addressing families are mentioned. This implies that it is crucial that professionals know (or are willing to search for) other services.

“We send out newsletters to all headmasters at local school about the services at the family centre. (...) We also send the health care centre an overview of our activities on a monthly basis” (Norway).

However, referrals by other professionals is not always self-evident. For example in Norway:

“When we ask the public health nurses they say they inform every parent about us. I sometimes wonder if that’s true. I guess sometimes it is. But the parents say they heard about us from people they know that have been here before. I think it’s a little of both.”

“Some (professionals) know really well what we do and others hardly know anything. We have had situations where we have had mothers coming to us saying they did ask their public health nurse if there were any parent training programs in our municipality, and were told there were none. Later when they come to us at the family centre and discover that we have several it seems as if we do not collaborate at all.”

Also, **social media** is often used by ECEC services to stay connected and lower the thresholds to families (e.g., Facebook, WhatsApp). This was mentioned in all IAS focus groups.

Related to contacting families directly they highlighted the importance of taking **GDPR** into an account.

“We cannot distribute name lists of new parents anymore. The midwives used to set up groups and the parents got a list so that they could contact each other after a first meeting. (...) We lose some of them, those that are not first in line, the ones who do not have a big network” (Norway).

It is important that no information about families is shared, when families don’t know about it or haven’t given their approval. Hence it is important that ECEC services together define a privacy policy on sharing information about families.

3.2 PROGRESSIVE UNIVERSALISM

In most IAS countries the services do have a universal approach, the basic provisions, such as ECEC centres, are open to all. However, in Poland there is a more targeted approach services are not generally available and adapted to support all families with young children. Most services are designed to meet the needs of families with ‘specific problems’. For example, as mentioned in the focus groups, there are many places where single mothers can receive support both for themselves

and their children - they can count on psychological help, a teacher, and there are also special meeting places only for single mothers. There are also families with many children, for whom some initiatives and meeting places exist. However, the interviewees note that if a family that does not meet very specific criteria, without problems with addiction, violence, low income, etc., there aren't any integrated places. Or in other words, places open to everyone are lacking, which is seen as a real need. According to the interviewees in Poland, there should be universal accessibility and changing the status of such clubs to generally accessible ones, conducive to the development of children and youth. If it could benefit everyone, because in such places it is possible to provide appropriate care, education, entertainment, and the care of a pedagogue - due to the tools and staff at their disposal. At this time, preventive family support is lacking a universal approach in Poland.

4 INVOLVEMENT

There is growing awareness of the importance of parental involvement in ECEC services in EEA countries. In the European Quality Framework for Early Childhood Education and Care² (2014) parent involvement is described as an important aspect of developing and maintaining high quality services.

Within a context that is set by the national, regional or local regulations, the family should be fully involved in all aspects of education and care for their child. To make this involvement a reality, ECEC services should be designed in partnership with families and be based on trust and mutual respect. These partnerships can support families by developing services that respond to the needs of parents and allow for a balance between time for family and work. (DG Education and Culture, 2014, p9)

Furthermore the framework states, in order to be responsive, educational practices need to be co-constructed with children and their families. Parental involvement needs to be based on an equal partnership with ECEC providers and include:

a) Democratic decision-making structures (e.g. parental committee) for the management of ECEC services;

b) Staff with an open-minded disposition towards challenging traditional practices. Parents may have differing needs to be taken into account - ECEC services should be committed to negotiating their practice and values in a context where contrasting values and beliefs emerge. (DG Education and Culture, 2014, p.25)

Parents perspective on and experience with involvement is important for their interest to engage in involvement activities. There should be a clear aim with the involvement process and plans for communicating what the involvement has led to.

Open and transparent communication about how the views of the people have changed service design and provision are vital to create a track record that builds trust and legitimacy and a motivation for involvement (Tritter, 2009, p. 285).

Involvement activities can be individual or collective, direct or indirect and proactive or reactive (Tritter, 2009). Parents can be involved as individuals through user surveys or collectively through a user organisation. They can be directly involved in decision making around planning an outdoor play area at a kindergarten or indirectly through writing a letter commenting on the municipality's plan to build a new Kindergarten. There is also a difference when involvement takes place, if it is proactive ahead of starting a new program or if it is reactive, involvement as a reaction to for example plans to shut down an activity.

In the focus group interviews participants touched on three categories of parental involvement activity: involvement in service development, involvement in service delivery and involvement in service evaluation. If parents take part in service delivery in ECEC services it may be understood as co-production but this does not necessarily require user involvement in the planning process. Where there is involvement in planning and delivery this can be defined as 'co-creation'(Fox et al, 2021).

² This framework was recommended to all members states by the European Commission in 2019 (2019/C189/02).

Co-creation is a collaborative activity that reduces power imbalances and aims to enrich and enhance the value in public service offerings. Value may be understood in terms of increased wellbeing and shared visions for the common good that lead to more inclusive policies, strategies, regulatory frameworks or new services (Fox et al, 2021, p. 8).

4.1 INVOLVEMENT IN SERVICE DEVELOPMENT

Interacting with parents while they took part in different activities was seen from the professionals perspective, as parental involvement. The informal conversations were understood as important sources of information and the insights from these conversations helped shape the service activities.

“We are on the floor with the parents in the Open Kindergarden. We talk to them and listen to what they are interested in, what they wonder about, and from these conversations, initiatives like the Theme Café arise. (...) We want to hear the parents’ voice” (Norway).

Sometimes the parents also voiced a request for specific initiatives. Being able to adapt provision according to the expectations of a changing group of parents was seen as a result of being in continuous dialogue with the user group.

“The users of the centre asked for a group for families with children with special needs. So we started one. One year later the need was not there anymore, so we do not have it now. But it would be easy to start up again” (Norway).

The parents involvement in service development was indirect, their perspectives were taken into account, but they were not included in the decisions of which initiatives and activities should be offered or how the organisation should prioritise resources. The professionals had some agency concerning which activities and initiatives were offered, however they had little influence over how municipalities chose to allocate resources. To make sure the politicians who made these decisions had some insight to the needs of the parents they sometimes invited them to meet the parents. “We have had politicians visiting the open kindergarden. They got to talk directly to the parents and got their perspectives on what they need” (Norway). Parental involvement in ECEC services makes an impact on the content of services, but less on the development of new programs, initiatives or organisational structures (Norway).

In Finland the activities were planned and implemented in cooperation with families and visitors through continuous interaction and proactive planning.

Even though the professionals saw it as important to involve families in the process of developing services, it was seen as challenging.

“I think we involve them too little, probably, yes for sure. We do not involve the parents enough in the development of new things. However, I must say they do get the question sometimes, but they never contribute with anything. It might be the way we ask of course, or it might sometimes be, that like us, they like to be served” (Norway).

In Poland the professionals saw a difference between the degree of parental involvement in activities that were run by non-governmental organisations (NGO) and public services. It was easier to involve parents in activities run by NGO’s. This was perceived as linked to such activities being something the parents had chosen to participate in themselves because they saw them as beneficial. This was not

necessarily the case in public services. Another important aspect this distinction was how parents experienced the involvement. It was vital to ensure that they felt their involvement made an impact or they were far less likely to engage the next time they had the opportunity.

4.2 INVOLVEMENT IN SERVICE DELIVERY

In all five countries the flexibility in service delivery was highlighted. In Finland the cultural sensitivity of employees and adjustment of activities to suit the needs of visitors are mentioned as essential. The open meeting places where professionals and parents came together was seen as dynamic and able to respond to the needs of the families involved in the different activities.

“We establish a connection when we meet the families for the first time, if we are on home visits or they have a new baby. We use time building a relationship, you get a dialog and we use that opportunity to let them say something about what they want from us” (Norway).

The professionals emphasized the value of enabling parents to play a central role in the activities in the family centres. In Finland local NGOs can organise activities in the open meeting places. Examples of this could be a flea market, sales event or first aid course.

Activities could be initiated by ideas from the families. Like in Slovenia where parents, children and professionals co-create their own space in a community garden. In Poland, the participants in the focus groups identified that younger parents were more willing to take initiative. Teachers in the kindergartens were also seen as more willing to enter into dialogue and interaction with parents and involve them in activities for the benefit of children than teachers in schools.

Parents are also invited to take an active part in the activities that were offered. Some parents were willing to take on the responsibility of delivering a presentation or leading a music group for children (Norway, Finland). However, as important from the professionals perspective, was the contribution that parents provided through peer support.

“Being together more than working together. We work together aiming to build bridges” (Belgium).

4.3 INVOLVEMENT IN SERVICE EVALUATION

Involvement in service evaluation was often done through user surveys (Norway, Finland). The surveys were used as special tools for sorting out the wishes, expectations and participation of families (Finland). One of the professionals in Norway explained that they found that it was easy to get a high response rate if they provided the opportunity to answer the survey while they were at the centre.

“We have had user surveys. It’s easy to get a high response rate because we have them on the computer in the same room where the children play. We tell them it only takes 10 minutes to answer, and then we offer to look after their child in the meantime” (Norway).

A lot of the feedback from the parents were gained through talking to them as an integral part of the activities.

“We involve the families through the conversations on the floor, but also with parents in counselling and parent training courses. We always ask for feedback at the end of a course” (Norway).

Several of the services also provided an opportunity for parents to give feedback through a book or suggestion box. This was seen as a way to support feedback from the parents that were less eager to share their perspectives on the services in the group or directly to the professionals.

“We have a book where the parents can write things about how they experience the services in the centre. It is really nice to be able to read the parents comments. They can write things there that they might not want to say directly to us” (Norway).

Several of the professionals felt that too much service evaluation was dependent on informal conversations.

“I miss having written feedback, we need something that is more formal. We need to know a bit more about the regulars, those who keep coming. Because we need to keep developing, and then it is vital that we get feedback on what is relevant here and now” (Norway).

4.4 THE ADDED VALUE OF INVOLVEMENT

In all the IAS-countries the professionals saw involving families in developing the services in family centres as important. The focus groups identified a range of issues where involving parents in ECEC services added value:

- Increasing service quality
- Creating services that are better adapted to family needs and wishes
- Enhancing accessibility
- Increasing knowledge of ECEC services among families
- Promoting early childhood education
- Detecting problems at an earlier stage
- Informing service development

4.5 TAKE AWAY LESSONS

There is wide agreement on the importance of parental involvement in ECEC services. However, further development is needed before parents are “fully involved in all aspects of education and care for their child”(DG Education and Culture). Evidence from the IAS-focus groups suggests that most involvement is indirect in character. Parent’s experience of services are collected through different strategies for evaluation including surveys, feedback books or through informal conversations during activities. The ECEC services seem, to a large extent, to engage with parents in a way that allows them to take an active part in activities, and to some extent, parents are involved in service delivery together with professionals for instance through leading music groups or arranging activities in family centres. Through engaging with the families and building relationships with them the professionals build trust and negotiate their practice and values. In this way the families take part in shaping the service delivery, and services are adapted to requests that come from the families. However, there seems to be little involvement in developing family support services at a system level.

Lack of engagement and interest in being involved is one of the challenges identified by professionals who continue to seek to increase the level of parental involvement. This might be explained by

several factors like lack of trust in public services, lack of transparency, lack of evidence of change or simply time constraints.

5 SUMMARY

Through the IAS project we have become aware of the differences in both policy and practice between countries. Initially we sought to develop a common framework on integrated working and accessibility in ECEC. But, all IAS-partners ended up being more interested in the differences and nuances between countries. Overall we felt that we could learn most from identifying the variation in perspectives and practices. At the end we still found common ground:

Accessible provision embraces diversity and is available and affordable by all families and their children and designed to encourage participation and strengthen social inclusion. Furthermore, integrated working combining care and education, early childhood and family support programmes, special needs and mainstream provision within a framework of inter-agency collaboration is the most effective approach to meeting the demands of local communities.

The participants in the focus groups perceived collaboration between different services, especially when they were co-located, to lower the threshold for participation in ECEC-services. Opening up services to be accessible for all families can be challenging, because we can lose sight of where the barriers are. But a universal approach is clearly important.

The focus group interviews illustrated that there is a high level of awareness on this issue, and that professionals are eager to further develop services to accommodate the needs of all families.

The findings from this focus group study has identified the need for further development of ways to involve parents and especially in the development of services. Such involvement should take account of not only those who are already using ECEC services but also those that could. In order to reach all parents and children we need to understand better why they do not participate and if there are thresholds we are blind to.

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